

# Info Nursing

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## PROUD NEW BRUNSWICK NURSES FROM FAR AND WIDE

Joanne Dignard & Noella Newman, winners  
of CNA's 100<sup>th</sup> Anniversary photo contest.

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## CCP UPDATE 2008

The Continuing Competence Program became mandatory for the 2008 registration year.

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## CNA CELEBRATES 100!

This year marks the CNA's 100<sup>th</sup> anniversary. See what's happening and how NANB plans to participate in the celebrations.

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## ELECTIONS 2008: BOARD OF DIRECTORS

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## PREPARING FOR AN INFLUENZA PANDEMIC

RNs are going to be a very important resource and will play a key role in providing safe, ethical and competent care.

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# NANB BOARD OF DIRECTORS



**Monique Cormier-Daigle**  
PRESIDENT



**Martha Vickers**  
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## VISION STATEMENT

The vision of the Nurses Association of New Brunswick is: Nurses shaping nursing for healthy New Brunswickers. In pursuit of this vision, NANB exists so that there will be protection of the public, advancement of excellence in the nursing profession (in the interest of the public), and influencing healthy public policy (in the interest of the public).

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## Submissions

Articles submitted for publication should be typewritten, double spaced and not exceed 1,500 words. Unsolicited articles, suggestions and letters to the editor are welcome. Author's name, address, and telephone number should accompany submission. The editor is not committed to publish all submissions.

## Change of address

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

## Translation

José Ouimet,  
Optimum Translation and McLaughlin Translation

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# Info Nursing

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### On the cover

Joanne Dignard, fiddling on the edge of picturesque Qikiqtarjuaq, NT located on the East Coast of Baffin Island. Noella Newman's husband Greg captures the beauty of the Bay of Fundy Coast on the Westside of Saint John, NB not far from their family home. **See more on page 9.**

# Professional Accountability and Continuing Competence

BY MONIQUE CORMIER-DAIGLE



**O**n January 1, 2008 compliance with the NANB Continuing Competence Program (CCP) became a mandatory requirement for registration in New Brunswick. During the 2005 annual meeting members unanimously supported the integration of this requirement, followed by an intensive two year implementation plan.

As you have previously noted from our reports to New Brunswick nurses, a variety of initiatives and resources were developed and implemented to ensure nurses' understanding of the new requirement and to support them in meeting this new regulatory standard. New Brunswick nurses have responded and as the final deadline for completion of the requirement approaches, I am pleased to inform you that all registered nurses have reported their compliance. The 2008 implementation required compliance with the first two steps of the CCP framework; assessment and planning. During 2008 nurses will complete the full cycle of the framework by fully implementing their learning plan and evaluating outcomes before identifying objectives for the coming year. Once this full cycle is completed auditing will be implemented; providing further evidence of compliance and highlighting opportunities for enhancement and improvement of the program.

The addition of the CCP requirement reflects NANB's commitment to quality regulation in the interest of public safety and members' endorsement of this competence standard. The nursing profession exists in a scientific field with rapid advancement in knowledge and innovation and must be responsive to that reality. Whether you are involved in practice, administration, education, research or policy; ensuring the currency of your knowledge has a direct impact on the quality, safety and efficacy of your work.

The CCP will evolve over time as well; integrating new knowledge that informs professional competency and reflects best practice in this area. You, the members of NANB will also influence its ongoing development and refinement as part of your commitment to professional standards.

Recent media coverage in New Brunswick has highlighted the essential role regulatory bodies play in ensuring public safety. The rigor with which we do our work and the support and endorsement of NANB members of that work, directly influences the credibility and respect of our profession. While we are members of the nursing profession, we are also members of the public and expect the very same degree of safety and quality when accessing care for ourselves, our families and loved ones.

Congratulations to us all in this achievement!





# Advancing Health Care by Putting Patients First

BY ROXANNE TARJAN

**O**n March 11<sup>th</sup>, Health Minister Michael Murphy announced significant changes to the structure and organization of health services in New Brunswick: the reduction of regional health authorities from eight to two and the creation of two new entities; the NB Health Council and a new public sector company to gradually take on responsibility for targeted non-clinical services and programs such as materials management, information technology and finances and payroll.

The governance of the newly established health authorities will fall to "expert" or "competency-based" professional boards selected for competency and skill and appointed by the Lieutenant-Governor in Council.

The independent NB Health Council will serve a dual mandate; monitoring system performance and ensuring citizen engagement. The council will be "citizen-oriented" and composed of members representing citizens, the community, health authorities, health professions and academic institutions. Members of the Council will also be appointed by the Lieutenant-Governor in Council.

The consolidation of selected non-clinical services under a public company will focus on areas of duplication across health authorities where consolidation is expected to generate savings and support standardization of various processes and products.

No doubt over the coming months there will be much debate about the "pros and cons" of the new structure and oversight. Sound management of the change process and full engagement of all impacted—both patients/clients and providers will be essential. The Minister has provided a vision for health service structure in New Brunswick; he has also restated his personal and the governments commitment to public, not-for-profit services and his belief that these changes will support the long-term sustainability of the system. We believe this is good news for the people of New Brunswick. Oversight that will ensure *all*



citizens receive the same quality of care and service, reflective of best-evidence and best-practice is essential.

If the idiom, *Form follows Function* is applied we are still missing an essential component—this Minister and governments vision for the function of our health services.

New Brunswick faces very significant challenges if it is to improve health status and the management of chronic disease that are in no small part driving costs in our system. Designing or re-orienting a system to enhance and support well-being, that empowers individuals and provides them with the tools and support required to maintain or improve their health, or better manage their chronic condition is essential for the sustainability of public, not-for-profit services and for the success of New Brunswick. We need real action to ensure every citizen has access to primary health services; access that recognizes the reality of their lives, that makes the best use of the skills of all health professionals and ensures appropriate screening and monitoring for identified risk factors. We need to address the identified gaps in mental health services and the unmet demand for continuing and long-term care. The health system is also facing a very real crisis related to the supply of health care providers. As registered nurses, we are living that reality daily. Ensuring an adequate health workforce requires action as well; to address supply challenges and the reality of the work environment. Investments are required to ensure more appropriate "work-life" balance and to create work environments that support the recruitment and retention of personnel.

Without a clear plan we will never arrive at our goal. We anticipate the Ministers next announcements outlining the governments full vision for comprehensive health services in our province. □

## The Board of Directors met February 20–21, 2008.

### Stakeholder Linkages/Education

The NANB Executive Committee met with Council members from the New Brunswick Nurses Union on February 19, 2008 at the union's new headquarters on 103 Woodside Lane, Fredericton. A joint staff working group will be established to complete an assessment and make recommendations for potential actions in the area of violence/assault in the workplace.

### Presentations

- An overview of current initiatives and future vision for the registered nurse basic and advanced education programs by Dr. Janice Thompson, Dean of Nursing, University of New Brunswick and Dr. Sylvie Robichaud-Ekstrand, Professor and Director, Université de Moncton;
- An overview of the proposed regulatory and service delivery framework for midwifery practice in New Brunswick developed by an interdisciplinary committee required for the actualization of midwife practice in New Brunswick by Alice Thériault, Chief Nursing Officer, Department of Health and Aline Johanns, Project Manager, Department of Health; and

- An overview of pandemic planning framework and activities to date and national pandemic planning and policy directives from the Canadian Public Health Agency (CPHA) by Dr. Ellish Cleary, Deputy Chief Medical Officer, Department of Health and Cathy Goodfellow, Senior Policy Advisor, Department of Health.

### Decisions

The Board reviewed and confirmed the following policies:

- Cost of Governance
- Standards Governing the Practice of Nursing
- Board Linkages with Owners
- Position Statements
- Board Linkages with other Organizations
- Board and Committee Expense Policy

### Board Elections

The Nominating Committee reported on the work done to recruit nominees for election to four director positions on the Board. Candidate information will be published in this edition of *Info Nursing* and on the NANB website.

Election results will be announced at the June 5<sup>th</sup> Annual Meeting.

### Nominations

#### Public Director Vacancies:

NANB Board of Directors requires nominations to fill a vacancy and replace public directors once terms have been completed. Four nominees must be submitted to the Lieutenant-Governor in-Council who will select and appoint two new public directors.

#### NANB Committee Vacancies:

NANB Nursing Education Advisory Committee, Complaints Committee, Discipline/Review Committee all require nominations to fill vacancies and replace members completing their terms.

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

### NP Therapeutics Committee

The Board approved the Nurse Practitioner Therapeutics Committee recommendations for changes to the NP schedules for prescribing medications and ordering tests. Once approved by

the Minister of Health, the changes to the schedules will be circulated to stakeholders and posted on the NANB website.

### Marking the CNA Centennial

The Board approved the establishment of a Canadian Nurses Foundation scholarship to mark the CNA Centennial. The NANB-CNA Centennial Scholarship will be awarded to a registered nurse member studying at the graduate level. The scholarship will be awarded annually and will be valued at \$5000.

The Board also approved a 2008 Nursing Week poster competition to highlight New Brunswick nurses and their contribution to the health system. The grand prize winner will receive registration to the CNA Biennial Convention, four nights accommodation and \$500 travel expenses. Competition details are posted on the NANB website, published in Info Nursing and distributed to NANB Chapters and Workplace Representative Network.

### 2008 National Nursing Week: May 12–18

#### Think You Know Nursing: Take A Closer Look

The Board has approved a competition to recruit NB nursing images for the 2008 poster. NANB Chapters will receive support materials to assist them in planning activities for this year. Posters will be distributed across the province. Don't forget to mark the CNA Centennial when planning your activities! Let's celebrate!

#### Review and approval NANB documents/position statements:

- Decision-Making in Clinical Nursing Practice
- Minding your Business: A Guide for Establishing an Independent Nursing Practice
- Self-employed Nurses
- Violence in the Workplace
- Primary Health Care

#### Endorsement of CNA Document:

- Framework for the Practice of Registered Nurses in Canada

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

### Finances

The Board reviewed the 2008 budget. Planned expenditures for 2008 are approximately \$2,940,265 with a \$45,750 deficit, representing 1.5 per cent of total revenue, and is compliant with board policy.

### Next Board and AGM

- NANB Board June 4 & 5, 2008—NANB Headquarters, 165 Regent Street, Fredericton, NB.
- Annual General Meeting June 5<sup>th</sup>, 2008 2:00p.m.–4:30p.m., Crowne Plaza Fredericton Lord Beaverbrook Hotel, 659 Queen Street, Fredericton, NB.



PHOTOGRAPHY: KEITH MINCHIN FEB.20 2008

NANB BOARD OF DIRECTORS



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Or have it faxed every week: call **1-800-332-3087**

## Update on Continuing Competence Program (CCP) Implementation

BY THE STAFF OF THE PRACTICE  
DEPARTMENT

### Background

The purpose of the CCP is to provide a framework for New Brunswick registered nurses (RN) and nurse practitioners (NP) to demonstrate annually how they have maintained their competence and enhanced their practice. The CCP program became mandatory for the 2008 registration year.

NANB members received a copy of the CCP manual (guide and worksheets) in January/February 2007. NPs received the basic RN package and an additional section which reflects NP competencies.

### Education & Resources

As part of the implementation plan for the program, 190 one-hour information

members included an interactive CCP tutorial with downloadable forms and the option of a one-on-one phone consultation. In 2007, the Practice Department received two hundred and forty-four (244) calls relating to CCP, or twenty-two per cent (22%) of total 2007 practice consultations.

### Compliance & Audit

The Continuing Competence Program is mandatory. A compulsory question has been added to the renewal form to indicate nurses have met the CCP requirements.

Beginning in 2009, NANB will monitor compliance with CCP through an audit process. Each year a randomly selected number of nurses will be asked to answer a series of questions on a prepared audit form to illustrate what learning activities they have implemented, how they relate

## A compulsory question has been added to the renewal form to indicate nurses have met the CCP requirements.

sessions have been delivered throughout the province in both official languages at various work settings with three thousand, nine hundred and seventy-six (3,976) nurses or fifty-one per cent (51.8%) of New Brunswick nurses attending. Overall, the response was positive to the educational sessions. Nurses felt that their questions had been answered and that their anxiety towards a new program was alleviated.

During the 2007 implementation year, additional information and resources for

to their self-assessment, and how the learning activities informed and influenced their professional practice.

For more information on how to implement your learning plan and complete the evaluation, see the CCP article in this issue *CCP: Three Step Cycle*. □

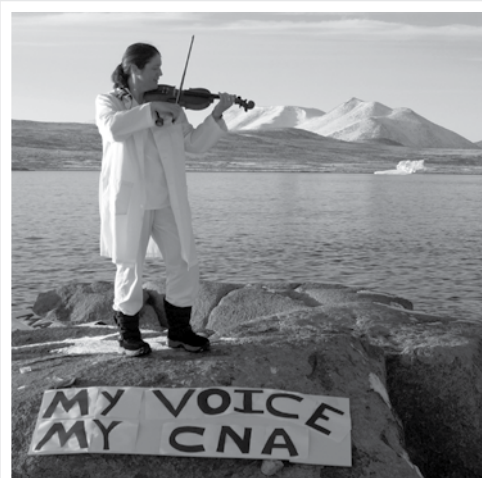


# Proud New Brunswick Nurses From Far and Wide

Joanne Dignard & Noella Newman, winners of CNA's 100<sup>th</sup> Anniversary photo contest. Both photos represent nursing as challenging and rewarding with many career options.

Joanne Dignard has built a career up North returning to New Brunswick over the year's job sharing and staying close to her Acadian roots.

Noella Newman works and plays in Saint John, NB close to her family. Noella portrays the importance of living a healthy lifestyle in a demanding yet exciting profession.



Joanne Dignard



Noella Newman

## What Do You Think?

What did you think about this publication? What did you like or dislike? Was it relevant and helpful—why or why not? NANB and *Info Nursing* readers want to hear what you have to say. Let us know what you think!

Please submit your thoughts about this article or any other item in this edition of *Info Nursing* to Jennifer Whitehead, Manager of Communications and Membership Services, 165 Regent Street, Fredericton, NB, E3B 7B4, fax: (506) 459-2838 or E-mail: [jwhitehead@nanb.nb.ca](mailto:jwhitehead@nanb.nb.ca).



A world peace advocate, community volunteer and frequent traveler of New Brunswick's back roads

## We remember... Anna A. Christie.

BY JENNIFER WHITEHEAD;  
DETAILS AND PHOTO PROVIDED BY  
DALE MCLEOD

NANB Life Member and former NBARN Educational Consultant for Schools of Nursing, Anna was a much respected member of the staff who loved her work interacting with New Brunswick nursing students.

Her friends and colleagues described Anna as a very kind person with a wonderful sense of humor. Anna was deeply concerned about the health and welfare of those less fortunate, and spent much of her time promoting world peace and international understanding through Project Ploughshares, volunteering for meals on wheels and many years at the Soup Kitchen. Her commitment to these causes was recognized in 1994, with a Canada Volunteer Award and Certificate of Honour from the federal Minister of Health and in 2004 with the YMCA Peace Medal.

Anna held a special relationship with her nephew Ted Boothroyd and his wife Margie. She is survived by several friends and family, and will forever be remembered for her dedication to nursing and contributions to our profession. □



# CNA CELEBRAT

BY JENNIFER WHITEHEAD

**T**his year marks the Canadian Nurses Association (CNA) 100<sup>th</sup> anniversary as the professional voice of registered nurses in Canada. To celebrate this milestone achievement, the CNA has partnered with eight other national nursing organizations, created a special centennial website ([www.cna100.com](http://www.cna100.com)), adapted the slogan *My Voice, My CNA* and officially launched the campaign in January 2008 with the Prime Minister. Her Excellency the Right Honourable Michaëlle Jean, Governor General of Canada has agreed to serve as a Patron for the centennial year and a Leadership Cabinet of 13 gifted Canadians representing many fields of accomplishment have accepted the invitation to participate. (CNA website)

Highlights throughout the year include: a symposium on the topic of health and the environment in March 2008, a CNA Coat of Arms will be unveiled in the spring, the Biennial Convention and the release of the CNA Centennial Commemorative Stamp in June 2008, a tribute edition of the Canadian Nurse will be issued, "100 in 100" CNA Centennial Awards will be awarded in the Fall of 2008 recognizing 100 exceptional nurses...and the celebration continues. (CNA website)

The NANB will pay tribute to this celebration by establishing a second scholarship in honour of the CNA 100<sup>th</sup> anniversary available to NB registered nurses enrolled in graduate nursing education. A poster competition recognizing National Nursing Week (May 12-18) will reward a nurse free accommodations and registration fees to CNA's AGM & Biennial Convention. Additionally, we are funding NANB Board of Directors to represent New Brunswick at the Convention in June 2008.

We encourage all registered nurses in New Brunswick to join in these celebrations.



LEFT TO RIGHT:

**Kaaren Neufeld**, President Elect, Canadian Nurses Association (CNA);

**Marlene Smadu**, President, CNA;

**Roxanne Tarjan**, Executive Director, Nurses Association of New Brunswick (NANB);

**Monique Cormier-Daigle**, President, NANB;

**Hélène Sabourin**, Executive Director, Canadian Nurses Foundation;

**Lucille Auffrey**, Chief Executive Officer, CNA.



# ES 100 YEARS!

## Think you know nursing? Take a closer look...

- Nurses are the largest group of health-care providers in Canada, representing more than one-third of the health-care workforce.
- There are more than 270,000 registered nurses (RNs) in Canada and 252,948 of these are working as nurses in Canada.
- The average age of RNs employed in nursing in Canada is 45.
- Out of every five (20.8 per cent) RNs in Canada is 55 or older—eligible to retire.
- Only 56.3 per cent of Canada's RNs are employed full time.
- In 2006, 8,379 students graduated from entry-to-practice programs, compared with 5,642 in 2001—a 48.5 per cent increase. However, 12,000 graduates per year are needed to address the projected nursing shortage.
- The number of nurses who graduated from entry-to-practice programs in Canada in 2006 was the same as between 1985 and 1993. However, Canadian population has grown by 24.9 per cent since 1986, outpacing the number of graduating nurses.
- Between 2001 and 2006, there was a 191 per cent increase in the number of RNs who completed their nurse practitioner education.

\*All statistics are for 2006 unless otherwise noted. (CNA website) □

## CNA Nurse to Know: Centennial Achievement Award & CNA Centennial Award

**Daniel G. Savoie, RN MScN (A) CRN (C)**  
Senior Instructor, UNB Faculty of Nursing—Moncton Site

### **Nominated by the Canadian Association of Rehabilitation Nurses (CARN)**

On February 1<sup>st</sup> 2008, Prime Minister Stephen Harper and Health Minister Tony Clement recognized 14 extraordinary and diverse nurse leaders from across Canada for their contributions to the health system and the health of Canadians. The event was held at the Hospital for Sick Children in Toronto and marked the official launch of CNA's Centennial Year. (CNA website)

Each recipient has made a significant contribution to the health of Canadians and the health system in general. Their stories reveal a spectrum of courage, leadership, conviction and passion that serve as inspiring examples for the current and next generation of nurses. (CNA website)

NB recipient Daniel Savoie's expertise in rehabilitation nursing spans nearly two decades. Upon graduating in 1991, Savoie became the first paraplegic to complete a baccalaureate nursing program in Canada.

For the past decade, Savoie has been a senior nursing instructor at the UNB Moncton site where he teaches the chronicity and rehabilitation nursing components of the curriculum. During that time, Savoie also accepted a one-year appointment as a faculty member and clinical nurse specialist at the Moncton Hospital's neurology and rehab units, where he set up education programs for patients and was an adviser to the nursing staff. In addition to establishing a rehabilitation nursing consultation firm, Savoie acts as a case manager and a life care planner and provides education and guidance to lawyers and insurance companies on personal injury claims. Today, government and non-profit agencies call on him to develop health promotion programs and strategies for injury prevention. Savoie somehow still finds time to volunteer and continue scholarly work on several local, provincial and national committees. He participated in the development of the CNA Rehabilitation Nursing Certification Exam and currently sits on the exam committee. Savoie has recently chaired the development of the Canadian Association of Rehabilitation Nurses. The association was launched last June and has approximately 250 members.

Daniel Savoie is also one of the one hundred nurses who will receive the CNA Centennial Award in Ottawa, in November 2008. Savoie will receive this award for his teaching and work in rehabilitation nursing. Congratulations, Daniel!

### **References**

Canadian Nurses Association website [www.cna100.ca](http://www.cna100.ca) □



LEFT TO RIGHT:

Hon. Tony Clement, Minister of Health; Marlene Smadu, President, CNA; Daniel Savoie, Recipient and Prime Minister Stephen Harper.

## Notice of Annual Meeting

In accordance with bylaw article XIV, notice is given of an annual meeting to be held from 2 p.m. to 4:30 p.m., June 5<sup>th</sup>, 2008, at the Crowne Plaza Fredericton Lord Beaverbrook Hotel, Fredericton, New Brunswick. 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. A membership certificate will be required for admission.

According to the biennial format, the meeting will take place at the conclusion of the June meeting of the Board of Directors and will be approximately two to three hours long. The business session will consist of the Executive Director's update, the Auditor's report and resolutions.

ROXANNE TARJAN, EXECUTIVE DIRECTOR, NANB

## Short business meeting planned for June

Following the June 2008 meeting of the Board of Directors, the Nurses Association of New Brunswick will hold its annual meeting on June 5<sup>th</sup>, 2008 at the Crowne Plaza Fredericton Lord Beaverbrook Hotel from 2:00 p.m. to 4:30 p.m. This is a business meeting only and will include the Auditor's report, the Executive Director's update and resolutions.

### Resolutions

NANB has a year-round resolutions process. Resolutions can be submitted to the NANB Resolutions Committee at least six weeks prior to any board meeting and twelve weeks prior to the annual meeting.

Resolutions from the floor which relate to the business of the 2008 annual meeting must be presented by 2:30 p.m. on June 5<sup>th</sup>. Please note that resolutions dealing with substantive issues, such as a fee increase, can only be submitted at the two and one-half day meeting which will take place in 2009.

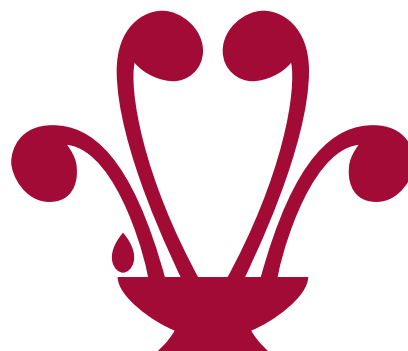
### Proxy voting

Proxy voting can be used at the 2008 annual meeting by any member who cannot attend. It is not anticipated that many resolutions will be presented because substantial issues must be presented at the two and one-half day meeting to be held in 2009. A proxy voting form is included in this issue for your convenience. Please ensure that it is received at NANB offices before 1:00 p.m. May 30, 2008.

If you have questions, please call the NANB at (506)458-8731 or toll free 1 800 442-4417.







## Annual General Meeting

**Thursday June 5<sup>th</sup>, 2008 2:00p.m.–4:30p.m.**

**Crowne Plaza Fredericton Lord Beaverbrook Hotel  
(659 Queen Street, Fredericton, NB)**

### Agenda

**1:00p.m.**

Registration

**2:00p.m.**

Call to Order

Introductions

President's Remarks

Approval of the Agenda, Rules &  
Privileges of AGM

Announcements

- Resolutions Deadline  
(2:30p.m.)

- Introduction

- Chairperson of the  
Resolutions Committee
- Chief Scrutineer

Auditor's Report

Executive Director's Update

**2:30p.m.**

Deadline for Submissions of  
Resolutions

**3:00p.m.–3:15p.m.**

Nutrition Break

**3:15p.m.–4:30p.m.**

Resolutions Committee Report

Voting on Resolutions

New Business

Invitation to the 2009 Annual  
Meeting

Adjournment

# Confidentiality and Electronic Communication



**You asked a Practice Advisor: As a nurse, should I use e-mails to communicate health information to my clients? How can I send secure and private e-mails to my clients?**

BY VIRGIL GUITARD

## Background

Nurses are often central to communication between the patients and other health care providers. *"Fulfilling this role is pivotal to ensuring the patient receives safe care. In nursing practice, dialogue, written documentation, electronic and telephone communications and video presentations are commonly used forms of communication"* (C.N.P.S. 2006).

In recent years, issues relating to the security of personal health information have attained a higher priority. This increased demand is fueled by the

privacy with respect to their personal health information; and 2) individuals have the right to provide or withhold consent with respect to the collection, use, disclosure, or access of their personal health information. The New Brunswick Health Charter of Rights and Responsibilities Act (2003) states that a person *"has the right to be treated with...proper respect being shown for one's personal privacy and for the*

**The New Brunswick Government is currently developing legislation specific to the protection of personal health information.**

proliferation of information technology such as e-mail, cellular phones and personal digital assistant (PDA), and the development of electronic health or medical records.

Personal health information is defined as *"...all types of information pertaining to the health of an individual under treatment or care..."* and any identifying information about clients that is in verbal, written or electronic form (Rozovsky & Inions, 2002, p.2).

The following principles reflect the need to protect personal rights associated with privacy and personal health information: 1) individuals have the right of

*confidentiality of one's personal health information".* The New Brunswick Government is currently developing legislation specific to the protection of personal health information.

**As a nurse, should I use e-mails to communicate health information to my clients?**

It is the responsibility of registered nurses to protect the confidentiality of their client's health information. The Code of Ethics for Registered Nurses (2002) states that: *1) nurses must respect the right of each person to informational privacy, that is, the indi-*

- ◇ Verify e-mail addresses of intended recipients before sending
- ◇ Ensure transmission of e-mail messages are to a specific e-mail address, and request acknowledgment of receipt
- ◇ Include a confidentiality statement indicating that the information is confidential, to be read only by intended recipients, and not to be printed or forwarded

vidual's control over the use, access, disclosure and collection of their information; 2) nurses must protect the confidentiality of all information; 3) nurses must advocate for and respect policies and safeguards to protect and preserve the person's privacy.

E-mail is not usually secure, therefore not reliably confidential.

Communication with clients using this technology should be carefully

considered and security measures must be in place. Unlike paper messages, which move physically from one place to another and typically exist in one place at a time unless deliberately copied, electronic messages are routinely duplicated when they're sent from one computer to another across the internet. Additionally, there is a risk the recipient may misinterpret the content of e-mail messages.

In addition to encryption technology, the confidentiality and security of

**E-mail is not usually secure, therefore not reliably confidential. Communication with clients using this technology should be carefully considered and security measures must be in place.**

fully considered and security measures must be in place. Unlike paper messages, which move physically from one place to another and typically exist in one place at a time unless deliberately copied, electronic messages are routinely duplicated

when they're sent from one computer to another across the internet. Additionally, there is a risk the recipient may misinterpret the content of e-mail messages.

### How can I send secure and private e-mails to my clients?

Before using e-mail as a mode of communication, you should first verify if your agency has a policy on e-mail communication with clients. Agencies will need to assess under what conditions and with what resources it may be safe to engage in electronic communications with patients. The appropriate policies and their implementation will support nurses as they protect a patient's right to privacy of their personal health information. According to informatics specialists, the only way to send e-mail in a secure manner is to use encryption technology. Encryption is like an electronic combination lock. The sender encodes the text of a message, causing it to appear to others as a series of seem-

ingly random characters and symbols. A recipient can only decode it with the right "key". E-mail encryption protects private, sensitive and valuable information communicated via e-mail. E-mail encryption can be deployed using e-mail encrypting software or secure e-mail servers.

- Verifying e-mail addresses of intended recipients before sending;
- Ensuring transmission of e-mail messages are to a specific e-mail address, and by requesting acknowledgment of receipt; and
- Including a confidentiality statement indicating that the information is confidential, to be read only by intended recipients, and not to be printed or forwarded

When in doubt about the security of electronic transmission, which may include cellular phone use, more secure means should be used.

For more information regarding confidentiality and electronic communications, you may call the NANB Practice Department at 1 800 442-4417 and speak with a practice advisor.

### References:

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- Canadian Nurses Association (2001). *Position Statement: Privacy of Personal Health Information*. Ottawa. Author.
- Canadian Nurses Protective Society (1996). *InfoLaw-confidentiality of Health Information*. Ottawa. Author

## NANB Consultation Services

Did you know that NANB offers individual, one-on-one, consultation services?

This confidential service is offered to support New Brunswick nurses and to encourage safe, ethical, and competent practice.

Consultation is offered on a wide variety of issues such as the interpretation of Association documents and government legislation, scope of practice issues, ethical behaviours and standards, issues of safety and appropriate action, conflict resolution, and the management of procedural and practice issues.

If you would like to access NANB Consultation Services, please contact Virgil Guitard, Nursing Practice Advisor, tel.: (506) 783-8745, toll free 1 800 442-4417 or E-mail: [vguitard@nanb.nb.ca](mailto:vguitard@nanb.nb.ca).

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**Editor's note:** Virgil Guitard is a nursing practice advisor with the Nurses Association of New Brunswick.

# NANB Welcomes Two New Interest Groups

## New Brunswick Nurse Practitioners Group

BY KELLY M. DUNFIELD

**Who** is a Nurse Practitioner (NP) in New Brunswick (NB) and what can they do?

A nurse practitioner (NP) is a registered nurse who meets the requirements for registration with the NANB for practice as a nurse practitioner. The NP has completed a nurse practitioner program in primary health care and has advanced knowledge and clinical expertise in assessment, diagnosis and health care management.

In addition to the rights and privileges of all registered nurses, the NP has the authority to make and communicate a diagnosis of a common disease or disorder, order x-rays, ultrasounds and lab tests and prescribe a certain range of drugs.

The *Nurses Act* (1984) was amended in July 2002 to enable the practice of Nurse Practitioners in New Brunswick.

What is the Nurse Practitioner of New Brunswick Group?

NPs in NB were officially approved as an Interest Group by NANB's Board of Directors. The mandate of the group is to:

- Initiate and develop effective communication among NPs;
- Improve knowledge and skills providing a comprehensive base from which NPs may deliver a consistently higher level of care;
- Keep abreast of recent developments in primary health care, episodic health care and nursing home health care;
- Support continuing education; and
- Act as a cohesive group in making recommendations to NANB, government and nurse practitioner education programs (e.g. universities).

**The executive of this group was elected as follows:**

- President—Kelly M. Dunfield—Sussex
- President-Elect—Thérèse Thompson—Campbellton
- Treasurer—Nancy Biggar—Fredericton
- Secretary—Krista Cormier—Moncton

Thanks to NANB officials and NB Department of Health officials, NP's have been meeting approximately twice per year to help implement the role of the NP and to improve access to primary care services in New Brunswick. □

## New Brunswick Nursing Informatics Group (NBNIG)

BY CATHY EATMON

**The** New Brunswick Nursing Informatics Group (NBNIG) is a professional practice group affiliated with the Nurses Association of New Brunswick and the Canadian Nursing Informatics Group. Originally established in 1995, this group was revitalized in 2005 by nurses sharing a common interest in informatics. Currently all Regional Health Authorities within New Brunswick have membership representation.

NBNIG members share a vision that this provincial informatics group will help registered nurses appreciate current trends and challenges in relation to health informatics. This group

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**Our mission is to advance understanding of how health informatics impacts the nursing profession at local, national and global levels.**

assumes a leadership role in the planning of learning opportunities whereby nurses share and disseminate new health informatics knowledge, either experiential or theoretical. Our mission is to advance understanding of how health informatics impacts the nursing profession at local, national and global levels.

One frequently asked question is "What is Nursing Informatics"? Nursing Informatics is the merging of nursing, its information and information management with information processing and communication technologies to support the population health. Nurses who work within this specialty collect, process and manage data and information to support nursing practice, administration, education, research and the expansion of nursing knowledge.

We welcome any inquiries or comments. For additional information regarding NBNIG please contact us at:

**Bernadette Fitzsimmons**, Secretary NBNIG  
BernadetteF@rrsb.nb.ca  
Tél/Tel: (506)862-7513

**Cathy Eatmon**, Public Relations NBNIG  
eatca@reg2.health.nb.ca  
Tél/Tel: (506)648-6932 □



# Recognizing Chantal Saumure

BY JENNIFER WHITEHEAD,  
PHOTO PROVIDED BY CANNT

**Chantal** Saumure was the recipient of Canadian Association of Nephrology Nurses and Technologists (CANNT) Award of Excellence in Administration/Leadership for 2007. The award is given annually at CANNT's AGM during the National Symposium. Chantal was nominated by Sandra Lagacé and Nancy Roy-Lavalée of the Beauséjour Regional Health Authority.

Recipients are active members of CANNT recognized for their involvement in the organization, clinical nephrology experience and innovative projects/research. In addition, Chantal has been an integral part of the CANNT teams as past President (2004/2005).

Congratulations and continued success!



LEFT TO RIGHT: Chantal Saumure, Tom Schneider.

## Are you protected?

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**Canadian Nurses Protective Society**

# Adapting to the New Workplace Reality

Maximizing the role of RNs within a collaborative nursing practice model

BY THE STAFF OF THE PRACTICE DEPARTMENT

**Editor's note:** This is the third of six articles looking at how registered nurses can best adapt to changes in the mix of nursing care providers in the health care system. The topics in the series are: "Professional Nursing Practice: Requisite Capacities," "Professional Nursing Practice: Rule of Three," "Organizing Patient Care," "Directing Care," "Working Together" and "Professional Nursing Practice: Continuing Competence."



**I**t is the hope of the Practice Department that each article will provide information to registered nurses on how to interpret professional nursing practice from a registered nurse point of view and to assist the registered nurse in understanding their professional role and responsibilities in the context of a collaborative practice setting which includes other nursing care providers.

## Organizing Patient Care

The ongoing changes to skill mix and service delivery models create new working relationships between registered nurses (RNs) and other nursing care providers. RNs need a clear understanding of how these changes affect their professional practice as they are increasingly required to work through others to achieve patient outcomes.

Collaborating and working with others requires an understanding of the role and accountability of all nursing care providers. The working relationship between nursing care providers is one of colleagues who collaborate and communicate to determine the care needs of the patients. Trust is the key.

Professional nursing practice does not happen by chance. We need to look at:

- How we organize work
- Systems/supports for expanding knowledge and skills
- Clarifying roles and functions
- Defining leadership, authority, accountability and decision-making
- Strengthening the decision making role of nurses in direct care positions
- How we communicate

Professional nursing practice is about the structures and processes that help nurses achieve the mission and vision of nursing. For example standards of care (evidence-based processes used to achieve specific outcomes). Therefore, it is important to take a close look at our structures and processes to make sure that they facilitate/enhance professional nursing practice rather than the opposite.

Employer's support professional nursing practice by creating and maintaining quality practice environments which include the following structures:

- i) a nursing care delivery model;
- ii) appropriate staffing ratios and staffing mix;
- iii) standards of care including policies and procedures;
- iv) accountability structures (performance management); and continuous quality improvement measures.

For professional nursing practice to occur we need to pay attention to how work is organized. Organizational structures influence the capacity and ability of nurses to perform and develop at the expert level and to the full extent of their scope of practice. Clinical leaders establish organizational structures including care delivery models that organize how patients are assigned.

A major managerial function for the nurse manager is staffing a unit in order to accomplish the goals of the organization. One part of the staffing role is for the nurse manager to select a

care delivery model that is right for the unit. There are many ways of organizing patient assignment at the unit level.

The selection of a care delivery model that supports professional practice is a significant undertaking. The nurse manager must be informed about the various patient care delivery models or assignment systems, their underlying assumptions, and their advantages and disadvantages. Nursing management texts outline the staffing role of the nurse manager in more detail.

## Care Delivery Models

### Functional Nursing

Functional or task-centered nursing began in the 1950s and involves assigning each staff member to perform one or two tasks (functions) for all patients in the unit. For instance, a typical division of labor for RNs would be medication nurse or treatment nurse and so on. Decision making in this model is usually done by the head nurse or charge nurse. Caregivers think in time frames associated with the tasks of their shift. Functional nursing de-skills nurses who have been educated to function in a professional manner.

The disadvantage of functional assignment is that each patient's care is fragmented and it does not support the RN's professional practice responsibilities.

### Team Nursing

Team nursing was another response to the nursing shortage in the 1950s.

Team nursing is a model where an RN, as team leader, and one or more nursing personnel work as a team where they provide total care for a defined group of patients. The leader supervises and coordinates all the care provided by those in the team. The care is divided into the simplest components and then assigned to the appropriate care provider in the team. One of the main features of team nursing is the nursing care conference. Its primary purpose is the development and revision of nursing care plans by providing the team members the opportunities to identify problems and to adjust the care plan accordingly. Team nursing contributes to patient and staff satisfaction. Each patient is treated as a unique individual. All team members are used to their full scope and when time is built in for ongoing communication between the team members, this model supports professional practice. With workload demands, the key features of team nursing, ongoing communication throughout the shift and up to date nursing care plans, may receive inadequate attention, resulting in care that is routinized.

## Principles for Selecting a Care Delivery Model

### The care delivery model should:

- Facilitate meeting the organization's goals
- Be cost effective
- Contribute to meeting patients outcomes
- Provide role satisfaction for nurses
- Allow implementation of the nursing process
- Provide adequate communication among all healthcare providers
- Support the RNs responsibility for the overall direction of nursing care
- Be designed to give the RN the responsibility, authority and accountability for planning, organizing, and evaluating nursing care
- Ensure the skills and knowledge of each care provider is used for the best patient outcomes
- Ensure communication can occur
- Ensure that the model advances professional nursing practice
- Provide for care which is perceived by the patient as a coherent whole (unity of action by a team of RNs/LPNs/others if applicable)
- Should provide for the combination/groupings of RNs, LPNs, other workers if applicable with the appropriate knowledge required to meet the nursing care needs of the patient

## Care Delivery Models

- Functional nursing
- Primary nursing
- Team nursing
- Case Management
- Variations on the models—total patient care, modular

## Primary Nursing

Primary nursing was a response in the early 1970s to the increased acuity of hospitalized patients and the demand for more registered nurses in acute care hospitals.

In this model, patients have a primary nurse who is responsible for the patient's total nursing care throughout the patient's stay including the coordination of care. The primary nurse is responsible for developing a plan of care that is followed by nurses and other care providers caring for the patient. The primary nurse does the admission interview and develops the nursing care plan, including teaching and discharge planning, which is shared via the written care plan.

Primary nursing, unlike functional and team nursing, provides the primary nurse with autonomy and authority for the care of her patients. The nurse can identify the patient outcomes as a result of her planning. A misconception about primary nursing is that it is only RNs who can provide care.

## Case Management

Case management was an approach to care originated in community mental health. Case management is built on a foundation of managed care, a method of matching the care for a group of patients with the same diagnostic group to a plan of care called the care map or critical path. It specifies, for each day of the hospital stay, the outcomes to be reached. Patients with atypical responses to the course of treatment show up as variances on the critical path. Variances are flagged and then individual approaches are developed to get the patient back on track. In the typical model of case management, an RN is assigned to a specific patient population or service, such as postoperative hip replacement patients or a specific nursing department and coordinated the nursing care. The case manager has the responsibility to work with all health discipline to facilitate care. For example, if a postsurgical hospitalized patient has not met recovery goals (eg: ambulation, eating, pain control) according to the care plan, the case manager would work with the physician and other nurses to determine what is preventing the patient from achieving these goals.

## Variations on the Models

Variations to functional, team, and primary nursing have developed as a result of shortened length of stay, twelve hour shifts, and nursing shortages. Total patient care is a variation on primary nursing that commits nurses to the central tenets but not the structure of primary nursing. The nurse is responsible for the total care of the patients assigned for that shift only. Some support may be given by other nursing care providers who are not assigned to the nurse or the specific patients. Modular nursing is a variation on team and primary nursing. It may involve a pairing of an RN and another care provider to a group of patients. This pairing results in a division of work through assignment of tasks to the appropriate care provider. The model can be reduced to functional nursing although that is not the intent of the design.

## Conclusion

When considering a model for the delivery of nursing care, patient risk must be considered at all times and balanced against cost containment. A delivery model should provide administrative efficiency, patient needs satisfaction, and staff

## Practice Capsule

### Selecting a care delivery model:

Recognizing and understanding the assumptions underlying each delivery model is an important first step.

Three questions to consider when proceeding with a change in the care delivery system are:

- 1) What is good for the patients?** Does the model support continuity of care? Highlight patient outcomes?
- 2) What is good for nursing?** Does the model maximize professional practice? Minimize non-nursing tasks? Promote job satisfaction?
- 3) What is good for the organization?** Does it promote collaborative practice? Maintain or improve the quality of care?

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needs satisfaction and economy. Regardless of the model selected, all nursing care providers must be included in the selection process. Ongoing day-to-day support is imperative during the implementation of any change to the care delivery model to help staff adjust to the change without reverting to the previous model.

In many care delivery models, the RN is not the only health care worker offering nursing services to the patients. Many models are based on collaborative work and the nursing care can be provided by registered nurses (RNs), licensed practical nurses (LPNs) and other nursing service personnel such as unregulated care providers (UCPs). In any nursing care delivery model, the RN has the responsibility for the overall direction of the nursing care.

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Submit a digital photo from March 14 to April 11, 2008 by email to: [jwhitehead@nanb.nb.ca](mailto:jwhitehead@nanb.nb.ca). Seven photos will be selected to appear in NANB's Nursing Week Poster displayed throughout the province. • Envoyez une photo numérique d'une collègue ou d'un groupe de pairs de votre région entre le 14 mars et le 11 avril 2008 à [jwhitehead@aiinb.nb.ca](mailto:jwhitehead@aiinb.nb.ca). Sept photos seront choisies pour figurer sur l'affiche de l'AIINB de la Semaine des soins infirmiers qui sera exposée partout dans la province.



### CAPTURE A COLLEAGUE SAISISSEZ UN OU UNE COLLÈGUE

NURSING WEEK POSTER COMPETITION  
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- \$500 towards travel expenses. • 500 \$ en frais de déplacement.

Restrictions apply, please visit [www.nanb.nb.ca](http://www.nanb.nb.ca) for guidelines or call (506) 458-8731, toll free 1-800-442-4417. Certaines restrictions s'appliquent. Veuillez visiter le site Web à [www.aiinb.nb.ca](http://www.aiinb.nb.ca) pour les modalités, ou téléphonez au 506-458-8731 ou sans frais au 1-800-442-4417.

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**Mariette Duke**  
**Region Director**  
 Electoral Region 1

**Education:** graduate, Dr. Georges-L. Dumont Hospital, Moncton, 1976.

**Additional education:** Bachelor in Nursing Sciences, Université de Moncton, 1979; Masters in Environmental Studies, Université de Moncton, 2003.

**Present position:** Project Manager, "Optimization of the role of the nursing care providers", Beauséjour Regional Health Authority."

**Professional activities:** Member of the New Brunswick Nurses Association, member of the Private Duty Registry.

**Nominated by:** Denise Gaudet and Nola Langis.

**Reason for accepting nomination:** "It is with honour that I accept the nomination to represent the nurses of New Brunswick as regional director for the Moncton area. Over the past

32 years I've worked as a nurse, educator and project manager in different settings. My work experience has helped me to understand the challenges facing the nursing profession in this ever changing world of health care. I would be honoured to join the team and use my knowledge and expertise to contribute in the development of the nursing profession."

# 2008 Election to the

**Election day for the Region Director positions is April 30, 2008**



**Darline Cogswell**  
**Region Director**  
 Electoral Region 3

**Education:** graduate, AJ McMaster School of Nursing Moncton, 1977.

**Additional education:** Bachelor of Nursing, University of New Brunswick, (1992), CNA Certification Emergency Nursing (1995-2010).

**Present position:** Emergency Room Manager and Facility Manager—Oromocto Public Hospital.

**Professional activities:** Chair, NB Telecare Advisory Committee, past Director NANB Board, President, York-Sunbury Chapter, past Member of the Executive Committee NBNU, past Executive Committee of NANB, past Member of NANB Discipline Committee, past Member of the Emergency Nurses Certification Exam Committee, past Member of the Appeals Tribunal for WCB,

Chair NB Cancer Society 'Relay for Life'.

**Nominated by:** York-Sunbury Chapter.

**Reason for accepting nomination:** "It is an honour to let my name stand for the position of Regional Director on the Board. I am committed to nursing and nurses in this province and would welcome the opportunity, to participate at the board level on your behalf."



**Lillian Warne**  
**Region Director**  
 Electoral Region 3

**Education:** graduate, Victoria Hospital School of Nursing, London Ontario, 1973.

**Additional education:** Registered Massage Therapist, (1996).

**Present position:** Emergency room—Upper Valley Hospital.

**Professional activities:** Past President of Carleton-Victoria Chapter, past

Regional Director of NANB, past President and Board Member of the New Brunswick Massotherapy Association, past Member of the Nursing Council of Region 3.

**Nominated by:** Darlene Grant & Dianne McManus

**Reason for accepting nomination:** "Nursing must be assertively represented and heard when governments

discuss health care reform. I want to be part of our provincial voice and I feel my experiences over the years will be an asset at the Board table. My knowledge and understanding of committees and Boards makes me a good candidate for the position of Region 3 Director and I am pleased to accept the nomination."

**Board of Director positions for region 1, 3, 5 and 7 will be elected for a two-year term beginning on September 1, 2008. Practising members residing in a particular region can vote for the candidate(s) for Region Director in that particular region.**

**Practising members will receive a voting ballot and information about the candidates in the mail at the end of March. Election day for the Region Director positions is April 30, 2008 which means that the ballot must be received at NANB by that date. Ballots received after April 30 will be considered void.**

**Should there be only one candidate for a Region Director position, that candidate will be considered elected by acclamation and no mail ballot will be required.**

You will not receive a ballot in the mail if only one candidate is running in your region because they will be considered elected by acclamation.



**Margaret Corrigan**  
**Region Director**  
Electoral Region 5

**Education:** Graduate, Bathurst School of Nursing, 1981; ROCOM, 1984; Institute for International Research—Developing Clinical Pathways and Integrated Health Systems, 1999; Leadership for Results Certificate, 2003–2004; Multiple certificates, 1991–Present including: Statistical Data Collection and Reporting

including WMS, Costing Views in Health Care, Data Quality & Statistical Data Collection and Reporting, Nursing & the MIS Guidelines, CIHI Complexity, Ambulatory Care and Nursing Inpatient Services.

**Additional education:** Chemical technologist, Humber College of Applied Arts and Technology, 1976; Hydrography, Humber College of Applied Arts and Technology, 1978.

**Present position:** Workload Measurement Coordinator—Nursing, Restigouche Health Authority.

**Professional activities:** MIS professional advisory group—Nursing—Department of Health and Wellness (DHW); MIS professional advisory group—Nephrology—DHW; MIS professional

advisory group—Oncology—DHW; President elect—New Brunswick Nursing Informatics Group; Past president, Restigouche Chapter; and member, NANB board of directors.

**Nominated by:** Members of Restigouche Chapter.

**Reason for accepting nomination:** "In the past several years I have had the good fortune of being part of the NANB Board of Directors and would welcome the opportunity to continue for another term. Active participation in the decision making process of my professional association has proven to be both positive and rewarding. The experience has broadened my perspectives, extended my knowledge, and increased my awareness of the realities challenging the profession in these dynamic times."

## Board of Directors



**Deborah Walls**  
**Region Director**  
Electoral Region 7

**Education:** graduate, Bathurst School of Nursing, 1984.

**Additional education:** BN, University of New Brunswick (1992), Nurse Management Certificate, McMaster University (1994), Microcomputer Business Application Diploma (1998),

Master of Education, University of New Brunswick (1998), NB Executive Leadership Program (present).

**Present position:** Administrator—Mount Saint Joseph Nursing Home.

**Professional activities:** Member of the Gerontological Nurses of NB, Member of the Resident Care Committee and Negotiating Committee—Association of Nursing Homes, Past Member of the Discipline Committee NANB, past Member of the RN/RNA Recruitment and Retention Committee—Nursing Home Association, past Treasurer Nurse in Career Transition Interest Group—NANB, Member of the Education Advisory Committee for Alzheimer's Association

of New Brunswick, past President, VON Miramichi Local, NBNU.

**Nominated by:** Miramichi Chapter.

**Reason for accepting nomination:** "I believe very strongly that nurses should participate in the Nurses Association, both at the local and provincial level, as a means of advocating for and influencing decisions that affect nurses every day work life. Only by actively participating, can we make sure that our opinions are heard and that our Region is well represented. I look forward to representing my Region 7 colleagues at the provincial level, and welcome their input so that I do my best to bring their concerns and issues forward." □

# Proxy Voting

## What you need to know

**Anyone** who does not plan to attend the 2008 annual meeting can make their views known through a process called proxy voting. Simply put, it is a way of voting at annual meetings by means of a proxy or person that you have entrusted to vote on your behalf. Please read the following information carefully to make sure that your opinions are counted.

### What is a proxy?

A proxy is a written statement authorizing a person to vote on behalf of another person at a meeting. NANB will use proxy voting at the upcoming annual meeting, June 5<sup>th</sup>, 2008, in Fredericton.

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

### What the Association bylaw says about proxy voting?

The following NANB bylaw outlines the proxy voting process. An explanation of this bylaw, with appropriate examples, follows: A12.09 **A.** Each practising member may vote at the annual meeting either in person or by proxy. **B.** The appointed proxy must be a practising member. **C.** No person shall hold more than four (4) proxies. **D.** The member appointing a proxy shall notify the Association in writing on a form similar to the following or any other form which the board shall approve. Proxy forms shall be mailed to members approximately one (1) month prior to the date of the annual meeting. This completed form shall be received at the Association office by the Friday immediately preceding the annual meeting.

### Information for nurses who give their vote away

Nurses holding NANB practising memberships may give their vote to another practising member. They should, however, keep the following in mind: (a) know the person to whom they are giving their vote, (b) share their opinion on how they wish that person to vote for them, (c) realize that the person holding their proxy may hear discussions at the meeting that could shed a different light on an issue (so discuss the flexibility of your vote), (d) fill out the form on this page accurately (the blank form may be reproduced if necessary), and (e) send the form to the NANB office. All forms must be received at the office by May 30, 2008 at 1300 hrs.

When proxy forms are received at the Association office, staff members check that both nurses named on the form hold practising membership and that the information on the form is accurate. Occasionally a form has to be considered

void because the name does not coincide with the registration number on record. A form is also void if it is not signed, if it is not completely filled out or if there are more than four forms received for one proxy holder. Since one nurse may hold only four proxies, a fifth form received for that nurse is void. Also no forms are accepted if received after May 30, 2008 at 1300 hrs. Forms sent by FAX will be declared void.

### Information for nurses who carry proxies at the meeting

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

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

### Clarification

Anyone wishing clarification on proxy voting is welcome to call the Association at (506)458-8731 or toll free 1 800 442-4417.



## PROXY VOTING FORM

(please print)

I, \_\_\_\_\_, a practising nurse member of the Nurses Association of New Brunswick, hereby appoint, \_\_\_\_\_ registration number \_\_\_\_\_ as my proxy to act and vote on my behalf, at the annual meeting of the Nurses Association of New Brunswick to be held June 5<sup>th</sup>, 2008 and any adjournment thereof.

Signed this day \_\_\_\_\_ of \_\_\_\_\_ 2008.

Registration no \_\_\_\_\_

Signature \_\_\_\_\_

To be received at NANB offices before May 30, 2008 at 1300 hrs. Send by mail to: NANB, 165 Regent St., Fredericton, NB E3B 7B4. Proxies sent by fax will be declared null and void.





PHOTO OF FACULTY OF NURSING BUILDING,  
SUPPLIED BY MARYBETH NICHOLSON

# Be a Part of the 2008 Celebration!

BY MARYBETH NICHOLSON

The University of New Brunswick Faculty of Nursing turns 50 this year. Under the celebration theme, *50 Years of Transforming Practice*, several speaker events and a full reunion weekend is planned.

In 1958, Katherine MacLaggan, a native of New Brunswick, together with Margaret McPhedran, Irene Leckie and Ryllys Culter, boldly developed and launched a nursing degree program at UNB. Over the years, the Faculty of Nursing has expanded their program offerings and significantly increased the accessibility of baccalaureate nursing education to New Brunswickers. Fifty years later, the Faculty continues to strive to keep abreast of changes in society, pedagogy, technology, and health care delivery. The dramatic increase in enrolment of undergraduate nursing students is currently creating exciting opportunities for the Faculty.

As Irene Leckie, former Dean of Nursing, reminds us, while faculty members are important, it is the innate intelligence and motivation of students which make for success. "They are the people who have given the Faculty of Nursing the very good reputation it has in Canada". Many of New Brunswick's nurses had their start at UNB. In July, the Faculty of Nursing is welcoming alumnae 'home' to celebrate, renew old friendships, reflect on the past and help shape the school's future.

## Planned On-Campus Anniversary Events:

### February 11<sup>th</sup> 6:30 p.m.

2008 Graduating Class Representative:  
MaryLee Duplessis  
*What Will I Be?*

### April 25<sup>th</sup>

Research Day Keynote speaker  
Carole Estabrooks:  
*Nursing at the Coalface: Has Anything  
Changed in 50 Years?*

### May 29<sup>th</sup>

Anniversary Celebration as part of  
Graduation

### July 4<sup>th</sup> & 5<sup>th</sup>

UNB Reunion weekend

For information regarding the weekend  
please feel free to view the website at  
[www.unbf.ca/nursing/50reunion.html](http://www.unbf.ca/nursing/50reunion.html)  
or Contact MaryBeth Nicholson at (506)  
458-7607 or email [mbnich@unb.ca](mailto:mbnich@unb.ca). □



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# Promising Practices In Research Use

Organizations investing in people, processes, and structures to increase their capacity to use research

Number 14, October 2007

## If you build it, they will stay: How a hospital network is using evidence to guide a professional development-based approach to nurse retention and patient care

Research has long shown that a better work environment can result in better healthcare. For nurses, a good approach is to invest in professional development in a big way. That is exactly what the University Health Network is doing.

University Health Network is an umbrella organization linking Toronto General Hospital, Toronto Western Hospital and Princess Margaret Hospital. In addition to providing patient care, it is a major research and teaching complex. Like other healthcare organizations, the network is faced with the critical issue of nurse retention.

Looking beyond short-term fixes, the network is using research evidence to help create a new employment philosophy in nursing that highlights professional development and patient-centred care. "Our approach is putting into practice studies showing that a successful nurse retention strategy is one that fosters ongoing professional development and makes it possible for nurses to rekindle their passion for their work," says Mary Ferguson-Paré, vice-president of professional affairs and chief nurse executive.

Building research capacity among nurses and a research culture in the nursing organization have been key elements of the professional development agenda. "A survey showed that

### Key Messages

- Healthcare organizations are facing increasing challenges to retain nursing staff.
- A hospital organization is using evidence from nursing retention literature to guide an employment approach that highlights professional development.
- The approach is showing that investing in professional development can increase nurse satisfaction and retention and improve patient care.

nursing staff were very interested in getting involved in research," says Debra Bournes, director of new knowledge and innovation, "but it also confirmed the three main barriers that decades of literature have identified: a lack of time; a lack of resources; and a lack of knowledge about how to get started."

The organization invested in creating the time, resources, structures and knowledge required for nurses to get involved in research. Two staff positions were created – a director of new knowledge and innovation and an innovation project manager – to guide the process. In

**Continued on page 24**

**Are you interested in bringing this practice to your organization? The Foundation may be able to help.** Please visit [www.chsrf.ca/promising](http://www.chsrf.ca/promising) for information. You can also find more stories about how organizations are increasing their capacity to use research and tell us your own stories, which may be used for future installments of this series.



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**Fondation** canadienne de la recherche sur les services de santé

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addition, four nursing research chairs were established, two of which are completely funded, with fundraising in progress for the others. Resources were provided through the establishment of research awards, including a unique Nursing Research Challenge, which funds nurses who win a research proposal competition.

Individual and group mentoring has helped build nurses' confidence and knowledge about performing research, and nurses have developed specific research skills through workshops on topics like research proposal writing, the critical appraisal of research, and writing for publication.

Since 2003, nurse researchers – 27 teams and 93 individuals – at University Health Network have applied for and received more than \$20 million in funding. Ninety-five nursing research studies have been initiated and 119 publications have resulted. Dr. Bournes is also starting to see some wider impacts. "Our staff satisfaction scores are going up in several areas," she notes, "and results from several research projects are being applied in care settings to improve patient care."

Perhaps the most concrete impacts of the new focus on professional development can be seen in the "80/20 Human Becoming-Guided Patient-Centered Care Professional Development Model," which was introduced in 2004 in an orthopedic surgery and rheumatology unit in the network. "This was one of the things we did to try to create the time that nurses said was lacking for research or other professional development," says Dr. Bournes.

Nurses in this project spend 80 percent of their time in direct patient care and the other 20 percent on professional development – including some research, but also learning about a patient-centred care model called "human becoming," which is about respecting the patient's perspective on what matters most and tailoring nursing care to that perspective.

Results of a study on the project have shown a significant decrease in nurses' overtime hours, significantly higher nurse satisfaction scores, no staff turnover, significantly higher education hours, significantly higher workload hours per patient day (indicating that the nurses spent more focused time with patients), and no significant increase in variable direct labour costs. The model has attracted international interest and is being replicated in a hospital in Regina, as well as in two other settings within the University Health Network.

"We are experiencing what the literature suggests," says Dr. Ferguson-Paré, "that investing in professional development is an effective way to increase nurse satisfaction and retention, and improve patient care as well. It's one of those virtuous circles that keeps on reinforcing itself in positive ways. And it's more effective than using that same money to pay for the consequences of nurse burnout: sick leave and turnover."

For more information contact  
Debra Bournes at  
[Debra.Bournes@uhn.on.ca](mailto:Debra.Bournes@uhn.on.ca).

# Preparing for an Influenza Pandemic:

## Be Informed, Stay Informed

BY THE STAFF OF THE PRACTICE DEPARTMENT

**Editor's Note:** This is the first in a series of articles looking at influenza pandemic and the professional and personal implications for registered nurses. The current article i) outlines the differences between an influenza pandemic, avian flu and seasonal flu; and ii) offers a checklist for nurses when considering their professional and personal responsibilities in the event of an influenza pandemic.

### Background

An influenza pandemic is considered inevitable and expected to cause widespread illness and death in New Brunswick. Planning and implementing preparedness activities are critical to improving the effectiveness of a response and decreasing the impacts of a pandemic.

An influenza pandemic can be defined as an epidemic (an outbreak of an infectious disease) that spreads across a large region (for example a continent), or even worldwide. The influenza pandemic occurs when a new influenza virus emerges for which people have little or no immunity, and for which there is no vaccine. The influenza pandemic flu is different from Avian flu or seasonal Human flu. (See Figure 1).

People are exposed to different strains of the influenza virus throughout their lives. However, for unknown reasons, a radical change may take place in the influenza virus causing a new strain to emerge. Since people have no protection against the new strain, it can spread rapidly around the world, causing what is known as a pandemic (Health Canada, 2007).

Once an influenza pandemic arrives in New Brunswick, it will likely spread quickly. Many people will become ill, and there will be pressure on our health care system. It is very difficult to estimate what might occur in the event of an influenza pandemic. Experts believe that the influenza pandemic could reach Canada within three months of being detected anywhere in the world. People would be expected to be ill for about 7–10 days and a severe shortage of hospital beds and health care workers could occur.

(Health Canada (2007). *Pandemic Influenza Preparedness*. Ottawa, Author. [http://www.phac-aspc.gc.ca/influenza/pdf/05-facts-about-flu\\_e.pdf](http://www.phac-aspc.gc.ca/influenza/pdf/05-facts-about-flu_e.pdf)

### Professional and Personal Responsibilities

As an RN it is important to be ready for an influenza pandemic. In the event of an influenza pandemic, registered nurses are going to be a very important resource and will play key roles in providing safe, ethical and competent care to affected clients. An influenza pandemic is considered inevitable and expected to cause widespread illness and death. Nurses are in continuous and close interaction with clients and family members and are in an ideal position to help those clients and families cope with the crisis. In order to get ready for the pandemic, the overall goal is for nurses to have the capacity to provide necessary services while protecting their own health and that of their families.

#### Professional Responsibilities

- Become familiar with your employer's pandemic plan and understand your role within that plan
- Become familiar with and stay informed about the local/provincial/federal pandemic plan
- Review NANB's related standards and guidelines
- Be knowledgeable about advanced barrier protection and infection control measures including quarantine and isolation
- If possible, get vaccinated and promote annual vaccination among patient groups
- Be informed about your personal health and immunization status
- Learn how to recognize the disease, prevent its spread and care for patients it affects
- Be informed of possible psychological consequences of dealing with pandemic

#### Personal Responsibilities

To be better prepared for how you and your family would cope in a pandemic here are some questions to consider:

- Does my family have a personal home pandemic plan? (For more information, go to [www.pandemic.cpha.ca](http://www.pandemic.cpha.ca) or call 1-800-454-8302)
- Will I require support for family members that may become ill?
- Have members of my immediate family been vaccinated?
- Does my employer offer any family support?
- Have I discussed the implications of a pandemic with my family?
- What services may be disrupted? E.g. health care, banks, stores, childcare facilities and schools, transportation.



Avian Flu	
WHAT IS IT?	HOW DOES IT SPREAD?
<ul style="list-style-type: none"> <li>□ A disease caused by influenza viruses carried and spread among birds.</li> </ul>	<ul style="list-style-type: none"> <li>□ Wild birds are the main carriers.</li> <li>□ Domestic birds (like chickens and turkeys) get the virus from wild birds and may become seriously ill.</li> <li>□ Humans do not easily contract bird flu viruses.</li> <li>□ Humans can only get bird flu by handling infected birds or coming into contact with contaminated feces.</li> <li>□ There is no evidence that bird flu is passed by eating cooked poultry products.</li> </ul>
Seasonal Flu	
WHAT IS IT?	HOW DOES IT SPREAD?
<ul style="list-style-type: none"> <li>□ An infection caused by influenza viruses carried and spread among humans.</li> </ul>	<ul style="list-style-type: none"> <li>□ Breathing droplets that have been sneezed or coughed into the air by someone with the flu or having the droplets land on the surface of your eye.</li> <li>□ Shaking hands with an infected person or touching a contaminated surface, and then touching your own eyes, nose or mouth.</li> </ul>
Pandemic Influenza	
WHAT IS IT?	HOW DOES IT SPREAD?
<ul style="list-style-type: none"> <li>□ A new strain of influenza virus that spreads quickly worldwide.</li> <li>□ It is carried and spread among humans; and</li> <li>□ Humans have little or no immunity against it.</li> </ul>	<ul style="list-style-type: none"> <li>□ Spreads the same way as seasonal flu.</li> </ul>

**Figure 1**

For more information regarding the influenza pandemic as it relates to nursing practice, you can contact the NANB's Practice Department at 1 800 442-4417 to speak to a practice advisor or by e-mail at [nanb@nanb.nb.ca](mailto:nanb@nanb.nb.ca).

General information about influenza pandemic can also be found on our website at [www.nanb.nb.ca](http://www.nanb.nb.ca).

#### References:

College of Nurses of Ontario (2007). Practice Guideline-Preparing for an Influenza Pandemic. Toronto: Author  
[http://www.cno.org/docs/prac/41072\\_fsPandemic.pdf](http://www.cno.org/docs/prac/41072_fsPandemic.pdf)

Government of New Brunswick (2005) *New Brunswick Pandemic influenza Plan*. Fredericton. Author.

[http://www.gnb.ca/0053/pandemic/pdf/Pandemic\\_Plan-e.pdf](http://www.gnb.ca/0053/pandemic/pdf/Pandemic_Plan-e.pdf)

Health Canada (2007). *Pandemic Influenza Preparedness*. Ottawa, Author. [www.hc-sc.gc.ca/ed-ud/prepar/flu-pandem/index\\_e.html](http://www.hc-sc.gc.ca/ed-ud/prepar/flu-pandem/index_e.html)

Health Canada (2007). Understanding Pandemic Influenza. Ottawa. Author. [http://www.phac-aspc.gc.ca/influenza/pdf/05-facts-about-flu\\_e.pdf](http://www.phac-aspc.gc.ca/influenza/pdf/05-facts-about-flu_e.pdf) □

# Completing the Three Step Cycle

## Continuing Competence Program

BY THE STAFF OF THE PRACTICE DEPARTMENT

The NANB Continuing Competence Program became mandatory for the practice year 2008 providing a framework for all New Brunswick registered nurses (RN) to demonstrate annually how they have maintained their competence and enhanced their practice.

In order for nurses to renew their registration for the practice year 2008, they were required to:

- Complete a self-assessment using the NANB *Standards of Practice for Registered Nurses* to determine learning needs;
- Develop a learning plan that outlines learning objectives and learning activities; and
- Report on the registration renewal form that they have completed the self-assessment and developed a learning plan, therefore meeting the CCP requirements for the practice year 2008.



### What's next?

You should now be implementing your learning plan according to the target dates you set for yourself and documenting the completion of each learning activity on the *Learning Plan Worksheet*.

In order to renew registration for the practice year 2009, you must have completed in 2008: i) Step 2 by implementing your learning plan; ii) Step 3 by evaluating the impact of your learn-

ing activities on your nursing practice; and iii) beginning the cycle again with a self-assessment and learning plan for 2009.

#### Key Tips for implementing your learning plan:

- As you complete each learning activity, document its completion on the *Learning Plan Worksheet*.
- You may identify additional learning activities that assist you in meeting your established learning objective(s). Document those activities as well.

#### Key Tips for evaluating the impact of your learning activities on your nursing practice:

- Complete your learning activities and take the time to consider if you have benefited from those activities.
- It is important to identify what impacts your learning objectives and the completion of your learning activities on your nursing practice.
- Document the impact of your learning on the *Learning Plan Worksheet*.

Before you renew your registration for 2009, you must start the CCP cycle again. □

### On-line CCP tutorial

A self-directed on-line tutorial is available on the NANB website [www.nanb.nb.ca](http://www.nanb.nb.ca). The tutorial outlines the requirements of the Continuing Competence Program.

### Consultation Services

You may call or e-mail questions regarding the NANB Continuing Competence Program directly to a practice advisor, at [nanb@nanb.nb.ca](mailto:nanb@nanb.nb.ca) or toll free 1 800 442-4417 or 458-8731 (local).

# Staff changes at the NANB



## APPOINTMENT

**Jennifer Whitehead**, Fredericton, has been appointed Manager, Communications and Membership Services with the Nurses Association of New Brunswick (NANB), effective January 7, 2008. Ms. Whitehead brings over seven years of public relations experience in both the private and public sector and the Federal Government to this role. Ms. Whitehead joins the NANB from a private public relations agency in Saint John, NB and previously with Federal Department's of Indian Affairs and Northern Development, as well as Infrastructure Canada in Ottawa.



## APPOINTMENT

**Ruth Rogers**, Fredericton, has accepted the position of Director of Practice with the Nurses Association of New Brunswick (NANB) effective January 1, 2008. Ms. Rogers brings over 15 years of experience as a NANB Nursing Consultant to this role. Prior to joining the NANB, Ms. Rogers held nursing positions in Atlantic Canada including community health nurse, nursing instructor and nurse administrator. In addition to the usual responsibilities of this position, she will focus on recruitment and capacity building within the Practice Department. □



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### Registration suspended

On September 27, 2007, the NANB complaints committee suspended the registration of registrant number 022094 pending the outcome of a hearing before the review committee.

### Suspension lifted, conditions imposed

The suspension imposed on registrant number 022917 by the NANB complaints committee in a decision dated April 4, 2007; has been lifted effective immediately, by order of the NANB discipline committee dated October 31, 2007. The discipline committee further ordered that conditions be imposed on the registrant's registration.

### Conditions imposed

In a decision dated November 8, 2007; the NANB review committee ordered that registrant number 016611 be eligible to apply for a conditional registration subject to the requirements of the NANB by-laws and rules.

### Suspension and revocation lifted; conditions imposed

In a decision dated November 14, 2007; the NANB review committee ordered that Angela Judith Foran (former name Gray), registration number 023276, be eligible to apply for a conditional registration. This order replaces all previous orders, namely the suspension imposed by the complaints committee and the revocation ordered by the NANB Registrar.

### Registration revoked

The Nurses Association of New Brunswick hereby gives notice under Section 45.1 of the *Nurses Act* of the following disciplinary decision:

On January 16, 2008; the NANB discipline committee found that Penny Jean Dempsey (former name Blodgett), registration number 016562, demonstrated conduct and actions that constituted a lack of judgement, a disregard for the welfare and safety of patients, conduct unbecoming a member, professional misconduct, incompetence and dishonesty.

Penny Jean Dempsey was found to be responsible for numerous incidents of missing narcotics and multiple serious errors, inaccuracies and discrepancies in the record keeping and the administration of medications and narcotics. She also removed an envelope containing narcotics from a locked narcotic cupboard without following proper procedure.

The discipline committee ordered that Penny Jean Dempsey's registration be revoked and that she be prohibited from practising nursing and from using any title, words, figures or letters indicating she is a nurse. She shall be eligible to apply for reinstatement two years from the date of the committee's order. The committee also ordered that, prior to applying for reinstatement, she pay costs to NANB in the amount of \$7,000.

### Reprimand issued

The Nurses Association of New Brunswick hereby gives notice of the following disciplinary decision in accordance with an order of the discipline committee dated January 30, 2008.

On January 30, 2008; the NANB discipline committee reprimanded a former member for providing false information to the NANB Registrar as part of the registration renewal process, respecting hours of practice worked over a period of three years. The former member's conduct and actions constituted conduct in breach of the *Nurses Act* and dishonesty.

The former member was ordered to pay costs to NANB in the amount of \$2000. The discipline committee further ordered that notice of the decision be published once in *Info Nursing*.

### Reprimand issued

The Nurses Association of New Brunswick hereby gives notice of the following disciplinary decision in accordance with an order of the discipline committee dated February 4, 2008.

On February 4, 2008; the NANB discipline committee reprimanded a member for failing to meet the standards of conduct expected of a nurse and specifically for failing to examine or consider the NANB Standard for the Therapeutic Nurse-Client Relationship prior to entering into a social relationship (friendship) with a client's significant other.

The discipline committee ordered that notice of the decision be published once in *Info Nursing*.

### Registration suspended

On February 7, 2008; the NANB complaints committee suspended the registration of registrant number 012173 pending the outcome of a hearing before the review committee.

### Revocation lifted and registration conditions imposed

In a decision dated February 25, 2008; the NANB discipline committee ordered that Brenda Margaret Taylor (former name Searle), registration number 017437, be eligible to apply for a conditional registration. This order replaces all previous orders, namely the revocation ordered by the NANB Registrar.

### Registration revoked

The Nurses Association of New Brunswick hereby gives notice under Section 45.1 of the *Nurses Act* of the following disciplinary decision:

On February 29, 2008; the NANB discipline committee found that Marie Antoinette Jeanne Gionet-Cormier, registration number 019615, demonstrated conduct in breach of the *Nurses Act* and conduct that constituted dishonesty, incompetence, a lack of judgement and a disregard for the welfare of patients.

Marie Antoinette Jeanne Gionet-Cormier engaged in the practice of nursing without a valid registration. She was also found to be responsible for numerous shortcomings with respect to her nursing practice, specifically related to the management,





## Do you have a story idea or article you'd like to see in Info Nursing?

Do you have someone you'd like to see profiled or an aspect of nursing you'd like to read more about?

Please submit your ideas and suggestions to Jennifer Whitehead, Manager of Communications and Membership Services, 165 Regent Street, Fredericton, NB E3B 7B4, fax: (506) 459-2838 or E-mail [jwhitehead@nanb.nb.ca](mailto:jwhitehead@nanb.nb.ca) and we will do our best to get your story in *Info Nursing*.

## Have you recently moved?

If so, be sure to contact the Association and let us know. It's easy. Call toll free at 1 800 442-4417 or send us an E-mail: [nanb@nanb.nb.ca](mailto:nanb@nanb.nb.ca).

Attn: Registration Services—  
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Fredericton, NB E3B 7B4

Toll free 1 800 442-4417 Ext. 60  
Tel.: (506) 459-2860  
E-mail: [stobias@nanb.nb.ca](mailto:stobias@nanb.nb.ca)

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

administration and documentation of narcotics, the care she provided to patients and her professional responsibilities.

The discipline committee ordered that Marie Antoinette Jeanne Gionet-Cormier's registration be revoked and that she be prohibited from practising nursing and from using any title, words, figures or letters indicating she is a nurse. She shall be eligible to apply for reinstatement two years from the date of the committee's order. The committee also ordered that, prior to applying for reinstatement, she pay costs to NANB in the amount of \$5,000. □

## Professional Conduct Review: Committee Members Needed

### How can I contribute to my professional association?

The *Nurses Act* mandates your professional association to maintain a number of standing committees, which includes the Complaints Committee and the Discipline and Review Committees. These committees assure a mechanism for dealing with complaints about a nurse's practice. The majority of committee members are registered nurses. Other members represent the public.

Each year, the NANB Board of Directors appoints members to these committees. The factors which must be considered when selecting committee members are:

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

We are presently looking for committee members with various nursing backgrounds and who represent the different attributes listed above. The term of office, which begins September 1<sup>st</sup> of any given year, is for a period of two years and may be renewed for a second term.

If you are interested in becoming professionally involved, there may be an opportunity for you to participate on one of these committees. To learn more about the professional conduct review process, please visit the "Public Protection" section on the NANB Web site at [www.nanb.nb.ca](http://www.nanb.nb.ca) or contact Odette Comeau Lavoie, Regulatory Consultant, tel.: (506) 458-8731, toll free at 1 800 442-4417 or E-mail: [ocomeaulavoie@nanb.nb.ca](mailto:ocomeaulavoie@nanb.nb.ca).

The Nurses Association of New Brunswick is always looking for people interested in becoming members of various committees. Should you be interested, please fill out the form below and return to NANB at 165 Regent Street, Fredericton, NB, E3B 7B4 or fax to (506) 459-2838. □

- Name:
- Address:
- Registration number:
- Current area of expertise:
- Telephone number:
- E-mail:
- Language:
- Areas of interest (please check):
  - ☐ Complaints Committee
  - ☐ Discipline and Review Committee
  - ☐ Education Advisory Committee
  - ☐ Exam Writing Committee
  - ☐ Exam Question Review
  - ☐ Other (Specify):

# NANB Board of Directors approves two (2) revised documents and three (3) revised position statements

**During** the last Board of Directors meeting, two (2) NANB documents and three (3) NANB Position Statements, that had been recently reviewed and revised, were approved.

## Documents

### **Decision-Making: Examining Requests for New Nursing Procedures**

This document was previously called Decision-Making in Clinical Nursing Practice and was developed so that registered nurse practice remains dynamic and is readily and appropriately able to adjust to meet changing care needs.

This document outlines the following:

1. Principles and criteria to be used by nurses and their employers to critically examine requests to add new procedures to nurses' responsibilities;
2. Processes for implementation of new procedures; and
3. Processes for delegating medical functions.

### **Minding Your Business: A Guide for Establishing an Independent Nursing Practice**

This document provides direction and information on professional as well as business requirements that must be considered in establishing and maintaining an independent nursing practice.

## Position Statements

### **1) Self-employed Nurses**


This position statement outlines the responsibilities of the self-employed nurse.

### **2) Primary Health Care**

The Primary Health Care position statement offers NANB's position on this issue.

### **3) Violence in the Workplace**

This position statement explains the responsibilities of different stakeholders regarding a safe and secure workplace for nurses.

Revised documents and position statements are available online at [www.nanb.nb.ca](http://www.nanb.nb.ca). 



Ballots must be received at the NANB office by April 30, 2008.

Seize this opportunity to influence major issues and initiatives affecting your profession.

Results will be posted on the NANB Web site at [www.nanb.nb.ca](http://www.nanb.nb.ca) and will appear in *Info Nursing*.

You will not receive a ballot in the mail if only one candidate is running in your region because they will be considered elected by acclamation.

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# FACT SHEET

## What **YOU** Should Know About **Pandemic Flu**



### What is a pandemic?

A pandemic is a disease outbreak that spreads worldwide.

### How does a flu pandemic start?

It starts when a new flu virus appears and spreads easily from person to person. Because it is a new virus our bodies do not know how to fight it.

The flu virus changes in two ways: small, minor changes and sudden, major changes. It changed in a sudden, major way three times in the 20<sup>th</sup> century. This led to pandemics in 1918, 1957 and 1968. The most deadly was in 1918.



### When will the next flu pandemic happen?

No one knows. But it will. Flu pandemics happen about three to four times each century. They seem to be part of human life. Around the world, experts monitor flu outbreaks in humans and animals. They watch for flu strains that could cause trouble.

### What could trigger the next flu pandemic?

There are a few triggers that could lead to a dangerous new flu virus. These include a sudden, major change in the human flu virus, the mixing of animal and human strains of flu, or an animal flu (often in wild birds, chickens or pigs) infecting a human.




### Can we catch pandemic flu from our food?

No. Not if it is handled and cooked properly. Wild birds, chickens, turkeys, pigs and other animals can catch and spread the flu. Humans rarely catch the flu from animals. But it does happen and can be deadly. People who work with animals or hunt them need to be very careful. But if food is cooked properly you cannot catch the flu this way.

To be ready for the next flu pandemic, we can begin by learning about the risk and how to **prevent**, **prepare** for, and **protect** against it.

For **more information**, go to [www.pandemic.cpha.ca](http://www.pandemic.cpha.ca) or **call 1-800-454-8302**.

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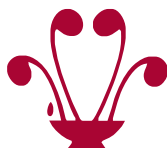
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