# INFO NURSING



# **Nursing Matters**

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Coming together, the
Nurses Association of New
Brunswick (NANB) and the
New Brunswick Nurses
Union (NBNU) have
partnered and identified
five election priorities and
proposed questions to party
leaders on how they intend
to address these challenges
within our healthcare
system. See page 25
for details.



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## Nurses Association of New Brunswick

Nurses shaping nursing for healthy New Brunswickers. In pursuit of this vision, the Nurses Association of New Brunswick regulates registered nurses and nurse practitioners in New Brunswick to ensure the provision of safe, competent and ethical nursing care in the interest of the public.

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Info Nursing is published twice annually 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 (April, October) 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.

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Canada Post publications mail agreement number 40009407. Circulation 10,000. ISSN 0846-524X. Copyright © 2018 Nurses Association of New Brunswick.

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## Voice Your Vote! New Brunswickers Count on Us

AS SUMMER CHANGES TO AUTUMN IN OUR BEAUTIFUL province, we will be entering an election. As nurses, we have the natural capacity to take the lead on what matters for the health of our patients in all clinical environments. As well, every nurse has the professional expertise to "raise their voice and be political". This is accomplished by supporting evidence, making informed choices and leading others in a call to action. As healthcare costs continue to rise, it is evident that the existing traditional model of care cannot be maintained. Transformation of our healthcare system into a proactive and preventative model is essential. A revitalized system that optimizes all health professionals to their full scope of practice is required, in order to meet the health care needs of our population, as well as be cost-effective and sustainable into the future. As nurses, we have an important role to play in the sustainability of our New Brunswick healthcare system.

This year the Nurses Association of New Brunswick (NANB) and the New Brunswick Nurses Union (NBNU) have partnered, in the interest of our members and the public, and identified five healthcare priorities.

- 1. Access to Care.
- 2. Pharmacare.
- 3. Long-term Care.
- 4. Mental Health & Addictions.
- 5. Nursing shortage.

Thousands of New Brunswickers continue to face challenges in accessing comprehensive primary health services, yet we have nurse practitioners unable to find employment. This ongoing issue and proposed solution has been raised at every meeting with government for several years. Access to care, as well as the other priorities listed above continue to present challenges that require our political leaders to address



## Looking to the Future: Changes in Regulation and Membership

WHILE NURSES PROVIDING DIRECT PATIENT CARE continue with daily responsibilities; the profession of nursing and the health systems in which nursing care is provided continues to evolve at a rapid pace. This rapid change is also happening within other regulatory bodies across the country as British Columbia and Nova Scotia are on the cusp of implementing integrated nursing colleges for registered and licensed practical nurses. Both colleges operate within health regulation frameworks—with a focus on supporting nurses to deliver optimal nursing services to the public.

Our national professional nursing advocacy organization, The Canadian Nurses Association (CNA) is also changing by welcoming LPNs to support and develop a sustainable model for nursing advocacy and healthy public policy...into the future.

What does all this mean for nurses in New Brunswick? This means, we are placing a heightened focus on all nurses (RNs, LPNs, NPs) truly working to a maximum scope of practice. RNs and LPNs have been working in a system where family physicians and specialty physicians practice this model daily.

RNs must understand the LPN scope of practice so that work is done collaboratively, and work is shared when and where necessary, not simply because the RN reserves the right to delegate. RNs must also learn and enact the role of consultant, and be prepared to provide safe, competent and ethical advice when asked by an LPN colleague.

RNs and LPNs working together at the bedside must understand the shared roles and the roles that make each nursing category different. LPNs are expected to "consult" with RNs and when a patient's condition warrants more complex care; RNs and LPNs must determine together—which provider has the required competencies to continue the patient's care journey.

This dynamic consultation and transfer of care process

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MARTINE LEVASSEUR, RN Opioid Addiction Treatment Services, Edmundston



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**SYLVETTE GUITARD**, RN, MN *Nurse Consultant, NANB* 



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### **Governance Committee**

The Governance Committee presented to the Board for approval a Board Charter, Terms of Reference for the NANB Governance and Executive Committee, and role descriptions. This Committee continues to meet on a regular basis.

## **Board Election Results**

The 2018 Election in regions 1, 3, 5 & 7 welcomes four new directors for a two-year mandate beginning September 1st, 2018. The successful candidates were: Joseph Gallant, RN; Nathan Wickett, RN; Laura Gould, NP; and Debbie Walls, RN.

The Board would like to thank all nurses for presenting themselves as candidates in this year's election and thank all outgoing directors for their contribution to the work of the Association.

## **CNA Membership Changes**

Since its beginnings in 1908, CNA has been the national professional voice of registered nurses, which includes nurse practitioners. However, on June 18, 2018, voting delegates at CNA's annual meeting of members voted overwhelmingly in favour of expanding CNA's membership to include licensed practical nurses (known as registered practical nurses in Ontario) and registered psychiatric nurses (regulated in the four western provinces and Yukon). Read more at www.cna-aiic.ca/en/membership/lpnrpn.

#### **Committee Recruitment Process**

The Board approved a new recruitment strategy for committee members using targeted communications both email and social media to attract both nurses and public volunteers to sit on standing committees.

## New! Entry-to-Practice Requirement

The Board of Directors approved launching a new education module as entry-to-practice (ETP) requirement for nursing graduates in the Spring of 2019. The module focuses on jurisprudence (laws which apply to nursing practice). Requirement for education/testing on jurisprudence in nursing is a standard entry to practice component used in provinces and territories across Canada.

## Need to Know Files

NANB's work is focusing on developing tools/resources to assist nurses in understanding and maintaining competency as relates to legalization of cannabis, and provincial response/management of the opioid crisis. Nurses are encouraged to review information on the NANB website, in future editions of the E-bulletin, and Info Nursing.

## New NANB Staff

We are pleased to announce that the Nurses Association of New Brunswick has added two new staff members:



Nicole
Croussette RN,
BSN, accepted
the position of
Nurse
Consultant with
the NANB in
May. Since
obtaining her
BSN at the

Université de Moncton in 1991, Nicole has worked 17 years in acute care settings with a focus in cardiac care, nine years teaching at NBCC within the health studies programs and one year with social development at nursing home services as the provincial liaison officer. Nicole is currently enrolled in a Masters of Education program.

Nicole is motivated and engaged in supporting the regulatory mandate, and the Board of Directors end goals. She has a diverse portfolio of core organizational and project work and will be delivering presentations to various stakeholders and partners.



Stéphanie Saulnier accepted the position as Administrative Assistant, Registration, effective May 14, 2018. In 2005, Stéphanie

graduated from CCNB-Dieppe with a diploma in bilingual office management systems. Before joining the NANB team, Stéphanie worked for eight years as an administrative assistant at the Université de Moncton- Moncton Campus. We welcome her knowledge and experience working with students, which will benefit the registration department.



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# New & Revised NANB Documents

NANB Nurse Consultants regularly produce documents to support your nursing practice; many directly related to questions that members have asked. In 2018, NANB has produced the following documents, guidelines, position statements and FAQs. All documents are available on the NANB website at www.nanb.nb.ca.

- Standards for the Practice of Primary Health Care Nurse Practitioners
- Practice Guideline: Managing Registered Nurses with Significant Practice Problems
- Position Statement: Non-Medical Cannabis Use
- Fact Sheet: Nurse Practitioners Prescribing Methadone
- FAQ: Are NPs Authorized to Prescribe Methadone in New Brunswick?
- FAQ: Non-medical Cannabis Use

- FAQ: When can Registered Nurses Administer Naloxone?
- FAQ: Use and Misuse of Professional Practice Title
- FAQ: What Is a Directive?
- FAQ: Duty to Report: When am I Responsible to do so and how do I do it?
- FAQ: I'm a Registered Nurse/Nurse Practitioner Practising in New Brunswick. How can I get Practice Advice from NANB?
- FAQ: What do I Need to Know about Camp Nursing?

## VPH Nurses Alumnae Bursary Recipients



LOGAN ROUSSELLE was awarded \$2,000 by the VPH Nurses Alumnae for the 2016-17 year. At that time, he was a second-year nursing student at UNB Saint John campus. Logan's great aunt, Cleo Cyr, graduated from VPH School of Nursing in 1973.



TESS DELL is the recipient of the 2017-18 VPH Nurses Alumnae bursary in the amount of \$2,000. Tess graduated from the Bachelor of Nursing program at UNB, Fredericton in the spring of 2018. She is the granddaughter of Arlee McGee, VPH Class of 1953.

To apply for the VPH Nurses Alumnae bursary, please send an email with info about your nursing studies. Let us know your Victoria Public Hospital School of Nursing connection. The deadline for applications is November 30 each year Contact either:

Gwen Dorcas Ferguson gtuttle@unb.ca

Sheila Currie Harvey sheila.currie8@gmail.com

## **Hours & Dates**

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

NANB WILL BE CLOSED			
NAND WILL BE CLOSED			
October 8, 2018	Thanksgiving Day		
November 12, 2018	Remembrance Day		
December 24, 2018–January 2, 2019	Holiday Closure		
DATES TO REMEMBER			
October 1, 2018	Registration Renewal Opens		
October 16–17, 2018	NANB Board of Director's Meeting		
November 15, 2018	Payroll Deduction Deadline		
November 30, 2018	Registration Renewal Deadline		
January 31, 2019	Deadline for NANB Election Nominations		
January 31, 2019	Deadline for NANB Award Nominations		
February 25–26, 2019	NANB Board of Director's Meeting		

# Follow and Like NANB on Facebook and Twitter!

NANB has joined the world of social media, as an added media presence and monitoring tool; as well as an opportunity to promote to members, both existing and future, of the Association's events, supports and services available while increasing traffic to our existing website.

You can follow NANB at www.twitter.com/nanb\_aiinb. There is also a direct link to the account from our website homepage www.nanb.nb.ca.

## **Call For Entries**

Do you have a story idea or article you would like to see in *Info Nursing*? Do you have someone you'd like to see profiled or an aspect of nursing you'd like to read more about? Please submit your ideas and suggestions to:

Jennifer Whitehead, Manager of Communications and Government Relations

jwhitehead@nanb.nb.ca 165 Regent St, Fredericton, NB E3B 7B4



IN LIGHT OF THE PENDING LEGALIZATION OF CANNABIS, NANB wanted to start a dialogue with members about nursing practice and cannabis use. In May, NANB hosted a three-week Virtual Forum titled *Planting the Information Seed: Nursing Practice and Cannabis Use.* During that time, there were a number of thought producing posts on how RNs think cannabis legalization will impact their practice and their role as nurses caring for clients (www.nanb.nb.ca/vforum/entry/planting-the-information-seed-nursing-practice-and-cannabis-use). Thank you for participating!

To close the forum is Karey Shuhendler RN, CCHN(C), MN, Program Lead, Public Policy Programs & Policy of the Canadian Nurses Association. Karey captures some of our questions and assumptions and brings us back to thinking about the available evidence and providing safe, ethical and competent care.

## **NANB Virtual Forum on Cannabis: Summary**

hat a tremendous opportunity it has been to see nurses engaging in this essential discussion as Canada moves forward with legalization of nonmedical cannabis. It is not surprising to note the wide range of thoughts on this topic, given that nurses work with people across the lifespan, and in a variety of practice settings, so we know firsthand some of the implications for our patients and the health care system as a whole. In addition, as people we bring to the table our personal experience, our family experience, and all of experiences that shape the foundation of what we know, and perhaps what we think we know. As the body of cannabis research continues to evolve, and as legalization is implemented and evaluated, I encourage nurses to continue to stay attuned to the changes, the evidence, the needs of your patients, and the needs of nurses and health care professionals.

When it comes to cannabis and implications for nursing, just as with other aspects of our practice, we must continue to engage in reflective practice to ask ourselves critical questions like those asked by forum participants: What does this mean for my patients? Will this lead to problematic substance use? If we know cannabis is harmful for the developing brain,

how can I help youth in my community to reduce the risk? How can my workplace ensure nurses are not impaired by cannabis at work?

Another aspect of our reflection should be to examine our assumptions and biases. Is what we think about cannabis and cannabis use correct? What does the evidence say? While cannabis is by no means a benign substance, there still remains a great deal of stigma and misinformation which have informed the perspective of the public, including nurses. Many forum participants have articulated concerns about cannabis as a "gateway" drug, evolving evidence suggests this may not be the case. While cannabis use may precede use of seemingly more harmful substances, researchers consider that factors such as poverty, trauma and homelessness are more likely to contribute to risk for substance use disorder. It should also be noted that dependence rates significantly lower for persons who use cannabis than some other substances<sup>1</sup>, and there is evidence to suggest that in some cases, cannabis use may actually decrease use of potentially more harmful substances (Reddon et al., 2018).

Absolutely, there are risks associated with non-medical cannabis use, and absolutely, nurses can help their patients to understand and minimize these risks.<sup>2</sup> Arming ourselves with accurate information about risks and harms of cannabis use not only enables us to have honest, evidence-informed discussions with our patients/clients/communities, but it helps to reduce the stigma around cannabis.

As nurses, we need to be able to engage in these discussions, since the evidence tells us that approaching substance use from an abstinence-only perspective *does not work*. It does not work for youth, and it does not work for adults. We know this because of the high rates of cannabis use in Canada, despite the current prohibition model. Consider the following

About nine per cent of cannabis users develop dependence (classified as cannabis use disorder in the DSM5) (George & Vaccarino, 2015;

Lopez-Quintero et al., 2011). Comparatively speaking, the estimated probability of developing dependence is 68 per cent for nicotine, 23 per cent for alcohol and 21 per cent for cocaine (Lopez-Quintero et al., 2011).

excerpt from CNA's 2017 discussion paper Harm Reduction for Non-Medical Cannabis Use:

"Cannabis is the most commonly used illicit substance in Canada (Canadian Centre on Substance Use and Addiction [CCSA], 2014). Of particular significance are the high use rates among Canadian youth, many of whom start using cannabis in their late elementary school years. While rates have recently decreased, Canada still has the world's highest use rates among youth, with 28 per cent of 11-15 year olds reporting past year use in 2009-2010 (UNICEF, 2013). More recent statistics for Canadians aged 15-19, 20-24, and 25 years and older indicate past year use of 21, 30 and 10 per cent, respectively (Statistics Canada, 2017). In youth, non-medical cannabis use in Canada has a rate 2.5 times higher than adults age 25 and older (Statistics Canada, 2017)."

It should be noted that forum participants raised several ethical questions related to cannabis use, be it cannabis use by patients/clients, or cannabis use by nurses in the workplace. These are all excellent thoughts to put forward to help us break down what our responsibility may be in certain situations. CNA's *Code of Ethics for Registered Nurses* (2017) provides useful guidance for many of these situations.

For nurses who may feel at odds with counselling a patient on how to use cannabis in a manner that reduces risk for harm, the values of harm reduction are consistent with the primary values of ethical nursing practice. This includes providing safe, compassionate, competent and ethical care; promoting health and well-being; promoting and respecting informed decision-making; honouring dignity; maintaining privacy and confidentiality; promoting justice; and being accountable.

The questions of many as to what implications legalization of cannabis will have on nurses' personal use of non-medical cannabis is a legitimate concern as well. We can look to the Code of Ethics for Registered Nurses (2017) for guidance on this as well. Technically, legalization should have no impact on the sobriety of the nursing work force. Just as with other substances, be it alcohol, prescription medications etc., nurses are still obligated to be accountable for, and maintain their fitness to practise. "If they are aware that they do not have the necessary physical, mental or emotional capacity to practise safely and competently, they withdraw from the provision of care after consulting with their employer. If they are selfemployed, they arrange for someone else to attend to their clients' health-care needs. Nurses then take the necessary steps to regain their fitness to practise, in consultation with appropriate professional resources" (CNA, 2017, pg. 17). Similarly, nurses have an ethical obligation to be attentive to signs that a colleague may not be fit to practise, and in such cases, take necessary steps to protect the safety of persons receiving care.

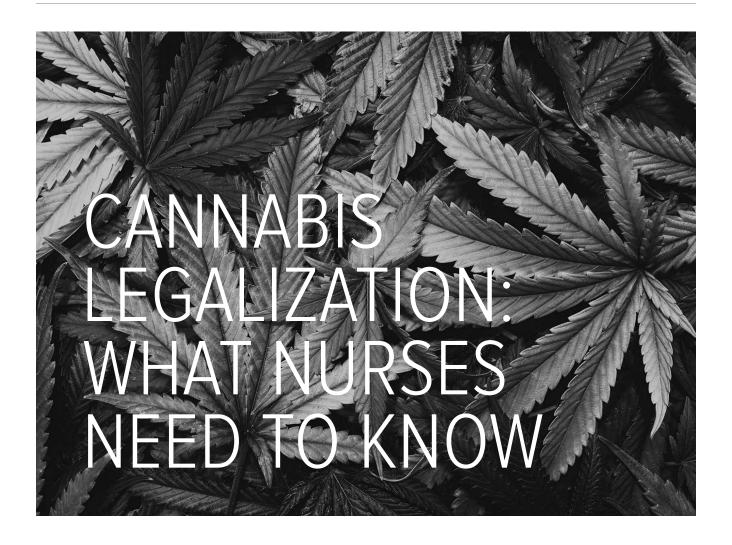
Legalization of non-medical cannabis is complex. It raises

Consider resources such as CNA's 10 tips for Reducing the Harm of Non-Medical Cannabis Use or CAMH's Lower Risk Cannabis Use Guidelines https://www.camh.ca/-/media/files/pdfs---reports-and-books---research/canadas-lower-risk-guidelines-cannabis-pdf.pdf. logistical questions, legal and regulatory questions, as well as emotional and ethical questions. That is okay. As we move forward with this changing legal landscape, I would encourage nurses to keep asking questions. Ask questions of yourselves as part of your reflective practice; ask questions of your workplace to identify educational and policy needs; ask questions of your regulators so that you understand your responsibilities; and ask questions of your associations to identify what resources and information you may need. It is only through our continued critical thinking that we can navigate this change while obtaining the evidence we need to improve health outcomes for those we serve.

#### References

- Canadian Centre on Substance Abuse. (2014). Marijuana for nontherapeutic purposes: Policy considerations. Retrieved from http:// www.ccdus.ca/Resource%20Library/CCSA-Non-Therapeutic-Marijuana-Policy-Considerations-2014-en. pdf#search=%22Marijuana%20for%20non%2Dtherapeutic%20 purposes%22
- Canadian Nurses Association. (2017). Code of Ethics for Registered Nurses.

  Retrieved from https://www.cna-aiic.ca/html/en/Code-of-Ethics-2017-Edition/index.html
- Canadian Nurses Association. (2017b). Harm Reduction for Non-medical Cannabis Use. Retrieved from https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/harm-reduction-for-non-medical-cannabis-use.pdf
- George, T., & Vaccarino, F. (Eds.). (2015). Substance Abuse in Canada: The Effects of Cannabis Use During Adolescence. Retrieved from the Canadian Centre on Substance Use and Addiction website: http://www.ccsa.ca/ Resource%20Library/CCSA-Effects-of-Cannabis-Use-during-Adolescence-Report-2015-en.pdf
- Lopez-Quintero, C., Perez de los Cobos, J., Hasin, D. S., Okuda, M., Wang, S., Grant, B. F., & Blanco, C. (2011). Probability and Predictors of transition from first use to dependence on nicotine, alcohol, cannabis, and cocaine: Results of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). *Drug and Alcohol Dependence*, 115, 120-130. doi:10.1016/j.drugalcdep.2010.11.004
- Reddon, H., DeBeck, K., Socias, M.E., Dong, H., Wood, E., Montaner, J., Kerr, T., & Milloy, M.J. (2018). Cannabis use is associated with lower rates of initiation of injection drug use among street-involved youth: A longitudinal analysis. *Drug Alcohol Rev.* 37(3), 421-428. doi: 10.1111/ dar.12667
- Statistics Canada. (2017). Canadian Tobacco, Alcohol and Drugs Survey: Summary of Results for 2015. Retrieved from https://www.canada.ca/ en/health-canada/services/canadian-tobacco-alcohol-drugssurvey/2015-summary.html
- UNICEF Office of Research. (2013). Child Well-being in Rich Countries: A Comparative Overview (Innocenti Report Card 11). Retrieved from https://www.unicef-irc.org/publications/pdf/rc11\_eng.pdf



## BY KATE SHEPPARD

Legalization and regulation of Cannabis is planned for October 2018. This piece of legislation is referred to as the *Cannabis Act*, or Bill C-45. It will allow for national use by individuals 18 and over, personal possession of up to 30 grams, and up to four plants per household for personal cultivation. However, provinces and territories can further restrict possession, sale and use.

n New Brunswick (NB) the legal age to purchase cannabis has been set at 19 and cannabis will be sold at Cannabis NB retail stores. Cannabis will be taxed, and the current agreement indicates that the federal government will receive 25% of the revenue and the province will keep the rest. A gram of cannabis is expected to be priced at around \$10.1

## Why Legalization?

Legalization can be seen as a positive option for cannabis for a few reasons. Legalization will allow for:

- regulation of the quality and potency
- removes social harms (restrictions that a criminal record places on a person's opportunity for employment, volunteer work, travel and more)
- decreased costs by having fewer people in the criminal justice system and lowering law enforcement costs<sup>2</sup>

Legalization does not reduce the health risks and harms, but it does provide the opportunity to mitigate them.<sup>2</sup>

## What are the health risks and harms of cannabis use?

Cannabis use is associated with various health risks and harms. Current research indicated that those include<sup>2,3</sup>:

- acute cognitive and psychomotor impairments
- impaired brain development
- dependence
- mental health issues
- psychosis
- respiratory effects
- · poorer pregnancy outcomes
- motor-vehicle accidents<sup>2,3</sup>

Youth, pregnant women and individuals with mental health issues or history of psychosis or family history of psychosis

## **FACTS & FIGURES**

- More than 9 in 10 Canadians support nurses providing education to help them to better understand the risks and harms of recreational cannabis use.<sup>5</sup>
- In Atlantic Canada 83.8% rated themselves as knowledgeable/ somewhat knowledgeable about the effect of cannabis on things such as brain development, pregnancy, mental health and driving.<sup>5</sup>
- Cannabis use is common, 10% to 15% of the general adult population report using cannabis in the past year and usage is even more common among adolescents and young adults.<sup>3</sup>
- In New Brunswick 27.1% of students in grades 7–12 have used cannabis in the past year. This figure is above the Canadian average of 19.3%.<sup>6</sup>
- The average age at which youth in New Brunswick first try using cannabis is 14 years old.<sup>6</sup>

- Cannabis use that begins early in adolescence and that is described as frequent and continues over time has been associated with increased risk of harms and some of those harms may not be fully reversible. Adolescence is a critical time for brain development as the brain is not fully developed until around age 25.9
- About 1 in 5 people seeking substance use treatment have cannabis related problems.<sup>3</sup>
- Among youth, driving after cannabis use is more prevalent than driving after drinking.<sup>2</sup>
- Delta-9-tetrahydrocannabinol (THC) is the primary psychoactive component in cannabis which causes users to feel "high". Users report various effects from its consumption, from relaxation and laughing, to paranoia and confusion depending on the potency and person.
- Higher THC content generally leads to more intense psychoactive effects. THC content can vary

- from 10 to 20%. This is a significant jump from the 1970 when THC levels ranged from 2 to 8%.
- Cannabis concentrates or synthetics can contain up to 80-90% THC. High THC content has been identified as a factor contributing to acute and chronic adverse outcomes, including mental health problems and dependence.<sup>3</sup>
- Cannabidiol (CBD), another cannabinoid, is non-psychoactive and associated with anti-inflammatory, analgesic, and antipsychotic properties.<sup>8</sup>
- Heavy cannabis use during pregnancy can be associated with lower birth weight and longerterm developmental effects in children and adolescents such as decreases in memory function, the ability to pay attention and reasoning and problem-solving, as well as hyperactive behavior and increased risk for future substance use.<sup>9</sup>



















## **SMOKING**

- THE "JOINT" is the most recognizable form of cannabis consumption.
   The dried bud and leaves of the cannabis plant are rolled up like a cigarette and smoked. Sometimes, the tobacco of a cigar is replaces with cannabis to make a "blunt".
- PIPES AND BONGS: Various smoking apparatus are implemented to smoke cannabis bud, with some using water filtration to lessen the impact on lungs.

HASHISH: Also known as "hash", this thick, sappy resin is derived from cannabis bud and leaves and smoked in many of the same ways. Hash oil is another common liquid derivative.

## **VAPORIZING**

 "VAPING" has become increasingly popular in recent years for both cannabis and tobacco smokers.
 Vaporizers heat cannabis to just below its combustion point so a vapor is released and inhaled, rather than smoke. The health implications of vaporizing are the topic of much debate, but research is still in its infancy.

## **EDIBLES**

- "EDIBLES": Cannabis can be infused in cookies, brownies, candies and all sorts of foods and beverages, which are often preferred by those wanting to avoid smoking. Overconsumption can be a real problem with edibles, since potency can vary across different products.
- CANNABIS OIL: A concentrated and distilled form of cannabis which usually diluted with other oils. It became legal for medical use in Canada in 2015, and appeals to many health-care providers because its dosage can be more precisely controlled.

are at increased risk of health risks and harms. <sup>2,3</sup> Nurses should screen these clients for use during the assessment process and facilitate conversations about their risks.

For more information on the health effects of cannabis please see www.canada.ca/content/dam/hc-sc/documents/services/campaigns/27-16-1808-Factsheet-Health-Effects-engweb.pdf.

The evidence does indicate that the associated health risks and harms are modifiable and education on harm reduction measures should be provided as needed.<sup>2,3</sup>

## What is NANB's guidance regarding non-medical cannabis use?

NANB supports a harm reduction approach to non-medical cannabis use.

## What is a harm reduction approach?

"Harm reduction is any policy or program designed to reduce drug-related harm without requiring the cessation of the drug use. Interventions may be targeted at the individual, the family, community or society". Harm reduction programs have been applied to address alcohol use, sexual practices, smoking, gaming and others. Harm reduction focuses on decreasing the adverse consequences while building a non-judgmental, supportive relationship. A The values of harm reduction align with the primary values in the Code of Ethics for Registered Nurses (2017).

## What are the harm reduction guidelines for nonmedical cannabis use?

Harm reduction guidelines for non-medical cannabis use are available. Below are links to evidence-based harm reduction guidelines.

- Canada's Lower-Risk Cannabis Use Guidelines (CAMH)
- Reducing the Harms of Non-Medical Cannabis Use (CNA)
- Lower-risk- non-medical cannabis use (New Brunswick Department of Health)

### Want to know more?

For additional information see:

- Fischer, B., Russell, C., Sabioni, P., van den Brink, W., Le
  Foll, B., Hall, W., . . . Room, R. (2017). Lower-Risk Cannabis
  Use Guidelines: An evidence-based update. American
  Journal of Public Health, 107(8), e1-e12. doi:10.2105/
  AJPH.2017.303818
- Canadian Nurses Association. (2017). Harm Reduction for Non-Medical Cannabis Use. Ottawa, ON: Canadian Nurses Association. Retrieved from https://www.cna-aiic.ca/~/ media/cna/page-content/pdf-en/harm-reduction-fornon-medical-cannabis-use

- Health Canada. (2017). Proposed Approach to the Regulation of Cannabis. Retrieved from https://www.canada.ca/en/health-canada/programs/consultation-proposed-approach-regulation-cannabis/proposed-approach-regulation-cannabis.html.
- CADTH Evidence Bundle https://cadth.ca/evidence-bundles/medical-cannabis-evidence-bundle/browse-evidence
- Health Canada information for health care professionals and consumer information https://www.canada.ca/en/ health-canada/services/drugs-health-products/medicaluse-marijuana/information-medical-practitioners.html
- Canadian cannabis survey 2017- Summary https://www.canada.ca/en/health-canada/services/publications/drugs-health-products/canadian-cannabis-survey-2017-summary.html
- Government of Canada. (2017). Health effects of cannabis. Retrieved from www.canada.ca/content/dam/hc-sc/documents/services/campaigns/27-16-1808-Factsheet-Health-Effects-eng-web.pdf
- Canadian Center on Substance Use and Addiction. (2016).
   Clearing the smoke on cannabis. Retrieved from http://www.ccdus.ca/Resource%20Library/CCSA-Cannabis-Use-Respiratory-Effects-Report-2016-en.pdf
- Drug Free Kids. (2017). Cannabis talk Kit- Know how to talk with your teen. Retrieved from https://www.drugfreekidscanada.org/wp-content/ uploads/2017/06/34-17-1850-Cannabis-Talk-Kit-EN-10.pdf

## References

- 1 Government of Canada. (2017). Backgrounder: Federal-provincial-territorial agreement on cannabis taxation. Retrieved from https://www.canada.ca/en/department-finance/news/2017/12/backgrounder\_federal-provincial-territorialagreementoncannabista.html
- 2 Canadian Nurses Association. (2017). Harm Reduction for Non-Medical Cannabis Use. Ottawa, ON: author. Retrieved from https://www. cna-aiic.ca/~/media/cna/page-content/pdf-en/ harm-reduction-for-non-medical-cannabis-use
- 3 Fischer, B., Russell, C., Sabioni, P., van den Brink, W., Le Foll, B., Hall, W., . . . Room, R. (2017). Lower-Risk Cannabis Use Guidelines: An evidence-based update. American Journal of Public Health, 107(8), e1-e12. doi:10.2105/AJPH.2017.303818



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# THE OPIOID CRISIS

## IN NEW BRUNSWICK

In the last few several years, visits to addiction services for opioid misuse disorders have increased. In 2016, according to the Government of Canada, 2,816 opioid-related deaths have occurred in the country, 29 were recorded in New Brunswick.

BY MARTINE LEVASSEUR



## OPIOIDS: AN RNs JOURNEY

OPIOIDS ARE NARCOTICS than can be prescribed by a physician or manufactured clandestinely. Opioids relieve physical pain and are very addictive. It doesn't take long for a patient to become addicted and see their life turned upside down once the drug is used not only to relieve the physical pain, but also to relieve the emotional distress of the person. This person could be you, your mother, your brother, your partner or your daughter. The problem is addicts do not always ask for help, for fear they will be judged.

In 2005, the Government of New Brunswick announced the opening of four methadone maintenance clinics within Horizon Health Network. The clinics were located where opioid misuse rates were the highest, Saint John, Miramichi, Fredericton and Moncton. In 2016, the Vitalité Health Network adopted a plan to provide services for opioid addictions in zones where none existed, including Campbellton, Bathurst, Tracadie and Edmundston. This service is integrated with outpatient addiction services already offered, and thus provides several treatment options, including detox, support, crisis intervention, referral to other agencies and, finally, methadone or suboxone maintenance treatment.

In collaboration with the team, the nurse responsible in each zone coordinates the maintenance treatment services. The RN conducts several health assessments and gathers a history of the person's substance use and social life to decide, along with the team, the best treatment option to offer. This work requires flexibility on the part of the nurse, involvement in any training offered and collaboration with partners in the workplace and the community. The nurse educates colleagues, patients and staff in other departments on methadone or suboxone maintenance treatment. The RN also teaches how

to administer naloxone, an opioid antagonist, in case of an overdose to opioid addicted patients or family members who worry about their loved one's opioid use. The nurse should also demonstrate empathy for the patients, which requires having a good understanding of what addiction is. The RN must offer counselling services in close collaboration with the social workers on the team.

I have been a nurse working in addiction services for several years now, and this work has brought me the most in terms of learning and self-improvement in my professional life, as well as in my private life. To become a better nurse in addiction treatment services, I had to become a better person and battle my own inner demons. This experience has allowed me to grow and be able to provide better care.

I also put aside my own values and beliefs to provide better care, and reminded myself that our primary goal is harm reduction. Furthermore, I adapted my vision by giving importance to small victories and small progress such as educating about and implementing other tools to manage stress, educating about and providing understanding of addiction, etc.

In conclusion, I hope you can learn from my journey. You cannot ask an addicted person to concentrate on other aspects of his or her life when their main concern is obtaining drugs. To simply stop using drugs is not enough to get better; the person needs to create a new life for themselves, a life where it is easier to abstain from drugs, a life where they have to confront their emotional wounds that hide under their drug use. That is what healing looks like.

For more information on the opioid crisis, visit the website www.canada.ca/opioids.

## Cannabis Legalization: What Nurses Need to Know

continued from page 15

- 4 Center for Addiction and Mental Health. (2002). CAMH and Harm Reduction: A Background Paper on its Meaning and Application for Substance Use Issues. Retrieved from http://www.camh.ca/en/hospital/about\_camh/influencing\_public\_policy/public\_policy\_submissions/harm\_reduction/Pages/harmreductionbackground.aspx
- 5 Canadian Nurses Association. (2017). Canadian supports or somewhat support nurses providing education on antibiotic use; feel "superbugs" are a major problem in Canada. Retrieved from https://www.cna-aiic.ca/~/media/cna/page-content/pdf-en/cna-research-summary-antimicrobial-resistance-and-cannabis-education
- 6 Office of the Chief Medical Officer of Health. (2017). New Brunswick disease watch bulletin. Retrieved from http://www2.gnb.ca/content/ dam/gnb/Departments/h-s/pdf/en/Publications/NB-Disease-Watch-Bulletin\_Volume27-e.pdf

- 7 Punch, D. (2017). Just say. Registered Nurse Journal, 29(1), 12-16.
- 8 Canadian Agency for Drugs and Technologies in Health. (April 19, 2017).

  The use of medical cannabis with other medications: A review of safety and guidelines. Retrieved from https://www.cadth.ca/sites/default/files/pdf/htis/2017/RC0878\_Use%20of%20Medical%20Cannabis%20 with%20Other%20Medications\_Final.pdf
- 9 Government of Canada. (2017). Health effects of cannabis. Retrieved from www.canada.ca/content/dam/hc-sc/documents/services/ campaigns/27-16-1808-Factsheet-Health-Effects-eng-web.pdf



## BY SYLVETTE GUITARD

Naloxone is an Opioid Antagonist which will block or reverse the effects of opioids and treat respiratory depression associated with opioid overdose. This medication has been available as a prescription drug in Canada for more than 40 years and was generally used in hospital settings.

n response to the opioid crisis, the National Drug Scheduling Advisory Committee in 2016 granted naloxone (both injectable and nasal spray) Schedule II status on the National Drug Schedules (New Brunswick College of Pharmacists (NBCP), 2017). Schedule II medications can be purchased without a prescription but are kept behind the counter and provided with education from the pharmacist.

#### When I am at work can I administer naloxone?

When you are at work you need to practice in accordance with relevant legislation, standards and employer policies.

Some employment settings (i.e. hospital Emergency Departments, Community Health Centers) have policies or directives¹ in place which may allow the RN to administer naloxone when specific client conditions are met. However, many employment settings require RNs to have a prescription from an authorized prescriber before administering or recommending naloxone (Nurses Association of New Brunswick, 2016). Always familiarize yourself with your employer policy.

## I am working with a student nurse. When can he or she administer naloxone?

Student nurses are required to follow policies or directives during clinical practice. As with administering any medication students should also have the proper knowledge, skill and supervision required to administer naloxone.

## What if naloxone is available as an over-the-counter drug at work?

Some settings may have naloxone over-the-counter (OTC) stock available.<sup>2</sup> When supported by employer policy an RN may administer or recommend OTC medications without an order provided they are in their original container (NANB, 2016). For example, in Detox Centers and Addiction Services naloxone kits are distributed mainly by the RNs to clients that are at risk.

## Can I administer naloxone when I am off duty?

Since it is considered a Schedule II medication, RNs can recommend and/or administer naloxone when off duty without a prescription (NANB, 2016). RNs are protected from civil liability pursuant to the New Brunswick Volunteer Emergency Aid Act which provides that "a person who in good faith voluntarily and without reasonable expectation of compensation or reward provides aid, advice or emergency medical services to the victim of an accident or a medical emergency at the immediate scene of the accident or emergency is not liable for damages that result from the person's negligence in acting or failing to act, unless it is established that the damages were caused by the gross negligence of the person (Government of New Brunswick, 2016)".

To learn more about naloxone administration, you can consult this brochure "Overdose Survival Guide-Tips to Save a Life" from the Government of New Brunswick at http://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/

## Can I purchase a naloxone kit?

Naloxone can be purchased by an RN, a student nurse or any public member, without a prescription in local pharmacies. Because naloxone is a Schedule II medication, it is considered an OTC medication which is kept in an area of a pharmacy where there is no public access and no opportunity for client selfselection (NANB, 2016). The pharmacist will educate the person on how to determine if naloxone is required, how to administer naloxone and on how to follow-up to assure the effective use of this drug (NBCP, 2017).





MentalHealth/tips-to-save-a-life\_brochure.pdf.
You could also refer to the Canadian Pharmacists
Association's naloxone resources section where they have videos, info graphs, etc. that could be helpful at https://www.pharmacists.ca/advocacy/opioid-crisis/.

## What are my underlying guiding principles when providing care?

RNs, as regulated members, are responsible to provide safe, competent and ethical care whether they are on or off duty. They are required to follow the *Practice Standard: Medication Administration* (2016) in order to apply their knowledge about the client and the medication when assessing, planning, implementing and evaluating the medication administration process, which includes the recommendation or administration of OTC medications (NANB, 2016). RNs need to be knowledgeable of and respect the *Standards of Practice for Registered Nurses* (2012) and the *Code of Ethics* (2017) when providing care to clients at all times.

# Opioid crisis and naloxone administration in New Brunswick: Highlights

- In 2017, naloxone was administered to 282 suspect opioid overdose patients, of which 152 responded to naloxone (53.9%).
- There were 37 apparent opioid deaths in 2017 of which 33 were deemed accidental or with pending intent, including 8 related to fentanyl or fentanyl analogs (5 fentanyl, 2 furanyl-fentanyl and 1 carfentanyl).
- Data for 2017 are incomplete and numbers are expected to increase as coroner investigations continue.

(Office of the Chief Medical Officer of Health (OCMOH), 2018).

A written order from an authorized prescriber for a procedure, treatment or drug for a number of clients when specific conditions are met. See p. 8 of the *Practice Standard: Medication Administration* (2016) for further information.

<sup>&</sup>lt;sup>2</sup> Medications that can be purchased, without a prescription, in local pharmacies and other retail stores. See page 9 of the *Practice Standard: Medication Administration* (2016) for further information.

## How to recognize an overdose and respond?

- Government of New-Brunswick. (2018). About Opioids. Fredericton, NB: author. Retrieved from http://www2.gnb.ca/content/gnb/en/ corporate/promo/opioids.html
- Government of Canada. (2017). Naloxone.
   Ottawa, ON: author. Retrieved from https://
   www.canada.ca/en/health-canada/services/
   substance-abuse/prescription-drug-abuse/
   opioids/naloxone.html#a2
- New Brunswick Department of Health. (2018).
   Guidance on Personal Protective Equipment and
   Safety Considerations for First Responders, First
   Receivers, Provincial Correctional Officers and
   Provincial Sheriffs Dealing with Illicit Fentanyl.
   Fredericton, NB: author. Retrieved from http://www2.gnb.ca/content/dam/gnb/
   Departments/h-s/pdf/en/MentalHealth/
   guidance-illicit-fentanyl.pdf

## How can I take action to address the opioid crisis?

- Optimize assessments skills related to substances use and misuse
- Educate individual clients, families, and the public regarding substance use and misuse
- · Optimize pain management skills
- $^{\scriptscriptstyle 3}$   $\,$  A response to caring for clients that:
- Realizes the widespread impact of trauma and understands potential paths for recovery:
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- 4. Seeks to actively resist re-traumatization.

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing (Substance Abuse and Mental Health Services Administration, 2018).

- Support Palliative and End of Life (PEOL) clients' and their families for the use of opioids to control pain
- Advocate for best practices in harm reduction strategies
- Refer clients and families to community resources
- Respond to overdoses
- Adopt a trauma-informed approach<sup>3</sup>
- Destigmatize addiction
- Collaborate interprofessionally, intraprofessionally and intersectorally to address the crisis

(Canadian Association of Schools of Nursing, 2017)

To learn more about the opioid crisis in Canada, click on the following link from Statistics Canada (2017): http://www.statcan.gc.ca/pub/11-627-m/11-627-m2018001-eng.pdf.

There is also a "Provincial Opioid Toolkit" available at http://www2.gnb.ca/content/gnb/en/corporate/promo/opioids/Provincial\_Opioid\_Toolkit.html.

## References

Canadian Association of Schools of Nursing. (2017). *Nurses' role in combating the opioid crisis in Canada*. Ottawa, ON: author. Retrieved from https://www.casn.ca/wp-content/uploads/2017/09/Nurses-Role-in-Combating-the-Opioid-CrisisFINAL-EN-1.pdf

Government of New Brunswick. (2016). Volunteer Emergency Aid Act.
Fredericton, NB: author. Retrieved from http://www.gnb.ca/0062/acts/BBA-2016/Chap-17.pdf

New Brunswick College of Pharmacists. (2017). Position Statement:
Naloxone. Moncton, NB: author. Retrieved from https://nbcp.in1touch.
org/document/3203/GM-PP-Naloxone-01\_Naloxone%20Position%20
Statement\_Feb%202017%20EN.pdf

Nurses Association of New Brunswick. (2016). Practice Standard:

Medication Administration. Fredericton, NB: author. Retrieved from

http://www.nanb.nb.ca/media/resource/NANB-MedStandardRevisedNovember2016-E.pdf

Office of the Chief Medical Officer of Health. (2018). Surveillance of apparent opioid overdoses in New Brunswick, 2017 Q4. Fredericton, NB: author. Retrieved from http://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/MentalHealth/New-Brunswick\_opioid-surveillance-report\_2017-Q4.pdf

Substance Abuse and Mental Health Services Administration. (2018).

Trauma-Informed Approach and Trauma-Specific Interventions. Retrieved from https://www.samhsa.gov/nctic/trauma-interventions

# OPIOID CRISIS IN NEW BRUNSWICK What is GNB's Plan?

urses are quite concerned with the impending opioid crisis and the effects on patients here in New Brunswick. As professionals providing healthcare in communities and many other settings, we want to support the government by playing a key role in promoting public safety. NANB would like to thank Dr. Jennifer Russell, Chief Medical Officer of Health for participating in the following interview highlighting the provincial government's plan to address this health crisis.

## What is NB's opioid crisis reality and how is the provincial government responding?

With increasing numbers of fatal and non-fatal opioid poisonings in Canada, some jurisdictions have declared a public health emergency. The Department of Health has responded to ensure measures are in place for the prevention and response to opioid poisoning in New Brunswick.

To gain a better understanding of the situation in New Brunswick, a surveil-lance and reporting process which captures opioid-related overdoses in emergency departments across the province in a timely fashion was established. Please refer to the following link for more information: Public Health Surveillance—http://www2.gnb.ca/content/gnb/en/corporate/promo/opioids/public\_health\_surveillance. html.

As part of the response to the opioid crisis the Department of Health collaborated with partners and stakeholders to develop the GNB website which houses information/education for the public on opioids. As well a guidance document on Personal Protective Equipment and Safety



Considerations was developed. These documents can be found on the following website: About Opioids-http://www2.gnb.ca/content/gnb/en/corporate/promo/opioids.html. The government also facilitated an Opioid Symposium held in December 2017 that brought together key stakeholders and partners along with experts in the field.

The Department of Health has hired an individual who will perform a gap analysis and lead the development of a comprehensive action plan to address issues along the continuum of care in addiction services including prevention and early intervention, treatment, and management of new and emerging trends.

## Who is at risk of developing an opioid dependency?

The risk factors are the same for most substance use disorders; meaning they can be associated with genetic or environmental vulnerability. The various risk factors may include: having an accident or injury; a family history of mental illness or substance use disorder; a personal history of mental illness or substance use disorder; trauma; having a circle of friends/ family that use substances/opioids.

## How can nurses play an active role in supporting the government's response plan?

Nurses in all levels of health care play a pivotal role in the prevention of opioid use and treatment of opioid disorders. Nurses here at the Office of the Chief Medical Officer of Health, Regional Health Authorities (RHAs) and Public Health are playing key roles on this file, by leading or being members of task groups, collaborating with partners and stakeholders, and ensuring public education and messaging is updated and accurate.

All nurses can help by: educating patients about issues like tolerance, physical dependence and opioid misuse; leading cultural change in pain management; advocating for their clients who may be at risk or are experiencing opioid misuse; having knowledge of community resources available for harm reduction (where/how to access take home naloxone kits and needle exchange services); and being aware of risk factors for opioid use.

# The Government committed 2,500 free naloxone kits. Where will they be distributed in the province and will nurses have access?

In March 2018, an initial 1,250 naloxone kits were purchased and distributed to 11 sites in the province. Distribution sites are:

## AN INTERVIEW WITH DR. JENNIFER RUSSELL

- Seven withdrawal management programs at the RHAs
- Four needle exchange programs operated by non-governmental organizations

Eligibility for Take Home Naloxone Kits was approved for targeted vulnerable populations through the Interdepartmental Illicit Fentanyl Preparedness Task Group.

The eligibility criteria includes:

- Individuals at risk of an opioid overdose:
- · Individuals currently using opioids;
- Past opioid users at risk of returning to opioid use; and
- Family members, friends or other persons who are likely to witness and respond to an overdose.

To receive a kit, the eligible individual must present the provider with a certificate of completion of the naloxone training. These kits are not intended to be used for health care staff, occupational health & safety purposes or private businesses. Expansion of the criteria is dependent on surveillance data.

## A Provincial Interdepartmental Illicit Fentanyl Preparedness Task Group was established. What is its mandate?

The Task Group's goals were to maximize prevention, awareness and intervention strategies associated with fentanyl misuse and overdose. The Task Group created five working groups to accomplish these goals:

- Surveillance
- Resources/Education
- Personal Protective Equipment
- Treatment, Awareness and Assessment
- Public Communications

## What are the Government's next steps?

 Enhancing the continuum of care for addictions related issues

- including those struggling with opioid use disorder.
- Performing a gap analysis and lead the development of a comprehensive action plan to address issues along the continuum of care in addiction services including prevention and early intervention, treatment, and management of new and emerging trends.
- Continuing to collaborate with Federal /Provincial /Territorial partners on initiatives to address the opioid crisis.
- Continuing updates to stakeholders and partners through various venues such as presentations and symposiums.

Recognizing this issue is of ongoing public health concern, NANB will continue to monitor developments and communicate pertinent information to nurses. Special thanks to Dr. Russell for participating and sharing the provincial government's plan on how to address the opioid crisis.

## Voice Your Vote! New Brunswickers Count on Us

continued from page 5

immediately. Additional details, as well as supporting evidence on these health care priorities can be found on page 25. A tear-out card, with questions to ask your local candidates, as well as a website with information on how to get involved, sample letters, voter information etc. can be found at nbnursingmatters.ca.

With approximately 8,600 registered nurses and nurse practitioners in our province, united, our professional voice is strong! Have a conversation about healthcare with your election candidates. Incorporate these priorities into the discussion. Be a nurse and be political. Vote on Monday September 24, 2018. New Brunswickers count on us!

KAREN FRENETTE

President, president@nanb.nb.ca

## Looking to the Future: Changes in Regulation and Membership

continued from page 5

keeps the focus on the patient. Mutual enactment of shared roles where possible—promotes more timely access to care for patients. NANB provides specific information on RN/LPN collaboration, assignment of patients and delegation in the *Guidelines for Intraprofessional Collaboration: Registered Nurses and Licensed Practical Nurses Working Together* document (http://www.nanb.nb.ca/resources) Become informed. Ask questions. Stay competent.

LAURIE IANES

Executive Director, ljanes@nanb.nb.ca

fines

# 

Coming together, representing 8,600 registered nurses and nurse practitioners in New Brunswick—the largest group of health professionals in the province—the Nurses Association of New Brunswick (NANB) and the New Brunswick Nurses Union (NBNU) have partnered and identified the following five election priorities and proposed questions to party leaders on how they intend to address these challenges within our healthcare system.



We met with Kris Austin, Leader of the People's Alliance Party on Wednesday August 22, 2018.



We met with Jennifer McKenzie, Leader of the New Democrat Party on Wednesday August 22, 2018.



We met with David Coon, Leader of the Green Party on Thursday August 23, 2018.

<sup>\*</sup>A meeting has been scheduled with Brian Gallant, Leader of the Liberal Party on Wednesday September 5.

<sup>\*\*</sup>A meeting is still to be confirmed with Blaine Higgs, Leader of the Progressive Conservative Party.



#### Recommendations

INVEST IN mental health services and supports to ensure adequate mental health access for all New Brunswickers.

issues in New Brunswick?

RESEARCH, FUND and improve access to treatment for drug addictions to address epidemics such as the current opioid crisis.

IMPROVE MEASURES and increase the role of registered nurses and nurse practitioners in mental health / addiction prevention strategies and treatments.

## Rationale

IN A 2017 New Brunswick Health Council survey on accessing health services, 19% of respondents selfidentified as having a mental health issue, while only 33% of that group were able to access mental health services.

IN 2017, naloxone was administered to 282 suspect opioid overdose patients, of which 152 responded to naloxone (53.9%).

THERE WERE 108 Emergency
Department visits related to nonsuicidal opioid overdoses, with an
average of 13.5 visits per month
between May and December 2017.

## **Supporting Evidence**

UP TO 25% of disability costs associated with mental health problems could be avoided by taking action.

READMISSIONS FOR mental health patients to hospitals is higher in New Brunswick than the national average.

IN AUSTRALIA, research found an average positive ROI of \$2.3 for every dollar invested in workplace mental health initiatives.





If elected, how does your party plan to improve access to primary health care services in New Brunswick?

Specifically, access to primary health care in recognition of the urbanization of our province and the current underutilization of Nurse Practitioners?

CREATE A five-year, sustainable public program for access to primary health care by direct creation of Nurse Practitioner (NP) positions in the long-term care sector, as family care providers and in mental health sector.

PROVIDE DEDICATED funding for Nurse Practitioner positions.

INCREASE NUMBER of small community family care clinics led by nurse practitioners and with an interdisciplinary team for example; social workers, dietitians, pharmacists, etc.

EXTEND THE Medical Liability
Protection Reimbursement Program
to provide NPs the same professional
liability protection subsidy mechanism
used by physicians.

The Canadian Nurses Association defines Nurse Practitioners as "registered nurses with additional educational preparation and experience who possess and demonstrate the competencies required to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice" (CNA, 2006).



## **Provincial Zones in Most Need** (GNB Feb. 2017) Moncton 5,692 Fredericton 5,995 Saint John 6,011

"Primary Health Care (PHC) is a philosophy and approach that is integral to improving the health of all Canadians and the effectiveness of health service delivery in all care settings. PHC focuses on the way services are delivered and puts the people who receive those services at the centre of care. The essential principles of PHC, as set out in the World Health Organization's Declaration of Alma-Ata, are: accessibility; active public participation; health promotion and chronic disease prevention and management; the use of appropriate technology and innovation; intersectoral cooperation and collaboration." (CNA Position Statement on Primary Health Care)

## Rationale

20,000+ NB residents on Patient Registry for periods of more than two years; potential to reduce number of persons waiting for a family health provider by more than 50%—several other Canadian jurisdictions currently implementing Nurse Practitioner strategies to improve access to care.

NPS FASTEST growing health profession sector in NB-less costly and as effective as other family care providers.

NPs ARE leaving NB after being educated in publicly funded programs. NPS ALREADY working in NB nursing homes with excellent patient outcomes: with potential for decreased ER and hospital admissions, decreased infection rates, decreased fall/injury, improved monitoring of medications and side-effects, high levels of family satisfaction.

EARLY NP intervention for youth challenged by mental health/ substance misuse can enhance opportunities for optimal health outcomes: fewer ER admissions/long hospital stays, return to education, decreased deaths due to overdoses.

## **NP Graduates From Both UNB** and UdeM

2017	10
2016	3
2015	18
2014	3
2013	7

## **NPs Without Sufficient Hours**

2018	6
2017	3
2016	1
2015	2
2014	3

(NANB data)







# What will you and your party do to ensure the implementation of a national, universal pharmacare plan?

## Recommendations

IMPROVE ACCESS to medication by including prescription drugs in the public health care system.

ENSURE EQUITABLE access to prescription drugs by establishing a national formulary.

CONTROL COSTS by systematically implementing bulk purchasing for patented and generic prescription drugs.

ENSURE THE appropriate use of prescription drugs by assessing the safety and efficacy of medications.

## **Body Count**

How many Canadians lose their lives without pharmacare?



#### 270 to 420

premature deaths of working-age Canadians with diabetes every year



#### 370 to 640

premature deaths of Canadians with ischemic heart disease every year



#### 550 to 670

premature deaths from all causes among older working-age (55–64) Canadians every year



#### Up to 12,000

Canadians with cardiovascular disease aged 40+ require overnight hospitalization



#### Up to 70,000

older Canadians (55+) suffer avoidable deterioration in their health status every year



## Prevalance of Cost-related Non-adherence (CRNA) in Canada and Comparable Countries with Universal Health and Pharmaceutical Coverage

	All Adults Aged 18+ (2016 data)	Adults Aged 55+ (2014 data)	Adults Aged 65+ (2014 data)
Australia	6.3%	6.8%	4.4%
Canada	10.2%	8.3%	5.3%
France	3.9%	1.6%	1.5%
Germany	3.2%	3.7%	4.2%
Netherlands	4.4%	4.0%	2.9%
New Zealand	5.7%	4.8%	3.4%
Norway	3.4%	2.4%	1.9%
Sweden	5.7%	2.4%	1.8%
Switzerland	8.9%	2.9%	2.5%
UK	2.1%	3.1%	2.4%

Sources: 2014 and 2016 Commonwealth Fund International Health Policy Surveys

## Rationale

26% OF Atlantic Canadians don't take their medications as prescribed because they can't afford to.<sup>1</sup>

A NATIONAL universal pharmacare plan could save New Brunswick \$278 million per year.<sup>2</sup>

THIS SAVINGS could be reinvested in home care, community health centres, long-term care and human resources.

92% OF Atlantic Canadian residents strongly support establishing a universal prescription drug plan to cover all Canadians.<sup>1</sup>

## **Supporting Evidence**

\$278 MILLION in annual savings could be spent on:

- \$101 million could be allocated to home care, of which \$2 million could be allocated to 5,500 more home care visits to New Brunswick seniors
- With another \$101 million, New Brunswick could build 40 community health centres, providing 80,000 more residents with high quality integrated care to respond to both physical and mental health needs.

- \$13 million could provide 250 more long-term care beds per year.
- That last \$63 million could hire 800 registered nurses, which would reduce overtime and improve safety across the board.

FAILING TO adhere to prescribed medications leads to increased costs on the health care system as well as decreased well-being and lost lives.



<sup>1</sup> www.angusreid.org/prescription-drugs-canada/

<sup>&</sup>lt;sup>2</sup> A Roadmap to a Rational Pharmacare Policy in Canada, M.-A. Gagnon, 2014



## What is your party's plan for a comprehensive, long-term seniors care strategy?

How do you intend to implement this plan to maximize efficiency, given the multitude of organizations currently managing seniors care in New Brunswick?

## Recommendations

EXPANDED HOME care services to allow seniors to stay at home longer, including:

- · A safe-at-home policy;
- Seniors/patients' appropriate and timely registered nursing assessments and interventions supported by the full health care team;
- Coordination and oversight of care provided by a primary nurse to ensure timely and seamless access to care providers; and
- · Education and support for all

members of the team, including unpaid caregivers, and standard competencies for personal support workers/care aides.

VARIATIONS IN nursing home staffing based on resident needs evaluated by RAI-LTCF data should be made on a home-to-home basis and include care hours set above minimum thresholds identified by research evidence:

- Minimum threshold for total nursing and personal care staffing of 4.1 hours-per-resident day (hprd)
- Minimum threshold for direct care registered nursing of 0.75 hprd



ENSURE BETTER coordination, communication, and collaboration between sectors and settings to avoid costly (in human, as well as financial terms) complications, including the provision of adequate care/beds/providers in all sectors, with special attention paid to times of transition (e.g., transfers, discharge, admission). Team practices are particularly useful for chronic conditions and seniors.

NURSE PRACTITIONERS (NPs) possess the expertise to manage the chronic and acute conditions that are prevalent among LTC residents such as diabetes, hypertension and other cardiovascular diseases.<sup>1</sup>

## Rationale

DESPITE A growing population of seniors, New Brunswick only spends less than 5% of total public health care spending on homecare.

CONTINUITY OF care is known to reduce the risk of adverse events and contribute to the delivery of safe care in the home, as well as enhancing the comfort and confidence of home care recipients.<sup>2</sup>

NURSE-LED MODELS of care are most effective and equally or less costly than usual physician-led care.<sup>3</sup>

A STUDY by the Centers for Medicare and Medicaid Services looking at nursing homes with the greatest number of significant deficiencies took the position that 4.1 total hprd, of which 0.75 hprd were RN hours, were necessary to prevent harm or jeopardy to residents.<sup>4</sup>

RAISING RN thresholds of care to 0.8 hprd has been found to improve resident functioning.<sup>5</sup>

REDUCTION IN hospitalization among residents admitted to nursing home from hospital is associated with higher RN staffing.<sup>6</sup>

A 2013 comprehensive literature review of advanced practice nurses (NPs and clinical nurse specialists) in LTC revealed that they improve or reduce decline in health status indicators like depression, urinary incontinence, pressure ulcers, aggressive behavior, loss of affect in cognitively impaired residents, restraint use, psychoactive drug use, serious fall-related injuries, ambulation, and family member satisfaction.<sup>1</sup>



Donald, F., Martin-Misener, R., Carter, N., Donald, E.E., Kaasalainen, S., Wickson-Griffiths, A., Lloyd, M., AkhtarDanesh, N., DiCenso, A. (2013). A systematic review of the effectiveness of advanced practice nurses in long-term care. J Adv Nurs. Oct;69(10):2148-61.

<sup>&</sup>lt;sup>2</sup> Blais, R. et al. (2013). Assessing adverse events among home care clients in three Canadian provinces using chart review. BMC Quality and Safety, 0, 1-9. doi: 10.1136/bmjqs-2013-002039

<sup>&</sup>lt;sup>3</sup> Browne, G., Birch, S., & Thabane, L. (2012). Better Care: An Analysis of Nursing and Healthcare System Outcomes. Ottawa: Canadian Health Services Research Foundation, P. 27

<sup>&</sup>lt;sup>4</sup> Kramer, A.M. and Fish, R. "The Relationship Between Nurse Staffing Levels and the Quality of Nursing Home Care." In Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes. Report to Congress, Phase 2 Final, Section 2. Washington, D.C., U.S. Department of Health and Human Services, Health Care Financing Administration, 2001. As cited in Harrington, C. et al., (2015). Technical Guide to the CalQualityCare.org Ratings: Nursing Facilities (p.6).

<sup>&</sup>lt;sup>5</sup> Dorr, D.A., Horn, S.D., Smout, R.J. (2005.) Journal of the American Geriatrics Society;53(5) 840-845.

<sup>&</sup>lt;sup>6</sup> Decker, F. (2008). The relationship of nursing staff to the hospitalization of nursing home residents. Research in Nursing & Health, 31, 238-251.



According to the Canadian Institute for Health Information (CIHI), 41% of RNs in New Brunswick are eligible to retire in the next five years.

If elected, what is your party's strategy to address health human resource planning and the current shortage of registered nurses in **New Brunswick?** 

Given our aging population and the acute care needs of tertiary care centers such as cardiac and oncology, this is essential.

UTILIZE NURSE Practitioners (NPs) and Clinical Nurse Specialists to their full scope of practice. They are a cost-effective solution and have the potential to contribute significantly to resolving some of the current health care issues, such as access to delivery and coordination of services and improvements in health outcomes.

**DEVELOP AN employment model** whereby all graduates of registered nursing programs obtain permanent employment positions with paid benefits.

PARTNER WITH other countries to provide on-site education for return to service in New Brunswick.

**ESTABLISH FORMAL Internationally** Educated Nurses (IEN) assessment and bridging centre in New Brunswick-link to major employers and communities.

PROMOTE COLLABORATIVE opportunities between English and French nursing programs; leverage technology; manage student wait lists.

SET STAFFING minimums according to evidence-based research.



#### **Funded Seats**

	UNB	UdeM	Total
Funded Seats	281	184	465
2013	201	166	361
2014	181	130	311
2015	168	146	314
2016	162	144	306
2017	157	154	311

## Age Distribution of RNs

Year	Under 25	45-49	50-54	55+
2013	197 (2%)	1,346 (16%)	1,291 (15%)	2,077 (24%)
2014	190 (2%)	1,305 (15%)	1,345 (16%)	2,065 (24%)
2015	191 (2%)	1,207 (14%)	1,343 (16%)	2,072 (25%)
2016	161 (2%)	1,149 (14%)	1,334 (16%)	2,077 (25%)
2017	167 (2%)	1,056 (13%)	1,342 (16%)	2,072 (25%)

## **Graduates Registered with NANB**

Registration Year	NB Graduates
2013 (Class of 2009)	351
2014 (Class of 2010)	300
2015 (Class of 2011)	219
2016 (Class of 2012)	299
2017 (Class of 2013)	280

## **Membership Profile**

Year	Registered	Employed	Full-time	Part-Time
2013	8,960	8,537	5,341 (63%)	2,071 (24%)
2014	8,835	8,471	5,188 (61%)	2,070 (24%)
2015	8,634	8,389	5,056 (60%)	2,055 (25%)
2016	8,626	8,294	5,013 (60%)	2,009 (24%)
2017	8,603	8,280	4,955 (60%)	2,002 (24%)

## **Rationale**

AN INCREASE by one RN per patient/ day was associated with decreased odds of hospital acquired pneumonia, unplanned extubation, respiratory failure, and cardiac arrest in ICUs, and a lower risk of failure to rescue in surgical patients.<sup>1</sup>

A 2010 systematic review of 26 research studies in critical care found decreased staffing in intensive care

units associated with increased adverse events in virtually all studies.<sup>2</sup>

CURRENT AND predicted nursing shortage: 300 vacancies per year over 10 years.

AGING POPULATION health needs.

HIGH NEED for mental health support, especially in youth sector.

A 2011 Australian study¹ found that under minimum nurse hours per patient per day (NHPPD) ranging between 1:6 and 1:5, depending on the unit, there were significant decreases in nine patient health outcomes that are dependent on care/ treatment delivered by an RN.



<sup>&</sup>lt;sup>1</sup> Kane, R., Shamliyan, T., Mueller, C., Duval, S. & Wilt, T. (2007). The Association of Registered Nurse staffing levels and patient outcomes. Medical Care, 45(12), 1195-1204

<sup>&</sup>lt;sup>2</sup> Penoyer, D. (2010). Nurse staffing and patient outcomes in critical care: A concise review. Critical Care Medicine, 38(7), 1521-1528.

<sup>&</sup>lt;sup>3</sup> Twigg, D., Duffield, C., Bremner, A., Rapley, P. & Finn, J. (2011). The impact of nursing hours per patient day (NHPPD) staffing method on patient outcomes: A retrospective analysis of patient and staffing data. International Journal of Nursing Studies, 48, 540-548.



ccording to the Canadian Institute of Health Information (CIHI), approximately 9.2% of Canadian registered nurses (RNs) work in nursing homes (Canadian Institute of Health Information, 2017). New Brunswick exceeds this percentage with 10.6% of nurses (Canadian Institute of Health Information, 2017) working in one of the province's 67 nursing homes. In fact, nursing homes are the third largest place of employment for RNs with only hospital (67.6%) and community (15.3%) settings employing more RNs. Despite these figures, there is a lack of understanding and recognition of the RN in nursing homes (Thompson, Cook, & Duschinsky, 2018). This is problematic because a lack of understanding of the role in nursing homes can create misconceptions that may lead to these settings being viewed as undesirable places to work. Additionally, RNs working in nursing homes may not be given due recognition for the complexity of their work or the specialized skill and expertise required to perform their roles. Given nursing homes are an increasingly important health care setting with residents having multiple comorbidities and complex care requirements (Canadian Institute of Health Information, 2013), the need for a clear understanding and appreciation for

the RN role in this setting is warranted. Without such an understanding, RNs seeking challenging and rewarding careers may dismiss this setting as a potential area of practice.

Although some aspects of nurses' role in nursing home are similar to that of nurses in other settings, many aspects differ. Indeed the practice of nursing is broad and varied, making it difficult to articulate (Canadian Nurses Association, 2015) however, the literature identifies five major components of the RN role in nursing homes that contribute to its uniqueness. These include that of clinician, advocate, mentor, leader and supervisor (Association of Registered Nurses of Newfoundland and Labrador, 2013; Dwyer, 2011; McCloskey, Donovan. Stewart & Donovan, 2015; Saskatchewan Registered Nurses Association, 2015).

## **Nursing Homes**

New Brunswick nursing home regulations mandate a staffing ratio of 20% RNs, 40% licensed practical nurses (LPN) and 40% resident attendants (RA). These regulations also stipulate that there must be a minimum of one RN in a nursing home

at any given time (New Brunswick Nursing Home Services, 2016). Medical care is provided predominantly by physicians who visit the homes for a designated number of hours per week. Some nursing homes in the province have nurse practitioners who supplement existing care provided by RNs, LPNs, RAs and physicians. Currently data on the health of the NB nursing home residents is limited, however according to CIHI, residents often have several chronic health conditions with many requiring special treatments and therapies, complex medication regimes, and are dependent on staff for activities of daily living (Canadian Institute of Health Information, 2017). It is under these conditions that RNs execute their roles of clinician, advocate, mentor, leader, and supervisor.

## Clinician

Similar to nurses working in other settings, RNs provide clinical expertise and perform roles in which they have the education, experience and legislative authority to perform (Canadian Nurses Association, 2015). Practicing in nursing homes is somewhat unique as they are considered both social and health care settings, thus requiring nurses to shift back and forth from providing social and health care (Thompson et al., 2018). Irrespective of the type of care provided, as clinicians, RNs' primarily provide indirect care such as delegating, organizing and supervising the care provided by other members of the care teams, while constantly monitoring and assessing the needs of residents (McCloskey et al., 2015). Care provided by other practitioners in the homes is monitored to ensure it is appropriate and of a high standard, including medications administrated by LPNs and personal care provided by RAs. At times, RNs are required to assist other care providers in the provision of direct care activities, particularly in challenging clinical situations or when staffing levels are insufficient to meet work demands. RNs continuously conduct holistic assessments including attention to health promotion, prevention, maintenance, rehabilitation and palliation needs (Canadian Gerontological Nurses Association, 2010). These assessments involve performing risk assessments as well as identifying and monitoring responses to interventions. Findings from these assessments are used to develop or modify plans of care that are used to direct the care provided by other members of the care team. The RN identifies and implements best practices and ensures plans of care are relevant and current. Unlike other health care settings, there are few, if any, additional RNs for the nurse to consult and discuss challenging issues that regularly emerge in nursing homes. Although RNs have access to a physician and a pharmacist, these professionals spend limited time on site. As a result, the RN is regularly required to make independent decisions based on their clinical judgment, with little opportunity for collaborative problem solving or dialogue with other professionals.

#### **Advocate**

Advocacy is a central component of nursing, regardless of where the RN practices. In nursing homes, RNs advocate for residents to ensure they receive appropriate services, have access to quality care, and their rights and preferences for

treatment are known and respected. Advocating for health care is often necessary when residents' needs are unique or when they could benefit from a treatment or service not covered under the provincial nursing home program, such as mobility devices, dental services, wound supplies or certain medications. Often viewed as "paperwork", this element of advocating often requires the RN to complete detailed requests to government justifying why specific services and treatments should be provided to a specific resident. Nurses also advocate for residents to ensure their care reflects their individual values and preferences, even when these differ from traditional practices. RNs regularly find themselves in circumstances where residents' desires differ from that of family members or other members of the health care team, such as choices regarding invasive medical treatments and end-of life decisions. In serving as resident advocate, the RN is often required to challenge prevailing organizational practices that are inconsistent with residents' preferences these can range from staff assignments and organizational routines to medical assistance in dying.

#### Mentor

The majority of direct care in nursing homes is delivered by unregulated care providers such as RAs. There are currently no national educational standards for unregulated care providers in nursing homes, as a result RAs have varying degrees of health care knowledge and rely on RNs for mentorship and guidance in the performance of their duties. In the role of mentor, RNs cultivate supportive learning and caring environments. RNs help staff to identify signs of illness and to monitor responses to treatments and changes in residents' health status. This is particularly important given RAs provide up to 80% of direct care to residents, and there is often only one RN for up to 50 residents (McCloskey et al., 2015). As mentors, RNs must be available and ready to respond to complex and difficult situations that arise in nursing homes, modelling professional responses and ethical decision-making. RNs also direct other staff members to resources that can be used to assist with decision making and professional development (Association of Registered Nurses of Newfoundland and Labrador, 2013).

## Leader

As the team leader on nursing units, the RN works to ensure the work environment is positive and supportive for both residents and staff (McGilton, Bowers, McKenzie-Green, Boscart, & Brown, 2009). The RN directs, inspires, motivates and empowers other staff members to continually improve clinical care, enhance quality and to grow professionally. At the unit level, the RN is responsible to lead the care team in all aspects of resident care, ensuring care provided is safe, appropriate and of high quality. The RN facilitates family and staff meetings and provides direction to physicians, nurse practitioners, pharmacists and other health care professionals who are involved in residents' care.

The RN is not only a leader on their assigned unit, but they are also viewed as a leader throughout the entire facility. At the facility level, RNs assume a leadership role in advancing the mission of the organization, nurturing strong and



productive care teams, and ensuring compliance with the multitude of nursing home standards. This involves managing staff, enforcing facility policies and procedures, complying with collective agreements, and engaging in intentional activities aimed at building strong collaborative care teams. RNs also develop and monitor quality indicators, continually seeking ways to enhance the care provided to residents.

#### **Supervisor**

As a supervisor, the RN monitors and enforces unit, organizational and provincial policies and regulations. At the unit level, RNs work directly with front line staff and are involved in many of the day-to-day decisions that take place. The RN creates staff assignments, coordinates care-related duties, collaborates with the physician or nurse practitioner and follows up with orders that are generated. The RN responds to and investigates resident and staff incidents, making recommendations to policy and practice based on these findings. This includes ensuring the work environment is safe and staff are knowledgeable of, and comply with all occupational safety standards. The RN is also expected to be available to residents, staff, family members, consultants and senior management to discuss clinical issues or concerns (McGilton et al., 2009). As a supervisor, the RN also assumes many human resource duties, including performance appraisals, replacing sick calls, and orientating new staff. At times, the RN is also be responsible to supervise ancillary departments such as housekeeping, maintenance and dietary departments (McGilton et al., 2009).

#### Conclusion

RNs have a great deal of responsibility in nursing homes and play a key role in the organization and operation of the entire facility. RNs are not only responsible for residents, but they are also in charge of other employees. In their roles, RNs ensure quality care is provided to residents, facilities are safe and in compliance with the multitude of nursing home regulations, and care staff feel supported and have the knowledge and skill required to perform their duties. Equally important, the role of the RN in nursing homes is deeply satisfying as it is a place where nurses' professional opinion is actively sought and listened to and where their impact can result in significant differences in the lives of residents and staff. Understanding the roles and responsibilities of the RN in nursing homes may be the first step in dismantling some of the misconceptions of the role.

#### References

- Association of Registered Nurses of Newfoundland and Labrador. (2013).

  \*Position Statement: Registered Nurses Roles in Long-term Care.

  Retrieved from https://www.arnnl.ca/sites/default/files/documents/

  PS\_Registered\_Nurse\_Roles\_in\_Long\_Term\_Care.pdf.
- Dwyer, D. (2011). Experiences of registered nurses as managers and leaders in residential aged care facilities: a systematic review.

  International Journal of Evidence-Based Healthcare, 9(4), 388-402. doi: 10.1111/j.1744-1609.2011.00239.x
- Canadian Gerontological Nurses Association. (2010). Standards of Practice.
  Retrieved from http://www.cgna.net/uploads/CGNAStandardsOf
  Practice English.pdf.
- Canadian Institute of Health Information. (2013). When nursing home is home: how do Canadian nursing homes measure up on quality?

  Retrieved from https://secure.cihi.ca/estore/productFamily.

  htm?pf=PFC2033&lang=en
- Canadian Institute of Health Information. (2017). Regulated Nurses. Retrieved from https://www.cihi.ca/en/regulated-nurses-2017.
- Canadian Nurses Association. (2015). Framework for the Practice of Registered Nurses in Canada. Retrieved from https://www.cna-aiic.ca//media/cna/page-content/pdf-en/framework-for-the-pracice-of-registered-nurses-in-canada.pdf?la=en&hash=55716DC66A8C15D1397 2F9E45BE4AC7AE0461620
- McCloskey, R., Donovan, C., Stewart, C., & Donovan, A. (2015). How registered nurses, licensed practical nurses and resident aides spend time in nursing homes: An observational study. *International Journal of Nursing Studies*, 52(9), 1475-1483.
- McGilton, K. S., Bowers, B., McKenzie-Green, B., Boscart, V., & Brown, M. (2009). How do charge nurses view their roles in long-term care? Journal of Applied Gerontology, 28(6), 723-742.
- New Brunswick Nursing Home Services. (2016). Fredericton Retrieved from http://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/Standards/NursingHomesStandardsManual.pdf.
- Saskatchewan Registered Nurses Association. (2015). The Roles and Responsibilities for RNs working in LTC. Retrieved from https://www.srna.org/nursing-practice/resources
- Thompson, J., Cook, G., & Duschinsky, R. (2018). "I'm not sure I'm a nurse": A hermeneutic phenomenological study of nursing home nurses' work identity. *Journal of Clinical Nursing*, 27(5-6), 1049-1062.



# 2019 ONLINE REGISTRATION RENEWAL: OPENS OCTOBER 1

ONLINE REGISTRATION renewal opens on October 1, 2018 and closes at 4:00 pm on November 30, 2018. In early October, members will receive an email reminder to renew their registration online.

If your email address has changed, please contact Registration Services at 1-800-442-4417 or 1-506-458-8731.

# Renew Online Via Your My Profile Account

Registration renewals are to be completed 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.

#### Payroll Deduction Deadline: November 15

Members participating in employer payroll deduction of registration fees must renew online by November 15, 2018. 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.

#### Avoid the Late Fee: Renew Your Registration Early

Registrations that are renewed after December 1, 2018 will be subject to a late fee of \$57<sup>50</sup>. 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 \$287<sup>50</sup>.

# 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 Scotia Bank, TD, RBC or BMO.

#### NEW! 2019 Registration Renewal: 100% Online

NANB's Strategic Plan identified Organizational Effectiveness as one of five priorities reflecting the need to streamline processes and modernize procedures in order to increase efficiencies. Having introduced paperless renewal in 2011, 99% of members now successfully register online annually.

Beginning this year, paper forms will no longer be mailed. For the 1% of members that may not have access to the internet or require additional support, the NANB office provides computer access as well as staff support by calling 1-800-442-4417 or nanbregistration@nanb.nb.ca.



# Continuing Competence Program (CCP)

TO RENEW REGISTRATION for the 2019 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 2018 practice year.

You are now able to create, edit, save and store your CCP worksheets in a secure and confidential area.

A user friendly electronic version of the CCP is available via your *My Profile* account. Log in to *My Profile* using your registration number as your username along with your password.

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

#### **CCP Audit**

NANB'S Continuing Competence Program (CCP) is based on the philosophy that RNs and NPs are committed to lifelong learning to ensure the delivery of safe, competent and ethical care. The Program is mandatory for all RNs and NPs registered in New Brunswick. The CCP focuses on promoting the maintenance and enhancement of competencies of registered nurses and nurse practitioners throughout their careers which supports professional

development as well as patient safety. Every RN/NP is required to complete an annual self-assessment and develop a learning plan with objectives that are evaluated and updated as necessary each year.

In addition, NANB conducts an annual random audit whereby members are selected to complete a mandatory online CCP Audit Questionnaire. There are several components to the registration process, and this audit is one

measure that contributes to the assurance that members are compliant with the CCP requirements for the previous practising year and that they continue to practice safely in the interest of the public. Randomly selected RNs/NPs were notified in August 2018. Those selected are required to complete the online questionnaire on or before September 27th, 2018 prior to registering for 2019. For more information, contact Registration Services.

### 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:

- 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 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.

#### **Office Hours**

The NANB office is open Monday to Friday 08:30 to 16:30. For assistance with any registration issue, please contact NANB Registration Services at 1-800-442-4417 (toll-free in NB) or 506-458-8731.



Seek the nomination to NANB's Board of Directors and become part of the most progressive association of health professionals in New Brunswick.

#### **Qualifications**

The successful candidates are visionaries who want to play a leadership role in creating a preferred future. Interested persons must:

- be registered with NANB;
- have the ability to examine, debate and decide on values that form the basis for policy;
- understand pertinent nursing and health related issues; and
- have a willingness to embrace a leadership and decision-making role.

#### Role

The Board of Directors is the Association's governing and policy-making body. On behalf of registered nurses in New Brunswick, the Board ensures that the Association achieves the results defined in the *Ends* policies in the best interest of the public.

#### **Information**

For further information, please contact a local Chapter President or NANB headquarters:

1-800-442-4417 or 506-458-8731 nanb@nanb.nb.ca

#### **President-Elect**

Term: 2019-21

#### **Director, Region 2**

Term: 2019–21 Saint John, Charlotte County, Sussex

#### **Director, Region 4**

Term: 2019–21 Edmundston

#### **Director, Region 6**

Term: 2019–21 Bathurst, Acadian-Peninsula

Deadline: The deadline to submit nominations is January 31, 2019.

# Why Should I Run For Office?

# Nominations for the 2019 elections are now being accepted.

This is your opportunity to:

- influence health care policies;
- broaden your horizons;
- network with leaders;
- expand your leadership skills; and
- · make things happen in nursing.

#### How can I become a candidate?

Any practising member of the Association may nominate or be nominated for positions on the board of directors of the Association.

Nominees for president-elect must be willing to assume the presidency.

Nominations submitted by individuals must bear the signatures and registration numbers of two practising members.

Nominations submitted by chapters must bear the signatures and registration numbers of two members of the chapter executive who hold practising membership.

Nominators must obtain the consent of the candidate(s) prior to submitting their names.

#### **Nomination Restrictions**

Only nominations submitted on the proper forms signed by current practising members will be valid.

No director may hold the same elected office for more than four consecutive years (two terms). A director is eligible for re-election after a lapse of two years.

If there is only one person nominated, the nominee is elected by acclamation and no vote will be required.

# Information and Results of Elections

Information on candidates will be posted on the NANB website in March 2019. Voting will take place online.

The names of the elected candidates will be announced at the 2019 Annual Meeting and will be published in the September edition of *Info Nursing*.





NANB HOSTED THEIR 102<sup>ND</sup> AGM on Thursday May 10, 2018 at the Fredericton Convention Centre.

The one-day business session featured presentations by Dr.Bill Howatt, Morneau Shepell, on Consideration for Marijuana in the Workplace and Chantal Leonard, CNPS, on Risk Assessment & Future Fee Increases. Dr. Howatt's full presentation, as well as recommended reference e-books, are available on NANB's website at www.nanb.nb.ca/agm.

Congratulations to Marilyn Underhill, NANB's randomly selected AGM participant to attend this year's CNA Biennium, June 18–20, in Ottawa.

In addition to standard business, two resolutions were submitted by NANB's Board of Directors and passed by the Assembly.

#### **Resolution 1**

WHEREAS the Nurses Association of New Brunswick ("NANB") is currently undergoing a governance/leadership review as part of its strategic plan; WHEREAS the NANB Board of Directors has created a Governance Committee in October 2017 which was tasked with this work;

WHEREAS the Committee has identified a need to ensure knowledge continuity and risk reduction during change in Board of Directors membership;

THEREFORE, BE IT RESOLVED that NANB's By-laws be reviewed and amended as necessary to modify Board composition and extend terms of Board directors to assure work continuity and fulfillment of the legislated mandate.

#### **Resolution 2**

WHEREAS as part of its current strategic plan, the Nurses Association of New Brunswick ("NANB") is focusing on enhancing member engagement;

WHEREAS NANB has recently conducted a review and survey of regional Chapters as part of this work;

WHEREAS a need to respond to the needs of NANB regional Chapters has been identified;

THEREFORE, BE IT RESOLVED that NANB's By-laws be reviewed and amended as necessary to allow the flexibility needed for the Board of Directors to continue to support Chapters as they evolve and adapt to the needs of their membership.











#### REGISTRATION SUSPENDED

On February 9, 2018, the NANB Complaints Committee suspended the registration of registrant number 029418 pending the outcome of a hearing before the Review Committee.

#### REINSTATEMENT OF REGISTRATION AND CONDITIONS IMPOSED

In a decision, dated March 27, 2018, the NANB Discipline Committee granted reinstatement of the registration of Anya Jean Szezendor, registration number 027992. The Discipline Committee further ordered that conditions be imposed on the registrant's registration.

#### **CONDITIONS LIFTED**

The conditions imposed on the registration of Marie Murielle Pauline Cormier, registration number 012587 have been fulfilled and are hereby lifted effective April 3, 2018.

#### **REGISTRATION REVOKED**

On April 10, 2018, the NANB Discipline Committee met to consider a complaint lodged against Sylvia Brigitte Smith, registration number 022954. The member was not present at the Discipline Committee hearing even though a notice of hearing was duly sent on February 23, 2018 to the member's last known address. The Committee proceeded to consider the evidence received in accordance with *By-law* 11.17D which provides that:

It is the duty of the member against whom a complaint is made to appear at all hearings but in the event of non-attendance the Committee upon proof of mailing of notice of such hearing may proceed in the same way as though the member were in attendance.

Based on the findings, and according to By-law 11.17D, the Discipline Committee determined that the member had a duty to attend the hearing and the Committee had the authority to make an order in her absence and therefore revoked the member's registration. The member shall not be eligible to apply for reinstatement of registration before one (1) year of the date of the Order.

#### REGISTRATION SUSPENDED

On April 24, 2018, the NANB Complaints Committee suspended the registration of registrant number 027307 pending the outcome of a hearing before the Review Committee.

#### REGISTRATION SUSPENDED

On May 1, 2018, the NANB Complaints Committee suspended the registration of registrant number 029603 pending the outcome of a hearing before the Review Committee.

#### **CONDITIONS LIFTED**

The conditions imposed on the registration of Krista Marlene Lutes, registration number 026741, have been fulfilled and are hereby lifted effective May 23, 2018.

#### REGISTRATION REVOKED

On May 31, 2018, the NANB Review Committee found registrant number 020245, to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing. The member chose not to attend the hearing and provided the Review Committee with a submission and an undertaking in which she indicated that she is not able to safely and competently practise nursing due to health issues and that she undertakes that she will not in the future apply for registration or reinstatement of her registration. The Review Committee ordered that the member's registration be revoked and that she shall not be eligible to apply for registration or reinstatement of registration unless and until the complaint has been fully heard by the Committee.

#### REGISTRATION SUSPENDED

On June 13, 2018, the NANB Complaints Committee suspended the registration of registrant number 026247 pending the outcome of a hearing before the Review Committee.

#### **REGISTRATION SUSPENDED**

The Nurses Association of New Brunswick hereby gives notice that the registration of registrant number 026694, is suspended effective August 15, 2018.

# Plan ahead. Register for Supplementary Protection.

As a nurse, you hope to never receive a complaint about your care. When it happens, you can turn to **CNPS.** 



✓ Regulatory matters regarding your nursing care (complaints)

✓ Disciplinary and fitness-to-practise hearings

Call us: 1-844-4MY-CNPS (1-844-469-2677)

Visit: cnps.ca/complaints



## **Nomination Form**

**ELECTIONS 2019** 

(To be returned by chapter member)

The following nomination is hereby submitted for the 2019 election to the NANB Board of Directors. The nominee has granted permission to submit her or his name and has consented to serve if elected. All of the required documents accompany this form.

Position		
Candidate's Nar	ne	
Registration Nu	mber	
Address		
Telephone	Home	Work
Chapter		
5.13.		
Signature		
Registration No		Chapter Position
Signature		
Registration No		Chapter Position

Nomination forms must be postmarked no later than January 31, 2019. Return to:

#### **Nominating Committee**

Nurses Association of New Brunswick 165 Regent Street Fredericton NB E3B 7B4

# **Acceptance of Nomination**

**ELECTIONS 2019** 

(The following information must be returned by nominee)

#### **Declaration of Acceptance**

I, a nurse in good standing with the Nurses Association of New Brunswick, hereby accept nomination for election to the position of
If
elected, I consent to serve in the foregoing capacity until my term is completed.
Signature
Registration No.
Ringraphical sketch of nominee

Please attach separate sheets when providing the following information:

- basic nursing education, including institution and year of graduation;
- additional education;
- employment history, including position, employer and year;
- professional activities; and
- other activities.

#### Reason for accepting nomination

Please include a brief statement of no more than 75 words explaining why you accepted the nomination.

#### **Photo**

For publication use, please forward an electronic self-image to jwhitehead@nanb.nb.ca. Return all of the above information, postmarked no later than January 31, 2019, to:

Nurses Association of New Brunswick 165 Regent Street Fredericton NB E3B 7B4



#### OCTOBER 11-13, 2018

Canadian Association of Perinatal Women's Health Nurses 2018 National Conference: Leading Change Across Our Nation—Networking on the Hill

- Ottawa, ON
- » http://www.capwhn.ca/en/capwhn/2018\_ National\_Conference\_p4875.html

#### OCTOBER 16-17, 2018

NANB BoD Meeting

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

#### OCTOBER 20-23, 2018

Canadian Cardiovascular Congress

- · Toronto, ON
- » https://www.cccn.ca/content.php?doc=18

#### OCTOBER 24-26, 2018

11<sup>th</sup> Nurse Practitioners of New Brunswick Annual Conference

- Dieppe, NB
- » http://npnb.ca

#### OCTOBER 24-26, 2018

6<sup>th</sup> International Conference on Violence in the Health Sector: *Advancing the Delivery of Positive Practice* 

- · Toronto, ON
- » http://oudconsultancy.nl/toronto\_6\_ ICWV/index.html

#### OCTOBER 25-27, 2018

Canadian Association of Nephrology Nurses and Technologists 2018 Annual Conference—50<sup>th</sup> Anniversary: *Our Past Will Guide Our Future* 

- · Quebec City, QC
- » http://www.canntconference.com/2018/

#### OCTOBER 26-29, 2018

The 30<sup>th</sup> Annual CANO Conference: Excellence in Oncology: Our Patients, Our Passion

- · Charlottetown, PE
- https://www.cano-acio.ca/events/ EventDetails.aspx?id=1087830&group

#### **NOVEMBER 9, 2018**

Hospice, Living Well, Dying Well Conference

- · Saint John, NB
- » http://www.hospicesj.ca/ news-and-events/

#### FEBRUARY 25-26, 2018

NANB BoD Meeting

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

#### **APRIL 22-29, 2019**

Foot Care Management Course

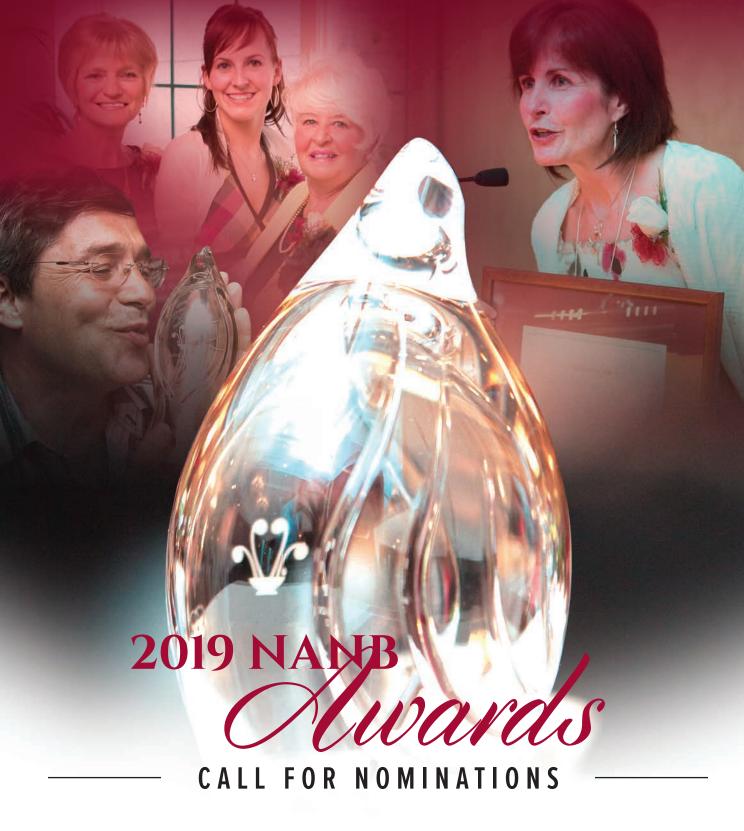
- Saint John, NB
- » www.seniorwatch.com

#### APRIL 26-30, 2019

Operating Room Nurses Association of Canada National Conference 2019: Tides of Change, Oceans of Perioperative Excellence

- · Halifax, NS
- » https://www.ornac.ca/en/news-events/ conferences/ornac-2019





NANB IS KEENLY AWARE OF THE contributions made by current and former members to the health care system in New Brunswick and also by public members who have performed meritorious services on behalf of RNs/NPs and nursing as a profession.

Since 1955, NANB has been recognizing members and members of the public with various awards, including: Life

Membership Award; Honorary Membership Award; Excellence in Clinical Practice Award; Entry Level Nurse Achievement Award; and four Awards of Merit (in Nursing Practice, Research, Education and Administration).

The NANB Awards Handbook was created by the Practice Department at NANB to be used as a reference on how

to successfully nominate RNs and NPs, as well as members of the public for NANB Awards. In the document you will find the criteria for each award, the nomination form and the direction on how to nominate a person for each award. You may find this document on the website at www.nanb.nb.ca under the *About NANB* tab. The deadline for nominations is January 31, 2019.

# Election Priorities 2018 nbnursingmatters.ca



Access to Care

**Pharmacare** 

**Long-term Care** 

Mental Health & Addiction



Coming together, representing 8,600 registered nurses and nurse practitioners in New Brunswick—the largest group of health professionals in the province—the Nurses Association of New Brunswick (NANB) and the New Brunswick Nurses Union (NBNU) have partnered and identified the following five election priorities and proposed questions to party leaders on how they intend to address these challenges within our healthcare system.

### **Voice Your Vote!**

IF YOU CAN DO JUST TWO THINGS: FIND ONE ISSUE As a health professional with hands-on expertise, we ask you identify yourself as a RN/NP and find one issue that speaks to you or simply ask what the candidate's vision for nursing in healthcare might be?

2

**VOTE!** Encourage colleagues to do the same. Did you know that voting can occur every day once the election has been called. Details can be found on Elections NB website: www.electionsnb.ca.



