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BE A NURSING LEADER

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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 1,000 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
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Info Nursing

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On the cover
Capturing NB RNs at work. Various photo entries submitted for NANB's nursing week poster competition.
See more on page 14.

Healthy Work Environments for Nursing Practice...

Let's Make it Happen

BY MONIQUE CORMIER-DAIGLE, RN

Despite a decade of intense attention to the nursing shortage and retention issues, the challenge of replenishing the current workforce with a supply of qualified nurses has yet to be resolved. The nursing shortage has contributed to multiple challenges in the system. Absenteeism and overtime hours for registered nurses are greater than those reported in the annual national labour force surveys. Nurses are more stressed, dissatisfied and sicker than other Canadian workers[1]. Unfortunately, this health and human resource crisis has created working conditions, including workloads, that are unsustainable in the long-term. In addition, we know that patients don't do as well in unhealthy health care workplaces. The sustainability of the health care system depends largely on a healthy workforce.

This is not a new problem and it is not unique to nursing but it worsens as organizations try to meet the requirements of the health care system and respond to the growing demand of health services. Many aspects of recruitment and retention as well as the impact on patient outcomes have been studied over the past twenty years and despite the findings of this research, we have yet to translate all that knowledge into action[2]. There is broad consensus among decision-makers, employers, governments and nursing bodies that we must act NOW. However, the HOW is not so obvious. Several promising initiatives have been attempted to improve the work environment but these initiatives are somewhat isolated. For example, preliminary analysis of the 80:20 professional development pilot project at the University Health Network (UHN) demonstrates a decrease in sick time and overtime, and increased staff and patient satisfaction on the study unit. This model proposes that more experienced nurses have a reduced workload in order to devote some time to professional development as well as being mentors for novice nurses. This is but one example. There are others. However, there are currently few guidelines that exist to reshape the work environment on a global scale.

In October, during the CNA Board of Directors meeting, Dr Melanie Lavoie-Tremblay, assistant professor at the School of Nursing at McGill University, shared her work in the area of quality practice environments. Dr Lavoie-Tremblay also acted as Deputy Chair for the National Steering Committee on Quality Worklife—Quality Health Care Collaborative with the Canadian Council on Health Services Accreditation.

In 2007, this group published a landmark document called—*Within our grasp: A healthy workplace action strategy for success and sustainability in Canada's healthcare system*. This group, comprised of 10 leaders of national health organizations, partnered together to collectively focus and develop an evidence-informed framework and action strategy to improve Canada's public health workplaces and improve the quality of care provided. Tools and strategies for change are presented. Measures such as indicators are discussed as well as priority activities. A healthy health care leadership charter is also provided[3]. All groups and leaders in the health system are encouraged to endorse the charter to affirm their commitment to improving the work environment. If you wish to find out more about positive actions to improve the work environment, you may download a copy of the document from the following site (www.cna-aiic.ca/CNA/documents/pdf/publications/2007_QWQHC_Within_Our_Grasp_e.pdf).

People are the health care system's greatest asset. Creating a healthy, vibrant work environment for nursing practice is crucial to maintain an adequate workforce and to ensure safe quality patient services.

On behalf of the Nurses Association of New Brunswick and the Board of Directors, I extend to you season's greetings for a safe and joyous holiday season. ❑

[1]Statistics Canada and Canadian Institute for Health Information (2006). *Findings from the 2005 National Survey of the Work and health of nurses*. Ottawa: Minister of Industry. Retrieved from www.hc-sc.gc.ca/hcs-sss/pubs/nurs-infirm/2005-nurse-infirm/index-eng.php

[2]Canadian Nurses Association (2008). *Signposts for nursing*. Ottawa: Author.

[3]Canadian Council on Health Services Accreditation (2007). *Within our grasp: A healthy workplace action strategy for success and sustainability in Canada's healthcare system*. Retrieved from www.qwqhc.ca/documents/2007-QWQHC-Within-Our-Grasp.pdf.

Shaping the Future of Our Profession

BY ROXANNE TARJAN, RN

The Canadian Nurses Association (CNA) has launched a consultation and engagement with you, the Registered Nurses of Canada to inform its' future initiatives. Through the CNA web site (www.cna-aiic.ca) the association is reaching out to nurses and all stakeholders to engage in a dialogue about the future of our health system and services, health needs and challenges of Canadians, and the ongoing role and contribution of registered nurses in collaboration with all stakeholders.

I want to encourage you to take part in this dialogue. Please go to the CNA web site and view the web cast that launched this discussion. Share your reactions and responses with CNA and your colleagues. Also available are two background documents to further inform this national debate; read them, send your reactions to the CNA. You can also view input and opinions from the Health Council of Canada, the Canadian Health Care Association, the College of Physicians and Surgeons of Canada, the Conference Board of Canada and the Canadian Federation of Nurses Unions. Let's together make certain New Brunswick nurses' views, concerns and solutions are part of this dialogue and shape CNA's future focus. I know and have seen the expertise, innovation and passion New Brunswick nurses bring to the care and support of patients, families and communities every day.

Certainly, we continue to be challenged on a daily basis. The health system continues to be reconfigured; services are continuously undergoing reorganization and rationalization. Nurses have responded and shaped these changes in the past and will continue to do so in the future. The current human resource challenges must be addressed with registered nurses as partners in finding and implementing those solutions. The knowledge and science concerning the impacts of the work environment on system outcomes, as well as productivity and staff satisfaction has been demonstrated and must be brought to bear on the re-engineering of our health system.

Creating "*Health for All*" will require the knowledge, skill and expertise of all health care professionals, if we are to meet the public need, to improve health status and ensure the sustainability of our health system. Registered nurses have been fundamental to meeting the health care needs of Canadians, to providing health protection and disease prevention services, to innovation in the health system and the services the system provides. We must maintain this engagement for the benefit of patients and ultimately ourselves as clients and consumers of these services.

As the system continues to evolve and reshape, so must educational and regulatory systems; not only in response to current human resource challenges but more importantly to ensure the highest degree of quality, safety, efficiency and effectiveness in the publics' interest. Regulators and educators in all health professions across Canada are working collaboratively to advance the changes and innovations necessary to deliver all of the above.

Finally, the profession of nursing continues to offer unlimited opportunities across an individual career. Today, the CNA offers national certification in 18 areas of nursing specialization, with Medical-Surgical nursing being added in 2010 to support and enhance nursing knowledge and expertise in the practice domain. Nurses are also shaping and advancing nursing and health in administration, education, research and policy roles. Experts have highlighted for some time the number and variety of careers an individual will fill over their working life. Nursing provides all this. It is the best kept secret and the brilliance of our profession. Each of us needs to be an ambassador for this opportunity. Please join us in this important work.

Finally, on behalf of the President, the Board of Directors and the staff of the Association I extend our best wishes for this holiday season and 2009! ❑

The Board of Directors met in October, 2008.

The Board of Directors met on October 15, 16 & 17, 2008 at NANB Headquarters in Fredericton.

The meeting commenced with an afternoon orientation session welcoming five new directors effective September 1, 2008 through to September 1, 2010. The following are newly appointed directors:

- Mariette Duke RN
  Director, Region 1
- Darline Cogswell RN
  Director, Region 3
- Margaret Corrigan RN
  Director, Region 5
- Deborah Walls RN
  Director, Region 7
- Robert Thériault
  Public Director

Linkages with Stakeholders

A briefing occurred with the Provincial Mental Health Strategy Task Force, Judge Michael McKee, Chair, Joy Bacon and Bernard Paulin. The Board provided input to assist in drafting a report on mental health programs due to the Minister of Health in February 2009.

Clinicians are shaping New Brunswick's electronic health record system. Colleen Benson, Project Director with the Department of Health provided an update on the progress of One Patient One Record project in NB.

A financial update was provided by NANB investment advisor Larry Sheppard, RBC Dominion Securities.

Ruth Rogers, Director of Practice provided the Board an update on the revision of the joint NANB/ANBLPN document *Working Together: A Framework for RNs and LPN's*, as well as the development of the NANB *Medication Standards* document.

Strategic Planning Process

NANB will embark on a strategic planning process with support from Anne Marie Atkinson, RN. An overview of the planning process and key events will be posted on the NANB web site. The Strategic Plan will be presented to members during the 2009 Annual Meeting.

Policy Review

The Board reviewed and approved the 2008-09 Board Planning Cycle, as well as the following policies:

- *Governance Process*
- *Governance Style*
- *Board Job Contributions*
- *General Executive Constraint*
- *Treatment of Staff*
- *Financial Planning*

Policy Monitoring

The Board approved monitoring reports for the following policies:

- *Executive Limitations*
- *Governance Process Policies*

Nominations

Board members approved the appointment of Deborah Marks RN, Sussex Chapter as Chairperson of the Nominating Committee for the NANB 2009 Elections.

Denise Tardif RN was appointed Chief Scrutineer for the NANB 2009 Election and Annual Meeting by the Board.

Nancy McKay, Consultant, Management Dimensions Inc., Bathurst was supported by the Board for submission as a CNA Public Representative nominee.

NP Therapeutics Committee

The Board approved the Therapeutics Committee's recommendations for changes to the ordering schedules concerning the *Rules Respecting Nurse Practitioners*. The recommendation has been sent to the Minister of Health for his approval. Once approved, the schedules will be circulated to stakeholders and posted on the NANB web site.

Federal Election 2008

The Board received an overview of election activities which included a description of the package circulated to all candidates and an update from the various scheduled meetings around the province.

The Association will conduct strategic follow-up meetings with various MPs over the coming months to pursue our priorities and build a relationship with members of parliament ensuring our interests remain a priority of the federal government.

Next Board

The next Board of Directors meeting will be held at the NANB Headquarters on February 17, 18 & 19, 2009.

Staff Recognition Ceremony

The Board of Directors recognized five NANB staff who collectively have dedicated over 70 years of service including:

- Stacey Vail, Administrative Assistant *celebrating ten years with the Association.*
- Roxanne Tarjan, Executive Director *celebrating ten years with the Association.*
- Jacinthe Landry, Executive Assistant *celebrating 15 years with the Association.*
- Ruth Rogers, Director of Practice *celebrating 15 years with the Association.*
- Lynda Finley, Director of Corporate & Regulatory Services *celebrating 20 years with the Association.*

2008-2009 NANB Board of Directors

- *President*
  Monique Cormier-Daigle, RN
- *President-Elect*
  Martha Vickers, RN
- *Director, Region 1*
  Mariette Duke, RN
- *Director, Region 2*
  Ruth Alexander, RN
- *Director, Region 3*
  Darline Cogswell, RN
- *Director, Region 4*
  Linda LeBlanc, RN
- *Director, Region 5*
  Margaret Corrigan, RN
- *Director, Region 6*
  Rose-Marie Chiasson-Goupil, RN
- *Director, Region 7*
  Deborah Walls, RN
- *Public Director*
  Robert Stewart
- *Public Director*
  Robert Thériault
- *Public Director*
  Vacant / awaiting appointment

Rose-Marie Chiasson-Goupil, RN Director-Region 6 and Robert Thériault, Public Director participating in board discussions.

Nursing History in NEW BRUNSWICK

Submitted by Dr. Linda Kealey and Roxanne Reeves

The work of women has been hidden and undervalued as a contribution to the provincial economy, and in New Brunswick, nursing history is a little known but significant story. It helps us to understand women's paid work, women's work in care-giving, and how women organized to protect their interests in this occupation. While the profession's history demonstrates the importance of professional ideals, the history of New Brunswick nurses also illuminates the struggle between these ideals of self sacrifice and nurses' growing sense of dissatisfaction with wages and working conditions.

In an effort to unearth this history Dr. Linda Kealey and M.A. student, Roxanne Reeves, University of New Brunswick and Dr. Nicole Lang, Université de Moncton (Edmundston Campus) in tandem with the New Brunswick Labour History Project focus on the need for an informed public memory on the history of nurse's work and organizing since World War II[1].

Their programme of research, study and activities on the history of work and the history of labour organization brings an historical perspective to the contemporary challenges facing working people in New Brunswick today. Their work is based on numerous interviews, as well as archival research in the collections of the NANB (formerly NBARN) and the files of the New Brunswick Nurses Union. Results will be showcased at the 1–2 September, 2009 conference, "Informing Public Policy: Socio-Economic and Historical Perspectives on Labour in New Brunswick" where the New Brunswick Museum will launch a portable traveling exhibit on the history of nursing.

In an effort to influence the specific set of circumstances that affected their work nurses embraced a variety of strategies. In the early twentieth century, nurses fought for control over the profession through legislation and the implementation of registration and licensing procedures. Self-regulation was also an effort to resist the relegation of nurses to being simply technical assistants to physicians. Later in the century nurses continued to strengthen their

Ann Redmond and Elizabeth Foran, Hôtel-Dieu Saint Joseph School of Nursing Bathurst, NB 1960.

Did you know that in 1968, general duty nurses in the province earned an average base salary of $4,476 per year, while a police constable with less education on the other hand, earned $6093? Comparatively, nurses in neighbouring Nova Scotia earned $4,740 or $264 more per year.

Marion Werry, Dr. Alexandre Boudreau and Jean Anderson at NBARN Annual Meeting, St. Stephen, NB 1965.

Did you know that, due to the SEWC's single-minded goal of achieving collective bargaining for nurses by nurses, the first real collective agreement for hospital nurses was negotiated by the NBARN in 1969, months before nurses were legally able to engage in collective bargaining and to strike?

Making a Point, Making a Difference

professionalization strategy; focusing on increased professional standards was not only timely, but also compatible with the socio-economic class of women they hoped to attract into the profession, that is, the middle class. The years of associational control and professionalization did leave a mark on nursing. It would however, be the effort by the NBARN to introduce hospital nurses to collective bargaining in the late 1960s and early 1970s that would deliver sought after changes to wages and working conditions.

In New Brunswick in the 1960s nurses began to collectively question poor pay and working conditions, thus beginning a process that would result in the creation of the New Brunswick Association of Registered Nurses' Social and Economic Welfare Committee (SEWC) in 1965, the eventual New Brunswick Association of Registered Nurses' Provincial Collective Bargaining Committee (NBARNPCBC) in 1968, and the New Brunswick Nurses Union (NBNU) in 1978. The New Brunswick Labour History Research Project examines nurses' activism in the pivotal years of 1969, 1975, 1980–81 and 1991–92 as they turned to collective action as a strategy to improve wages and work place conditions. Nurses were learning to wear "two hats," that of the professional and that of the union member, both becoming part of nurses' collective memory. ❑

[1]For further reading see, Linda Kealey, "'No More Yes Girls:' Labour Activism among New Brunswick Nurses 1964–1981," *Acadiensis*, Vol. XXXVIII, No. 2, Summer/Fall 2008); Roxanne Reeves, "Collective Bargaining for New Brunswick Nurses by New Brunswick Nurses 1965–1969: In Unity there is Strength" (M.A. Thesis, University of New Brunswick, 2008); New Brunswick Labour History Project, www.lhtnb.ca, see "Women's Work."

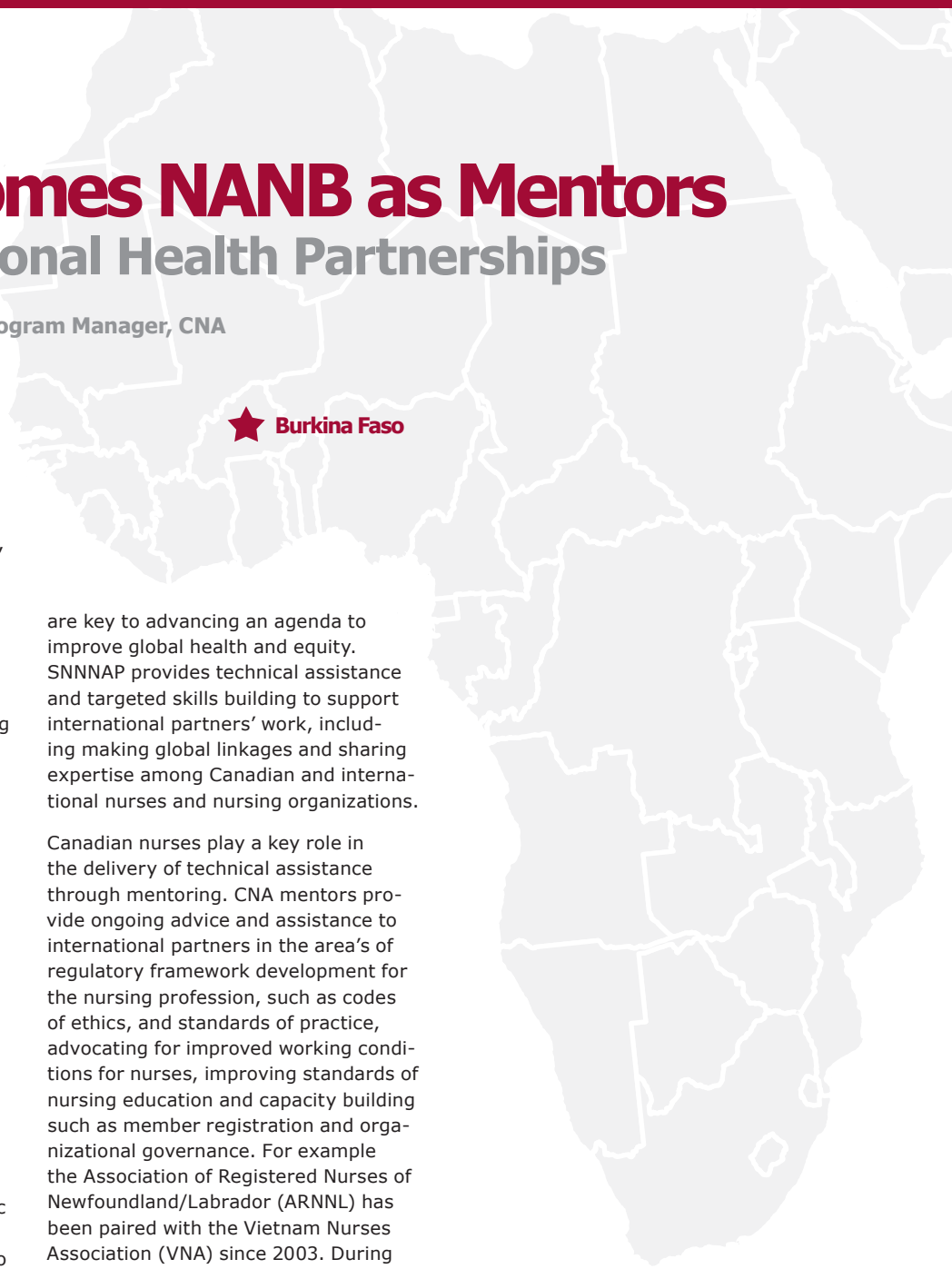
Did you know that the 1991–92 campaign to protest a wage freeze on public sector workers raised the profile of nursing issues and included a mega-media campaign? All in an effort to spread their message against the provincial government's effort to freeze wages and arbitrarily extend collective agreements. Nurses' management of this protracted and very public campaign drew on their collective memory of past promises from government to better their wages and working conditions and past success with strong publication relations campaigns. Nurses humanized labour; their message brought community, social, and family dimensions to unionized workers.

Did you know that "The Nurse is Worth It" campaign of 1980–81 was mounted as a response to almost five years of federal wage controls? It was a determined effort to mount a strong campaign to improve nurse's wages and working conditions, and also patient care. In the same year as this campaign intensified, nurses donned the "red badge of frustration" and marched and rallied to gain support from the public.

March on New Brunswick Legislature, Fredericton, NB 1980.

CNA Welcomes NANB as Mentors
in its International Health Partnerships

Submitted by Vicki Campbell, Program Manager, CNA



Canadian health professionals, including registered nurses, have the right and responsibility to raise awareness of the root causes of inequality in global health and to participate in finding solutions.[1] One of the ways the Canadian Nurses Association (CNA) does this is through Strengthening Nurses, Nursing Networks and Associations Program (SNNNAP), a program funded by the Canadian Government through the Canadian International Development Agency.

Since 2002, CNA has been working through SNNNAP with national nursing associations in El Salvador, Ethiopia, Indonesia, Nicaragua, Vietnam and a regional nursing network in southern Africa with a goal to: enhance the contribution of the nursing profession to strengthen health policy, specifically in the areas of HIV and AIDS and primary health care; improve nursing practice and care through regulation of the profession; build the leadership skills of nurses; and, deepen the public recognition of the important contribution of this largely female profession to the health system and health status of the population.

In 2008, CNA is pleased to welcome two new partner organizations to SNNNAP, national nursing associations from Burkina Faso and Senegal. The importance of the continuation of international partnerships such as these cannot be overstated; advances in health do not occur overnight, it takes years of hard work by dedicated health professionals, such as nurses, to do so in a sustainable manner.

Collaboration, cooperation and communication among all health professionals are key to advancing an agenda to improve global health and equity. SNNNAP provides technical assistance and targeted skills building to support international partners' work, including making global linkages and sharing expertise among Canadian and international nurses and nursing organizations.

Canadian nurses play a key role in the delivery of technical assistance through mentoring. CNA mentors provide ongoing advice and assistance to international partners in the area's of regulatory framework development for the nursing profession, such as codes of ethics, and standards of practice, advocating for improved working conditions for nurses, improving standards of nursing education and capacity building such as member registration and organizational governance. For example the Association of Registered Nurses of Newfoundland/Labrador (ARNNL) has been paired with the Vietnam Nurses Association (VNA) since 2003. During that time, ARNNL staff has worked with VNA in Vietnam and in Canada on regulatory issues such as developing a scope of practice and membership registration. For the last five years, the Saskatchewan Registered Nurses Association has provided assistance to the Indonesian National Nurses Association to develop a nursing act to regulate the nursing profession nationally; the act has been drafted and is awaiting government approval.

CNA is pleased to welcome the Nurses Association of New Brunswick as its newest mentor for the recently formed national nursing association in Burkina

CNA is pleased to welcome the Nurses Association of New Brunswick as its newest mentor for the recently formed national nursing association in Burkina Faso.

Collaboration, cooperation and communication among all health professionals are key to advancing an agenda to improve global health and equity.

Faso, L'Association Professionnelle des Infirmiers/ères du Burkina (APIIB). NANB will share its expertise and experience with APIIB as it enters its first year of a four-year project. APIIB's project is committed to representing the issues of nurses on a national level in policy development, improving the status of nurses in the health system. The first step will be assisting APIIB as it builds its management, capacity and governance structure to ensure a strong and viable Association.

Burkina Faso is a landlocked nation in West Africa. Often called Burkina, it is approximately the same size as Colorado, USA, "it is one of the poorest nations in the world with a per capita gross domestic product (GDP) of $1213 USD"[2]. Six countries surround Burkina: Togo and Ghana to the south, Côte d'Ivoire to the southwest, Mali to the north, Niger to the east, and Benin to the southeast. It gained independence from France in 1960 and in 1984, its former name, the Republic of Upper Volta, was replaced by Burkina Faso, meaning "the country of honourable people"[3].

The government of Burkina is committed to improving health nationally. Major health issues to contend with include having sufficient numbers of trained health professionals, reducing high numbers of poverty-related disease, such as malnutrition, having access to clean drinking water and dealing with infectious diseases such as cholera, yellow fever and malaria.[4]

In November, two CNA staff members from the department of International Policy and Development will travel to Ouagadougou, the capital of Burkina Faso, to work with the project team APIIB. The goals of the trip are to train the newly recruited project coordinator, provide project management support in the new association office and accompany members of APIIB to meetings with the Burkina Faso Ministry of Health to discuss the priorities of the Burkina nurses. ❑

Burkina Faso

Fast Facts: Health

- Total population: 14,359,000
- Life expectancy at birth m/f (years): 46/49
- Healthy life expectancy at birth m/f (years, 2003): 35/36
- As of 2002, there were 7,250 nurses and midwives in Burkina Faso, representing 63 per cent of the health workforce
- Maternal mortality rate (per 100 000 live births): 1000
- Under 5 infant mortality rate (per 1000 live births): 192

Figures are for 2006 unless indicated. Source: World Health Statistics 2008, World health Organization www.who.int/countries/bfa/en/

[1]Canadian Nurses Association. (2003). Global health and equity [Position statement]. Ottawa: Author.

[2]United Nations Development Program—Human Development Reports 2007/08: Burkina Faso Fact Sheet, 2005 figure, accessed 1 November 2008 (http://hdrstats.undp.org/countries/country_fact_sheets/cty_fs_BFA.html) Index

[3]Bureau of Foreign Affairs, Africa (2008), *Background Note on Burkina Faso*, U.S. Department of State, accessed 1 November 2008. (www.state.gov/r/pa/ei/bgn/2834.htm)

[4]IRIN Burkina Faso, Humanitarian Country Profile, accessed 1 November, 2008 (www.irinnews.org/country.aspx?CountryCode=BF&RegionCode=WA)

A Registered Nurse Shares Her CNA 100th Anniversary Experience

York-Sunbury Chapter Represented in Ottawa

Submitted by Tanya Duncan, RN

Over a year ago, I attended my first NANB Chapter Meeting. At this meeting, our chapter decided to send a member to CNA's 100th Anniversary Celebration in Ottawa. This member was selected based on active participation and attendance at meetings. As most of you can relate, finding time to attend meetings outside of household duties and as a wife and mother are almost impossible. However, once I walked through the chapter doors and was in the presence of fellow nurses, I was glad I found the energy and left feeling proud to be a nurse. Sometimes a push from a friend can provide opportunities you would not have otherwise experienced. I would not have had the opportunity to attend CNA 100th Anniversary or continue spending time with my fellow nurses without the influence of my coworker, mentor and friend Doris Scott, RN.

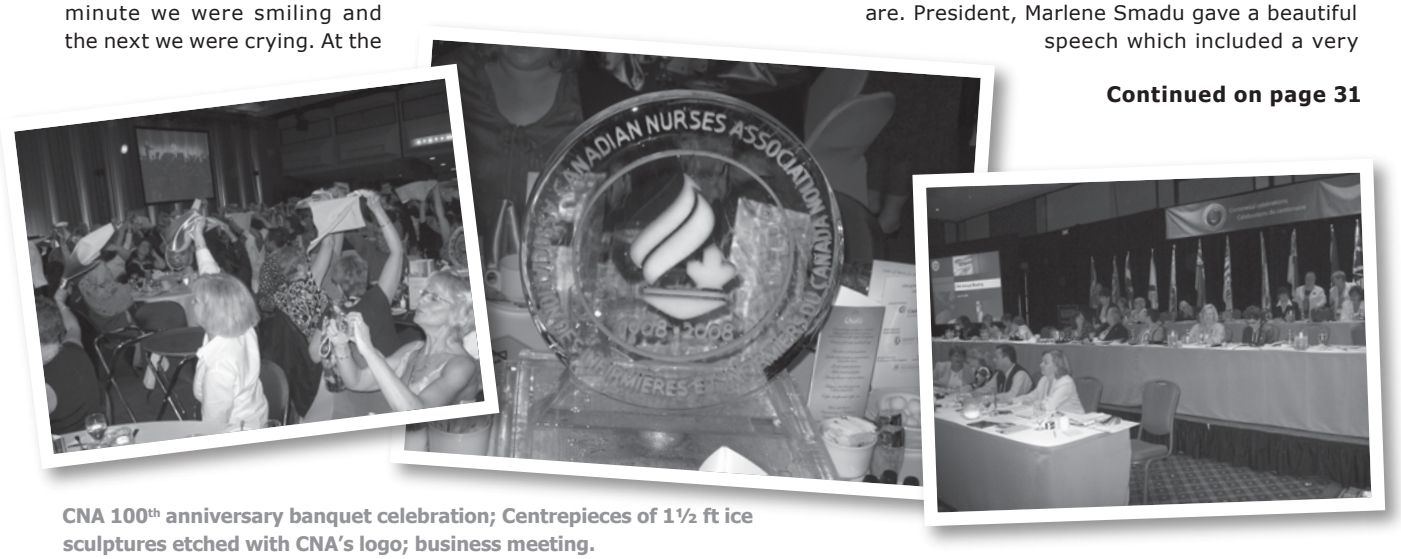
Upon arriving and settling in to our hotel, Darline Cogswell, RN, Chapter President and I attended the business meeting. This is a side of nursing I have never experienced before. However, I quickly learned that there is a team of people who work hard to ensure that I practice safely and effectively and look out for my interests during my nursing career. I heard nurses who were not afraid to voice their opinion on topics ranging from a nurses' emotional, physical and financial health. Darline introduced me to several more fellow nurses including Linda Silas, CFNU President. I enjoyed meeting her because she is a "firecracker", by this I mean, she speaks passionately and one can tell she enjoys supporting nurses.

The Opening Ceremony highlighted to a room full of nurses why we chose this profession. One minute we were smiling and the next we were crying. At the end of the Ceremony, large letters which spelled Happy Birthday bounced across the jumbotron, I was thankful for all of the struggles and accomplishments, such as those of Florence Nightingale and that of fellow nurses and civilians experienced allowing you and I to be nurses.

During the address of the keynote speakers, we learned of the rapidly growing nursing shortage due to the average age of a Canadian nurse being in her 40's and there not being an adequate number of seats in nursing schools to supplement the shortage. Nurses were advised to stand firm, shedding some of their pleasing personalities for which they are known in order to assertively say no to additional tasks. Without this personality change, nurses will continue to work with too much on their plates and the interpretation of statistics will be in favor of a "burn-out" syndrome. Hearing the statistics made me realize the importance of working within my scope of practice. During these speeches, I also gained a renewed appreciation and respect for licensed practical nurses and the various government programs available to assist nurses during their shifts.

The suspense waiting for the banquet was nearly unbearable. It was just like a sale at Walmart as we waited for the doors to the banquet hall to open and we were first in line. The hall was beautiful and I felt like a newlywed nurse. The tables were adorned with 1½ ft ice sculptures etched with the CNA logo. I privately gave a compliment to the chef since he superbly filled my Miramichi tummy with salmon just as good as my Mom's cooking. General Hillier thanked all of us for our contributions and made me realize the impact that we have on soldiers and how tightly knit the Canadian Military and Canadian nurses are. President, Marlene Smadu gave a beautiful speech which included a very

Continued on page 31



CNA 100th anniversary banquet celebration; Centrepieces of 1½ ft ice sculptures etched with CNA's logo; business meeting.

A Gift for a Registered Nurse Seeking CNA Certification in Gerontology

In memory of the late Mrs. Jeannette E. Marcotte, Moncton NB, a gift of $3,000 was given to the Nurses Association of New Brunswick as a one-time gift in the area of Gerontology. The monies have been directed to assisting a qualified registered nurse in attaining CNA Certification in Gerontology.

Registered nurses meeting the requirements of the CNA Certification in Gerontology program may apply. Please submit:

- a *curriculum vitae* (CV);
- documentation you have met CNA Certification requirements;
- a 500 word essay describing why you want to seek CNA Certification in Gerontology; and
- two letters of support from registered nurses.

Send your application by mail, email or fax to:
NANB—Gerontology Gift
c/o The Communications Department
165 Regent Street,
Fredericton, NB, E3B 7B4
Fax: (506) 459-2838

Email: nanb@nanb.nb.ca
(stating Gerontology Gift in the subject line)

Applications may be accepted until June 12, 2009 at 16:00hrs.

The winner will be notified by the Association. ❑

Notice of Annual Meeting

In accordance with Article XIII of the bylaws, notice is given of an annual meeting to be held June 3 & 4, 2009 at the Delta 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. Students of nursing are welcome as observers.

Resolutions for Annual Meeting

Resolutions presented by a practising member according to the prescribed deadline, March 11, 2009, will be voted on by the voting members. During the business session, however, members may submit resolutions pertaining only to annual meeting business.

Voting

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

Roxanne Tarjan, Executive Director, NANB

Why Should I run for office?

THIS IS YOUR OPPORTUNITY TO:

Influence health care policies

Broaden your horizons

Network with leaders

Expand your leadership skills

Make things happen in the nursing profession

"Being on the Board of Directors is a wonderful opportunity to have your voice heard as a nurse, to be able to share your thoughts and concerns and to be able to lobby as a strong nursing body to help improve our health care system."

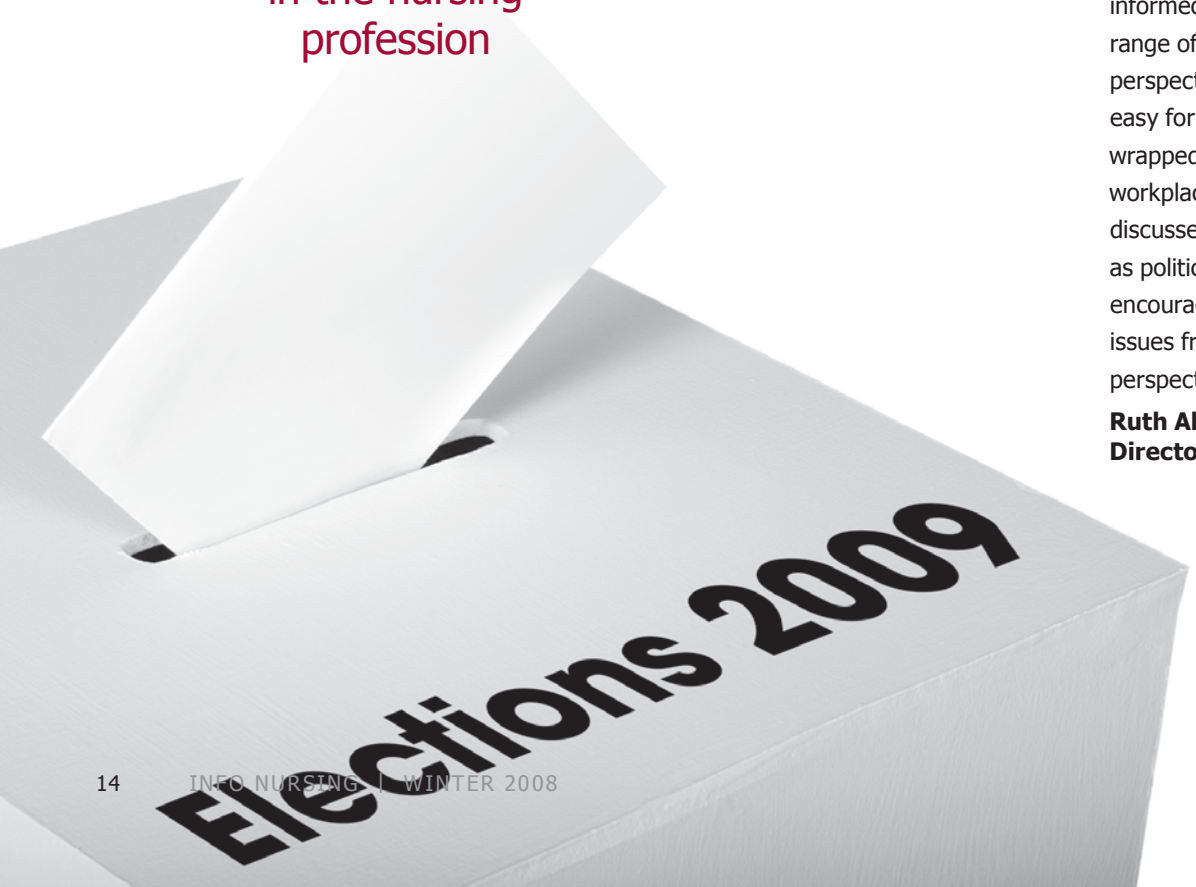
Monique Cormier-Daigle RN, President

"As a public director, I am able to bring a public perspective on the perception of the role of nursing within various health care sectors."

Robert Stewart, Public Director

"The Board is a wonderful opportunity to become informed on such a wide range of issues and perspectives. It is very easy for nurses to become wrapped-up in their own workplace, the issues discussed at board, such as politics and education encourage me to see issues from a much broader perspective."

Ruth Alexander RN, Director—Region 2



Nominations for the 2009 elections are now being accepted.

How can I become a candidate?

- Any practising member of the Association may nominate or be nominated for positions on the board of directors of the Association.
- Nominees for president-elect must be willing to assume the presidency.
- Nominations submitted by individuals must bear the signatures and registration numbers of the nominators.
- Nominations submitted by chapters must bear the signatures and registration numbers of two members of the chapter executive who hold practising membership.
- Nominators must obtain the consent of the candidate(s) prior to submitting their names.

Nomination restrictions

- Only nominations submitted on the proper forms and signed by current practising members will be valid.
- No director may hold the same elected office for more than four consecutive years (two terms).
- A director is eligible for re-election after a lapse of two years.
- If there is only one person nominated, the nominee is elected by acclamation and no vote will be required.

Information and results of elections

Information on candidates will be published in the March 2009 edition of *Info Nursing*. Voting will take place by mail ballot. The names of the elected candidates will be announced at the 2009 Annual Meeting and will be published in the September edition of *Info Nursing*.

Call for Nominations

President-Elect & Directors Region 2, 4 and 6

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

Qualifications

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

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

Role

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

Information

For further information, please contact a local Chapter President or NANB headquarters at 1 800 442-4417, 458-8731 (local) or via email: nanb@nanb.nb.ca.

Deadline

Deadline for the receipt of nominations is January 30, 2009. ❑

"If you are proud to be a nurse, care about nursing, value the privilege of sharing unique life experiences with our patients then get involved and become a board member. It is your professional responsibility to keep informed and stay involved in NANB. All nurses in NB can make a difference in their chosen profession-it just takes a little of your time."

Darline Cogswell RN, Director—Region 3

Position	Chapter	Term
President-Elect		2009–11
Director—Region 2	Saint John, Charlotte County, Sussex	2009–11
Director—Region 4	Edmundston	2009–11
Director—Region 6	Bathurst, Acadian-Peninsula	2009–11

*Nomination and Nomination Acceptance Forms can be found on page 34.

Celebrating Excellence

NANB Awards 2009

Nominate a colleague, friend or health care advocate who strives to improve health care delivery and promote health public awareness every day. The Nurses Association of New Brunswick (NANB) proudly acknowledges the contributions made by current and former members of the profession and will honour these individuals at this year's Annual General Meeting and Awards Banquet hosted on June 3rd, 2009.

The NANB Awards are:

Life Membership—a select number of nurses are recognized for long or outstanding services to the nursing profession either by serving in elected office or by participating in committee work at the national or provincial level.

Honorary Membership—this membership recognizes distinguished service or valuable assistance to the nursing profession by a member of the public. Nominees may be persons who have played a leadership role within an allied health care group or a member of the public who has performed meritorious services on behalf of nurses and nursing.

Excellence in Clinical Practice Award—NANB believes that the clinical practice role is fundamental to nursing and that all other roles within the profession exist to maintain and support nursing practice. NANB established a biennial award to honor a staff nurse providing direct care to clients in any nursing setting and who has made a significant contribution to nursing. The intent of this award is to foster excellence in clinical practice and to recognize nursing peers.

Awards of Merit—the awards of merit recognize nurses from each of the four key areas of nursing who have made a unique contribution to the nursing profession and who demonstrate excellence in nursing practice.

Award of Merit: Nursing Practice
Award of Merit: Administration
Award of Merit: Education
Award of Merit: Research

Entry-Level Nurse Achievement Award (new award)—NANB believes in recognizing entry-level nurses for their early contribution in the nursing profession. This award is specifically for registered nurses who have entered the nursing profession by graduating from their nursing education program not more than two years prior to being nominated.

Healthy Public Policy Award—NANB's healthy public policy award recognizes individuals or groups who foster a greater public understanding of the New Brunswick health care system. The objective of this award is to promote the advocacy role of individuals and groups in our health care system.

Media Awards—these awards recognize media reports, broadcasts, and commentaries that promote a greater public understanding of the New Brunswick health care system. The awards recognize media reports for the following categories: print, radio, and television. The media award's objective is to encourage news reporting that informs and educates New Brunswickers about their health, the role of health organizations and the importance of health professionals.

Deadline for submissions

The deadline for submission of nominations for all NANB awards is January 30, 2009.

For more information about eligibility, criteria, guidelines for submission and procedure for selection, or for a nomination form, please visit the "Awards" section of the NANB web site at www.nanb.nb.ca, contact the Association at NANB Awards, 165 Regent Street, Fredericton, N.B., E3B 7B4, tel.: (506) 458-8731, toll-free: 1.800.442-4417, fax: (506) 459-2838, Email: nanb@nanb.nb.ca, or contact your Chapter President. ❑

Annual Meeting

Rules and privileges

The following are the *Standing Rules* governing the annual meeting. Members should note procedural authorities for further references.

1) When approved by a majority of the voting members and the registered proxies, the *Standing Rules* shall apply throughout the annual meeting.

2) *Robert's Rules of Order* shall be the parliamentary authority in all cases not covered by the *Nurses Act*, *Bylaws*, *Rules* or *Standing Rules*.

3) The order of business shall be that printed in the program. Subject to the consent of the voting members and the registered proxies, items of business may be taken up in a different order whenever appropriate.

Rules of debate

1) Any member or student may ask questions and participate in discussions.

2) Speakers shall use microphones, address the chair and state their name and chapter. The chairperson shall call speakers in the order in which they appear at the microphone.

3) Motions or amendments to main motions may be made only by a practising member and must be seconded by another practising member. To ensure accuracy, these must be presented in writing on forms provided, signed by the mover with the name of the seconder, and sent to the recording secretary.

4) The chairperson will exercise her responsibility to limit debate. A speaker will be given a maximum of two minutes and may speak only once to any motion unless permission is granted by the assembly. The chairperson will announce the termination of the discussion period ten minutes in advance.

5) All resolutions and motions shall be decided by a majority of the votes cast.

6) Only practising members present and registered proxies have the right to vote and voting shall be by show of hands and proxy cards, unless a secret ballot is ordered.

7) Smoking is not permitted in the main meeting room.

8) Placards and posters are not permitted in the main meeting room.

9) The board of directors shall have the authority to approve the minutes of the annual meeting.

10) The rules of debate shall be strictly observed.

11) As some participants may be sensitive to perfume or aftershave, members are asked to refrain from wearing scents. ❑

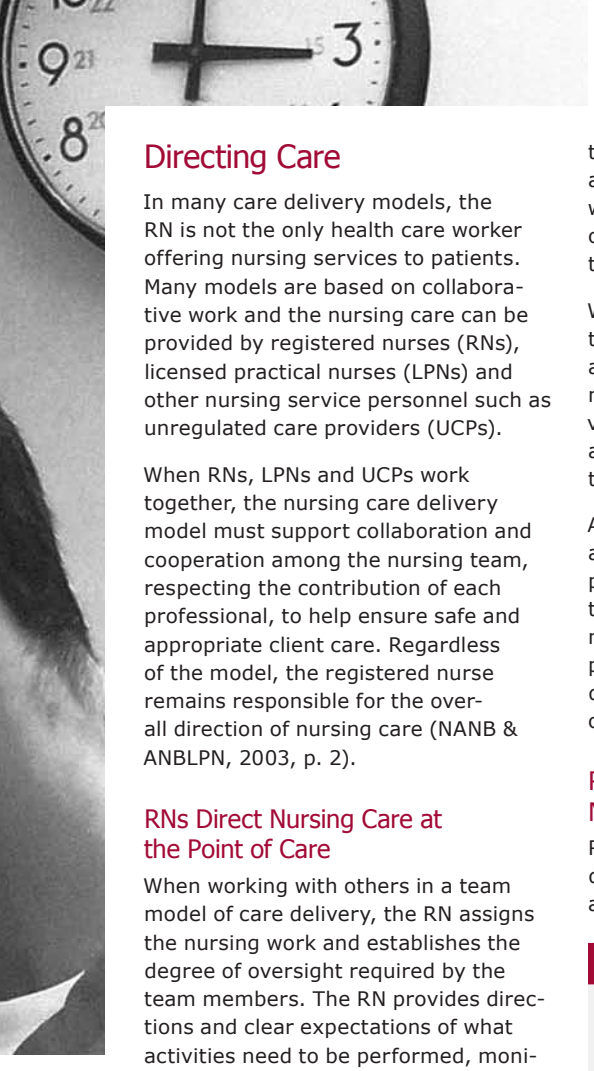
Adapting to the New Workplace Reality

Maximizing the role of RNs within a collaborative nursing practice model

By the Practice Department

Editor's note: This is the fifth in a series 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. (To review previous articles, please visit www.nanb.nb.ca/index.cfm?include=publication0)

It 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's 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.



Directing Care

In many care delivery models, the RN is not the only health care worker offering nursing services to 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).

When RNs, LPNs and UCPs work together, the nursing care delivery model must support collaboration and cooperation among the nursing team, respecting the contribution of each professional, to help ensure safe and appropriate client care. Regardless of the model, the registered nurse remains responsible for the overall direction of nursing care (NANB & ANBLPN, 2003, p. 2).

RNs Direct Nursing Care at the Point of Care

When working with others in a team model of care delivery, the RN assigns the nursing work and establishes the degree of oversight required by the team members. The RN provides directions and clear expectations of what activities need to be performed, monitors performance, obtains and provides feedback, intervenes if necessary and ensures proper documentation. Oversight is a combination of consultation, guidance, teaching, evaluation, clarification of the care plan and follow-up by the RN at the point of care for the purpose of overseeing the care which is assigned or delegated. The RN intervenes if client care is unsafe or beyond the knowledge and skills of the current provider.

The degree of oversight required by the team members must be established by the RN who is assigning the nursing work. The amount of direction provided depends upon the complexity of the task or procedure, and the ability of the care provider to perform.

The level of communication necessary between the RN and team members during a shift is determined by the client predictability. As client outcomes become more predictable, the team members function with minimal direction, following the plan of care. As client outcomes become less predictable, the RN takes the lead role in the care provided, and gives specific direction to team members. The RN initiates and maintains collaborative processes within the team, especially in situations of increasing patient/client complexity, to improve patient/client outcomes.

When accepting their assignments, team members are responsible and accountable to ensure they have the necessary knowledge and skills to provide the nursing work assigned to them and for communicating with the RN team leader as necessary.

Although RNs are not responsible or accountable for another provider's practice, the RN needs to know about the care of clients and the clients' needs to coordinate the care appropriately. Employer policies and care delivery models must support the role of registered nurses in directing care.

RN Practice Expectations: Nursing Process

RN practice expectations are further delineated using the nursing process as a framework.

Assessment

Performs an assessment of a client and makes decisions about actual or potential problems and strengths to develop a plan of care.

Assesses when appropriate to determine client acuity, complexity and variability

Planning

Leads and coordinates the care planning process.

Intervention

Coordinates and oversees the overall care, sets priorities and provides clinical expertise and leadership for the plan of care.

Evaluation

Monitors and interprets changes in client status and response to interventions and revises the plan of care as necessary.

Conclusion

More than ever, nursing care providers need to work together collaboratively and promote a collegial work environment. Establishing and maintaining collegial relationships requires nurses to use a wide range of communication strategies and effective interpersonal skills. We all have a duty to know and acknowledge each colleague's role and unique contribution to the team effort. Respectful behavior among nursing staff contributes to the best possible outcomes for patients.

Because the RN remains responsible for the overall direction of care, the RN must share nursing expertise and demonstrate leadership while working in collaboration with other care providers. When working with others, the need for setting expectations for ongoing communication is critical for the nurse to detect early warning signs of the patients' condition and to intervene appropriately in a timely fashion.

For more information on collaborative practice and working with others please call the NANB Practice Department and ask for a practice advisor 1 800 442-4417, 458-8731 or nanb@nanb.nb.ca. ❑

Practice Capsule

Best Practice Guideline (BPG) for Collaborative Practice Among Nursing Teams

Effective nursing teamwork is essential to the work in health care organizations in providing quality patient outcomes. To that end, the Registered Nurses Association of Ontario (RNAO) has developed a best practice guideline (BPG) that focuses on nursing teams and collaboration.

The BPG was developed to enhance positive outcomes for patients, nurses and the organization and includes guidelines for:

- processes and characteristics of a nursing team that support a healthy work environment; and
- communication, coordination and collaboration within the nursing team.

The Collaborative Practice Among Nursing Teams BPG can be found on the RNAO web site at www.rnao.org.

Nurses Association of New Brunswick & Association of New Brunswick Licensed Practical Nurses (2003). *Working Together: A Framework for the Registered Nurse and Licensed Practical Nurse*. Fredericton: Author.

Ethics in Practice

Nurses' Ethical Considerations in a Pandemic or Other Emergency—Part 1

Editors's note: This is the first of a three part series. It contains an excerpt from the Canadian Nurses Association (CNA)'s *Ethics in Practice* paper *Nurses' Ethical Considerations in a Pandemic or Other Emergency*. (For a complete copy of the paper visit: www.cna-aiic.ca)

The nursing profession plays an integral role in all aspects of emergencies, including mitigation, preparedness, response and recovery" (CNA, 2007, p. 1). The following examples highlight some of the different challenges that nurses may experience in relation to a pandemic or other emergency.

- Shelley works in the emergency department in a large urban hospital. She is a single mother with two small children. During an influenza pandemic, she is torn by apparent conflicts among the financial need to work, her responsibilities to her employer and patients, and her worries that she will become infected and in turn infect her children.
- George is the nursing union representative on the joint worker-management health and safety committee in his community hospital. The committee is reviewing the hospital's draft pandemic plan. He wants to ensure that all nurses are given the best protection as well as sufficient information to protect their health and safety in the case of a pandemic.
- Adele works in a nursing home, and on the basis of her personal beliefs she has decided not to have the annual influenza vaccine offered by her employer. She doesn't know what she would do during a pandemic if she is required to take antiviral medication or be vaccinated.
- Lashmi works in a public health agency. She has been asked to set up a clinic in the community that will be used to triage sick people in the event of a large-scale emergency.
- Roseanna works in the out-patient clinic of her hospital. She fears that during a pandemic she will be redeployed to the medical floor, an area where she does not feel competent to practise.
- Antonio has just completed his fourth night shift in a row. He is asked by his nurse manager to stay and work an extra shift: the floor is short-staffed because many of his colleagues are sick.

Introduction

Since the SARS outbreak in 2003, and in anticipation of a pandemic influenza, nurses and other health-care professionals have been discussing and debating their responsibilities to their patients during a major health emergency. A pandemic or disaster is an extraordinary occurrence that may take nurses beyond their normal nursing practice, and it raises specific issues about what nurses are obligated to do in providing care for patients. Nurses' ethical responsibilities as they go about their daily work can be challenging enough; determining ethical responsibility in an extraordinary situation such as a pandemic or other health emergency can be even more difficult.. In addition, nurses must also grapple with other obligations, such as their responsibilities to their families and to themselves. In preparation for these exceptional situations, nurses, other health-care providers, employers, government officials and members of the public need to engage in collective problem-solving to ensure the highest quality of care possible. Nurses, and indeed all health-care workers, perform an important function during pandemics and other emergencies in minimizing harm and providing care.

In this *Ethics in Practice* paper, the different roles, situations and ethical issues nurses can face during a pandemic or other emergency will be explored through various examples. The concept of *duty to provide care* will be examined, as well as the different obligations nurses have, as members of a self-regulating profession, to their patients, their employers, their families and themselves. The reciprocal duties of employers and society during a pandemic or other emergency will also be explored.

Although this paper does not attempt to provide all of the answers, it can assist nurses in considering their role in a pandemic or other emergency. It is one of a number of resources that the Canadian Nurses Association (CNA) has undertaken to support nurses in their ethical reflection. It is also intended to encourage nurses to engage in discussion with colleagues, employers and families, with the goal of collaborating in a transparent and supportive manner on ways to meet collective responsibilities in an emergency.

Ethics and the Duty to Provide Care

The concept of *duty to provide care* was embedded in many health-care professional codes in the early part of the 20th century, but by the 1950s it had disappeared (Ruderman et al., 2006; Upshur et al., 2005). Several legal and ethical experts attribute this change to the development of antibiotics and the belief that infectious diseases could be conquered (Wynia & Gostin, 2004; Ruderman et al., 2006, Upshur et

Continued on page 25

Canadian Cancer Society / Société canadienne du cancer

Smokers' Helpline Online

Smokers' Helpline Online (SHO) is an interactive, web-based service providing personalized support, advice and information about quitting smoking and tobacco use. It is free and available 24 hours a day in English and French in New Brunswick.

SHO can be used in combination with the *Smokers' Helpline* (SHL), a toll-free telephone service designed to improve an individual's chances of successfully becoming tobacco-free.

The SHO program features:

- Quit Centre
- Quit Buddies (Instant Messenger)
- Quit Meter
- Online support group
- Inspirational e-mails
- Personalized features (avatars)

Click or Call

www.smokershelpline.ca or 1 877 513-5333

info LAW
Vol. 15, No. 3, May 2006
A LEGAL INFORMATION SHEET FOR NURSES ®

Communication

www.cnps.ca

Canadian Nurses Protective Society

Good communication is essential to good health care. In most Canadian lawsuits against doctors and hospitals, there was a breakdown in communication with the patient.[1] In a British Columbia case, for example, the Court found that the nurse's failure to ask more questions of a person seeking telephone advice was negligent, saying, "Her fault lies in failing to pursue the matter further."[2]

What is the nurse's role in communication?

The nurse is often the central communication link between the patient and other members of the health care team. 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.

What are three essential channels of nursing communication?

1) Nurse / Patient communication – this is essential for the well-being of the patient. Research studies show effective patient-physician communication can improve a patient's health as quantifiably as many drugs.[3] It has influenced emotional health, symptom resolution, function, pain control, and physiologic measures such as blood pressure level or blood sugar level.[4]

For good communication it is important to:

- speak directly with the patient or the substitute decision-maker. Focus on the patient;
- maintain eye contact while communicating unless it is inappropriate for cultural or religious reasons. Non-verbal body language, facial expressions and tone of voice are important to facilitate good rapport and generate trust;
- take time to listen to the patient and to hear what she is telling you. Do not interrupt to make your own point;
- treat the patient's concerns seriously and with respect;
- address the patient's concerns in a manner the patient can understand. Avoid medical jargon. Seek feedback to determine comprehension. If you are unable to answer the patient's questions, find someone who can;
- clearly identify nursing treatment, procedures and expected outcomes to the patient so the patient is aware of what is happening;
- avoid asking questions which suggest the answer;
- ensure the patient is literate and speaks the language used in the document before disseminating written material. Written instructions should be clear, concise and should include a contact number for assistance.

Be aware that a patient decides whom to sue; a caring manner is your best protection.

2) Nurse / Team communication – this must flow smoothly to ensure a safe, healthy working environment for staff and patients. Delays in communication, failure to communicate and miscommunication amongst team members have all been avoidable causes of injury to patients.

Professional Liability Protection for Nurses by Nurses

It is important to:

- communicate patient information to colleagues in a timely manner;
- respect colleagues. Listen attentively and do not interrupt;
- share relevant knowledge and information;
- follow policies and procedures for communication and documentation;
- ensure there is a process for communicating concerns to management. If the problem is not resolved, continue to address the issue until an appropriate resolution is reached.

Professional nursing standards hold there is a duty to communicate.[5] Nurses have faced professional misconduct disciplinary actions pertaining to client communications as well as to inappropriate communication with other staff regarding a client.[6] In a negligence lawsuit, the nursing team leader was found negligent for her lack of supervision of a new nurse and for her poor communication to the doctors in the team, at the expense of the patient.[7]

3) Nurse / Physician communication – this has been an issue in lawsuits where it was alleged that the nurse did not pass on information to the physician in a timely manner or at all. The courts have also held that physicians must be able to depend on the information given to them by a nurse.[8]

It is important to:

- question an order if there is a concern about a medication, such as dosage or allergies;
- obtain clarification of unclear orders. Never guess at an order;
- communicate concerns, lab reports, test results to physicians in a timely manner and document that you have done so, as well as the response;
- seek clarification of unclear facsimile transmissions by telephone;
- notify the physician if the patient is unclear about or has questions concerning a proposed medical treatment or surgery.

Documentation is one of the most effective forms of communication used by health professionals. In the event of a lawsuit, it may also be the only evidence that a communication took place. You should follow nursing standards as well as the employer's policies when documenting health care.[9]

In summary, always keep in mind that good communication is the key to safe care.

1. Ellen I. Picard and Gerald B. Robertson, *Legal Liability of Doctors and Hospitals in Canada*, 3rd ed. (Toronto: Carswell, 1996), p. 433.
2. *Poole Estate v. Mills Memorial Hospital*, [1994] B.C.J. No. 635 at para. 17 (S.C.) (QL).
3. John M. Travaline, Robert Ruchinskas and Gilbert E. D'Alonzo, Jr., "Patient-Physician Communication: Why and How," *JAOA* 105, 1 (January 2005): 13-18.
4. M. A. Stewart, "Effective physician-patient communication and health outcomes: a review," *CMAJ* 152, 9 (May 1995): 1423-33.
5. See, for example, College & Association of Registered Nurses of Alberta, *Nursing Practice Standards,* March 2003, ss. 4.2, 4.4.
6. College of Nurses of Ontario, "Summarized Discipline Decision re unnamed member re Inappropriate Care, Treatment and Communication," *The Standard* 30, 3 (September 2005): 38.
7. *Granger (Litigation Guardian of) v. Ottawa General Hospital,* [1996] O.J. No. 2129 (Gen. Div.) (QL).
8. *Ibid.*
9. *infoLAW®*, Quality Documentation (Vol. 1, No. 1, May 1992, reprinted Spring 1996).

N.B. In this document, the feminine pronoun includes the masculine and vice versa.

www.cnps.ca

Canadian Nurses Protective Society

Professional Liability Protection for Nurses by Nurses

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Tel (613) 237-2092
or 1 800 267-3390
Fax(613) 237-6300

You've asked a practice advisor: Can I use abbreviations when documenting care?

By Virgil Guitard, RN

The reason for establishing and maintaining client records, including nurses' notes, lies in the general commitment of high quality client care. The chart is part of the client's support system while under the care of health professionals, and it is directed primarily toward serving the interests and care of the client.

All health care providers must document the care they provide. Registered nurses, as regulated health care professionals, have a professional responsibility to record the care provided to a client. Nursing care is not considered to be complete unless it is documented.

The use of unauthorized abbreviations can compromise patient safety leading to error.

The primary purpose of documentation is to communicate information to other members of the health care team enabling them to make prudent professional judgments, and to ensure continuity of care. Abbreviations can be an effective and efficient form of documentation if their meaning is well understood by the health care providers and others who may read the health record. If abbreviations are used, they should be standardized throughout an agency and formally noted in the agency's policy/procedure manual.

Abbreviations must be consistent so that they mean the same thing to everyone who reads the record. This means consistent interpretation and continuity of care. The use of unauthorized abbreviations can compromise patient safety leading to error or, at the least, waste time for the person trying to find out what was meant. Nurses must use only the abbreviations approved for use in their agency.

In New Brunswick, the *Standards of Practice for Registered Nurses(2005)* requires all nurses to ensure that their practice and conduct meet legislative requirements and respect policies and standards relevant to the profession and their practice setting. Nurses have a responsibility to familiarize themselves with and follow agency policies and procedures including those on documentation. The importance of employers' policies in the area of documentation, including the use of abbreviations, cannot be overstated.

Nurses must use only the abbreviations approved for use in their agency.

If you have any questions regarding nursing practice standards as they relate to your practice, you can call NANB's Practice Department at 1.800.442-4417/506.458-8731 or by email at nanb@nanb.nb.ca. ❑

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 email: vguitard@nanb.nb.ca.

Ethics in Practice

Continued from page 20

al., 2005). Researchers at the Joint Centre for Bioethics at the University of Toronto have stated that one of the main lessons learned from the SARS outbreak in 2003 was that health-care workers lacked clarity about their duty to provide care during a communicable disease outbreak (Upshur et al., 2005). They therefore recommended that "professional colleges and associations should provide clear guidance in advance of a major communicable disease outbreak, such as pandemic flu. Existing mechanisms should be identified, or means developed, to inform college members as to the expectations and obligations regarding duty to provide care during a communicable disease outbreak" (Upshur et al., 2005, p. 21).

The *CNA Code of Ethics for Registered Nurses* (2008, p. 9) addresses a nurse's duty to provide care in pandemic or other emergency: "During a natural or human-made disaster, including a communicable disease outbreak, nurses have a duty to provide care using appropriate safety precautions." The code also explains that "a duty to provide care refers to a nurse's professional obligation to provide persons receiving care with safe, competent, compassionate and ethical care. However, there may be some circumstances in which it is acceptable for a nurse to withdraw from providing care or to refuse to provide care" (p. 46).

Duty to provide care can be a complex and controversial concept because it contains conflicting values, interests and contexts. Discussions about duty usually take place in relation to infectious diseases such as HIV/AIDS and SARS, the prospect of a pandemic influenza, or emergency situations resulting from floods, hurricanes, ice storms and disasters. The fundamental question that emerges from these discussions is: "When, if ever, do nurses have the right to refuse to care for patients?" Often, when this question is addressed, the approach is to polarize what has been called the "self-interest" of health professionals (i.e., concern for oneself and for one's family) from the interest of patients in their care (Reid, 2005). Consequently, one viewpoint is that nurses have the right to protect their own health and the health of their family (Ovadia et al., 2005; Singer et al., 2003; Torda, 2005). The opposite perspective is that care for patients is an integral part of nurses' professional values, whatever the personal cost to the nurse. Many nurses may find themselves somewhere in between these opposing viewpoints, or terribly conflicted, depending on their work environment, the nature of the health emergency, their own health and their family responsibilities.

It is helpful to look at duty to provide care from the perspectives of the individual nurse, the employer, the nursing regulatory body and the state, since each entity will view it differently. The following fundamental questions may also help nurses in thinking about duty to provide care:

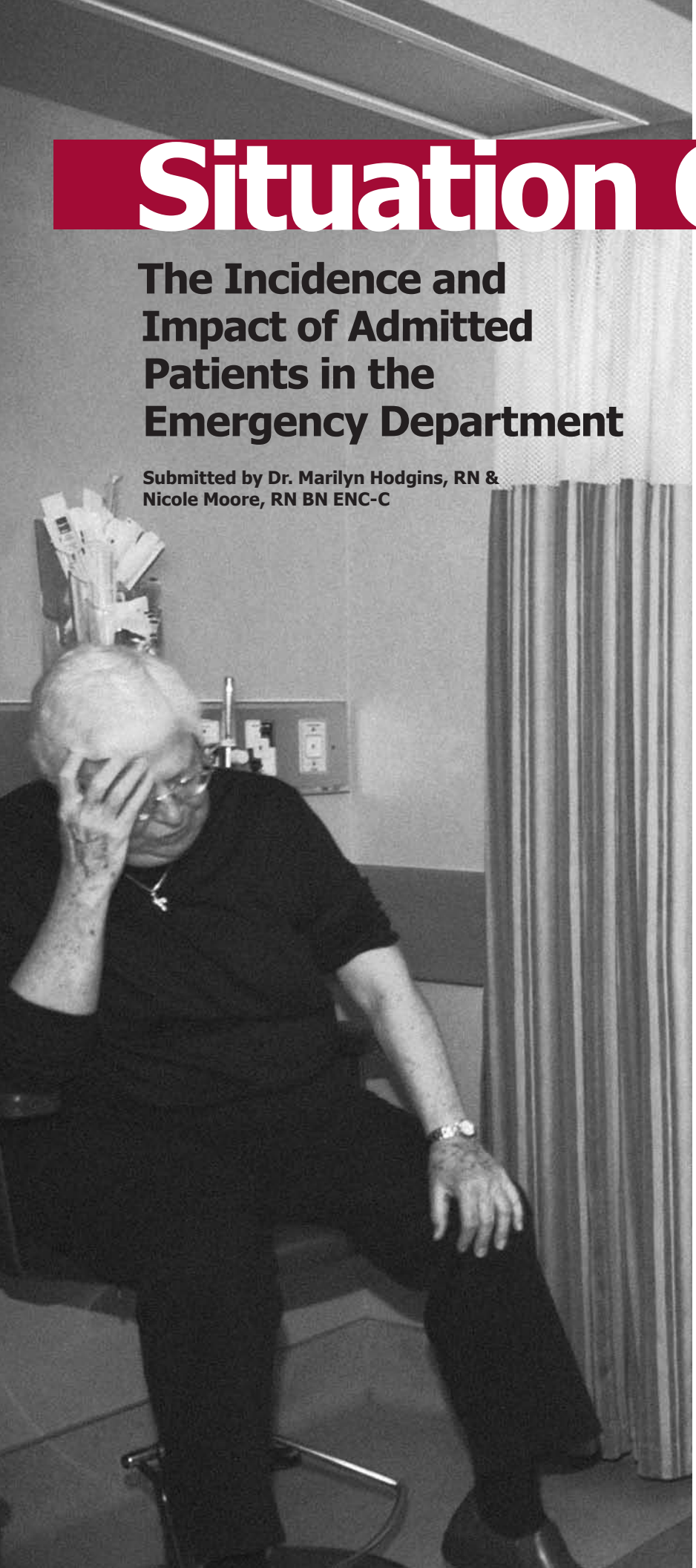
- Is there a limit on the obligation of nurses to provide care?
- Assuming there is a limit, what is the limit on the obligation to provide care?
- Who defines this limit? Is it the individual nurse, the employer, the regulatory body or the state?
- If the limit is defined by one of the above parties, what will be the perspectives and reactions of—and consequences for—the other parties?

Reprinted with the permission of the Canadian Nurses Association (CNA). CNA Ethics in Practice papers are available for download from www.cna-aiic.ca. ❑

The full references noted in this series can be found in CNA's publication *Nurses' Ethical Considerations in a Pandemic or Other Emergency* at www.cna-aiic.ca

[1]Different terms for this responsibility are often used interchangeably in the literature (e.g., *duty of care, duty to care and duty to provide care*) (Sokol, 2006). Nevertheless, there are distinctions between these terms, and for accuracy the term *duty to provide care* is used in this paper as well as in the *Code of Ethics for Registered Nurses* (CNA, 2008).

[2]Visit CNA's website at www.cna-aiic.ca to view other ethics resources.



Situation Critical:

The Incidence and Impact of Admitted Patients in the Emergency Department

Submitted by Dr. Marilyn Hodgins, RN & Nicole Moore, RN BN ENC-C

Care...at the breaking point

is a phrase used to describe conditions within emergency departments (EDs) in the United States as staff struggle to respond to the needs of those seeking services (Institute of Medicine, 2006). This phrase is also reflective of the situation in many emergency departments in Canada. Causes of this situation are frequently discussed in terms of an input-throughput-output systems model (Asplin et al., 2003). Input refers to factors affecting the influx of patients (e.g., influenza season), throughput pertains to the management of patients in the ED (e.g., staffing patterns), while output encompasses those factors that affect the movement of patients out of the department. An output factor that has been identified as a key contributor to ED crowding is the holding or boarding of admitted patients (Hoot & Aronsky, 2008). According to the Canadian Institute for Health Information, 60% of hospitalized patients are admitted through the emergency department and the median time that admitted patients board in the ED before transfer to an inpatient unit is four hours, with 1 in 25 waiting longer than 24 hours (CIHI, 2005). Although a common definition of ED boarding does not currently exist, CIHI classifies ED boarding as those cases spending longer than two hours in the emergency department following an admission order.

Purpose

To gain a better understanding of the incidence and impact of admitted patients in the emergency department at the Dr. Everett Chalmers Hospital (DECH) in Fredericton, we examined pre-existing administrative data for all ED visits between September 1st, 2005 and August 31st, 2006. During this period, the ED had 24 designated patient treatment areas, which included 12 beds with cardiac monitoring capabilities and three resuscitation units.

Findings

Data for 44,102 ED visits were analyzed with 17% resulting in hospital admission (7,607 admis-

sions). Slightly more than half (54%) of these admissions were boarded in the ED for more than two hours with 14% spending their entire hospital stay in the department. To put this into more meaningful terms, on an average day, 120 patients were seen in the ED with 21 eventually admitted to hospital. Following receipt of an admission order, 11 of these admissions were boarded for more than two hours before transfer to an inpatient unit with three remaining in the ED for their entire hospital stay.

Slightly more than half (53%) of the patients admitted to hospital were female and ages ranged from newborn (delivered in the ED) to 102 years (Mean = 56 years). The most common diagnostic groupings for admitted cases were: gastrointestinal (18%), cardiac (14%), respiratory (11%), musculoskeletal (11%), symptoms without a known causative origin (e.g., chest or abdominal pain) (8%), psychiatric (7%) and neurological (7%).

The longest boarding times were observed for patients admitted to medical or long-term care units while the shortest times were for patients awaiting transfer to the psychiatry unit. One possible explanation for the short boarding times for psychiatric admissions is the presence of a psychiatric nurse in the ED whose role is to facilitate the assessment and management of patients presenting with psychiatric-related problems and to liaise between the ED and psychiatric unit.

Results of our analysis provide some evidence to suggest the boarding of admitted patients impacts outcomes not only for patients who are treated and released from the ED but also for those who are admitted to hospital. Not surprisingly, patients tended to wait longer to see a physician on those days with higher numbers of admitted and boarded patients. This delay to physician assessment was particularly evident for cases triaged as urgent or less-urgent (i.e., Canadian Triage and Acuity Scale Levels 3 or 4). In addition, the number of patients who left prior to physician assessment tended to be higher on days with more boarded patients. Overall, 15% of ED patients (more than 6,000 people) left prior to assessment by a physician.

An unexpected finding, but one with important cost implications, was that length of hospital stays tended to be statistically significantly longer for patients with respiratory, gastrointestinal or musculoskeletal conditions who were boarded for more than two hours. For example, patients with musculoskeletal conditions who were boarded for more than two hours tended to have hospital stays three to four days longer than those boarded for shorter periods. These longer hospital stays may be partially explained by the observation that boarded cases tended to be older in age, of lower acuity based on assigned triage level, non-surgical conditions, and weekday admissions.

DECH Emergency Department waiting area.

Implications

Operations within the emergency department are affected not only by what is happening within the hospital but also the surrounding community. The boarding of admitted patients creates a bottleneck situation that disrupts the flow of patients in to and out of the department. Such bottlenecks hamper emergency staff's ability to respond to the needs not only of those who continue to access the ED with undiagnosed health problems, but also for those who are receiving treatment including those waiting for transfer to an inpatient unit. This report represents a beginning attempt to quantify the incidence and impact of boarding admitted patients in New Brunswick emergency departments. Findings suggest ED boarding has a negative effect not only on patient outcomes but also on healthcare expenditures. To address this situation, new approaches that permit hospital and community services to dynamically adjust their resource availability in response to fluctuating demands need to be introduced and tested. Nurses, who are largely responsible for the care and well-being of admitted patients, have a key role to play in finding ways to effectively manage this situation.

Acknowledgements

Special thanks to Kim Stephenson, Health Information Analyst River Valley Health, and Laura Legere, 3rd year UNB undergraduate nursing student, for their contributions to this project. Work on this project was supported by the Canadian Institutes of Health Research.

Note: For additional information or a copy of the final report, contact the authors.

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NurseONE.ca

NANB Rewards Members Who Register with NurseONE

What is NurseONE?

CNA in partnership with Health Canada and First Nations and Inuit Health Branch of Health Canada (FNIHB) have created NurseONE, a personalized interactive web-based resource providing nurses with reliable information to support their nursing practice.

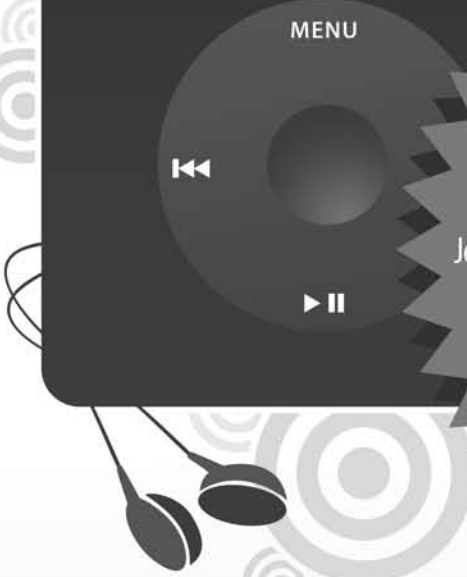
What can NurseONE offer me?

NurseONE offers access to up-to-date, accurate information on a wide range of topics fully vetted and reviewed by CNA and its Editorial Panel.

Registration details are available on the next page, as well as NANB's website: www.nanb.nb.ca.

Register and Win an iPod!

Don't miss your chance to be our monthly iPod winner. Starting in September through to December 2008, NANB will randomly select a member who has signed-up with NurseONE.



Congratulations to our iPod Winners!

September
Joanne Cormier, RN
Edmundston, NB

October
Anne Marie Atkinson, RN
Prince William, NB

November ?? & December ??
Register and win!

NANB AIINB

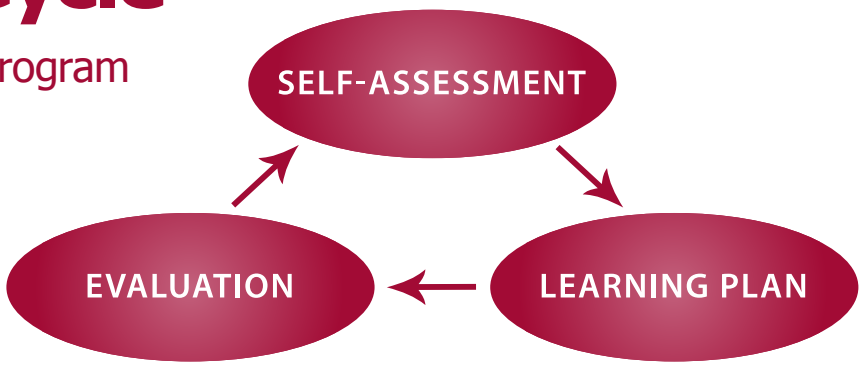
ATTENTION: You must notify NANB by email or fax that you have registered with NurseONE to be eligible. Please send us your full name including middle initial and registration number to nurseone@nanb.nb.ca or fax to 506-459-2836.

** Winners will be posted on the NANB website and published in the next issue of *Info Nursing*.

Completing the Three Step Cycle

Continuing Competence Program

By the Practice Department



Meeting the CCP requirements for the practice year 2009

To renew registration for the practice year 2009, you must have:

- completed a self-assessment using the NANB *Standards of Practice for Registered Nurses* to determine your learning needs;
- developed and implemented a learning plan that outlines learning objectives and learning activities;
- evaluated the impact of your learning on your nursing practice; and
- reported on the registration renewal form that you have met the CCP requirements for the practice year 2008.

Education Sessions

As part of the NANB CCP-Implementation plan and to support members in meeting CCP requirements (completing the three step CCP cycle) , twenty-two (22) one-hour information sessions have been delivered throughout the province, September–October 2008. Two hundred and twenty-four nurses (224) participated in these education sessions.

The overall response to the education sessions has been positive. Nurses feel that their questions about completing the three step cycle have been answered.

Next Steps

To enhance accountability and compliance with the CCP requirements, an audit process will be implemented in 2009. A randomly selected number of nurses will be asked to answer a series of questions on a prepared audit form to illustrate how their learning activities relate to their self-assessment, and how these learning activities made a difference to their practice.

Ongoing Resources

A self-directed on-line tutorial is available through the NANB web site www.nanb.nb.ca/index.cfm?include=CCP. The tutorial outlines the three steps of the Continuing Competence Program and how to meet CCP requirements.

You may call or email questions regarding the NANB Continuing Competence Program directly to the practice advisor by emailing nanb@nanb.nb.ca or toll free 1 800 442-4417 or 458-8731 (local).

The CNA web portal, NurseONE has many resources that can assist you in meeting your learning needs, visit www.nurseone.ca. ❑

Deadline for 2009 Registration Renewal

- December 31st, 2008

CRNE Exam

- February 4th, 2009

2009 Nursing Leadership Conference

- February 8th–10th, 2009
- CNA
- Sheraton Hotel, Toronto, ON
- www.cna-aiic.ca/CNA/news/events/leadership/default_e.aspx

Psychiatric/Mental Health Nursing Review Workshop

- February 17th–18th, 2009
- Centre for Addiction and Mental Health (CAMH)
- 1001 Queen Street West (at Ossington) Samuel Malcolmson Lecture Theatre, Toronto, ON
- helen_mcclelland@camh.net
- www.cna-aiic.ca/CNA/news/events/default_e.aspx

NANB Board Meeting

- February 17th, 18th & 19th 2009

30th Annual Meeting & Scientific Sessions

- April 22nd–25th, 2009
- Society of Behavioral Medicine
- Montreal, QC
- info@sbm.org
- www.sbm.org/meeting/2009

15th National Conference on Gerontological Nursing

- May 27th–30th, 2009
- CGNA
- Banff, AB
- bonnie.launhardt@capitalhealth.ca
- www.cgna.net/?action=viewEvents&id=6

3rd National Canadian Community Health Nursing Conference, Blazing Our Trail...

- June 17th–19th, 2009
- CHNA & CHNAC
- Coast Plaza Hotel, Calgary, AB
- chnalberta@shaw.ca
- www.chnalberta.org/events

Do you have a story idea?

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) 459-2836
email: jwhitehead@nanb.nb.ca

We will do our best to get your story in *Info Nursing*.

Stay Tuned!

NANB has initiated a Strategic Planning Process to identify priorities for the Association over the next three to five years. Members will be invited to provide input into this process through an online survey and focus groups. If you have not provided your email address to NANB and wish to participate in the online survey, please send email to nanb@nanb.nb.ca. Watch for updates and key events to be posted at www.nanb.nb.ca during the coming months. The Strategic Plan will be presented to members during the 2009 Annual Meeting.

Registration suspended

On September 17, 2008 the NANB complaints committee suspended the registration of registrant number 019768, pending the outcome of a hearing before the review committee.

Reinstatement of registration

On August 8, 2008 the NANB registrar reinstated the registration of Patricia Woods, registration number 025509. ❑

Anniversary Experience

Continued from page 12

well done and humorous song that her 3 children dedicated to their mother's career. Country singer Paul Brandt, who began his working career as a nurse, made our toes tingle with his charming voice.

As we waited to return home, we reflected on our CNA 100th Anniversary experience with fellow Atlantic nurses. We were mentally tired from the amount of stimulation and information we received.

The next CNA meeting is in Halifax June 7th–9th, 2010 and for those of you who have yet to experience this wonderful gathering of nurses, I encourage you to attend. ❑

For Your Information

NANB Office Hours:
Monday to Friday
08:30 to 16:30

We will be closed:
Wednesday & Thursday,
December 24th, 25th
Christmas Holidays

Friday, December 26th
Boxing Day

Thursday January 1st
New Years Day

Dates to remember:
December 31st
Registration Renewal
Deadline

February 17th, 18th, 19th
NANB Board Meeting

NANB Contributes to Local Charities

NANB Social Committee:
(from left to right) Stephanie Tobias, Odette Comeau Lavoie and Shelly Rickard. This year, casual Friday's will raise over $900.00. The Social Committee has donated to local charities through the year including: the Fredericton Food bank; Meals on Wheels; the Fredericton Emergency Shelter; and the Heart and Stroke Foundation. Monies collected in October to December, will be donated to Transition House. NANB staff contributing to their community! ❑

Staff changes at the NANB

Appointment

Natalie MacDonald, Noonan, has joined the Nurses Association of New Brunswick (NANB) on a contractual basis as Receptionist, effective September 29th, 2008. She will also provide support to all meetings held at NANB headquarters. Natalie graduated from CCNB—Campbellton as a Human Services Counselor in 1999. She has worked as an administrative assistant for various companies including: ALPA Equipment and King's Place Administration. Natalie's bilingualism and professionalism will be an asset to this position with NANB. ❑

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 email: nanb@nanb.nb.ca.

Attn: Registration Services—Change of address

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

Toll free: 1 800 442-4417 Ext. 51
Tel.: (506) 459-2851
Email: nanb@nanb.nb.ca

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

Join Us For...

AGM & Biennial Conference
Registered Nurses: Moving Forward...Creating Solutions

June 3rd & 4th, 2009 at the Delta Hotel, Fredericton.

Don't miss your opportunity to provide input and guidance to the Association, as well as hear special guest speaker's presentations and professional development sessions.

Business Session—Day 1
Celebrating Excellence: NANB Awards 2009
June 3rd at 19:00 hrs.

Conference and Professional Development—Day 2

Stay tuned for more information in the next issue of *Info Nursing*.

Election Forms 2009

2009 NANB Board of Directors Nomination Form

(To be returned by nominator)

The following nomination is hereby submitted for the 2009 election to the NANB Board of Directors. The nominee has granted permission to submit her or his name and has consented to serve if elected. All of the required documents accompany this form.

Position: _____

Candidate's name: _____

Registration number: _____

Address: _____

_____

_____

Telephone numbers:
(Home)_____ (Work)_____

Chapter: _____

_____

Signature / Registration # / Chapter

_____

Signature / Registration # / Chapter

Nomination forms must be postmarked no later than January 30, 2009. Return to Nominating Committee, Nurses Association of New Brunswick, 165 Regent Street, Fredericton, NB E3B 7B4.

2009 Acceptance of Nomination to the NANB Board of Directors

(The following information must be returned by nominee)

Declaration of Acceptance

I, _____ a nurse in good standing of the Nurses Association of New Brunswick, hereby accept nomination for election to the position of _____.

If elected, I consent to serve in the foregoing capacity until my term is completed.

_____

Signature / Registration #

Biographical sketch of nominee

Please attach separate sheets when providing the following information:

1) basic nursing education, including institution and year of graduation;
2) additional education;
3) employment history, including position, employer and year;
4) professional activities; and
5) other activities.

Reason for Accepting Nomination

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

Photo

Please enclose a recent wallet size head-and-shoulder photo.

Return all of the above information to: NANB, 165 Regent Street, Fredericton, NB E3B 7B4. Information must be postmarked no later than January 30, 2009.

FACT SHEET

What **YOU** Can Do to **PROTECT** Yourself in a **Flu Pandemic**

During a flu pandemic, most of us who get sick with the flu will take care of ourselves at home. There are some simple steps you can take to protect yourself and the people you care about.

1. Take steps to prevent the spread of flu germs

- Cover your mouth with a tissue or your sleeve when you cough or sneeze.
- Wash your hands with soap and running warm water to remove germs.
- Don't share food or dishes with someone who is ill.

2. Watch out for signs of the flu

When you catch the flu it is sudden and hits hard. It begins with a headache, chills and cough followed by a high fever, muscle aches, not wanting to eat and feeling very tired. The fever can last for five days. The flu can last two weeks.

3. Learn how to treat the flu at home

There is no cure for the flu. The best you can do is rest, treat the fever and aches, and help your body fight the virus.

- Stay at home and rest until you feel better.
- Drink lots of fluids (water, juice, soup) to help bring down the fever.
- Take medicine for the fever and muscle aches: ASA (aspirin), acetaminophen, or ibuprofen. Do NOT give ASA or aspirin to children or teens with a fever.

4. Know when you need to get medical help for pandemic flu

Call a public health hotline, your doctor or local clinic for advice:

- If your symptoms get worse after a few days.
- If you have a medical condition that could be made worse by the flu.
- If your child catches pandemic flu, is very cranky, or is not drinking enough or going to the bathroom enough.

Call 911:

- If an adult has difficulty breathing, is confused, has coughed up blood, or has severe vomiting.
- If a child has fast or troubled breathing, bluish lips or skin, is drowsy and can't be roused.

We don't know what the next flu pandemic will be like. But we do know how to take care of seasonal flu. That is a good starting point. It will help us recognize and treat pandemic flu at home and decide when to call for medical help.

For **more information**, go to **www.pandemic.cpha.ca** or **call 1-800-454-8302.**

A message from the Canadian Public Health Association.

HOME and AUTO INSURANCE
for members of the
Nurses Association of New Brunswick

Insurance program recommended by:

Nurses Association of New Brunswick

Say Goodbye to your Deductible

"This is my SOLUTION.*"*

As a partner of the **Nurses Association of New Brunswick,** TD Insurance Meloche Monnex offers you **high-quality home and auto insurance products, preferred group rates and exceptional service**.

Goodbye DEDUCTIBLE™

Being involved in an accident or falling victim to theft can be very stressful. Get added peace of mind by adding our NEW **Goodbye Deductible**™ protection to your automobile policy. That way, you'll have ZERO deductible to pay in the event of an eligible claim. We will handle all covered expenses from start to finish. Contact us to add this feature to your policy today!

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