

INFO NURSING

VOLUME 51 ISSUE 2 FALL 2020



Over 40 Years of *Info Nursing*
Watch for a New & Improved
Format in 2021!

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Nurses Association
OF NEW BRUNSWICK



THE NANB AWARDS

~ 2021 ~

CALL FOR
NOMINATIONS
39

The deadline for nominations is January 31, 2021.



Cover

For over 40 years, NANB has distributed *Info Nursing*, a journal highlighting trends in nursing and healthcare to RNs and NPs as well as stakeholders and Government. In 2021, *Info Nursing* will take on a new and improved format delivered in a user-friendly and more timely fashion. **Stay tuned!**



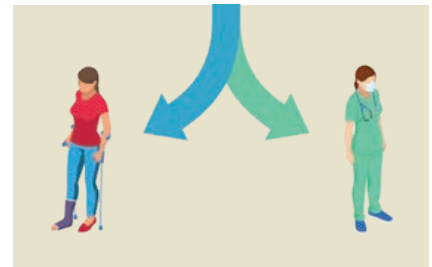
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Leadership and innovation in nursing regulation in New Brunswick

..... The NANB Board of Directors



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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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Election Priorities 2020: Action for Successful Change

I nterorganizational collaboration among nursing organizations can be an effective way to share resources and pursue common goals. NANB and NBNU recently partnered to raise healthcare priorities in the lead-up to the 2020 provincial election.

Our five election priorities to address health care and nursing with candidates in our constituencies were: access to primary care services; national universal Pharmacare plan; comprehensive long term care strategy; mental health and addictions issues; health human resource planning and the shortage of registered nurses in New Brunswick. Details regarding these priorities were made available in both English and French at www.nbnursingmatters.ca. On this site, nurses could get information on how to become effectively involved in the election campaign, how to meet candidates to discuss issues that mattered to nurses, and sample draft letters to candidates were provided. Throughout the Campaign, it became evident

that some of our issues had made it to the forefront, thanks to all of you who took the time to inform yourselves and to become involved.

Our lobby efforts cannot end with the election. It is critical that the next government transform our traditional model of care and implement a more proactive and preventative approach. The work of the Nursing Resource Strategy must be ramped up to address the growing nursing shortage; nurse practitioners must be hired and deployed in sufficient numbers to allow all those waiting on the Patient Connect Registry to have access to a primary care provider; and registered nurses and nurse practitioners must be utilized to their full scope in the areas of mental health and addictions.

There is much to be done and working in harmony with other nursing organizations such as NBNU, our national counterparts, as well as nursing organizations in other provinces can often result in successful change.

A handwritten signature in black ink that reads "Maureen Wallace". The script is fluid and cursive.

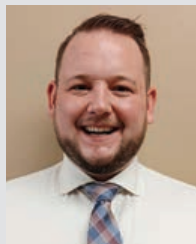
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MEREDITH CLARK
Nursing Student (UNB Fredericton),
NANB Summer Student

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,
Communications Officer

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



The Roles of Regulator and Association

Over the past five years, staff at NANB have participated in many sessions/meetings/forums and reviews on the topic of being a “dual mandate” organization (regulator and association) for nurses. Several provinces have moved to sole mandated regulatory or association focused nursing bodies, due to perceived conflict of interest. This conflict of interest is not unlike the nursing union compared to that of the nursing regulator; while the New Brunswick Nurses Union (NBNU) was originally created and housed within NANB headquarters, the organizations separated in the late 1970’s due to a conflict of interest with respective mandates.

Following a governance review and professional conduct review report, NANB has refocused and strengthened the regulatory position, as mandated through legislation. However, some nurse members are concerned with losing the advocacy for professional excellence typically performed by the association. This is work that would not be conducted by a “nursing college/regulator” and does not align with the work/mandate of the NBNU.

The largest existing dual mandate nursing organization in Canada is the College and Association of Registered Nurses of Alberta (CARNA). Members of the Council and CARNA staff struggled with separation of regulation and association for several years. However, in a [governance review](#) released in July 2020, recommendations supported the separation. In August, CARNA Council members voted to separate, with commitment

to support an association mechanism that would serve to work toward advancement of the nursing profession in that province.

The CARNA approach echoes similar approaches in British Columbia and Manitoba, whereas the separation of mandates occurred and there was a clear commitment within those transition plans to foster resources toward the development of a separate association. Two to three years after separation in those provinces, nursing associations have attained a solid foundation and are moving forward in tandem with other nursing organizations, viewed as important partners in continued high quality nursing services for the public.

Members of NANB Board and staff are preparing to explore the viability of regulatory and association nursing organizations for New Brunswick. Nurse members, stakeholder groups, partners and members of the public will receive communication and have an opportunity to participate in various ways as the dialogue moves forward. Registered nurses are critical in the delivery and coordination of quality health care for New Brunswick. Supporting safe, competent, ethical and compassionate care is the role of the nurse regulator. Supporting the optimization of nursing education and professional development is the role of the nurse association. Together, both types of organizations protect the public interest.

Stay tuned for further progress and participation opportunities on this issue.

A handwritten signature in black ink that reads "L Janes".

LAURIE JANES
Executive Director
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THE BOARD OF DIRECTORS MET VIA VIDEOCONFERENCE USING ZOOM PRO ON JUNE 9, 2020.

Board of Director Election Results

2020 Election results were as follows:

- Region 1: Julie Boudreau (elected)
- Region 3: Nathan Wickett (acclaimed)

Candidates begin their three-year mandate June 1, 2020.

Standards for Documentation

Documentation by nurses is fundamental to recording and evaluating nursing care and is only as complete as the information entered into the permanent client record. Nurses are accountable for ensuring that their documentation meets NANB's *Standards for Documentation* and *Standards of Practice*.

The *Standards for Documentation* explain the regulatory and legislative requirements for nursing documentation. There are three standards of documentation: communication, accountability

and liability and information security. The revision resulted in strengthening the purpose and principles, including a glossary and removal of FAQs from within the document.

2 Pilot Programs

NANB is engaging in two different pilot program approval processes this year. Each of these new approval processes include engagement with employers of new graduates. This could determine if they are seeing the same or improved level of performance with increased simulation hours. The feasibility study proposal outlined several other tools to evaluate various tangible outcomes.

Regulation

NP Regulation Project: Phase 2

An update on the CCRNR NP Regulations project was provided. A working group will be struck to develop a request for proposal (RFP) for the NP

exam. A practice analysis is required to identify entry level competencies (ELC) for the development of the exam. The project is meant to standardize NP practice across the country and will hopefully help modernize NP practice in NB.

Chapters Report

Many jurisdictions have moved away from Chapter's, seeing activity continue to decrease over the years. In 2018, a resolution was passed to remove the Chapters from the by-laws but NANB continues to provide financial support. Chapters receiving funds are required to submit activity and expense reports annually. Currently, there are only two active chapters: Edmundston, and Miramichi. All active Chapters have reported they intend to close in 2020/21 and have indicated where remaining funds will be allocated.

NANB Annual Meeting 2021



In accordance with Article XIII of the bylaws, notice is given of an annual meeting to be held May 12, 2021. The purpose of the meeting is to conduct the affairs of the Nurses Association of New Brunswick (NANB).

Practising and non-practising members of NANB are eligible to attend the annual meeting. Only practising members may vote. Confirmation of membership will be required for admission. Nursing students are welcome as observers.

Resolutions for Annual Meeting

Resolutions presented by practising members according to the prescribed deadline, April 1, 2021 will be voted on by the voting members. During the business session, however, members may submit resolutions pertaining only to annual meeting business.

Voting

Pursuant to Article XII, each practising nurse member may vote on resolutions and motions at the annual meeting either in person or by proxy.

Seasonal Influenza 2020-2021

The Office of the Chief Medical Officer of Health of New Brunswick provides guidance for the delivery of the seasonal influenza vaccine, when ongoing COVID-19 activity may continue to stress public health capacity and affect clinic operations and attendance.

Please refer to the following resources for additional information:

- [Department of Health: Immunization in Orange Phase](#)
- [Seasonal Influenza 2020–2021](#)
- [Guidance for Influenza Vaccine Delivery in the Presence of COVID-19](#)
- [2020–2021 Seasonal Influenza Vaccine Information for Immunization Providers](#)
- [Questions and Answers for providers: Influenza Vaccine Delivery in the Presence of COVID-19](#)



LAURIE JANES
Executive Director, NANB

CNA Accreditation Program

CNA's Accreditation Program continues to grow with new courses, programs and examinations. This program upholds standards of quality for continuing professional development for nurses in Canada.

Visit [CNA's website](#) for a full list of offerings as well as information for organizations interested in the application process.





CNF Scholarship Recipients

Christine Martin

NANB CNA Centennial Scholarship



Since I was a young girl, I always liked to help people around me and health was always intriguing me. That is when I decided to become a nurse. I completed my bachelor's degree and went on to travel as a nurse. I worked as a registered nurse in Canada, Switzerland and then in the USA before coming back home to Canada. I now work as a nurse clinician doing virtual primary care. I decided to become a nurse practitioner because I love doing primary care and I feel that I

have a lot I can bring to clients.

I love the human interactions and all the education that we provide to clients to help them achieve a better health. I love that I get to spend so much time with them. I really feel honored to be able to work by their side and that they share their stories with me. What I also appreciate, is to be able to discuss and establish a plan of care that will work for them and that is more realistic and easier for them to achieve. I find it so important to involve the clients in their care, it empowers them so much and they get much better results that way.

I truly love being a nurse and I am so grateful I chose this career. I have become such a better person because of it.

Patricia Morris

New Brunswick PhD Nursing Scholarship



I became a nurse because I am passionate about social justice, and I wanted to combine that passion with practical work with older adults. My grandmother, mom, and sister are all nurses and I grew up understanding the important role that nurses can play in people's lives during really vulnerable

times. I love working in the community and in long-term care, and I recently got to share my love for geriatric nursing with a group of first-year students when I served as a clinical instructor at the University of New Brunswick. I am excited to be continuing my education in nursing because I believe so strongly in our role as advocates and agents of change. My research interests include best practices in dementia care for people who show challenging behaviors, and I am specifically interested in understanding the emotional impacts of these behaviors on clients and caregivers.

Have you recently moved?

If so, be sure to contact the Association and let us know. It's easy. Call NANB Registration Services at 1-800-442-4417 ext. 851 (toll-free in NB) or 506-458-8731. Or send us an email at nanb@nanb.nb.ca, Attn: Registration Services—
Change of Address.

Be sure to include your name, old and current address, and your registration number.

Trends in Nursing Regulation

Nurses should note: for the past decade governments across Canada have encouraged or mandated dual-mandate nursing organizations (conducting both association and regulatory business) to move to a single-mandate with a focus on regulatory work in the public interest. This trend has contributed to anxiety in the national nursing community, as associations which support professional advocacy and excellence in nursing practice have struggled financially to maintain member services.



The Governance Review Report commissioned by the College and Association of Registered Nurses in Alberta (CARNA) (dual-mandate), and was published publicly in August 2020.

The information and recommendations align with governance review work underway at NANB, and the organizational vision for the future: a focus on nursing regulation excellence and initial support for the continuance of a single-mandate nursing association in New Brunswick.

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.





Continuing Competence Program



Have You Completed the Mandatory Jurisprudence Module?

All RNs and NPs will be required to complete the jurisprudence learning module prior to renewing 2021 NANB registration. NANB is one of the last jurisdictions in Canada to implement jurisprudence as a mandatory component of the Continuing Competence Program (CCP) available through '[My Profile](#)' on the website.

As this mandatory module is new, we want to thank nurses that have reported technical issues and believe they have been corrected. For more information, visit [NANB's website](#) or [contact NANB](#).

Tips for completing the Jurisprudence module:

- Your registration number is your username. If you do not know your registration number, you can find this on the NANB website by going to Registration Services and selecting [Registration Verification](#) in the drop-down menu.
- If you have forgotten your password, click "forgot your password" and complete the required steps.
- The module is not mobile friendly and requires a computer to complete.
- You must complete all actions (listen to all content and complete any activities) on each slide to move forward.
- Use the arrow button on the bottom right of the slide page to move to the next slide.
- If the > to proceed does not "bold" (indicating that you can proceed), double check that you have clicked on every item.
- If you still have issues moving forward, try using the "menu" tab on the top left to move forward or try logging out and back in. The module will start where you left off.
- If you move backward, the slide will re-set and you will need to repeat all actions.
- At the completion of the module you will come to a certificate screen (printing this is optional and not required).
- Please note that it can take up to 24 hours to show as "Complete" in your 'My Profile'.
- Technical support is available during regular business hours, call 1-800-442-4417 (toll free) or email nanb@nanb.nb.ca.

The Jurisprudence Module Must be Completed Prior to Renewing Your 2021 Registration

For more information on CCP or Jurisprudence please view our FAQs:

- [CCP FAQs](#)
- [Jurisprudence FAQs](#)

NANB Office Closure: For Your Safety and Ours

The NANB staff have now transitioned back to work and can be reached by telephone or direct email. A full staff directory can be found on our website.

For your safety and ours, the NANB office building will remain closed to visitors for the time being. Thank you for your cooperation.

The NANB office hours are Monday to Friday, from 08:30 to 16:30.

NANB WILL BE CLOSED

December 24, 2020–January 4, 2021	Holiday Closure
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DATES TO REMEMBER

November 30, 2020	Registration Renewal Deadline
January 31, 2021	Deadline for NANB Award Nominations



CCP Winners

NANB would like to thank all members who completed the Jurisprudence module prior to the 2021 registration renewal period. We appreciate your patience during the first year of this online learning module as we address technical issues and continue to improve the process for our members.

Congratulations to all the winners from this year's Jurisprudence incentive contests:

May 1 Draw

*Accommodations to the Algonquin Hotel,
Dinner at the Rossmount and Free
Registration for 2021*

- Nathalie Doiron, Lower Newcastle
- Jordan King, Saint John

August 3 Draw

Free Registration for 2021

- Sandra MacLeod, Riverview
- Ginette Robichaud-Lagace, Laplante
- Kimberly Quick-Pirie, Upper Brighton
- Huguette Boudreau, Nigadoo
- Sandra Munroe, Saint John

September 30 Draw

\$250 Visa Gift Card

- Sonya Sullivan, Moncton
- Michelle Stoddard, Darlings Island
- Dawn Walsh, Quispamsis
- Theresa Williams, Miramichi
- Ryan Joy, Fredericton
- Angie Hunter, Oromocto
- Catherine Moar, Rusagonis
- Eric Lesser, Quispamsis
- Laura Shaw, Riverview
- Liette Duguay, Tracadie-Sheila

Get Involved Play an Active Role in Your Association



The Nurses Association of New Brunswick (NANB) is presently looking for members interested in becoming involved in various standing committees:

- Nursing Education Advisory Committee*
- Complaints Committee
- Discipline / Review Committee
- Nurse Practitioner Therapeutics Committee

* NEAC has one (1) committee vacancy in the following area: Public representative (individuals with

experience in educational programs, curriculum development and/or program approval/accreditation would be an asset.)

If you are interested in volunteering for one of the Committees and you meet some or all of the criteria, please submit your resume to nanb@nanb.nb.ca for consideration, stating your language proficiency. Only eligible candidates will be contacted.

For additional information and a full list of committees and criteria's, visit NANB's website.



2021 Online Registration Renewal

KEY DATES & INFORMATION

November 15, 2020

Employer Payroll Deduction Deadline

November 30, 2020

Registration Renewal Deadline

December 1, 2020

Employers Notified of Expired Registrations

Key Dates & Information

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 user name is your Registration Number.**

November 15, 2020
Employer Payroll Deduction Deadline

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

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.

Pre-authorized Debit (PAD) Option
Members have the option to pay annual renewal fees by pre-authorized debit (PAD). The PAD payment option is open to all active practice members who intend to renew their registration the following year.

**November 30, 2020
2021 Registration Year Date and Renewal Deadline**
Members’ registrations expire on November 30 every year—if you intend to practise or use the RN or NP title after November 30, 2020 you must renew your registration prior the deadline of **4:30 pm on November 30, 2020.**

Avoid the Late Fee—Renew Your Registration Early
Registrations that are renewed after November 30, 2020 will be subject to a late fee of \$57.50. Any nurse, who practises while not being registered, is also in violation of the *Nurses Act* and may be charged an additional unauthorized practice fee of \$287.50.

**December 1, 2020
Employers Will Be Notified About Expired 2020 Registrations**
The renewal deadline is 4:30 pm on November 30. Under NANB bylaws, your registration will automatically expire if you have not completed your renewal on or before the deadline. **On December 1, 2020,** all members whose registration has expired will receive a notice by email. In addition, **NANB will contact all NB employers to provide a list of members whose registration has expired.**

CCP Compliance Monitoring

Completing the CCP is a requirement for any active practice nurse or nurse practitioner who wishes to renew their registration with NANB. NANB’s by-laws (article 1.03G), require that the CCP program must also include an audit process to ensure that members are compliant with the requirements of the CCP.
Each year registered nurses and nurse practitioners are randomly selected for review of their CCP submission from the previous year. NANB staff will review the learning plan submitted by the member for the upcoming year and the member’s evaluation of their learning plan from



- last year. The audit process will consider:
- Did the member complete all required components of the CCP (self-assessment; learning plan; implementation and evaluation of last year’s learning plan; mandatory learning module)
 - Do the learning plans relate to the member’s self-assessment
 - Member’s evaluation of how the learning activities informed and influenced the member’s professional practice.



The renewal portal is open for 60 days. Don’t wait until the last minute.

Important Information About Late Renewal

NANB's registration year runs from December 1 to November 30. Each year, members renew their registration by completing the Continuing Competence Program, submitting the annual renewal form, and paying the annual fees. The online renewal portal is available through the NANB website for 60 days, from October 1 to November 30.

Your Registration Expires on November 30

Under NANB by-laws if a member does not renew their registration by the established deadline, their certificate of registration automatically expires and they are no longer authorized to practise as a nurse or nurse practitioner in the province of New Brunswick. Members are not permitted to renew their registration until they pay a late

payment fee. An additional penalty fee is charged if the member is found to have been practising nursing during the time that their registration has expired.

You Have No Insurance Coverage if Your Registration Has Expired

There is significant risk, to both the nurse and the public, if a former member continues to practice after their registration has expired. Your registration fees with NANB include the fees for professional liability insurance through the Canadian Nurses Protective Society (CNPS).

If a lawsuit or complaint is filed against you for practice that you engaged in while not registered, you will not be covered by CNPS for the costs of legal fees or any damages or fines that may be awarded. You may also be excluded from

your employer's insurance coverage, if the terms of the insurance cover services provided by "registered nurses" or "regulated health professionals" and you were not registered at the time that you provided the services.

NANB Will Notify All Employers About Expired Memberships

Each year, NANB speaks with many nurses who have continued to practice nursing even though their registration has lapsed. On December 1, all members whose registration has expired because they failed to renew on or before the deadline of November 30 will receive a notice by email.

In addition, NANB will be contacting all NB employers to provide a list of members whose registration has expired.

Preauthorized Debit (PAD) Option for Paying NANB Fees

Members have the option to pay annual renewal fees by pre-authorized debit (PAD). The PAD payment option is open to all active practice members who intend to renew their registration the following year.

How does the PAD program work?

When you sign up for the PAD program, NANB will collect your renewal fees in for the upcoming year in eight monthly payments, from January to August. The fees already collected will be credited to your account when you log in to the NANB website in October/November to complete your annual renewal.

How do I register for the program?

The registration form will be available under "My Profile" on the NANB website starting in October.

Once you have logged in with your NANB registration number and password, click the link to the PAD registration form. You will be required

to read the PAD program policy, provide the banking information for the account that you wish to use for the pre-authorized payments, and confirm your authorization for NANB to deduct the monthly payment from your account.

Your completed registration form must be submitted by January 15, 2021 in order to participate in the PAD program for 2022.

Is there a cost to participate in the PAD program?

There is a \$20 administration fee required to participate in the PAD program. Your monthly fee will be your annual fee plus the \$20 administration fee, divided by eight.

What if I decide not to renew or to withdraw from the program?

Members who withdraw from the program will receive a refund of all pre-authorized fees paid for that year, minus the \$20 administration fee.



Is your address on file with NANB up to date?

NANB uses multiple formats to communicate with members. General information for all members may be communicated through ebulletin, *Info Nursing*, on the website, or through mail or email.

For important communications related to your registration, NANB will communicate via mail or email. Don't miss a deadline because you forgot to update your address. When you move or change jobs, add NANB to the list of companies that you notify as soon as possible.

Check the email address you have on file with NANB.

NANB uses both mail and email to communicate confidential information to members about their registration. For this reason, an email address that is shared with co-workers or other members of your family is not appropriate.

During annual renewal, all members will be required to provide an e-mail address that is private and that you check personally on a regular basis.

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;
- select **Registration** from menu at the top of the screen;
- 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.

Are You Really a Non-Practising Member?

Tips to Avoid Engaging in Unauthorized Practice

During annual renewal, all members must make a decision about their registration status for the upcoming year. For most members that means choosing between active practice or non-practising status. Do you understand the difference?

Tip 1: Are you using your nursing knowledge?

The most important question to ask yourself when choosing between active practice and non-practising status is "Am I using my nursing-specific knowledge, skills, or judgment"? If the answer is yes, then you must register as an active practice nurse or nurse practitioner.

Tip 2: Work status is different from practice status

Many nurses assume that if they stop working or retire from their long-term job, they should choose non-practising status. This is not the case.

Just because you retire from your job doesn't mean that you stop practising as a nurse. If you are engaged in any activity (paid or volunteer), where you are relying on your nursing knowledge and skills, then you are practising nursing. This includes volunteer, casual, contract, or consulting work.

Tip 3: Going on leave? Read Tips 1 and 2!

Not everyone who goes on leave stops practising nursing. To decide whether to take a non-practising status while on maternity leave, long-term disability, or other leave, you must ask yourself the question whether you will be using your nursing knowledge while on leave.

Teaching a first aid class? Doing a presentation at your child's school? These would be considered active practice.

Tip 4: Practising while not registered can be costly.

Only nurses and nurse practitioners who are registered and in good standing with NANB as active practice members are authorized to practice nursing or as a nurse practitioner in the province of New Brunswick.

Under NANB rules, if you are found to have been practising as a nurse or nurse practitioner while not registered, you may be required to pay a penalty fee before you can complete your renewal. The fee can vary depending on how long you were practising without a registration and whether it is you have engaged in unauthorized practice before.

In extreme cases, the *Nurses Act* permits NANB to apply for an injunction to prevent a person from continuing to engage in unauthorized practice.

Guideline for Telenursing Practice

By JOANNE LEBLANC-CHIASSON



As telenursing or virtual care is being adopted or required in practice many New Brunswick (NB), nurses have reached out to NANB with their questions. As a result, NANB has developed a [guideline for telenursing](#) to best answer some of your commonly asked questions and provide information on the nursing principles that are considered essential components of telenursing.

Currently if you are physically located in NB and providing telenursing services or are located in another Canadian jurisdiction providing telenursing services to residents of NB you are required to hold a practicing nurse membership with NANB. For some nurses this requires registration in multiple provinces, which can be a barrier. NANB is participating in work on multi-jurisdictional licensing, which focuses on a common verification database with plans for a national database for nursing in the future.



Standards for Medication Management

The Practice Standard: Medication Administration has been revised and the document is now titled [Standards for Medication Management](#). The revision resulted in significant changes to the content. [FAQs on medication management](#) are also available to support nurses in applying these standards in practice. We encourage nurses to consult these updated documents to continue to provide safe, competent and ethical nursing care.

Nurse Consultants regularly produce documents to support safe, competent and ethical nursing practice or documents directly related to questions that members have asked. Recent resources that NANB has produced include:

- Standards for Documentation
- Guideline for Telenursing Practice
- Guideline: Duty to Provide Care
- COVID-19: RN and NP Information
- Nursing Intraprofessional Collaboration Guideline: LPNs and RNs Working Together (NANB/ANBLPN)
- The Role of the Nurse and Scope of Practice Toolkit
- Fact Sheet: Abandonment
- Fact Sheet: Handover of Care
- Fact Sheet: Reassignment to an Unfamiliar Practice Setting
- Fact Sheet: Responsibilities When Assignment Care Amongst Team Members
- Fact Sheet: Client Abuse
- Fact Sheet: Health Care Serial Killers
- FAQ: Documentation
- Care planning: An Essential Element of RN Practice
- How NANB Nurse Consultants Support RN and NP Practice

Webinars

- RNs and LPNs Working Together
- Social Media, Mobile Devices and Information Technologies' use in the workplace
- Online Continuing Competence Program (CCP)

CLIENT ABUSE & HEALTH CARE SERIAL KILLING

BY SUSANNE PRIEST



Nursing care is intended to be compassionate, safe, and ethical; however, in some situations, nurses fail to meet these expectations. In such circumstances, the nurse's actions may be considered client abuse. Client abuse can take many forms, and it ultimately results in causing harm to the patient. An unfamiliar and more severe form of client abuse is health care serial killing. This phenomenon occurs when the same healthcare professional kills two or more clients in separate events (Tilley et al., 2019). Some potential characteristics of healthcare serial killers include having a mental health disorder, making colleagues feel anxious, possessing unauthorized medications at home, and making frequent changes in employment (Tilley et al., 2019). A well-known case of healthcare serial killing is that of Elizabeth Wettlaufer.

In 2016, Elizabeth Wettlaufer, a former nurse in Ontario, con-

fessed to murdering eight patients and attempting to kill four others. Most of the attacks took place in long-term care facilities, and they spanned from 2007 to 2016. Colleagues of Wettlaufer's reported feeling uncomfortable around her due to her odd and unprofessional behaviour. After the final attack, Wettlaufer resigned from her nursing position and sought mental health treatment, where she ultimately confessed to her crimes.

It is easy to disregard the concepts of client abuse and health care serial killing because they can be uncommon; however, Wettlaufer's case shows how important it is to be aware of these concepts. Unfortunately, there is no simple approach to identifying healthcare providers who intend to harm their clients but being educated on the topic is a step in the right direction. In considering this, NANB has developed two fact sheets to educate nurses on client abuse and health care serial killing.

Tilley, E., Devion, C., Coghlan, A. & McCarthy, K. (2019). A regulatory response to healthcare serial killing. *Journal of Nursing Regulation*, 10(1), 4-14.

CLIENT ABUSE

Under the *Nurses Act*, NANB is legally responsible to protect the public by regulating members of the nursing profession in New Brunswick. Regulation makes this profession, and nurses¹ as individuals, accountable to the public. Safe, competent, ethical and compassionate care is the goal of the nurse-client relationship and nurses are responsible to be professional in all encounters with clients.

A nurse-client relationship exists if the nurse has direct interaction with an individual for the purpose of providing nursing care, in any practice setting. Client abuse can be defined as the misuse of power or a betrayal of trust, respect or intimacy between the nurse and the client,² which may cause physical or emotional harm. This includes all types of abuse, such as:

- neglect (e.g., failing to provide the necessities of life);
- physical abuse (e.g., striking a client or causing discomfort);
- verbal/emotional abuse (e.g., shouting at or insulting a client);
- financial abuse (e.g., soliciting gifts from a client); or
- sexual abuse (e.g., inappropriately touching a client).

Abuse can be subtle or overt and it interferes with meeting the client's therapeutic needs. It can permanently damage the nurse-client relationship and result in negative health outcomes. Abuse can also erode the public's confidence in the nursing profession.

Sexual Abuse

Sexual abuse is defined in the *Nurses Act* (section 28.1[2]) as:

- sexual intercourse or other forms of physical sexual relations between the member and the client;
- touching, of a sexual nature, of the client by the member; or

- behaviour or remarks of a sexual nature by the member towards the client.

Nurses giving special attention to a client to the point of crossing over the boundaries of the nurse-client relationship to a more personal one, is a common antecedent to sexual abuse. Examples of special attention include: spending prolonged time with the person before or after work; giving gifts; sharing personal information and communicating via telephone or electronically.

Social media provides a venue for boundary crossing by facilitating a way for a nurse and a client to exchange personal information about each other. Maintaining professional boundaries is always the nurse's responsibility because of the power imbalance that exists between the client and the nurse. Any sexual or romantic relationship a nurse has with a client, is abuse, even if the client consents. In the nurse-client relationship, the nurse holds a position of power by virtue of having:

- professional knowledge and skills clients rely on for their well-being;
- access to a client's body; and
- access to a client's personal health information.

Preventing Client Abuse

Not all nurse-client boundary violations will lead to abuse, but the potential exists. Healthcare professionals who abuse clients often have a progression of unprofessional behaviours and a history of other professional misconduct matters. Many abuse situations involve a vulnerable client such as individuals with mental health conditions, residents of long-term care facilities and/or clients receiving home care.

Creating a safe culture in health care settings is important for the protection of both clients and employees. Everyone has

a role in developing an environment where clients and employees can speak up about unsafe practice. The objective of a safe culture is to empower nurses to protect clients, their colleagues and themselves. The following actions can decrease the risk of client abuse:

- Education about client abuse, including signs of abuse and how to report it.
- Know the legislation regarding sexual abuse³ and signs of sexual abuse by healthcare providers.
- Be fit to practise—physical and emotional fatigue can impair judgment.⁴
- Stop, pause and reflect on your practice—do not cross professional boundaries.
- Do not communicate with clients via social media (e.g. do not ‘friend’ clients on Facebook).
- Intervene when you suspect a relationship is going from professional to personal.
- Bring client safety concerns forward to your employer as soon as possible.
- Report sexual abuse as outlined in the *Nurses Act*.



Raising a Concern or Reporting Abuse

Any nurse who has reason to believe that another healthcare professional is not practising safely to such an extent that the welfare of clients is jeopardized, is obligated to report their concerns⁵. You are partner in ensuring public protection—if you are concerned about a situation impacting the safety of a client, it is your obligation to intervene.

It can be hard to know what information to report and to whom. This is a good conversation to have within your team at work, before the need arises. Being knowledgeable of the NANB *Standards of Practice*, *Code of Ethics* and relevant employer policies, will increase your awareness of what is acceptable and unacceptable behaviour. To help you further understand when and how to report a concern, NANB has published a document titled: *Duty to Report: When am I responsible to do it and how do I do it?* You are expected to recognize and take actions in situations where client safety is potentially or actually at risk (NANB, 2019). If you have a concern, at minimum, it needs to be reported to your employer.

There are certain situations legally required to be reported directly to the NANB or another regulatory body. For example, provincial legislation imposes a legal obligation on health care professionals, including nurses, to report incidents of sexual abuse⁶. Additionally, employers who dismiss a nurse for reasons of incompetence or incapacity are obligated by law to report that nurse to the NANB, and failure to report is considered to be professional misconduct.

The complaints and discipline process for nurses is outlined on the NANB website. There are also nurse consultants available to help you understand how to apply your standards of practice in relation to your duty to report. If you have questions regarding client abuse or your duty to report, please contact NANB by e-mail at nanb@nanb.nb.ca or by phone at 506-458-8731 or 1-800-442-4417 (toll-free in NB).

Acknowledgement

The College of Nurses of Ontario granted permission to NANB to adapt content from the Sexual Abuse Prevention section of their website www.cno.org.

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HEALTH CARE SERIAL KILLING



Health care serial killing is a phenomenon that has occurred in many countries, including Canada. *Awareness* of this phenomenon is a critical step because we cannot be vigilant for something, unless we are aware of what it is and what signs to look for. In this fact sheet, information on what is currently known about the commonalities of Health Care Serial Killers (HCSKs), including their work environments, their victims, and possible cues for detection is shared.

HCSKs are trained healthcare professionals who have taken it upon themselves to kill clients in separate incidents, with the psychological capacity for more killing (Yardley & Wilson, 2014). There is no specific psychological profile, nor predictive traits that are guaranteed to identify would-be serial killers. Some of the common circumstances in which health care serial killing has occurred, includes the following:

- most HCSKs are nursing professionals who work alone in their endeavours to kill clients and who display some warning signs in behaviour;
- most of the deaths by HCSKs occur in hospitals, some have occurred in long-term care facilities and home care settings;
- HCSKs commit their murders in similar patterns and in similar practice settings;
- the deadly acts usually occur during evening and night shifts or during shift changes, when fewer people are present, or staff are distracted;
- HCSKs usually work or are just finishing a shift when the questionable deaths occur;
- the target population includes vulnerable clients—the very young, the very old and/or the very sick;
- the method of killing is most often an injectable medication such as potassium or insulin (historically,

other injectables used were heparin, bleach, muscle relaxants, opioids and large quantities of air); and

- some of the HCSKs were caught due to patients and family members who observed an injection right before an adverse incident such cardiac arrest or seizing (Guy, 2018; Lisa Feldstein Law Office, 2019; Tilley et al., 2019; Yardley & Wilson, 2016).

Motives for purposeful killing in healthcare are not consistent. Review of known healthcare killings have revealed character traits and behaviors which may be warning signs. A potential HCSK may:

- harm clients as a means of punishment, expressing feelings of the client being a burden to them or an annoyance;
- thrive on the thrill of saving a life (some convicted HCSKs have reported feeling a thrill in trying to revive a patient near death or relish the attention associated with the event);
- seek to work in locations or at timeframes in which less staff and supervisors are on duty;
- have a history of professional conduct issues, including a history of being terminated from previous employment;
- frequently change employment, moving from one workplace to another;
- have few personal relationships and/or difficulty fitting in;
- have a history of mental instability and/or a diagnosed mental health disorder;
- have a tendency towards addictive personality/behaviour; and
- be in possession of medications on themselves, in their workplace locker or at home (Guy, 2018; Lisa Feldstein Law Office, 2019; Tilley et al., 2019; Yardley & Wilson, 2016).

Barriers in identifying healthcare killings may be from the misconception that such a phenomenon “could not possibly happen in our workplace”; lack of knowledge regarding healthcare serial killing; and the stage of life of the victims (being old or very sick—living in a stage of life when death is not surprising). Initially, some colleagues reported feeling badly for the HCSK and considered the deaths as a string of bad luck. However, many colleagues voiced serious concerns and harbored suspicions such as:

- the HCSK had an unusual need for control and authority;
- overt excitement by the HCSK in saving a client from imminent death (hero complex);

- practice concerns (for example, the HCSK repeatedly not documenting medication administrations or falsifying documents); and
- suspected mental health disorders, specifically, personality disorder, extreme depression, or signs of addiction (Tilley et al., 2019; Yorker, 2020).

Research highlights the importance in looking at the data as a whole and not using one single trait or characteristic on its own to report suspicions of healthcare killing. Review of HCSKs has shown that over 70% were captured because of information provided by direct witnesses such as colleagues, victims’ family members and even surviving victims (Tilley et al., 2019). Nurses¹ need to be educated about client abuse and healthcare serial killing as well as their duty to report. Employers need to encourage a safe culture in which reporting of any actual or potential risk to clients is supported. It is also recommended that healthcare administrators have processes to review death and cardiac/respiratory arrest statistics on a monthly basis by unit and by shift and think more critically when they notice a spike in deaths in a particular workplace setting. This review should be done in consideration with other types of evidence such as monitoring of medication systems, staff reports of unusual behaviour, review of any available video surveillance and background checks of staff with their respective regulatory body and previous employer (Yardley & Wilson, 2016; Yorker, 2020).

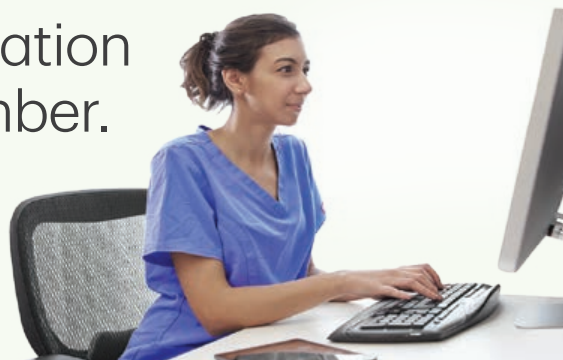
If you have questions regarding healthcare serial killing, client abuse or your duty to report, please contact NANB by e-mail at nanb@nanb.nb.ca or by phone at 506-458-8731 or 1-800-442-4417 (toll-free in NB). Additional resources for nursing practice, including standards of practice, practice guidelines, and informative fact sheets may be found at www.nanb.nb.ca.

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Nursing ethics provides guidance during the pandemic crisis



cna-aiic.ca / Code of Ethics 2017

Nearly every part of our nursing practice has ethical implications. We are making ethical decisions when prioritizing care and resources among patients and practising our clinical skills with competence.

The COVID-19 pandemic has created new and complicated moral dilemmas for many nurses. The author addresses some of the ethical issues that nurses are facing, and offers guidance on how to deal with them.

Takeaway messages:

- Nursing ethics can support common goals: to provide safe, compassionate, competent, and patient-centred care.
- Specific ethical values and responsibilities are required of nurses during the pandemic crisis.
- Ethical awareness can prevent moral distress and promote resiliency.

The current pandemic crisis has drawn significant attention to front-line health-care workers, where nurses hold a significant majority. Coincidentally, the World Health Organization has also declared 2020 to be the International Year of the Nurse and the Midwife. As nurses, we are currently on centre stage.

At a time when our professional and ethical conduct is gaining attention, what do ethical guidelines and codes of ethics have to offer nurses? Could increased ethical awareness strengthen and guide our practice and decision-making skills?

As a profession and discipline, nursing espouses certain ethical values and guidelines that aim to provide a moral compass for our practice and professional conduct. These include principles of ethics (respect for autonomy, beneficence, non-maleficence and justice), certain ethical virtues, and the Canadian Nursing Association (CNA) [Code of Ethics for Registered Nurses](#) (2017).

In this discussion I will aim to address some of the significant ethical issues that nurses have brought forward during the COVID-19 pandemic – such as safety, increased workloads, and increased exposure to patient mortality, all of which can lead to moral distress and burnout. I will also try to demonstrate how our nursing ethics can support our nursing practice and professional conduct in this uncertain and transient health-care climate.

CNA Code of Ethics

Nearly every part of our nursing practice has ethical implications. We are making ethical decisions when prioritizing care and resources among patients and practising our clinical skills with competence.

Additionally, ethics informs our decisions to provide patients with education and information, advocate for patients, and work collaboratively with our patients and the interdisciplinary health-care team toward common goals. Therefore, we require strong ethical decision-making skills to promote safe, compassionate, competent, and patient-centred care.

The CNA Code provides guidelines that articulate specific ethical values and responsibilities to advise nursing practice. Although nurses may be aware of the Code, they may not be familiar with specific values and responsibilities defined in it.

The CNA Code outlines seven nursing values that overlap and are related to certain ethical principles such as “respect for autonomy, beneficence, non-maleficence and justice” (CNA, 2017, p. 31). To guide our practice, the Code also emphasizes key ethical virtues such as compassion, empathy, and trust. These key nursing values provide a framework to guide nurses in ethical decision-making, practice, and overall professional conduct. Furthermore, the Code promotes a reflective practice among nurses to promote growth, health, and well-being.

We require strong ethical decision-making skills to promote safe, compassionate, competent, and patient-centred care.

Values, responsibilities, and concerns

Certain ethical values and responsibilities may be more relevant and necessary during the current crisis. These include safe work environments; resource allocation; mitigating harms; practising with compassion, empathy, and trust; honouring patient dignity; maintaining privacy and confidentiality; and preserving professional conduct.

Throughout this pandemic, nurses have raised valid concerns about safety, increased workloads, and increased patient mortality, all of which can lead to moral distress and burnout. Nurses have also shared their pandemic experiences openly using various media platforms. Increasing ethical concerns, coupled with growing public attention, mandate a heightened ethical awareness among nurses.

In my own practice setting, nurses have raised concerns about patient and personal safety. One of the main concerns is the need for and lack of appropriate personal protective equipment (PPE) (Harris, 2020). The CNA *Code* speaks directly to this issue: "During a natural ... disaster, including a communicable disease outbreak, nurses provide care using appropriate safety precautions in accordance with legislation, regulations and guidelines provided by government, regulatory bodies, employers, unions and professional associations" (CNA, 2017, p. 9). The *Code* further encourages nurses to "question, intervene, report and address unsafe, non-compassionate, unethical or incompetent practice or conditions that interfere with their ability to provide safe, compassionate, competent and ethical care" (p. 8).

These ethical guidelines extend beyond PPE concerns to nursing workloads and the resources required to provide competent care while maintaining our best practice standards even during a crisis.

Public attention and trust

Nurses are also using various media platforms, including social media, to share their personal experiences as front-line workers during the pandemic. I believe this represents our need to debrief and make sense of our experiences. Inevitably, these reflections draw the attention of the public and reflect on the whole nursing profession.

When we identify ourselves as nurses, we need to be mindful of our values and ethical responsibilities. Our conduct should maintain and nurture public trust in the nursing profession and promote our common nursing goals: to "provide safe, compassionate, competent and ethical care" (CNA, 2017, p. 8).

Some questions to ask ourselves before sharing our nursing experiences publicly may include: How does this story represent the nursing profession? Does the story compromise patient or co-worker confidentiality? Does it honour the dignity of the patients I care for? Am I reflecting the common goals of nursing and health care?

Reflection and self-awareness

Our need to reflect and debrief is supported by the CNA *Code*, which encourages nurses to nurture a reflective practice and a sense of self-awareness. We can use reflection to learn from our experiences, gain wisdom and understanding, and ultimately, move our practice forward.

Throughout this pandemic, nurses have raised valid concerns about safety, increased workloads, and increased patient mortality.

Reflection may also increase our ethical awareness: our ability to recognize ethical issues as they arise, and respond appropriately (Milliken, 2018). Therefore, the sharing of these pandemic experiences is necessary for our personal growth, yet it also reflects on our nursing profession collectively.

Frequently, these shared experiences reflect conflict and distress, even fear of providing nursing care during the pandemic. When we are unable to attain our goal of providing safe, ethical, and competent care, the potential for moral distress increases.

Moral distress

Most nurses will experience some level of moral distress during their careers. Moral distress occurs when nurses know what they should do, but circumstances make it difficult to take the appropriate course of action (CNA, 2017). Causes of moral distress include excessive workloads and challenges with end-of-life decision-making (Burston & Tuckett, 2013).

Since the pandemic outbreak, nurses have experienced increasing workloads and responsibilities, increased patient mortality, safety issues, and scarce resources. Therefore, we are more likely to experience moral distress during this crisis. Moral distress contributes to burnout, lack of empathy, and increased job dissatisfaction. It also directly affects patient care by resulting in a reduced quality of care and negatively affecting patient outcomes (Burston & Tuckett, 2013; Rodney, 2017).

Ultimately, moral distress counteracts our nursing goals to provide safe, competent, and compassionate care. However, identifying and addressing moral distress and ethical issues can also motivate us to reflect and be innovative, resulting in resilience and increased ethical awareness (CNA, 2017). Therefore, it is better to acknowledge these feelings and stressors within our profession so that they can be addressed collectively and not only harboured individually.

Challenges ahead

As nurses, we are now being faced with significant challenges that include protection of our profession, duty to our patients, and maintaining our own health and safety. Being aware of our ethical guidelines and common values can give us courage and provide direction to address the ethical issues we encounter in this crisis.

I do not wish to leave you feeling discouraged. Instead, my intent is to encourage an increase in ethical awareness among nurses. As an intensive care nurse with an interest in ethics, I have found that ethical awareness has enriched and clarified the goals of my own nursing practice. Health care is extremely value laden, especially now, and I sincerely believe that upholding our ethical guidelines is paramount during the pandemic — for the public whom we serve, and for our profession as a whole.

Hopefully, at the end of this, we will be able to reflect and learn from our experiences. We will inevitably learn things about ourselves personally and professionally, and about our abilities to respond to a worldwide crisis. If we do our best to preserve our common goals to provide safe, compassionate, competent, and ethical care, we will come out stronger as a nursing profession.

Our ethical guidelines and values can assist us, not burden us, during this crisis. A heightened sense of ethical awareness is required to identify ethical issues so that we can prevent moral distress and instead, promote resilience among nurses.

Even though the current health-care climate is challenging and uncertain, our nursing ethics remains steadfast to guide our practice through this pandemic.

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- Nurses' health and well-being
- Infectious disease
- Patient safety

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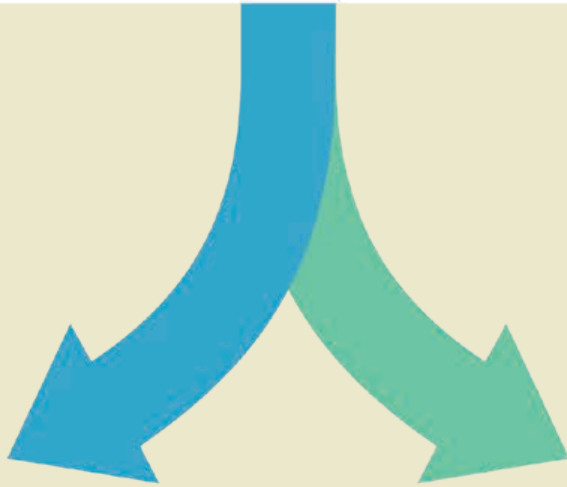
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BY MEREDITH CLARK

THE GROWING PROBLEM OF DRUG DIVERSION



An RN, Megan, has been working on the same medical unit for the past five years. She enjoys her job, but the shift work is beginning to affect her mental health. After a long nightshift, Megan takes her patient’s PRN sedative to help her sleep. She documents that the patient took it and does not think much about it. After this patient is discharged, Megan begins seeking other patients that are prescribed the same medication so that she can take it after her nightshifts. Eventually, Megan begins requesting prescriptions for her patients, explaining that they have trouble sleeping while in the hospital. A few weeks later, Megan begins taking the medication during the last few hours of her shift so she can fall asleep as soon as she is home.

Although not frequently discussed, drug diversion is a common issue in healthcare. The Nova Scotia College of Nursing (NSCN, 2016) explains drug diversion as, “the unlawful misdirecting or misuse of any medication” (p. 2). Diversion of medication is described as a “slippery slope”, and the scenario above is an excellent example of how it can occur without malicious intent (Cohen & Smetzer, 2016, p. 2). Consequences of diverting medications can include suboptimal treatment for patients, increased risk of infection from contaminated needles, and if the patient is not receiving

adequate doses of medication, they may have unrelieved pain (Berge et al., 2012). In the first nine months of 2017, 1.8 million doses of controlled substances were reported missing to Health Canada across the country (Carman & Adhopia, 2018). It should be noted that New Brunswick is not immune to this issue; NANB received six complaints of drug diversion from December 1, 2018 to November 30, 2019, and these numbers are increasing each year (Nurses Association of New Brunswick [NANB], n.d.). Further, it is important to consider that many cases of drug diversion are undetected, as a result, it may be underreported (New, 2015). Because of the harm medication diversion can cause, it is critical for nurses to know the signs to watch for, to be educated on reporting diversion, and to understand the prevention and treatment of drug diversion.

Signs of Drug Diversion

Initially, signs of diversion may go unnoticed. The nurse may arrive early for their shift and stay later than scheduled; they might volunteer for more shifts and put in overtime hours (New, 2015). The nurse could be well-experienced, and they often have an advanced education (New, 2015). It is important to keep in mind that substance use and drug diversion can happen to anyone, regardless of age, occupation, or gender (National Council of State Boards of Nursing [NCSBN], 2018). As the nurse continues diverting medication, they might make frequent trips to the washroom, may offer to medicate patients assigned to other nurses, and eventually, they will begin making repeated errors and their work performance will begin to deteriorate (NCSBN, 2018; New, 2015). A complete list of drug diversionary signs can be found in Table 1.

Reporting Diversion

It is important to be aware of potential drug diversion activities in the workplace. Standard one of NANB’s *Standards of Practice for Registered Nurses* (2019) requires nurses to report any situations in which clients or health care providers may be at harm; therefore, a nurse must report drug diversionary behaviour as it could cause injury to the patient. If you suspect a nurse is diverting medication, certify that the nurse’s patients are safe, and then report to your supervisor (NSCN, 2016). It is crucial to document your observations, and to follow-up with your supervisor to verify that action is taken (NSCN, 2016). Some employers have specific policies regarding reporting of drug diversion, ensure that you are aware of your institution’s policy when reporting. In addition, early identification that a nurse may be diverting and using drugs can lead to a better chance of recovery and returning to work (NCSBN, 2018). The ultimate goal of reporting medication diversion is to initiate assessment and treatment, if necessary.

Prevention and Treatment

Education on drug diversion is key to prevention. All clinical and non-clinical employees should be educated on the signs to look for; moreover, staff should be aware of the steps to report suspected diversion (New, 2015). Everyone has a responsibility in recognition and prevention of medication diversion (Berge et al., 2012). Other methods of prevention

TABLE 1 *Drug Diversionary Signs*

performing narcotic counts alone and failing to ensure observation or co-signing for narcotic wastage
offering to hold keys for narcotics storage cabinets
tampering with vials or packages
waiting until alone to access and draw up narcotics
inconsistencies between narcotic records and patient’s medication administration record
frequent reports of lost or wasted medications
excessive administration of PRN medications and reports of ineffective pain relief from the same patient
reports that medications from home have gone missing
defensiveness when questioned about medication errors
showing up when not scheduled and hanging around the drug supply
requesting assignment to patients with large amounts of prescribed pain medication
using fictional client names on narcotic records (NSCN, 2016)

include frequent audits of controlled substances, requiring a witness for administering and wasting controlled substances, and the use of automated dispensing cabinets (Johnson & Borsheski, 2019). Furthermore, it is valuable to consider the impact of mental health on the development of drug diversionary behaviour and substance use. Nursing can be stressful, and factors such as inconsistent schedules, high expectations at work and burnout, can lead to substance misuse (Cares, Pace, Denious, & Crane, 2015). Factors external to the workplace, such as family responsibilities, or expenses may also contribute to the development of substance use. It is critical to practice self-care in order to maintain proper mental health; activities such as, eating healthy, building social support, and developing positive coping mechanisms are beneficial (College of Nurses of Ontario, 2019). A list of resources for RNs and employers managing problematic substance use is available in the Nurses Association of New Brunswick's (2016) *Guidelines for the Recognition and Management of Problematic Substance Use in the Nursing Profession*.

Conclusion

Drug diversion is a growing problem in healthcare, and it is important to be aware of this issue. The *Standards of Practice for Registered Nurses* (2019) hold nurses accountable for their actions, and as noted previously, diversion can cause serious harm to patients. Nurses play a vital role in recognizing drug diversionary behaviour in their colleagues (NCSBN, 2018); therefore, it is imperative to understand the signs of drug diversion, how to report it, and how it can be prevented. Please contact NANB if you have any questions regarding substance use and your ability to practice safely.

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Consequences of diverting medications can include suboptimal treatment for patients, increased risk of infection from contaminated needles, and if the patient is not receiving adequate doses of medication, they may have unrelieved pain.



FIRSTHAND EXPERIENCE FROM NANB'S SUMMER STUDENT

Meredith Clark

Why were you interested in the position with the Nurses Association of New Brunswick (NANB)?

I was interested in the student position at NANB because I wanted to understand what NANB's role was in the nursing profession. I thought it would be a great way to learn about nursing and to view nursing from a regulatory perspective. Since my clinical experience to this point has focused on hands on care, I thought it would be beneficial to experience a different aspect of nursing.

Can you describe the projects or initiatives you were tasked to complete?

I was given several projects to work on over the summer. Initially, I was asked to complete jurisdictional reviews, write an article for *Info Nursing*, and compile standard replies for common practice questions. As the summer progressed, I was given more projects, including recording webinars, creating quiz questions for the Continuing Competency Program, writing introductions for *Info Nursing* and e-bulletin articles, and creating webinars.

What aspects of the job did you find most rewarding or surprising?

I think it was most rewarding being able to contribute to the field of nursing, especially during a pandemic. I also found it rewarding seeing projects being completed and released over the course of my time at NANB. Most of my experience thus far has been in the hospital or long-term care facilities, where you don't always see the results of your work. It was exciting to be able to see my work put to use this summer.

I think I was most surprised by the scope of responsibility that belongs to NANB. Regulating the nursing profession is a big task, and there is a lot of work put into it.

What did you learn about regulation's role in nursing?

Working at NANB has given me a better perspective about what the regulatory body does. The purpose of regulation is to promote safe, competent, and ethical nursing care; but there is a lot that goes on behind the scenes. I learned that the regulatory body is meant to support nurses, as well as the public. Further,

there are numerous valuable resources created by NANB that I was unaware of, for example, guidelines, FAQs, fact sheets, webinars and more. Regulation is more than just disciplining nurses when something goes wrong, it also aims to support nurses in their everyday practice.

What advice would you give future student nurses looking to work with NANB?

The summer student position was a great way to learn about the regulatory aspect of nursing. The position itself involved some research, writing, critical thinking, and creativity, so experience in those areas would be valuable. If you're curious about what it's like to work at NANB and you think you may want to work in nursing regulation in the future, be sure to apply. I gained so much knowledge and experience from this position, it will make a significant impact in my nursing practice in the future. Overall, the team at NANB is extremely supportive and the student position is a great learning opportunity.

ISMP Canada Safety Bulletin

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Opioid Diversion in Hospitals – A Safety Concern

- *Opioid diversion is both a patient and health care provider safety concern that is not well recognized, researched, or addressed.*
- *Diversion is a system-level problem, enabled by gaps in medication-use systems and a lack of robust health and wellness support for health care providers.*
- *To tackle opioid diversion, hospitals need to continue the shift towards a culture of safety and ensure appropriate guidance, resources, and supports for health care providers.*

Canadian data suggest that diversion of controlled medications from hospitals is on the rise.¹⁻³ The consequences of controlled substance loss can be harmful for individual patients, the care provider(s) involved, the providers' colleagues, the hospital, and the health care system as a whole. This bulletin highlights the prevalence and associated awareness of diversion, calls attention to current work, and emphasizes the need for hospitals to take steps in strengthening their internal systems to monitor, detect and prevent diversion.

BACKGROUND

In a 4-year period from 2015 to 2019, Canadian hospital pharmacies reported more than 3000 incidents involving lost or stolen controlled

substances, mostly opioids.⁴ Loss of controlled medications (including by an act of diversion) is an event reportable to Health Canada's Office of Controlled Substances.⁵ Although break-and-enter, thefts, and employee pilferage are significant sources of loss, more than three-quarters of reporters listed the cause of loss as "unexplained",⁴ which may reflect hospitals' inability to trace the root causes of such losses.¹ Hospital staff are often the focus of diversion, however, patients and visitors have also been able to divert medications without immediate detection because of vulnerabilities in hospital medication-use systems.⁶

Diversion refers to the transfer of a medication from a lawful to an unlawful channel of distribution or use, including by medication tampering.^{6,7} The magnitude of diversion within Canadian hospitals is difficult to estimate due to suspected underreporting.² The current state of knowledge, including the lack of reliable metrics, makes it difficult to assess the effectiveness of various safety initiatives. Furthermore, there is limited available information on the outcomes of employee assistance programs.

In 2015, results of a provincial survey of more than 4000 registered nurses indicated that 3% of respondents self-identified as having a substance use disorder. Of this subgroup, more than 90% were practicing at the time of the survey, without their employer or regulator having knowledge of the potential for impairment.⁸ In 2007, it was estimated

that as many as 10% to 15% of all health care providers will inappropriately use substances over their careers.⁹ Between 1991 and 2001, 80% of US anesthesiology residency programs reported experience with impaired residents, and 19% of the programs reported at least one death.¹⁰

EXAMPLES OF REPORTS

A nurse was accused of accessing patient health records at a Canadian hospital for the purpose of using patients' information to obtain opioids.¹¹

An anesthesiologist working in a Canadian hospital who did not return to work after a break was found deceased in the bathroom. A syringe containing fentanyl residue was found nearby, and an obvious injection site was noted on the body.¹²

In the United States, a medical technician infected with hepatitis C was discovered to be tampering with syringes of narcotics that were obtained from a cardiac catheterization lab. After self-injecting the opioid, the used syringes were refilled with saline, which were later used in patient care. Testing of more than 1000 patients revealed that at least 32 had been infected with hepatitis C through these acts of diversion.¹³

PATIENT SAFETY RISKS

Diversion of medications represent a risk not only to the person taking the medication, but also to patients, colleagues, the hospital, and the health care system as a whole. For example, impaired providers may have lapses in judgment that could harm patients.⁸ In instances where medications intended for patients are not administered, symptoms, such as pain, are left untreated. Patients may be placed at further risk by decisions (e.g., prescription of increasing opioid doses to address lack of pain control) based on incorrect documentation of medication use (e.g., medication administration record reflecting doses dispensed, but not actually administered).

Colleagues may be unwitting participants in diversion during sign-off for witnessed medication wastage or in administration of a contaminated product. Finally, public trust in the hospital organization may be

eroded, and there can be significant costs to the health care system related to interventions required to investigate, treat and follow-up patients or staff harmed by diversion.

DRUG DIVERSION AND CULTURE OF SAFETY

Tackling diversion requires an examination of the work environment, analysis of medication processes and procedures, and provision of assistance and support to the health care workers involved. Incidents of diversion are often treated as personal failings, with punishment, termination, and retraining seen as the most effective strategies to mitigate the problem. Colleagues who recognize suspicious behaviour (e.g., frequent off-shift appearance of a colleague at the hospital) or signs of substance use disorder¹⁴ may be reluctant to report their concerns for fear of causing a coworker to lose his/her job. Many practitioners who themselves are suffering from a substance use disorder do not seek help because of the stigma and shame that may be attached to their disease.⁸

A continued shift towards a positive safety culture, away from blaming the individual, to addressing the gaps within the medication-use system, is required. Although drug diversion is an intentional act that contravenes established good practices, regulatory standards and professional expectations, it is also a symptom of a larger problem. Just as changes have been made to advance medication safety through reporting and learning from medication incidents, a similar strategy is needed to further knowledge about diversion. There exist underlying system-based contributing factors throughout the medication-use process, and thus there are opportunities for system-based mitigation strategies.¹

EXAMPLES OF RECENT WORK

An extensive scoping review of the literature on controlled substance diversion was completed in 2019.¹ Medication-use systems in hospitals were reviewed to identify gaps that allow for diversion and to explore related safeguards aimed at prevention.

The Canadian Society of Hospital Pharmacists created a comprehensive guideline with

recommendations,¹⁵ to improve the identification of diversion and implementation of preventive measures. In particular, the new guideline calls on hospitals to establish a multidisciplinary diversion prevention committee, including a diversion prevention specialist.

The Ontario College of Pharmacists released its *Framework for Improving the Safety and Security of Controlled Substances in Hospital Risk Areas*,¹⁶ which includes 13 system-based recommendations for hospitals to reduce the risk of diversion.

In response to a proposal to support Canadian hospitals in assessing their practices, CIHR awarded a grant for the development of an online risk assessment tool based on best practices described in the literature.¹⁷

CONCLUSION

Canadian hospitals are recognizing the risk of harm from diversion of opioids. Evidence-based guidance and tools are needed to improve detection of diversion, to strengthen investigation and analysis, and to identify effective strategies for addressing losses of controlled substances. Organizations will need to undertake multiple, overlapping efforts to prevent drug diversion.^{18,19} Hospitals can apply approaches that are already well established for medication safety to the problem of diversion. Critical to the advancement of efforts to tackle diversion is a culture shift characterized by commitment to open dialogue, reporting of and learning from incidents, and sharing of resources and strategies.

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Learning from Canada's National Incident Data Repository for Community Pharmacies



reported to the
National Incident Data Repository
for Community Pharmacies (NIDR)
from **January to June 2020**
by community pharmacies
were related to

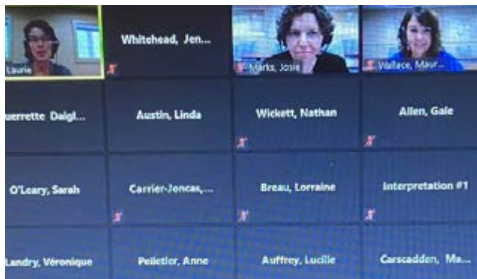
ORDER ENTRY

The National Incident Data Repository for Community Pharmacies (NIDR) is a collection of medication incident reports submitted anonymously by community pharmacies for the purpose of improving medication safety. The NIDR is an ISMP Canada-led component of the [Canadian Medication Incident Reporting and Prevention System \(CMIRPS\)](#).

The repository is part of an information-sharing system created to facilitate a better understanding of medication incidents and the development of more robust strategies to prevent harm. Community pharmacies in Nova Scotia, New Brunswick and Saskatchewan are contributing to the NIDR.

In a recent analysis of incidents submitted to the NIDR from January to June 2020, two-thirds of 11,531 incidents were related to order entry processes in the pharmacy. **Reviewing the original prescription when processing repeat prescriptions is a key safeguard that will help identify incorrect order entries and prevent harm to patients.**

Find out how community pharmacies can contribute to the NIDR and share learning from medication incidents by contacting NIDR@ismp-canada.org. More information about the NIDR is available at: <https://www.ismp-canada.org/CommunityPharmacy/NIDR/NIDR-faq.pdf>



AGM 2020 Highlights & Feedback

In adhering to WorkSafeNB and public health guidelines, NANB hosted a virtual AGM on Friday June 26, 2020 highlighting the 2019 Annual Report and Auditor's Report. With approximately 130 members in attendance, typical of an in-person AGM, feedback on the technology platform—Zoom—was very positive. The AGM also permitted the ability for members to carry proxies and submit resolutions from the floor. However, members did express disappointment with allocated time for open discussion and debate of resolutions. There was also a technical glitch with the resolution survey software which delayed delivery

significantly resulting in an extension of the voting period over the weekend, resulting in number of votes not cast.

Four (4) resolutions were presented, with one being carried by the Assembly. To improve communications with members for future AGM sessions, a plain language summary will accompany resolutions including the legal 'whereas' and 'Be it resolved'.

Recognizing the importance of member contact and opportunities for dialogue, NANB will begin offering quarterly town-hall style forums in 2021. Stay tuned for details.

Joining the AGM to receive the 2020 President Award were recipients:

- Melissa Whitney, UNB SJ
- Robyn Travis, UNB Fredericton
- Sarah Arseneault, UNB Moncton
- Katia Emilie Lynn Vienneau, UdeM Moncton
- Julie Cyr, UdeM Edmundston
- Erika Kenny, UdeM Shippagan

Congratulations!

On behalf of the Board and staff, we thank all members who participated and provided feedback to continuously improve your overall experience.

SUSPENSION LIFTED AND CONDITIONS IMPOSED

In a decision dated March 30, 2020, the NANB Fitness to Practice (Review) Committee accepted the Alternate Complaint Resolution Proposal (“ACRP”) submitted by **Angela Arsenault-Daigle, registration number 022033** (the “Member”). As a result of the admissions made in the ACRP, the Committee found that the Member’s actions (including poor/absent documentation, unsafe client care, failure to follow clinical practice guidelines, and breaching the Code of Ethics regarding right to know, professional boundaries and confidentiality) constituted professional misconduct, incompetence and conduct unbecoming a member. The Committee ordered that the suspension imposed on the Member’s registration by the Complaints Committee in a decision dated April 2, 2019 be lifted and conditions be imposed on the Member’s registration.

REGISTRATION SUSPENDED

On April 27, 2020, the NANB Complaints Committee suspended the registration of **Kailee Mallery, registration number 027923**, pending the outcome of a hearing before the Fitness to Practice (Review) Committee.

REGISTRATION SUSPENDED

On May 7, 2020, the NANB Complaints Committee suspended the registration of **Kassandra Braun, registration number 030193**, pending the outcome of a hearing before the Discipline Committee.

SUSPENSION LIFTED AND CONDITIONS IMPOSED

In a decision dated June 26, 2020, the NANB Fitness to Practice (Review) Committee accepted the Alternate Complaint Resolution Proposal (“ACRP”) submitted by **Samantha Jones, registration number 027307** (the “Member”). As a result of the admissions made in the ACRP, the Committee found that the member’s actions (which included stealing narcotics from her workplace, falsifying patient charts and narcotic waste records, and lying to prescribers to obtain unnecessary

increases in patients’ narcotics doses so she could steal the overage) constituted professional misconduct, conduct unbecoming a member and dishonesty. The Committee accepted evidence that the Member is now fit to practice, and ordered that the suspension imposed on the member’s registration by the Complaints Committee in a decision dated April 24, 2018 be lifted and conditions be imposed on the member’s registration.

REGISTRATION SUSPENDED

On July 8, 2020, the NANB Complaints Committee suspended the registration of **Mamadou Issa Diallo, registration number 030733**, pending the outcome of a hearing before the Discipline Committee.

REGISTRATION SUSPENDED

On July 14, 2020, the NANB Complaints Committee suspended the registration of **Josianne Comeau, registration number 026130**, pending the outcome of a hearing before the Discipline Committee.

SUSPENSION LIFTED, REPRIMAND ISSUED, CONDITIONS IMPOSED

In a decision dated August 21, 2020, the NANB Fitness to Practice (Review) Committee reprimanded **Emily Jones, registration number 026149** (the “Member”), for not adhering to the NANB Standards of Practice for Registered Nurses, the NANB Standards for Documentation, and the Canadian Nurses Association Code of Ethics. The Fitness to Practice (Review) Committee found that the Member is fit to practice nursing, and ordered that the suspension imposed on her registration by the Complaints Committee on July 25, 2019 be lifted and conditions be imposed on the Member’s registration.

REPRIMAND ISSUED AND CONDITIONS IMPOSED

In a decision dated September 8, 2020, the NANB Discipline Committee found that **Jennifer Martin, registration number 025239** (the “Member”), lacked professional judgment, critical thinking, decision making and documentation and communication skills to safely practice

nursing. The Member misread an insulin order transcribed on a Medication Administration Record, did not check the actual order to confirm the dose, and administered ten times the ordered dose to a patient. The Member also failed to have the medication administration co-signed by another Registered Nurse as required by policy, and failed to exercise critical thinking by not questioning if the mistaken dose was correct. The Member then failed to document the administration of the insulin overdose and the resulting interventions, and did not complete an incident report.

The Discipline Committee reprimanded the Member for not adhering to the NANB Standards of Practice for Registered Nurses, the NANB Standards for Documentation, the NANB Standards for Medication Administration and the Horizon Health Network Policy & Procedure on Medication Administration, Storage and Handling. The Member had previously resigned her registration with NANB so the Committee was unable to suspend her registration. The Committee ordered certain preconditions that the Member must satisfy before she may apply for a conditional registration.

REGISTRATION SUSPENDED

On October 9, 2020, the NANB Complaints Committee suspended the registration of **Brenda Connell, registration number 020080**, pending the outcome of a hearing before the Fitness to Practice (Review) Committee.

REGISTRATION SUSPENDED

On October 13, 2020, the NANB Complaints Committee suspended the registration of **Shelley Dunlap, registration number 022314**, pending the outcome of a hearing before the Discipline Committee.

REGISTRATION SUSPENDED

On October 20, 2020, the NANB Complaints Committee suspended the registration of **Jeffery Faulkner, registration number 029181**, pending the outcome of a hearing before the Discipline Committee.

Call for NB Representative: CNPS Board of Directors

The Canadian Nurses Protective Society (CNPS) provides legal advice, risk management services, legal assistance and professional liability protection related to nursing practice to over 135,000 eligible Canadian nurses across all provinces and territories.

CNPS is seeking a NANB registrant to join the CNPS Board for a four-year term.

Eligibility Requirements

- Be either a registered nurse or a nurse practitioner in good standing with NANB;
 - Be available to attend a minimum of three, two-day board meetings per year and ad hoc teleconferences as may be required from time to time (Please note that Directors shall be reimbursed for expenses incurred for attendance at Board and committee meetings, as well as any meeting(s) that may be attended at the direction of the Board in accordance with CNPS travel allowances and guidelines);
 - Be available for an initial term of approximately four years;
- The following skills/experience would be considered an asset:
- Leadership;
 - Governance;
 - Financial planning, financial management and/or the ability to understand complex financial information.

Interested candidates should forward a letter and resume to nanb@nanb.nb.ca on or before November 30, 2020.

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**.

NANB members can register for **Supplementary Protection** for a fee of \$85 plus taxes. This protection generally includes assistance with:

- ✓ 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

Follow Us: [f/CNPS.SPIIC](https://www.facebook.com/CNPS.SPIIC) [@CNPS_SPIIC](https://twitter.com/CNPS_SPIIC)

NOVEMBER 2020

CNPS Webinars

*November's Monthly Theme:
COVID-19 Legal Panel*

- cnps.ca

NOV 6–DEC 11, 2020

ECHO Canada Adult Intellectual & Developmental Disabilities: *Mental Health in the Time of COVID-19*

- camh.echoontario.ca

DECEMBER 3–4, 2020

ISMP Canada Virtual Workshop: *Incident analysis and proactive risk assessment*

- ismp-canada.org

JANUARY 18, 2020

CASN Lunch & Learn Theme: *Nursing Education during COVID-19, Virtual simulation and clinical education*

- casn.ca

JANUARY 19–24, 2021

2021 CNSA National Conference

- cnsa.ca

APRIL 22–24, 2021

21st Biennial Conference of the Canadian Gerontological Nursing Association

- Niagara Falls, ON
- cgna.net

APRIL 29–MAY 1, 2021

2021 CSGNA National Conference

- Calgary, AB
- csgna.com

APRIL 30–MAY 4, 2021

ORNAC National Conference 2021: *Charting the Future of Perioperative Practice*

- Victoria, BC
- ornac.ca

AUG 29–SEP 1, 2021

11th International Council of Nurses NP/APN Nursing Network Conference

- Halifax, NS
- npapn2020.com

CNF Nightingale MaskerAide 2020

A Virtual Celebration of Nurses

Canadian Nurses Foundation's Nightingale Gala marks its 10th anniversary with an immersive virtual event—creating a national stage to celebrate nurses and provide aid during this crucial time.

Playing off a traditional masquerade ball, the Nightingale MaskerAide will feature big Canadian talent, heart-warming storytelling and an online auction like no other. This year's gala also underscores the essential role nurses play in shaping health outcomes across Canada.

Virtually

Thursday, December 3, 2020

7:30 pm–9:00 pm EST

Special tickets are available including swag bags, exclusive promotions, student rate and more! *Get yours now!*

CNF NIGHTINGALE
20 MASKERAIDE 20
NIGHTINGALE FIIC

BUY TICKETS



CALL FOR NOMINATIONS

THE NANB AWARDS ~ 2021 ~

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 4 Awards of Merit (in Nursing Practice, Research, Education and Administration).

The NANB Awards Guide 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 tab About NANB.



THE DEADLINE FOR NOMINATIONS IS JANUARY 31, 2021.

Over 40 Years of *Info Nursing*

Watch for a New & Improved Format in 2021!

