INFO NURSING

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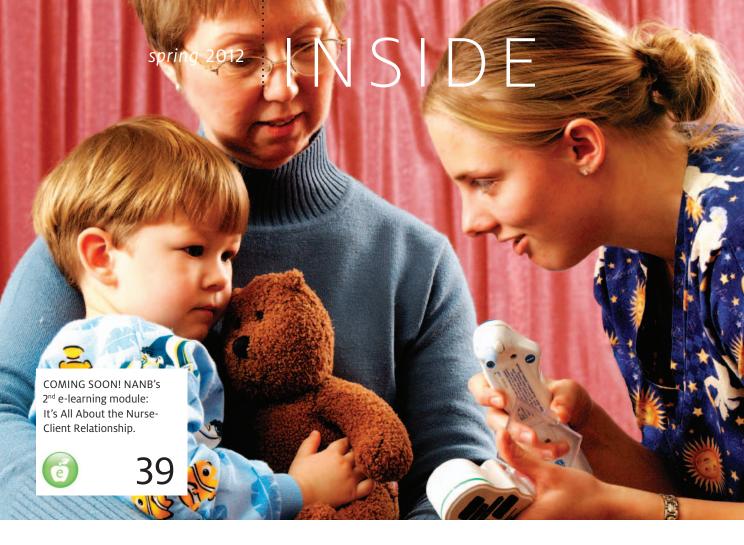
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 PROMOTING
 PEACE INITIATIVE







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Nurses Association of New Brunswick

Nurses shaping nursing for healthy New Brunswickers. In pursuit of this vision, the Nurses Association of New Brunswick is a professional regulatory organization that exsits to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice and by promoting healthy public policy.

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

Submissions

Articles submitted for publication should be typewritten, double spaced and not exceed 1,000 words. Unsolicited articles, suggestions and letters to the editor are welcome. The author's name, address and telephone number should accompany submissions. 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.

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The Entry-to-Practice Exam and Quality Nursing Education and Practice: Is there a Link?

Registered nurse practice is regulated for the principal reason that the actions of registered nurses have the potential to cause harm and injury to the public. Regulation is focused on establishing the requirements that ensure the competence of members of the profession on entrance to the profession and support their ongoing competence.

The regulatory processes established by the Nurses Association of New Brunswick (NANB) to support quality nursing education and practice are robust and ever evolving; informed by the profession and the health system and include the following:

- Standards of Education
- Entry-to-Practice Competencies
- · Nursing Education Program Approval Standards
- Entrance to Practice requirements
- · Standards of Practice
- Code of Ethics
- Continuing Competence requirements
- Professional Conduct processes

Individuals seeking registration must be graduates of an approved nursing education program based on the standards and competencies defined and required by the NANB. The entry-to-practice exam is an additional validation of entry-to-practice competence for new graduates or individuals educated outside of Canada. The exam is not a comprehensive validation of competence. It focuses on a specific set of core competencies; the essential knowledge, skills and judgement required by novice practitioners or those new to registered nurse practice in Canada to best assure the public's safety when receiving registered nurse care. Once again, only those individuals who are successful graduates of an approved program meet requirements for writing the exam. The NANB believes it is the quality of nursing

education programs that is the key determinant of nursing competence and the quality of nursing practice. The entry-to-practice exam screens out those individuals that cannot demonstrate competence in the essential core entry-to-practice competencies and thereby does contribute to assuring public safety when receiving registered nurse care. The entry-to-practice exam however is only one of a number of requirements for eventual registration/licensure.

Many decades ago registered nurse regulators in Canada together established an entry-to-practice exam as one of the requirements to achieve designation as a registered nurse. Over the years a variety of exams have been used; some homegrown including in New Brunswick, some purchased from other provinces and other countries. Almost 40 years ago registered nurse regulators moved to a common exam in Canada in collaboration with the Canadian Nurses Association. The current Canadian Registered Nurse Exam is provided based on a formal contract with the Canadian Nurses Association for the purchase of the exam developed by Assessment Strategies Incorporated (ASI), a CNA for-profit company, based on the requirements of the regulatory bodies, the expertise of the ASI psychometric experts and Canadian nurses with the required expertise to support the work of exam development, validation and maintenance. Over the following decades the exam has changed; informed by the evolution of registered nurse practice and advancements in the science of testing and knowledge validation. Currently, the exam is a paper and pencil exam written in a four hour sitting.

With the decision by registered nurse regulators in Canada to move to a computer adaptive entry-to-practice exam much concern has been raised about the exams impact on the quality of registered nurse education and public safety when receiving nursing care. Attention has also focused on the selection of an American provider for the new computer-adaptive exam. The



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new exam must validate essential core Canadian entry-to-practice competencies as defined by the exam plan. The exam provider is obligated to meet this requirement. This requirement was established in the fair business process that led to the selection of the *National Council of State Boards of Nursing* as the provider of the new exam form. The exam provider is also required to demonstrate that their business processes meet established Canadian federal and provincial requirements for the protection of personal information and confidentiality. This compliance will be confirmed by a third party privacy audit.

The Nurses Association of New Brunswick is committed to a common Canadian entry-to-practice exam for those seeking registration as a registered nurse in our province. We believe a common exam is required to ensure our compliance with the Agreement on Internal Trade and full labour mobility within Canada for registered nurses. As well, the exam must be a valid, psychometrically sound and legally defensible tool for Canadian entry-to-practice requirements. The new exam form and delivery method will add a significant enhancement to security and minimize opportunities for fraud. Finally, and most importantly for our New Brunswick context, it must be available and valid for both English and French writers. The NANB as the registered nurse regulator in New Brunswick under the direction and oversight of the Board of Directors has the authority, responsibility and accountability under the Nurses Act to ensure the above elements are met.

New Brunswick and Canadian registered nurses will be involved in all aspects of the exam development and validation as well as the validation of the French exam. Sessions to inform New Brunswick educators about the exam and to assist them in supporting students in preparing for this exam will be provided well in advance of its implementation. Supports for students will also be available in a variety formats. All these resources will be provided in both English and French. We recognize the significance and magnitude of this change and it will require an appropriate change management process with ongoing communication as we move forward over the coming three years to the implementation of this exam. A detailed work and communication plan is being developed that will guide us to success. Your full engagement and contribution will be essential.

The quality of nursing education and practice in New Brunswick are defined and informed by NANB regulatory processes and are delivered by a cadre of engaged and committed educators and employers as well as registered nurses themselves. We recognize and commend you for this contribution. Please continue to refer to the NANB website for information and details concerning the implementation of the new exam. New information will be posted as it becomes available. If you have a particular concern or require some clarification please contact the Association and you will be directed to the appropriate individual at 1-800-442-4417 or by email:

- president@nanb.nb.ca
- · rtarjan@nanb.nb.ca

FRANCE MARQUIS

President

France L. marquie

ROXANNE TARJAN

Executive Director



Policy Review

The Board reviewed policies related to:

- Governance Process
- Executive Limitations

Proposed Amendment(s):

The Board of Directors approved three amendments relating to: E-1, Vision and Mission; EL-10, Public Image; and EL-3, Financial Planning.

Organization Performance: Monitoring

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

Board Elections

The Nominating Committee presented a slate of nominees for election to four director positions. Candidate information is available on page 19 and on the NANB website. Election by mail ballot will take place in March/April. Ballots must be returned to NANB no later than April 30, 2012. Election results will be announced at the 96th Annual General Meeting, May 31, 2012.

Board of Directors & Committee Vacancies

Public Director Vacancies:

The NANB Board of Directors requires

nominations to replace public directors once terms have been completed. By March 30, 2012, four nominees must be submitted to the Lieutenant-Governor in Council, who will then select and appoint two public directors.

NANB Committee Vacancies:

The NANB Nursing Education Advisory Committee (one nurse from a community-based practice); Complaints Committee; and Discipline/Review Committee all require nominations to fill vacancies and replace members completing their terms.

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

Entry-to-Practice Registered Nurse Exam

An update was provided by the Executive Director regarding current negotiations with the National Council of State Boards of Nursing (NCSBN) concerning the 2015 Exam. Once completed, information will be provided to members and key stakeholders. Please monitor NANB's website for updates.

Canadian Nurses Protective Society (CNPS)

Changes to CNPS liability protection

were reviewed. Members are encouraged to read this important information available through NANB's website. If you have any questions, contact a Nursing Practice Consultant at 1-800-442-4417.

University of New Brunswick (UNB) BN Program Approval

The Board approved a request from UNB to schedule the 2013 baccalaureate program review to coincide with the Canadian Association of Schools of Nursing (CASN) accreditation in February/March 2013.

Université de Moncton (UdeM) Baccalaureate in Nursing Program Approval

Following the NANB program review of the UdeM baccalaureate nursing program, the Board of Directors has approved the NANB Nursing Education Advisory Committee's recommendations that the program receive a five (5) year approval award.

Continuing Competence Program (CCP) Audit

The 2011 CCP Audit resulted in all audited members meeting the necessary requirements. The next Audit will be conducted in the fall of 2012. A random sample of 2% of RNs and 10% of NPs will be audited at that time.

Hours of Practice Audit

An hours of practice audit was initiated in June 2011. A total of 328 nurses were randomly selected from a group of 783 nurses who had indicated on their 2011 registration renewal form that they had more than one employer. While there was some variations in reported hours and employer validated hours, it was determined that all discrepancies noted were considered valid.

Endorsement of Joint CNA and Stakeholder Documents

- The Role of Health Professionals in Tobacco Cessation (2011)
- Principles to Guide Health Care Transformation in Canada (2011)

All documents and position statements are available on the NANB website or call toll free 1-800-442-4417.

RN E-learning Module(s)

Problematic Substance Use in Nursing

On January 9th, 2012, NANB launched the first of a series of e-learning modules for members. Planning is already underway for additional e-learning modules in 2012 based on themes that directly affect the nursing profession and support continued competence. Over 50 members have successfully completed the module and have received a certificate of completion.

Virtual Forum(s)

Workplace Bullying: End the Silence

The Board was informed of the launch of the first virtual forum, with expert Dr. Judith MacIntosh, author of Bullied at Work in New Brunswick, published in December's Info Nursing journal. The forum provides a unique opportunity to engage nurses in this critical workplace issue.

You can join the discussion by visiting NANB's website to share your opinion and experiences between March 23 and April 13, 2012.

RN Job Opportunities

The Board approved the use of the NANB website, *Info Nursing* and e-bulletin to assist employers in their RN/NP recruitment efforts. This service will be available in March 2012 for NB employers only.

Presentation

Jane Fullerton, Director and Gary Hughes, Curator, History and Technology of the New Brunswick Museum provided an update on the status of the NB Nursing Collection artifacts and archival preservation and cataloguing activities. The Board and Museum representatives discussed partnership opportunities to support the ongoing development, preservation and enhancement which may include: the establishment of an advisory committee;

a virtual exhibit; and a publication.

National Nursing Week May 7- 13, 2012

Nursing: the Health of Our Nation

NANB will coordinate a declaration signing with the Premier to be published in the provincial daily newspapers during National Nursing Week. Additionally, NANB's unique poster will be revised and re-distributed province-wide prior to NNW.

Finally, the Association will profile National Nursing Week events coordinated by Chapters using our website and the *Virtual Flame* (May 2012).

Finances

The Board reviewed the 2011 Auditor's Report which reflected a \$233,860 operating surplus. From this surplus, there were capital asset purchases of \$30,424 and the Board supported a transfer of \$150,000 to the Capital Fund for future infrastructure enhancements to the building. The audited financial statements will be presented at the 2012 Annual General Meeting. The Board reviewed the 2012 budget. Planned expenditures for 2012 are approximately \$3,770,746 with a surplus of \$7,765. This represents a balanced budget in accordance with board policy.

Next Board

The next Board of Directors meeting will be held at the NANB Headquarters on May 29 and 30, 2012.

Observers are welcome at all Board of Directors meetings. Please contact Paulette Poirier, Executive Assistant/ Corporate Secretary at: ppoirier@nanb.nb.ca or call 506-459-2858/1-800-442-4417.

2011-2012 NANB Board of Directors

- President: France Marquis
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- Public Director: Robert Thériault
- Public Director: Roland Losier



Online Renewal: Give us Your Feedback

NANB members renewed their 2012 registration online. For the first time, registration packages were replaced with registration reminder postcards. Since we introduced online registration in 2005, the number of members registering online has increased each and every year. We welcome your feedback to help us evaluate the online renewal process and make improvements for coming years. Please send your comments to nanb@nanb.nb.ca.

The next step towards paperless renewal will be to make registration certificates and receipts available online. Members will be able to access and print their certificate once they have successfully renewed online.

By registering before the Administrative Deadline of December 1st, you ensure your renewal is completed before the expiration of your current registration.

Watch for the registration reminder postcards to be mailed in September. Online registration information will continue to be highlighted in *Info Nursing*, the e-bulletin, *The Virtual Flame* and posted on the website throughout the year.

Workplace Communications Network

The Workplace Communications Network (WCN) is made up of over 200 volunteer nurses from around the province. The network is designed to be a communications channel to distribute information on professional issues, developments and NANB news to all NB nurses.

The Network's goal is to have a WCN representative in every workplace in NB to ensure that all nurses are kept informed and up to date on all NANB news and events.

NANB sends a yearly reminder to all Workplace Representatives to ensure that their information is current. However, if your information is not correct, if you would like to volunteer for a vacant position or if your workplace is not on our list of WCN, please contact the Communications Department at stobias@nanb.nb.ca or 506-459-2834/1-800-442-4417.

NANB would like to thank and acknowledge all our Workplace Representatives for keeping our members informed.

For a complete list of all NANB's Workplace Representatives visit www.nanb.nb.ca under Member's Corner.

Bursary for CDE Certification

A Comprehensive Diabetes Strategy for New Brunswickers was released in June 2010. To improve care support to persons living with diabetes, the New Brunswick government has created a bursary fund to support allied healthcare providers to certify as diabetes educators. Certified diabetes education specialists promote the national standards of care for individuals affected by diabetes in New Brunswick. Twenty bursaries are available each year to support eligible health professionals in New Brunswick in credentialing as a certified diabetes educator.

Health professionals who successfully complete the diabetes educator's examination may apply for reimbursement of the cost of the examination which is four hundred and fifty dollars (\$450.00).

For further information email DiabetesStrategy.StrategieDiabete@gnb.ca or call 506-444-4174.

Thank you, Debra Dickeson Program Manager



Notice of Annual Meeting

In accordance with bylaw Article XIV, notice is given of an annual meeting to be held May 31, 2012, at the Delta 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

As indicated in December's Info Nursing, resolutions presented by the general membership according to the prescribed deadline, March 16, 2012, will be voted on by the general membership. During the general 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

Mark Your Calendars! NANB's 96th Annual General Meeting

Thursday, May 31, 2012 From: 1400–1630

Delta Hotel, Grand Ballroom A & B 225 Woodstock Road, Fredericton, NB



Agenda

1300	Registration
1400	Call to Order
	Introductions
	President's Remarks
	Approval of the Agenda, Rules & Privileges of Annual Meeting
	ANNOUNCEMENT: Resolutions Deadline (1430) INTRODUCTION: Chairperson of the Resolutions
	Committee, Chief Scrutineer
	Auditor's Report
	Annual Report
1430	Deadline for Submissions of Resolutions
1500-1515	Nutrition Break
1515–1630	Resolutions Committee Report
	Voting on Resolutions
	Results of Election
	New Business
	Invitation to the 2013 Annual General Meeting
	Adjournment

Some participants may be sensitive to perfume or aftershave, so members are asked to refrain from wearing scents.

A photographer will be circulating taking pictures at our Annual General Meeting. Photos may be used in future NANB communications materials.

Hours & Dates

NANB Office Hours:

Monday to Friday 08:30 to 16:30

We Will be Closed:

- March 23
 NANB's headquarters in Fredericton will be closed for office clean-up
- April 6
 Good Friday
- April 9
 Easter Monday
- May 21
 Victoria Day
- July 2 Canada Day
- August 6
 New Brunswick Day
- September 3 Labour Day

Dates to Remember:

- May 7–13
 National Nursing Week
- May 29-30
 NANB Board Meeting
- May 31
 NANB's 96th AGM

UNB Celebrates 17th Annual Nursing Research Day

Please join UNB's Faculty of Nursing on Friday April 27, 2012, from 8:30am-4:00pm. Nursing Research Day is an opportunity to:

- attend formal presentations on completed nursing/health research initiatives;
- participate in informal discussions with nurse researchers about ongoing research projects; and
- network about research ideas with nurses and other professionals from diverse settings.

The Keynote Speaker will be Lynn Nagle, RN, PhD. Dr. Nagle is a UNB nursing graduate, an Assistant Professor with the University of Toronto and an internationally recognized expert in nursing and health informatics. She is the former Senior Nursing Advisor to Canada Health Infoway and founding president of the Canadian Nursing Informatics Association, and she has received many awards for her work. She was a recipient of the Canadian Nurses Association's Centennial Award (2008).

Nurses, other health care colleagues, potential MN students, health care consumers and colleagues from health, government agencies and the university community are invited to attend. For more information, please see our website at www.unb.ca/fredericton/nursing/16researchday.html.

CNA Certification in Gerontology: A Gift for Registered Nurses

Ms. Carla Hartley, RN, Fredericton was the first recipient of six (6) registered members to qualify for a \$500 gift in memory of the late Mrs. Jeannette E. Marcotte, of Moncton NB.

A gift of \$3,000 was given to the Nurses Association of New Brunswick (NANB). Monies will be directed to assist five (5) more qualified registered nurses in attaining CNA Certification in Gerontology.

Registered nurses meeting the requirements 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:

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)

The winner will be notified by the Association.



Do you want to receive *Info Nursing* electronically?

NANB OFFERS members the opportunity to receive *Info Nursing* electronically. In a continuous effort to be an environmentally friendly Association, NANB currently emails stakeholders and members a direct link to your nursing journal.

Please email stobias@nanb.nb.ca indicating that you would prefer to receive future issues of *Info Nursing* electronically.

Get Involved! Play an Active Role in Your Association

Committee Members Needed

Do you promote your profession? Will you share your expertise? The Nurses Association of New Brunswick (NANB) is presently looking for members interested in becoming involved in the various committees. Factors considered when selecting committee members are:

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

Public Members Needed

NANB is currently seeking interested members of the public to serve as public directors on the Board of Directors and as public members on the Complaints Committee and the Discipline and Review Committee on a voluntary basis. Public members are individuals who are not now, and have never been, registered nurses. Public members should have:

- · An interest in health and welfare matters;
- Previous committee or board experience;
- Time to devote to the role and some knowledge about the nursing profession;
- Volunteer or work experience that demonstrates acting in the interest of the public.

The Nurses Act mandates your professional association to maintain a number of standing committees, which includes the Complaints Committee; the Discipline/Review Committee; and the Nursing Education Advisory Committee. These committees allow members to be a part of a process that ensures the public is protected and that New Brunswickers receive safe, competent and ethical nursing care.

If you would be able to contribute to NANB's Board of Directors or the standing committees, please contact Odette Comeau Lavoie, Senior Regulatory Consultant at ocomeaulavoie@nanb.nb.ca or by fax 506-459-2838. For additional information, you may contact the Association at 1-800-442-4417.



Committee Members				
Name				
Addre	SS			
Regist	ration No.			
Currer	nt Area of Practice			
Teleph	one No.			
Email				
Langu	age 🗖 English 🗖 French			
	Areas of interest (please check): Nursing Education Advisory Committee (currently recruiting a nurse from a community-based practice)			
	Exam Writing Committee (CRNE)			
	Complaints Committee (This committee conducts the first step in the Professional Conduct Review (PCR) process and determines if further action is required. Meetings occur by teleconference.)			
	Discipline / Review Committee (This committee conducts the second step in the PCR two-step process. Committee members examine evidence, hold hearings and make decisions.)			
	Other			

Please return this form to NANB at 165 Regent St., Fredericton, NB E3B 7B4 or fax to 506-459-2838.

Return Your Ballot Today!

Ballots must be received at the NANB office by April 30, 2012.

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

Results will be posted on the NANB website 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.



Seeking Lesbian Headed Step-families to Participate in Nursing Research Study

......

Are you part of a lesbian headed stepfamily or know anyone who is? I am looking for women raising children with another woman, in a step-family situation.

There is a growing body of research investigating the experiences of birth mothers in lesbian step-families; however the voice of the step-mother and especially the voices of the children are rarely heard. Developing a greater understanding of what it is like to become a lesbian step-family will inform practice, policy and healthcare provider education.

I am a doctoral student with the School of Nursing at Dalhousie University and would like to speak to you and your family about the process of becoming a lesbian headed step-family. I will travel to speak with women in New Brunswick, Nova Scotia and Prince Edward Island. This study has been granted REB approval (#2011-2390). For additional information or to set a meeting date, send email to: research.lesbian.2011@gmail.com.

CNF More Than Half-Way to its \$4-million Goal

The Canadian Nurses Foundation (CNF) has raised almost \$2.4 million in its Nursing 4.0 Campaign...is on track to reaching its \$4-million goal...and is challenging active and retired nurses to collectively contribute \$1 million.

Campaign results, to date, have enabled CNF to award an additional 41 scholarships already, and by the close of the campaign CNF expects to support significantly more nursing scholarship applicants and to increase the number of certification and research awards.

CNF is the only national charity exclusively devoted to supporting Canadian nurses, and advances nursing knowledge by securing funding for scholarships and research and by providing national recognition to Canada's innovative nurses. The Foundation offers general awards, specific Aboriginal awards, and support to internationally educated nurses enrolled in bridging programs.

To donate, or to find out more about CNF or the Nursing 4.0 Campaign, please visit www.cnf-fiic.ca or telephone: 1-800-361-8404, ext. 242.



Students Show Future of Canadian Health Care is Bright

On May 16, 2011, the Health Council of Canada presented the Health Innovation Award's 2nd place to Jessica Hooper, Holly Knight and Kelly Quinn, Safe Injection Facilities: How InSite Provides Insight into What the Rest of Canada Needs from the University of New Brunswick (Saint John, NB).

Congratulations!

ou a targ **Workplace Bullying: End the Silence** Join the discussion | March 23-April 13, 2012 | www.nanb.nb.ca NANB invites members and the public to share their opinion of workplace bullying with expert Dr. Judith MacIntosh, BN, MSc., PhD, Assistant Dean of Research and Faculty Development, University of New Brunswick. Join the discussion to end the silence and stop the violence, visit www.nanb.nb.ca and share your comments anonymously. Nurses Association OF NEW BRUNSWICK

The number of seniors in Canada is projected to increase from 4.2 million to 9.9 million between 2005 and 2036. They will then make up between 23% and 25% of the Canadian population (Statistics Canada, 2010). Several research studies have shown that as people age they require more healthcare. Seniors with multiple chronic and complex conditions seek resources for care, including living space in a long term care facility.

P·E·A·C·E

Advanced age, female gender, low socioeconomic status, limited functional status (decreased ability to perform tasks associated with activities of daily living), and the presence of dementia are among the most frequently reported reasons that lead older persons to be admitted to a nursing home (Branch, 2000; Department of Nursing Home Services, 2011; Kao,

Travis & Acton, 2004).

New Brunswick RNs Promoting PEACE: Prevention of Elder Abuse Centers of Excellence

By SHAUNA FIGLER

he New Brunswick scene: seniors constitute one of the fastest growing population groups in Canada. Statistics Canada (2007) reports that 6.1 percent of all seniors over the age of 75 in New Brunswick are residing in one of the licensed nursing home beds throughout the province. In NB, as of March 31, 2011, there were 4,330 occupied nursing home beds, which represent a 13 percent increase from March 31, 2005, (Nursing Home Services Annual Report, 2011).

Healthcare providers are viewed as supportive and caring professionals; however, recent Canadian and Provincial news media have highlighted instances of abuse of seniors in long term care facilities at the hands of staff. RNs are often the ones who must address the issue of elder abuse. It is seldom easy. People are often reluctant to speak about the issue of elder abuse

and signs that abuse is occurring are often missed.

It is estimated that 4 to 10 percent of older adults will experience one or more forms of abuse at some point during their senior years (Statistics Canada, 2010). Because of the RN's unique position in healthcare settings, it is important that RNs know what constitutes abuse, how to prevent abuse from occurring and what to do when abuse does occur. NANB's Practice Standard: The Therapeutic Nurse-Client Relationship highlights that, it is an RN's legal and professional responsibility to address and report abuse and/or neglect. In addition, the registered nurse protects the client from harm by ensuring that abuse is prevented or stopped.

In July of 2010, the Canadian Nurses Association (CNA) and the Registered Nurses Association of Ontario (RNAO) formed a steering committee of

stakeholders (of which NANB is a member) that developed a five-module curriculum with an accompanying facilitator's guide covering the topics of: understanding elder abuse, recognizing elder abuse, learning the law, intervention and strategies and healthy work environment for staff of long term care facilities. The intent of the national project was to promote dignity and respect in the care of older persons. As part of the project, ten long term care settings across Canada applied and were selected to be pilot sites for "Prevention of Elder Abuse Centers of Excellence" (PEACE sites). Two long term care facilities in New Brunswick were selected: The Department of Veterans Affairs (DVA) unit in Fredericton, which is part of the Horizon Health Network and York Care Center, a 204 bed nursing home also located in Fredericton.

Beth Harris, RN, MN, Clinical Nurse Specialist, Geriatrics, Horizon Health Network Zone 3 at the DVA and Gail MacFarlane, RN, the Staff Educator at York Manor, were recently asked:

How has taking part in the PEACE initiative, as a pilot home, impacted the nursing home environment and delivery of nursing care in your work setting?

BETH'S RESPONSE: "At Veterans' Health Unit, we have always taken a zero tolerance approach to elder abuse. Being part of this national initiative has served to raise awareness of the many types of elder abuse and neglect. We delivered the modules to all staff, not just nursing, and this helped to emphasize the importance of every member of the team in the prevention of elder abuse. The curriculum highlighted the importance of a healthy and supportive work environment and has given us concrete suggestions as to how staff can support one another on a daily basis to deliver excellent care.

I think perhaps the most important

aspect of participating in this project was actually being able to have a conversation with staff on the subject. Elder abuse is one of those emotive issues that no long term care facility wants to be associated with. By educating staff on the many subtle and pervasive forms of elder abuse and assisting them to recognize and identify elder abuse, we empower our staff. Through participation in this project, we have shed light on a delicate subject and this knowledge has translated into the old adage – 'When we know better, we do better'."

GAIL'S RESPONSE: "I feel that taking part in the PEACE initiative has brought the topic of abuse and neglect to the forefront for everyone in all departments. It has come out of the shadows of secrecy and is being discussed openly without fear of retaliation and/or punishment. Staff have learned about the types of abuse, how prevalent it is and what is considered neglect. Results from surveys completed before education and then again after education was

provided, show staff feel more comfortable about how to address the issues and how to access information on elder abuse." McFarlane also identified that York Manor was able to raise community awareness of the prevalence of elder abuse by offering the PEACE modules to volunteers and students of York Manor, by doing presentations about the initiative at the New Brunswick Nursing Home Association Annual meeting and by profiling the initiative on World Elder Abuse Awareness Day. In addition, York Manor has hosted an education session for other long term care facilities in New Brunswick, attended by staff from eight nursing homes. Rayma O'Donnell, Director of Care at York Manor, summed up York Manor's involvement with the PEACE initiative in the following quote, "It is my personal perception that there is a sense of pride at all levels of the York Care Center organization, that we are part of this initiative and helping other organizations to become more aware".



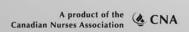




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NANB ELECTIONS 2012

Meet the Candidates

Electoral Region 1



Marise Auffrey
Director

Education: Bachelor of Nursing from the Université de Moncton, 1985.

Additional Education: Certificate in care unit management from the Canadian Hospital Association and the Canadian Nurses Association, 1991.

Present Position: Director, Nursing Practice, Dr. Georges-L.-Dumont University Hospital Centre, Moncton.

Professional Activities: Member of the Heart & Stroke Foundation; chairperson of the NANB Complaints Committee (2001-2003 and 2009-present); member of the NANB Discipline Committee (2003-2005); member of the Canadian Association of Nephrology Nurses and Technologists (2005-2007).

Nominated by: Linda Savoie and Allison White

Reason for accepting nomination: It is with great pleasure that I submit my

name for the position of Director for Region 1. It is an opportunity to get more involved in my association. I am very proud of my profession, and I see this position as an opportunity to build stronger relationships with leaders and thus influence the advancement of my profession and decision-making in matters of professional issues and policies.



Chantal Saumure
Director

Education: Bachelor of Nursing, Université de Moncton, 1991.

Additional Education: Certificate in HR management, Université de Moncton, 1977; MBA, Université de Moncton, 2001; graduate studies certificate in public management (health), Université de Moncton, 2007; master's degree in health services management, Université de Moncton, 2012.

Present Position: Administrative Director of the Nephrology Program, Dr.

Georges-L.-Dumont University Hospital Centre, Moncton.

Professional Activities: Spokesperson for the master's degree in health services management education, UdeM; President, committee for harmonizing kidney services, Vitalité Health Network (2010-present); Surveyor, Accreditation Canada (2008-present); member of the Gala committee of the Dr. Georges-L.-Dumont Hospital Foundation (2008- present); member of the complaints committee, NANB (2006-2010); Canadian Association of Nephrology Nurses and Technologists (CANNT) (outgoing president, 2005-2006; president, 2004-2005; president-elect, 2003-2004; editorial board, 2000-2008); Beauséjour Regional Health Authority, team leader, visit from the Canadian Council on Health Services Accreditation (nephrology, 2002 and 2005; outpatient care, 1997)

Nominated by: Edith Côté Léger and Suzanne Berube

Reason for accepting nomination: It is evident that nurses hold an important position in our ever changing healthcare system. The stakes are high, but with my knowledge and abilities, I know I can represent our profession in its quest for continued improvement of our healthcare system for our profession and the members of our communities.





Dawn TorpeDirector

Education: Basic Nursing Education, Vanier CEGEP, Montreal, 1981; Bachelor of Nursing, UNB, 1988.

Additional Education: Masters of Nursing, UNB, 2005.

Present Position: Director of Nursing Professional Practice, Zone 3 Horizon Health Network.

Professional Activities: Member of the University of New Brunswick, Faculty of Nursing Graduate Academic Unit Graduate Curriculum Review Committee; Member of the UNB Community Health Clinic Advisory Committee; University of New Brunswick Graduate Teaching Associate; Past member of the NANB Disciplinary Review Committee; College of Registered Nurses of Nova Scotia (CRNNS) appointed reviewer for the CRNNS Accreditation of Cape Breton University (January 2010) and Dalhousie University (October 2010).

Nominated by: Shelley Knorr and Kathryn Burns

Reason for Accepting Nomination: I

believe that through participation in our professional association, we as nurses increase the power of our singular voices. At this time, our "nursing voice" needs to be heard as NANB works with others to shape health care policy for the future. I have served as the Region 3 Director since September of 2011 and would be honoured to receive your vote to continue in this position and have the opportunity to be a voice for nurses in this province.



Linda LePage-LeClair
Director

Education: Bachelor of Nursing, Université de Moncton, 1983.

Additional Education: Bachelor in Post-secondary Education, Université de Moncton, 1991; MBA, Université de Moncton, 2001; Master's Certificate in Project Management, University of New Brunswick, 2008.

Present Position: Executive Director, Academic Affairs, Vitalité Health Network.

Professional Activities: Member, NANB Nursing Education Advisory Committee; Vice-President, Corporate Services, COFJA 2004/25th final of the Jeux de l'Acadie; Assistant Vice-President, Health and Medical Services, Canada Winter Games, 2003; member, Health Services Foundation of Restigouche; member, Management Committee, Restigouche Health Services Corporation; member, Quality Control Committee, Restigouche Health Services Corporation.

Nominated by: Jeanne Charest and Heather Anne Clark

Reason for Accepting Nomination:

This amazing experience on the Board helped me to better understand the role and responsibilities of our Association and realize how committed its staff is to advancing the nursing profession in the New Brunswick health system and at the federal level, and I have been very impressed with the means used to stay in step with technological changes, economic and political changes... and to listen to its members.



Rhonda Shaddick
Director

Education: Graduate of Saint John School of Nursing, 1975.

Additional Education: Bachelor of Nursing, University of New Brunswick, Fredericton, 1992; Masters of Education (Adult Education), University of New Brunswick, Fredericton, 1997; Certification in Quality Improvement Management, Canadian Healthcare Association, Ottawa, 2004.

Present Position: Miramichi Zone Director of Quality.

Professional Activities: Member of NANB Complaints Committee, 2011; Miramichi Zone Directors Council, 2008–present; Past President Miramichi Chapter NANB, 2006; Past President of New Brunswick Healthcare Quality Interest group, 2006; Miramichi Wellness Network Steering Committee member, 2011; Instructor, first year nursing students, UNB Bathurst Satellite Program.

Nominated by: Dawn Haddad and Hazel Russell

Reason for Accepting Nomination: I am pleased to accept the nomination of Director- Electoral Region 7 to the Board of Directors of NANB. I feel that this role will give me the opportunity to contribute to the advancement of nursing practice in NB by participating in health care policy development standards of practice development, and contribute to and monitor our profession's strategic direction in this time of health system turmoil.

PROXY VOTING

What you need to know

Anyone who does not plan to attend the 2012 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, May 31, 2012, 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?

NANB bylaw 12.07 states:

- 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; and
- 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 25, 2012, 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 25, 2012, 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 Registration.
- 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 proxies with you. If they are lost, you may not be able to retrieve them to vote.

Clarification

For clarification on proxy voting call the Association at 506-458-8731 or toll free 1-800-442-4417.

Proxy Voting Form 2012

(please print

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I,a practising nurse member of the Nurses Association of New Brunswick, hereby appoint				
registration no, as my proxy to act and				
vote on my behalf, at the annual meeting of the Nurses Association of New Brunswick to be held May 31, 2012, and any adjournment thereof.				
Signed this the day of , 2012.				
Signature				
Registration No.				
To be received at NANB offices before May 25, 2012, at 1300 hrs. Proxies sent by fax will be declared null and void.				
Mail to:				
Nurses Association of New Brunswick				
165 Regent Street				
Fredericton, NB E3B 7B4				



ele-Care was piloted in January 1995 in Moncton as a solution to the ever-increased reductions in access to afterhour's primary health care and health information.

It was anticipated that Tele-Care would achieve two objectives:

- reduce pressure on hospital emergency departments by supporting callers in their decision to choose self-care, when appropriate, or other less-costly primary-care components of the health-care system; and
- improve access to timely primary health-care advice for New Brunswickers in rural and remote areas of the province.

Based on the resounding success of the pilot, Tele-Care was launched province wide in 1997 as a 24/7, bilingual telephone triage service managed by a third-party provider, Clinidata/Sykes.

In March 2011, Tele-Care was rebranded as 811. 811 is an easy to remember top of mind health related number for citizens.

Tele-Care Today

In 2010, Tele-Care served 67,000 unique callers, representing one in five New Brunswick households that accessed Tele-Care.

Every Tele-Care caller with an injury, illness or health symptom will speak to a registered nurse. Those looking for help with health system navigation information will speak to a health service representative.

57% of calls arrive when primary care offices are closed during evenings, early mornings, weekends and holidays.

This represented 50,000 calls in 2010.

Tele-Care provides support to many other programs and services across the province including: animal borne illness, sexual health, chronic disease, addiction and mental health, post partum depression, deaf and hard of hearing (TTY) and simultaneous interpretation for over 200 languages.

Tele-Care continues to be supported and run by Sykes Assistance Services Corp. Canada. Sykes uses:

- standardized Canadian clinical guidelines provided through proprietary computer software;
- registered nurses prioritize calls using a triage approach and offer symptom-specific advice and information.

Tele-Care is not "ED Now"

Contrary to popular belief, Tele-Care does not send every caller to the emergency department. Of the 86,000 calls received in fiscal 2010–2011, the following outcomes were reported:

- 42% of callers were able to self care;
- 33% were recommended to see their family physician or after-hours clinic;
- 16% were referred to the Emergency Department; *
- 2% were referred to the Emergency Department due to no alternative service;
- 4% were referred to 911/Ambulance dispatch; and
- 3% were directed to pharmacists and/or community services

To learn more about our services please visit www.gnb. ca/0217/tele-care-e.asp or contact Alan Bechervaise, Program Manager at 506-869-6226 or alan.bechervaise@gnb.ca.

^{*}It is important to note that 17,000 callers who planned to visit the ED were diverted to a lower level of service as a result of care advice provided by Tele-Care nurses.





The Nurse as an Advocate

In the nursing profession, patient advocacy is usually discussed within an ethical framework. Is there a corresponding legal duty? Canadian court decisions have recognized the existence of a legal nursing duty to obtain proper care for patients, even when this requires nurses to seek assistance outside the usual treatment team (i.e. by speaking to someone other than a trusted colleague or an immediate supervisor). What is the extent of this duty?

Advocating Outside the Treatment Team

A few court decisions provide guidance as to when a nurse may be expected to seek assistance outside the treatment team:

- a) Patient not receiving adequate care: Nurses are not generally expected to cross professional boundaries and monitor the performance of other medical professionals. However, a nurse may have a legal duty to seek assistance outside the treatment team where a patient is not receiving adequate care within the treatment team. This was the conclusion reached by the Court in the case of an unresponsive baby delivered after shoulder dystocia. The Court observed that a "nurse's standard of care will include intervention, such as calling for assistance from another physician, only in exceptional circumstances, such as [where there is] clear and obvious evidence of neglect or incompetence. To describe the duty of care any more broadly risks imposing an obligation on nurses to "second-guess" doctors' decisions, an unfair burden in a standard treatment setting, and a possibly dangerous one during an emergency." With that caveat in mind, the Court held there was a breach of the standard of nursing care when the two nurses did not immediately call for another doctor to intubate the baby when it was obvious that the attending physician was "emotionally distressed by the outcome"2 and could not provide the care needed. More recently, an Ontario court decision concluded that a nurse should have made greater efforts to seek medical attention for her patient when it became apparent that a call made to the doctor by the charge nurse had not received a timely response. A similar rationale might be invoked to require health care professionals to take action when a colleague appears to be impaired. In fact, in certain provinces, nurses have a positive duty to report a colleague who may be unable to practice.
- b) Scarce resources: Scarce resources can pose another type of urgent risk. While courts have not yet found that nurses have a legal duty to advocate in the face of scarce resources, it is helpful, especially for nurses giving primary care, to know what direction the courts have provided to physicians on this subject. In a British Columbia case, physicians defended the decision not to order a CT scan that might have diagnosed a ruptured aneurysm on the basis of budgetary constraints at the hospital. The Court held that the physicians' duty of care to their patient took precedence over any responsibility they had to the health care system overall.³
- c) Imminent risk of harm: The Supreme Court of Canada has recognized that a health care professional's duty of confidentiality is outweighed by safety concerns in circumstances where he or she learns, in the course of providing professional services, that another person or identifiable group is at risk of serious and imminent harm (e.g. the

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To speak up, or not speak up.

That is the question.



More than liability protection

patient openly threatens that individual and has the means to carry out the threat). This exception to the duty of confidentiality has since been incorporated into provincial privacy legislation applicable to health information. In the United States, the courts have held not only that there is a public interest in setting aside the duty of confidentiality, but that in such circumstances, professionals have a duty to take reasonable care to protect the intended victim against the risk of harm. Canadian courts could well adopt the same rationale.

Reconciling Advocacy and the Duty of Confidentiality

These cases indicate that health care professionals can be required, in exceptional circumstances, to address problems by taking action beyond what is usually done in the normal course of treatment, including speaking to people outside the treatment team. It may be difficult to reconcile that requirement with the duty of confidentiality. It may also be difficult to reconcile with employment obligations (or contractual obligations, if working as an independent contractor). Improperly balancing all those interests could lead to negative and unintended workplace or legal consequences, such as disciplinary action, a complaint for breach of privacy or an action for defamation. Reaching the decision to report concerns outside the treatment team requires careful deliberation. Nurses facing such a situation would be very prudent to seek advice, whenever time permits. The CNPS can provide this advice.

Other best practices include:

- · Proceeding through official channels, in accordance with employer policies, when applicable
- Using professional language
- Reporting the relevant facts as accurately as possible
- Explaining the urgency and potential implications of the situation for the patient
- Requesting action/feedback within a specific time frame, as warranted in the circumstances
- · Where time permits, communicating concerns in writing in a professional and factual manner
- Documenting measures taken to address the problem in the chart, where they relate to patient care, or
 in a letter to a supervisor or employer
- · Following-up if necessary, escalating through the layers of administration

Nurses should avoid:

- Making assumptions or inferring facts
- · Venting frustrations to the patient, in the patient's record, or in social media
- Using inflammatory language
- Publicizing concerns any more widely than is strictly necessary
- · Breaching the duty of confidentiality, except to the extent permitted by law

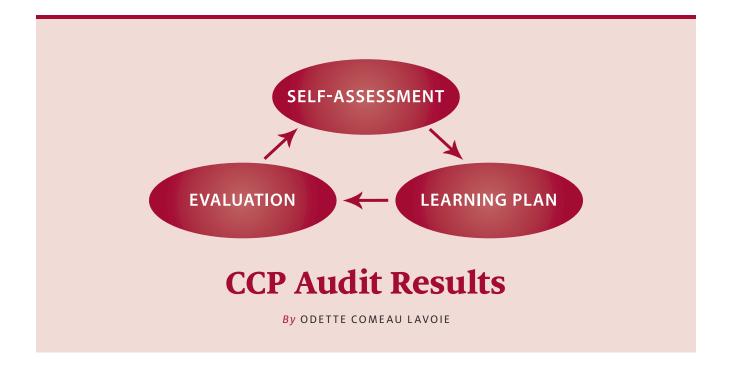
If you have any questions, please contact CNPS at 1-800-267-3390 or visit our website at www.cnps.ca.

- 1. Skeels (Estate of) v Iwashkiw, 2006 ABQB 335 at para 95 (available on CanLII).
- 2. Ibid at para 260.
- 3. Law Estate v Simice (1994), 21 CCLT (2d) 228 (BCSC), aff'd (1995), 27 CCLT (2d) 127 (BCCA).
- 4. Smith v Jones, [1999] 1 SCR 455 at para 78.
- Tarasoff v Regents of University of California, 551 P 2d 334 (Cal 1976); Thompson v County of Alameda, 614 P 2d 728 (Cal 1980).

N.B. In this document, the feminine pronoun includes the masculine and vice versa except where referring to a participant in a legal proceeding.

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In accordance with the NANB Bylaws, an annual CCP Audit is to be conducted to assess members' compliance with CCP requirements. The CCP requires all members to reflect on their practice through self-assessment, to complete a learning plan, and to evaluate the impact of their learning activities. Registered Nurses (RNs) and Nurse Practitioners (NPs) must comply with CCP requirements to maintain their registration and confirm if they have or not by answering a compulsory question as part of the annual registration renewal process.

This past fall, 167 members (159 registered nurses and 8 registered nurse practitioners) were required to complete a CCP Audit questionnaire prior to renewing their registration. Members were asked to complete an online questionnaire related to their CCP activities for the 2010 practice year. Eighty one percent of audited members completed the questionnaire online; the other 19 percent requested a paper copy of the questionnaire. The completed questionnaires were examined and assessed for compliance with the program. NANB was looking for evidence of the following three steps of the CCP:

- 1. Completion of a self-assessment;
- 2. Development and implementation of a learning plan including at least one learning objective and learning activities; and

167 Members Were Audited

TABLE 1 Language

	RN	NP
English	103	5
French	56	3

TABLE 2 Areas of practice

	RN	NP
Direct care	135	7
Administration	13	_
Education	7	1
Research	2	_
Other	2	_

TABLE 3 Employment setting

	RN	NP
Hospital	101	_
Community	33	7
Nursing Home	16	1
Other	9	_

3. Evaluation of the impact of the learning on nursing or nurse practitioner practice.

What did members tell us?

SELF-ASSESSMENT: Again this year, RNs chose indicator 2.1 (demonstrates competencies relevant to own area of nursing practice) and indicator 3.2 (continually assess practice to identify learning needs and opportunities for improvement) more frequently than any other indicator. NPs chose a variety of competencies.

LEARNING PLAN: RNs and NPs included their main learning objective on the audit questionnaire. RNs included learning objectives such as: "to increase my knowledge of emergency care for the pediatric patient", "to improve my nursing notes to more accurately reflect care given to patients" and "to recognize and defuse bullying in the workplace". One NP included the following learning objective: "to increase my knowledge of clinical issues pertaining to sexual health".

Members also indicated which learning activity they had completed in order to meet their main learning objective. For a second year in a row, Reading articles / books, attending workshops and accessing the Internet were the most popular learning activities for RNs. NPs reported reading articles / books and attending work-







Follow NANB on Twitter!

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

You can follow NANB at www.twitter. com/nanb_aiinb. There is also a direct link to the account from our website homepage www.nanb.nb.ca. shops as their most popular learning activities.

The majority of RNs and NPs confirmed that they recorded their CCP activities using the NANB CCP Self-Assessment and Learning Plan Worksheets. They also rated these two tools as the most helpful from a list of six possible tools. RNs and NPs also identified the Examples of Completed Worksheets (available on the website) as very helpful tools. These results mirror those from last year.

EVALUATION: Members commented on the impact of their learning on their nursing practice. RNs included statements such as: "I am now in a position to confidently teach and mentor other staff [in this area], both formally in their certification course and then day to day on the unit" and "I have increased my knowledge of caring for the elderly. In addition to meeting their physical needs, it is of significant importance to be aware of and support their emotional needs". One NP stated: "I feel more confident and competent in providing safe and appropriate care for clients".

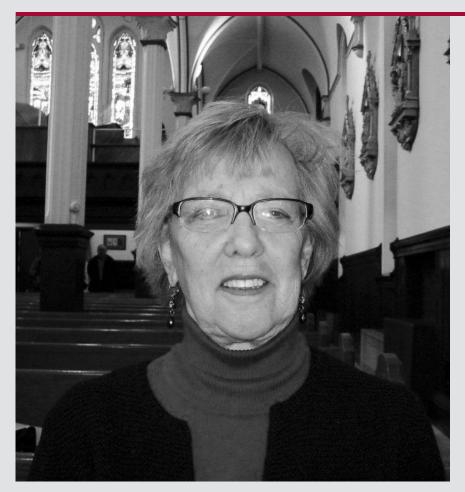
Results

As a result of the audit, eight RNs and two NPs required a follow-up call to obtain clarifications on the information they had submitted on their audit questionnaire. It was subsequently determined that all 167 audited members had met the CCP requirements.

What's next?

The next CCP Audit will be conducted in the fall of 2012. At that time, a random sample of approximately 180 RNs and 10 NPs will be audited on their CCP activities for the 2011 practice year. These members will be required to complete the online CCP Audit questionnaire prior to the fall registration renewal.

Members who have questions related to the CCP, or who experience difficulty in meeting CCP requirements, should visit the NANB website Continuing Competence Program section under the Professional Practice heading or contact a Nursing Practice Consultant at 1800 442-4417.



Parish Nurse for Hope and Healing

By VICKY KNIGHT

IT IS PROBABLY SAFE TO SAY THAT everyone looks forward to the time when we can retire from active professional work. We take stock of our financial resources, the needs we may have put on hold, the trips, vacation, the wish list we have postponed. We may see around us numerous aging people who have retired. What is life like for them? What will retirement look like for us?

I would like to share with you some of the learning I have picked up in my three years in a part-time position as a Parish Nurse in Fredericton, NB.

In 2008, St. Anthony's Parish advertised a position for a parish nurse. This was something new in our area. Without knowing a lot about what this would entail, I felt an interest. I did my own personal inventory of my nursing experience, my interactions with sick people, my knowledge of palliative care, and my contacts in the professional health care scene. My religious faith and value system played a big part as I

was always involved in the events of family stories from birth, through growing up and aging, to meaningful death.

I felt I had some gifts, skills, and abilities to bring and I felt drawn to give it a try. I wanted to contribute to my community: my large community and my faith community.

After the first few months of putting programs together, and meeting the people who were so ready to help and support me, I knew I was in the right place. I found myself in a ministry, not a job. And this ministry involved much more than physical healing.

I met people who are lonely. Some have family support; some are much more isolated.

I had people tell me our programs for older persons helped reassure them they could still learn. They could try new things, like painting and pottery and photography. We found fine, willing teachers who joined wholeheartedly in our efforts and told us they enjoyed the

opportunity to be with these eager

I discovered the participants built up a caring network. They made new friends, enjoyed an abundance of healthy laughter, and found ways to care for one another.

Apart from group efforts and organized programs, sometimes individuals called, from their homes or from the hospital, to speak about private concerns. Sometimes they carry memories that need healing or issues they need to resolve. I felt trusted with much more than blood pressure numbers and dietary questions.

It all takes time, time to "hang out" with the people and gain their confidence and trust.

I was able to help people link their physical wellness and spiritual wellness. A lady told me of the inner peace she experienced in making a painting, or a piece of pottery. A woman spoke to me of regaining confidence in herself, her self-worth, her ability to make friends and be a friend. The exercise plan, the yoga, was an experiment that exceeded all our expectation and participants never missed the classes.

In the beginning, I was happy to be able to utilize some of my previous working knowledge of how grants can be accessed, how to write grant applications and approach influential persons who can help with our needs and aspirations. While there is no scientific research to demonstrate the actual difference a ministry such as parish nursing can make, the evaluationswritten and verbal—I was able to gather gave me confirmation that we can improve the quality of life for the older citizens among us. Our program keeps on, has led to a few small self-organized groups, and is proving to be financially sustainable.

I have never looked back since stepping out into this journey. I wish to take every opportunity afforded me to encourage anyone, especially retired or semi-retired persons, to look at your own gifts and personal goals and see if there is some way you can bring a little sunshine into the lives of our seniors, our valued and valuable elders who have much wisdom to share and who still have imagination, wit, social skills and smarts! The reward and satisfaction one gains in the role of Parish Nurse are beyond limitations or boundaries.

A New Philosophy of Aging





The Atlantic Institute on Aging

BV PAULA GRAHAM

al Farmer's quote speaks to the core philosophy of the Atlantic Institute on Aging. The Institute's reason for being is to promote, in Atlantic Canada and across North America, a paradigm shift in how aging is understood and what social structures are required to support a new concept of aging; aging as sharing wisdom.

Formed in November of 2009, the Atlantic Institute on Aging is a not-forprofit organization based in Fredericton, New Brunswick. The Institute's philosophy of aging as sharing wisdom is built on four core values and focuses on five areas of aging. Through networking, knowledge transfer and translation, communication, and education, the Institute works to improve each area of aging in a way that creates space for a new, more holistic concept and philosophy of aging.

The Institute defines aging as a time when one's social role changes, typically as a result of chronology and/or real or perceived changes in physical and cognitive capabilities (Glascock & Feinman, 1980). Of course, this is not a strict definition but it serves as introduction to the Institute's role in promoting and supporting research and policies that harmonize with how Canadians experience the phenomenon of aging. Four core values, or principles, guide the Institute's activities: inclusion, appreciation, respect, and self-esteem.

As the social role of those who are aging changes, society must make a conscious effort to include them in the larger social scheme, even as their new role as sharer of wisdom evolves. Appreciation and respect are closely linked to inclusion, and a constant eve on all three helps ensure a healthy sense of self-esteem and self-worth for those in the aging category. In turn, a healthy and positive attitude regarding the aging population boosts the social value of every other segment of society by building trust and respect across generations, sectors, cultures.

The Institute names five main areas through which it can communicate its innovate new philosophy of aging and promote the four core values of sharing wisdom; wellbeing, education, employer support, financial recognition, and long term care. Each area recognizes the long term vision of the Institute, promotes

inclusion, respect, appreciation, and self-esteem, and highlights ways in which the vision can be achieved.



Often, society addresses physical wellbeing and state of mind separately, without recognizing how much impact they have on each other. However, the health care field, particularly gerontology, is beginning to adopt "a broader vision of whole person care that more fully and coherently addresses and embraces all dimensions of the human experience" (Geffen, 2010, p. 105). The Institute actively promotes and supports programs, services, and research that understand and approach wellbeing in a holistic way.

Education

The elderly are in the unique position of being able to share great wisdom and





"There is one quality that improves with age. That quality happens to be a wonderful virtue. It is wisdom."

~ Val Farmer

life experiences while also continuing their life-long journey of learning. One teaching and learning opportunity that is in the foreground of the Institute's vision is intergenerational interaction. Powell and Arquitt (1978) point out that intergenerational interaction, which tends to involve communication and relationship building between the old and the young, can provide learning and teaching opportunities for both groups. Youth benefit by learning about their "cultural heritage" and the elderly, who often become isolated, are able to make "significant cultural and societal contributions" (Powell & Arquitt, 1978, p. 421) by sharing their wisdom.

Employer Support

An important and effective way to

promote the concept of sharing wisdom is through recognizing the need for employees to support and assist aging family members and friends. Part of the Institute's vision includes the idea that caring for the wellbeing of the elderly and helping them share their wisdom is the responsibility of society as a whole. All employers, from government to private industry, must be attentive to the needs of employees to care for their aging family members. Through specific programs and services, employers must be encouraged to view caring for the elderly as an inherent aspect of employees' lives.

Financial Recognition

Sharing wisdom is a key contribution that the aging population provides to other demographics and to each other. As such, the ensuring the financial security of the elderly is not a 'handout', or even a 'hand up'. It is their earned compensation for the work they have done as well as the role they continue to play. The Institute is of the firm belief that financial recognition of the aging population should be associated with the many years they spent building families, companies, communities, and values and their ongoing roles as keepers and sharers of wisdom. Financial recognition of the elderly. whether it be reflected directly through pension and securities or indirectly through investment in healthcare, social development, and housing

models, is in dire need of a refreshed and renewed conceptualization.

Long Term Care

The Institute believes that attending to the individual needs of the elderly and improving their overall wellbeing is likely to reduce demand for long term care. Adopting holistic wellbeing approaches to health care, providing support for employees with elderly family members, instilling core values that promote appreciation for the aging population in younger generations, and recalibrating our understanding of financial recognition for the elderly will temper the need for long term care by allowing seniors to remain in their communities longer. However, long term care facilities are necessary for some. For those who do end up making the transition into long term care, the Institute aims to support people, programs, and organizations that improve the quality of life for long term care residents.

A Final Word...

The Institute is confident that while supporting a rapidly aging population will require hard work, innovation, and creativity we, as a society, will flourish by acknowledging and responding to these challenges, not by recoiling from them. In other words, the more quickly and honestly we promote a new philosophy that understands aging as sharing wisdom the better off we will all be.

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L'Université de Moncton Shines on National Scene

By JEREMY ROY-LEGER

y name is Jeremy Roy-Leger and I am a second year nursing student at the Université de Moncton, Moncton campus. I was born in Shediac, New Brunswick, and I am actively involved in my community and even more in my faculty, which is the Faculty of Health Sciences and Community Services, and in my nursing school. Through the years, I had the opportunity to expand my academic experience by participating in two humanitarian aid missions to Haiti. volunteering for university activities and sitting on the nursing student council. However, I find that it is my involvement with the Canadian Nursing Students Association that has had the largest positive impact on my university experience, because it relates directly to my field of studies. Allow me to tell vou more.

The Moncton campus of the Université de Moncton has had a chapter of the Canadian Nursing Students Association (CSNA) for three years now. The CSNA is the voice of nursing students in Canada. It gives an opportunity to students like me to participate in regional and national conferences. Furthermore, by joining CSNA, students have access to NurseONE, a very important tool for the nursing profession that links to numerous resources and allows contacts with nurses regionally and nationally and possibilities for planning our career. The CSNA chapter also expands our horizons, as it informs us on the various nursing education programs available in other Canadian provinces. Furthermore, it gives us an opportunity to meet nursing leaders from throughout Canada and thus develop a solid network of current and future allies.

Last year, I represented the CSNA



chapter of the Université de Moncton, Moncton campus, as associate delegate at the regional conference in Antigonish, Nova Scotia, and at the CSNA national conference in Hamilton, Ontario. At these events, I was able to meet future nurses from the Atlantic Region and the rest of the country. I was able to learn more by asking questions to renowned nurses such as Dr. Jean Watson and Tilda Shalof, and to many nurses from throughout Canada who are extremely experienced and knowledgeable at the national and international level.

We are still today the only French speaking university in New Brunswick, and our CSNA chapter shines on the regional and national level. Often at these conferences, many participants tell us how surprised they are to learn that New Brunswick offers a nursing education program in French. Also, CSNA allows us to post our personal information in health services data banks in the region or the province holding the conference, which adds to our chances of being recruited in our field once our studies completed.

This year, I was the official delegate for the CSNA chapter of the Université de Moncton, Moncton campus, while my classmate, Sébastien Frenette, second year student in the nursing education program, was associate delegate. Last October, Sébastien and I went to the CSNA regional conference, which was held in Charlottetown, PEI,

where once again we learned all kinds of information about our profession and forged precious business links.

And here we are, already back from the national conference, which was held in Saskatoon, Saskatchewan, from January 26 to January 29, 2012. Participating in this fourth conference was another learning experience for us, nursing students. We were thrilled to meet Dr. Holly Graham-Marrs, associate professor, but also community health nurse for a First Nation in Saskatchewan. We also had the pleasure to meet and discuss with Darwin Fisher, the InSite coordinator, a safe injection site, and Steven Lewis, associate professor of health policy in Saskatchewan. We met several other leaders from the nursing community. We discussed several topics, such as the nursing entry exam in Canada and improving our experience as nursing students. I arrived at the conference with one single suitcase, but I left with a second one full of new knowledge and skills and a new title, CSNA director of bilingualism and translation for 2012-2013, effective April 1st, 2012. What a fabulous experience!

My aim with this short article was to inform you of some of the benefits of our membership in the Canadian Nursing Students Association and the multiple opportunities it offers.

For more information or feedback, send e-mail to ejr1634@umoncton.ca.

The Institute for Safe Medication Practices Canada (ISMP Canada) is an independent national not-for-profit agency established for the collection and analysis of medication error reports and the development of recommendations for the enhancement of patient safety.



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

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ISMP Canada Safety Bulletin

December 10, 2010

Medication Incidents Occurring in Long-Term Care

This bulletin shares information about medication incidents occurring in the long-term care environment that have been voluntarily reported to ISMP Canada. The bulletin includes an overview of the medication incidents that had an outcome of harm or death and highlights the major themes identified through an aggregate analysis. Specific examples of the reported incidents are summarized to provide insights into opportunities for system-based improvement.

Background and Overview of Findings

To gain a deeper understanding of medication incidents occurring in the long-term care environment, data were extracted from voluntary reports submitted to ISMP Canada's medication incident database. The data reviewed for this analysis spanned a period of almost 9 years (August 1, 2000, to February 28, 2009). The analysis (which encompassed both quantitative and qualitative aspects) focused on medication incidents in which the outcome was harm or death.

The database search identified a total of 4740 medication incidents in the long-term care environment. Of these, 131 (2.8%) had an outcome of harm or death. Further quantitative

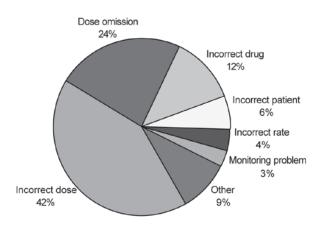


Figure 1: Types of incidents in long-term care facilities that resulted in harm or death (n = 131), identified in an analysis of aggregate data from the ISMP Canada medication incident database for the period August 1, 2000, to February 28, 2009. Incorrect dose, dose omission, incorrect drug, and administration of one or more medications to the wrong patient accounted for almost 85% of the harmful incidents reported.

analysis revealed that 116 (88.5%) of the 131 incidents were associated with an outcome of harm and 11 (11.5%) with an outcome of death. Administration of an incorrect dose was the single most common type of incident, followed by dose omission, administration of the incorrect drug, and administration of a medication to the incorrect patient (Figure 1).

Qualitative Analysis

The qualitative analysis of the 131 incidents that were associated with harm or death generated 3 main themes:

- incidents involving high-alert medications
- incidents involving anxiolytic-sedative and/or antipsychotic medications, including incidents leading to falls
- incidents involving patient transfers

The sections below present more detail about the medication incidents within these 3 main themes, and selected examples from the analysis.

Main Theme: Incidents Involving High-alert Medications

The majority of the harmful incidents reported involved 1 of 3 classes of medications that are considered high-alert medications: anticoagulants, insulin, and opioids (narcotics).

Anticoagulants

The majority of anticoagulant incidents involved errors in monitoring warfarin therapy. A number of anticoagulants, including warfarin, require monitoring via blood tests to ensure that the drug is maintained within a therapeutically effective range. The processes of ordering, transcribing, dispensing, and administering warfarin are tightly coupled with the concurrent processes associated with monitoring the international normalized ratio (INR) in the serum: ordering blood tests, drawing blood, ensuring timely availability of test results, checking the results, and updating orders for warfarin. Missing or weak links in any of these processes may result in warfarin-related medication incidents.

Example

 Warfarin was initiated for a nursing home resident, but the patient's INR was not ordered at the time of initiation. More than a month later, the patient's condition was deteriorating, and it was identified that no INR results had been recorded in the chart. A sample of blood was

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What do I need to know about camp nursing?

I've been asked to work as a "camp nurse" in a summer camp.

By VIRGIL GUITARD

he focus of nursing care in a camp setting can be quite different from that of other settings. Children or adults attend summer camps to experience outdoor pursuits and activities. Sometimes camps are designed specifically for campers with a healthcare condition which require nursing supervision; while at other times the camp requires the presence of a health professional for unexpected health issues. Supports for the camp nurse such as physical facilities, supplies, and support services vary greatly and are very different from those provided in healthcare settings.

In most cases the registered nurse (RN) in a camp setting is required to practise autonomously as they are practising outside a structured health-care institution without other healthcare providers. The camp nurse, therefore, needs the knowledge, skill and judgement to practise in such a setting as well as the personal characteristics that allow them to adapt quickly to a different model of nursing care delivery. Regardless of practice setting, nursing care must always be informed by the standards of practice and Code of Ethics when provided.

Ensuring the camp has current policies, procedures, protocols and directives will be essential in supporting the registered nurse to meet that standard.

Before accepting a position as a camp nurse, it is important that you review the job description and discuss any concerns you may have with the employer. The responsibilities or job description of the camp nurse will vary dependent on the setting and the type of camp and could include:

- setting up and organizing the health care area/office/clinic prior to the opening of the camp;
- participating with camp management in reviewing/revising camp health care policies, procedures, protocols and directives;
- maintaining health records according to camp policy and NANB's Practice Standard: Documentation (2010);
- obtaining consent for treatment when providing care;
- reviewing campers' and staff's health care information;
- collecting, storing, and administering medications;
- providing health care such as emergency care, first aid, health promotion and disease prevention activities; and
- being knowledgeable of local primary care resources (e.g.; hospital or clinic) and how to access them.

RNs need to consider what liability coverage they have should they decide to become a camp nurse. According to the Canadian Nurses Protective Society,

"...regardless of whether a camp nurse is paid or volunteer, CNPS protection is available to camp nurses. RNs may want to ascertain whether the camp carries any professional liability insurance for nurses. If the camp does not, and you feel more coverage is required, you may wish to consult CNPS" (retrieved from website, 2011).

Camp nursing can be a rewarding experience for RNs and may help to develop confidence and organizational skills that can be utilized in any practice setting. For more information on camp nursing, contact NANB's practice department at 1-800-442-4417 or by email at nanb@nanb.nb.ca.

OTHER RESOURCES

Standards of Practice for Registered Nurses. www.nanb.nb.ca/PDF/practice/ StandardsofRegisteredNursesE.pdf

Practice Standard: Documentation. www.nanb.nb.ca/PDF/Practice_Standard-Documentation-E.pdf

Practice Standard: Medication. www.nanb.nb.ca/PDF/PracticeStandard_ Medication_E.pdf

Practice Standard: The Nurse Client Relationship. www.nanb.nb.ca/PDF/Practice_Standard-Nurse-Client_Relationship_E.pdf

Code of Ethics for Registered Nurses. www.nanb.nb.ca/PDF/practice/CNA%20 Code%20of%20Ethics.pdf

Practice Guideline: Infection Control.

www.nanb.nb.ca/PDF/Practice_Guideline_
Infection_Prevention_and_Control_E.pdf

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Be in the know

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



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obtained and sent to the laboratory, but the measured value was above the test limits, and a numeric value could not be reported. The patient was admitted to hospital and died shortly thereafter.

Insulin

Insulin has a narrow therapeutic index. Administration of an excessive dose of insulin can rapidly lead to hypoglycemia, which can progress to seizure, coma, and death if left untreated. Missed doses can also cause harm, because the patient's hyperglycemia may worsen, leading to other problems, such as ketoacidosis. The amount of insulin required for a particular patient varies according to a number of patient-specific factors, including serum glucose level and dietary intake.

Examples

- A patient was given a short-acting formulation of insulin, Humulin-R, instead of the intended longeracting Humulin-N. Treatment with glucagon was required.
- A patient did not receive the prescribed morning dose of long-acting insulin because of absence from the patient care area. Upon returning to the floor, the patient was given 8 units of short-acting insulin, on the basis of an insulin scale for elevated blood glucose between scheduled insulin doses. At the time of the patient's scheduled evening insulin dose, the blood glucose level was well over 30 mmol/L. Omission of the morning dose of long-acting insulin was then identified.

Opioids (Narcotics)

Analysis of the opioid-related medication incidents revealed 4 subgroups: incorrect dose, medication mix-up, dose omissions, and incidents involving fentanyl patches.

Examples:

- A resident was to receive morphine 10 mg orally for pain but was instead given 10 mL (50 mg) of morphine suspension.
- An order for hydromorphone ".5 mg" (i.e., 0.5 mg) was interpreted as "5 mg"; and the larger dose was administered to the patient.
- A prescription for morphine 7.5 mg subcutaneously was interpreted as hydromorphone 7.5 mg subcutaneously, and the incorrect drug was administered to the patient.
- An order for hydromorphone was not transcribed. The patient missed several hours of therapy and experienced a significant escalation of pain.
- A patient was found unresponsive with abnormal vital signs. The patient had a prescription for fentanyl patch 12 mcg/hour, but a 75 mcg/hour fentanyl patch had been applied. The patch was removed, naloxone was administered, and continuous monitoring was initiated.
- A patient was found unresponsive in a long-term care facility and was transferred to the emergency department of a local hospital, where staff found multiple fentanyl patches in situ. The staff interpreted

- this to mean that existing patches were not removed when each new patch was applied. The patient was given naloxone, to which there was a response. However, pneumonia was also diagnosed, and the patient was admitted. The patient died about a week later because of the pneumonia.
- A patient with a prescription for fentanyl by patch was experiencing increasing pain. It was determined that a dose of fentanyl had been missed. Administration of a short-acting opioid was required to bring the pain under control.

Main Theme: Incidents Involving Anxiolytic-Sedative and/or Antipsychotic Medications

The majority of reported incidents involving anxiolytic-sedative and/or antipsychotic medications led to falls.

Examples

- An elderly resident of a long-term care facility was given extra doses of zopiclone, which might have led to an injury when the resident attempted to walk without assistance.
- A resident had a prescription for lorazepam 1 mg as needed for escalation of aggressive, agitated behaviour. About 30 minutes after administration of a dose of the lorazepam, the resident was started on clonazepam. The combination of drugs led to disorientation and difficulty walking, which resulted in a fall. The resident was admitted to a nearby emergency department, where staff concluded that the combination of the 2 benzodiazepines likely contributed to the disorientation.
- A resident of a long-term care facility was admitted to hospital with behavioural challenges. The patient's condition was stabilized on olanzapine, among other medications. After discharge from the hospital, the resident required readmission a short time later because of oversedation and falls. At the time of the second admission, the resident's pills were counted, and it was determined that the resident had received 4 times the prescribed dose of olanzapine.

Main Theme: Incidents Involving Patient Transfers

Transfers between facilities and care areas within a facility represent high-risk situations in which medication incidents may occur.

Example

A patient was transferred from acute care to a long-term care facility. Information about the patient was sent from the hospital to the long-term care facility by fax. The fax consisted of multiple documents, including the patient's MAR and a copy of the "orders and progress notes" which listed the most recent updates to the morning and evening doses of





By VIRGIL GUITARD

YOU'VE ASKED

I'm a registered nurse (RN) working in a hospital and I've been asked to teach bladder catheterization to one of my elderly client's significant other. Can I do this?

THE ANSWER TO THIS QUESTION IS yes. In some situations, RNs may be required to teach clients' significant others how to perform a nursing activity, such as home catheterization.

Prior to teaching a nursing activity to my client's significant other, what conditions must be in place?

By definition, teaching a nursing activity is considered providing instruction and determining that a person is competent to perform the activity as instructed. When planning to teach a nursing activity you should determine the following:

That you have the knowledge, skill and judgment to competently perform the activity to be taught

As an RN, you must practice within your own level of competence and comfort. The determination of whether you have the knowledge, judgment and competence to safely perform the activity to be taught is an important step in deciding if you will be the one teaching the specific activity to a significant other.

That it is appropriate to teach this particular nursing activity

The appropriateness of teaching a nursing activity to a significant other will be influenced by:

- the risks involved in having it performed by someone other than an RN;
- the overall health condition of the client;
- the significant other's capacity to acquire the knowledge, skill and judgment to perform the nursing

- activity safely, effectively and ethically;
- the potential risks associated with the procedure;
- the learner's ability to deal with potential risks; and
- the type of supervision required and available.

The setting will often determine the safeguards and resources available for supervision, consultation and ongoing assessment of the client's overall condition. For example, an RN would be readily available in a hospital or a nursing home, but less likely to be in a residential facility or in a client's home.

You understand the process of teaching

If you decide to teach the nursing activity, you will have to adapt the teaching method accordingly to the learner's needs. You will be responsible and accountable to document the information provided, the steps of the activity as taught, conditions for performing the activity and the general indicators for seeking assistance. You must also ensure that the significant other receives clear instructions for performing the procedure. Therefore, you should provide written instructions for the activity including the expected signs of progress, and signs or symptoms that require the immediate attention of an RN or other designated health care professional. Finally, as part of the teaching process, you will evaluate the competence of the significant other to perform the activity and document your evaluation. This last step is integral to

When deciding whether it is safe and appropriate to teach a nursing activity to a client or significant other, RNs should consider the following questions:

- Is teaching the nursing activity appropriate in this situation?
- What level of knowledge, skill and judgment is required to perform the activity safely?
- What are the risks and benefits to the client in performing the activity?
 What are the expected outcomes?
- Does the client have established, well-defined care needs, support systems and coping mechanisms? Is the client's response to the procedure predictable?
- Has the need for teaching the activity been established? Is the client or significant other the most appropriate person in this particular situation to perform the activity given the nature of the activity, the client's condition and the resources available in the setting?
- Is performing the activity required frequently enough for the client or significant other to maintain competence?
- Will there be adequate supervision in the setting?
- Who will be available in the setting to evaluate on-going competence?



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insulin that the patient was to receive. The nurse at the long-term care facility copied the medication orders from the MAR, which did not specify the insulin dosage, using the insulin concentration of 100 units/mL as the "dosage". Staff in the long-term care facility called the physician to request admission orders. Because the physician had known the resident previously and had followed the resident during the hospital stay, the physician instructed the long-term care staff to "continue the same orders". A pharmacist processed the insulin order as 100 units in the morning and 100 units in the evening. The resident experienced a severe hypoglycemic reaction, at which point the physician recognized the incorrect dose. The resident was transferred to acute care but died shortly thereafter.

Conclusion

Reporting medication incidents is important both for identifying opportunities for enhancing medication safety and for monitoring the effects of system changes. The findings from this analysis can be used to support local quality improvement initiatives. ISMP Canada incorporates learning from incidents such as those described above into its self-assessment programs, to facilitate enhancement of medication-use systems. (Refer to sidebar for additional information about the Medication Safety Self-assessment for Long Term Care.)

Acknowledgements

Sincere appreciation is expressed to the many healthcare professionals who have demonstrated support for a culture of safety, exemplified by their willingness to share information about medication incidents.

Risk Assessment Program for Medication System Safety in the Long-Term Care Setting

The long-term care environment presents unique challenges for the development and implementation of safe medication systems.

ISMP Canada developed the Medication Safety Self-Assessment® (MSSA) for Long Term Care to assist and guide individual long-term care facilities in identifying opportunities to improve their medication-use systems. The program, which complements other efforts to decrease the risk of harm to residents, can be used by facilities of any size, organizational structure, and geographic location. The program's self-assessment criteria are related to potential system improvements that have been identified through analysis of medication incidents. Completion of this Medication Safety Self-Assessment helps facilities to prepare for accreditation, and it can also be an important element of a facility's quality improvement program.

The program's web-based interface allows individual long-term care facilities to compare their own results over time, thereby tracking the impact of any changes made, as well as to compare their results with the aggregate results of other participants in the program, both regionally and nationally. Several Canadian provinces have supported the use of this program as a component of quality improvement. The program is also available at a reasonable cost to individual facilities that are not covered by a regional or provincial agreement.

For more information about the MSSA program for long-term care facilities, please contact ISMP Canada by email (mssa@ismp-canada.org) or by telephone (1-866-544-7672).

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ISMP Canada is a national voluntary medication incident and 'near miss' reporting program founded for the purpose of sharing the learning experiences from medication errors. Implementation of preventative strategies and system safeguards to decrease the risk for error-induced injury and thereby promote medication safety in healthcare is our collaborative goal.

Medication Incidents (including near misses) can be reported to ISMP Canada:

(i) through the website: http://www.ismp-canada.org/err_report.htm or (ii) by phone: 416-733-3131 or toll free: 1-866-544-7672.

ISMP Canada can also be contacted by e-mail: cmirps@ismp-canada.org. ISMP Canada guarantees confidentiality and security of information received, and respects the wishes of the reporter as to the level of detail to be included in publications.

A Key Partner in the Canadian Medication Incident Reporting and Prevention System

3

MAR. 22 (FR) & 27 (ENG), 2012

CNA Webinar Series: Pause before you post! Exploring the Ethics of Social Media

» www.cna-aiic.ca/CNA/news/events/ webinars/default_e.aspx

MAR. 23, 2012

NANB Office Closure: NANB's headquarters in Fredericton will be closed for office clean-up

APR. 25-27, 2012

AHIC 2012: Towards Integrated Diagnostics 2nd Advances in Health Informatics Conference

- · Toronto, ON
- » www.ahic.nihi.ca

APR. 26, 2012

Canadian Respiratory Conference: A Breath of Fresh Air

- Vancouver, BC
- » http://lung.ca/crc/_pdf/ CRC2012Announce_ENG.pdf

MAY 3-5, 2012

NENA National Conference: 30 Years of Navigating The Depth of Emergency Nursing

- · Halifax, NS
- » http://nena.ca

MAY 7-13, 2012

National Nursing Week: Nursing: the Health of our Nation

MAY 14-16, 2012

6th National Community Health Nurses Conference: *Wisdom to Action: The Power to Shape Change*

- Toronto, ON
- » www.chnc.ca/nursing-conferences.cfm

MAY 29-30, 2012

NANB BoD Meeting

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

MAY 31, 2012

NANB's 96th AGM

- · Delta Fredericton, NB
- » www.nanb.nb.ca

JUN. 3 & 4, 2012

The Room 217 Music Care Conference

- Fredericton, NB
- » www.room217.ca/index.php/ music-care-conference-06-2012

JUN. 18, 2012

CNA Annual Meeting and Biennial Convention: Nurses: Movers and Shapers

- Vancouver, BC
- » www.cna-aiic.ca/CNA/news/events/ convention/default_e.aspx

JUN. 23, 2012

11th International Congress on Nursing Informatics

- Montreal, QC
- » www.ni2o12.org/

PEACE

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Elder abuse is a serious societal issue, not only in long term care facilities but in all health care settings. Seniors account for one-third of all hospitalizations and more than one-half of all hospital days. RNs within all health care settings are in a position to address the issue of elder abuse.

For more information on the PEACE initiative: www.rnao.org/Page.asp?Page ID=924&ContentID=3445

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Nurses Association of New Brunswick (2011).

Practice Standard: The Therapeutic NurseClient Relationship. www.nanb.nb.ca/
downloads/Practice%20Standard
-Nurse-Client%20Relationship_E.pdf

Ask a Practice Consultant continued from page 34

ensuring patient safety.

For more information on this topic or other nursing practice issues, call the Nurses Association of New Brunswick's Practice department at 1-800-442-4417 or by email at nanb@nanb.nb.ca.

OTHER RESOURCES

Practice Guideline: Assigning, Delegation and
Teaching Nursing Activities to Unregulated Care
Providers (2011). www.nanb.nb.ca/
downloads/Practice GuidelineAssigning, Delegating and teaching
Nursing Activities to Unregulated Care
Providers E.pdf

NANB Standards of Practice for Registered Nurses (2005). www.nanb.nb.ca/PDF/practice/StandardsofRegisteredNursesE.pdf



STAFF PROFILE

Practice What She Preaches

Meet Shauna Figler, NANB Nursing Practice Consultant

How did your career lead you to the Association?

or years, I wanted to work at the Association so when the opportunity presented itself, I knew I had to take a chance. Being part of the Association and playing a role in shaping nursing and moving the profession forward has been, and is, an amazing opportunity.

How would you describe the role of the Association to both members and the public?

The Association most importantly regulates the nursing profession in the public's interest. This responsibility involves ensuring RNs are competent to practice nursing by establishing standards for nursing education and practice as well as documents based on evidence and best practice that guide the profession and support nurses in providing quality care. In addition to the registration process, the Association also has the authority and responsibility to intervene when practice is unacceptable.

In your own words, describe the role of a nursing practice consultant.

As a Practice Consultant, I truly feel I am a part of everything. The Practice Department develops and revises practice standards, guidelines and position statements relevant to the profession's current trends and we assist RNs in applying these standards to the practice environment. My role has also allowed me to work closely with other healthcare providers including: the Pharmacists Association; the Licensed Practical Nurses Association; the Midwives Association and the New





Brunswick Nurses Union on committees both provincially and nationally, in developing policy and providing guidance that shapes healthcare for all New Brunswickers.

What issues/trends are most impacting RN practice today?

A few pressing issues jump to mind immediately, first of all, the fiscal challenges facing our province and emerging models of care that affect front line RNs, both creating an uncertainty of where and how the RN role will fit. However, I think RNs are in a unique position to adapt with their education and critical thinking skills which facilitate their response to today's healthcare challenges.

Another trend would be the subject of professionalism. For a number of years, while trying to adapt to changes in the workplace there has been a loss of focus in nursing as a profession, of stating the value of being a registered nurse. NANB responded by querying members on their opinion of professionalism, collecting this information and publishing an article in the Fall 2011 Info Nursing titled "Beyond the Uniform: Professionalism in Nursing". This subject

has motivated employers and educators to request presentations by NANB, which have been very well received and continue to be in high demand.

If you could implement ONE tool or service to benefit members, what would that be?

Although I believe NANB has a variety of tools to assist members, especially with new online technologies which include webinars, surveys and e-learning modules, I would like to see all members have access and take advantage of NurseONE. This resource allows RNs to gain immediate access to current, evidence based information, clinical references, disease specific information many full text reference books and articles. Nurses should check out the NANB and the Canadian Nurses Association websites and start exploring.

What would you say is your greatest professional accomplishment thus far?

I would have to say completing and graduating with my Masters of Nursing in 2010. The journey was not always an easy one, but it was a huge accomplishment both professionally and personally.



SUSPENSION CONTINUED

On December 2, 2011, the NANB Review Committee found Heather Ann London, registration number 021451 to be suffering from an ailment or condition rendering her unfit and unsafe to practise nursing, and that the member's conduct demonstrated professional misconduct, conduct unbecoming a member, dishonesty and a disregard for the welfare and safety of patients.

The Review Committee ordered that the suspension imposed on the Member's registration be continued for a minimum period of one year and until conditions are met, after which time, the registrar shall refer the matter to a panel of the Committee for a hearing and decision respecting the Member's ability to meet the standards of practice required to practise safely as a nurse.

SUSPENSION CONTINUED

On December 7, 2011, the NANB Review Committee found Emily Jane Victoria Sipprell, registration number 026149 to be suffering, at the time of the complaint, from an ailment or condition rendering her unfit and unsafe to practise nursing, and that the Member's conduct demonstrated professional misconduct, conduct unbecoming a member, dishonesty and a disregard for the welfare and safety of patients. The Review Committee ordered that the suspension imposed on the Member's registration be continued for a minimum period of three months and until conditions are met, after which time, the member will be eligible to apply for a conditional registration. The Committee also ordered that she pay costs to NANB in the amount of \$ 4,500 within 12 months of her return to the active practice of nursing.

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