INFO NURSING

VOLUME 44 ISSUE 3 WINTER 2013

Become a Nursing Leader

Answer the Call for Nominations Director: Regions 1, 3, 5 & 7

Region up for election

Nurses Association OF NEW BRUNSWICK

winter 2013

INSIDE

Professionalism and Civility Roadshow

If you would like for one of our consultants to deliver this presentation, please submit a request online at www.nanb.nb.ca/index.php/practice/consultations.

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Cover
Seek nomination to NANB's Board of Directors and become part of the most progressive association of health professionals in New Brunswick. Details on page 13.

the pulse

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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Wayne Trail
Public Director

Edward Dubé
Public Director

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Submissions
Articles submitted for publication should be sent electronically to jwhitehead@nanb.nb.ca approximately two months prior to publication (March, September, December) and not exceed 1,000 words. The author's name, credentials, contact information and a photo for the contributors' page should accompany submissions. Logos, visuals and photos of adequate resolution for print are appreciated. The Editor will review and approve articles, and is not committed to publish all submissions.

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

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Professionalism: *A Way of Thinking and Being*

Membership in NANB means we are part of a profession that shares a common set of values and principles, but being part of a profession does not define professionalism – to demonstrate a professional presence or professionalism in everything we do, we need to display the attitude, skill and attributes expected by those we interact with—our patients and colleagues within nursing and the extended healthcare team. I believe that professionalism is a way of thinking and being.

NANB has heard from RNs that they are concerned with their image but more importantly we have heard ideas for positive change. Our image and how we behave and represent ourselves determines how others perceive us. Trust in the profession is sustained and enhanced when our practice is in harmony with the expectations of those we care for. So how do we ensure we meet these expectations?

Leadership is Certainly Key.

Someone once said, "leaders lead by example, whether they intend to or not." Each of us needs to lead in our own sphere of influence and set an example by living our profession's values to the best of our ability. We need to model professionalism by: dressing professionally; treating each other in a civil manner; being present for our patients and colleagues; ensuring our patient interactions are therapeutic; demonstrating in our practice the standards and ethical values of our profession; and as appropriate, advocating for nursing and healthy public policy. Every day in our workplaces we are creating the public image, value and respect for our profession. We need to make the change we want to see. Together let's continue the conversation and the focus in this area. NANB has a number of initiatives already under way and others planned for the future. Please share your thoughts and concerns with your colleagues and NANB (president@nanb.nb.ca).

There are many different avenues for us as registered nurses and nurse practitioners to help bring change about. During my career I have chosen to participate in different professional organizations—NANB, NBNU, CFNU and CNA. Not only have these experiences helped me grow in ways that I could have never expected when I took the first step and put my name forward for nomination, they have also afforded me the opportunity to shape our profession. I would encourage each and every one of you to consider allowing your name to stand for nomination to the Board of Directors of NANB. In the coming months, we will be recruiting to fill positions in Regions 1, 3, 5 and 7 for the fall of 2014. If this opportunity is not for you, then I would challenge you to find your way to shape the profession.

As 2013 draws to a close, I would like to take the opportunity to wish you and yours a happy and healthy holiday season, along with a renewed sense of professional pride as we move forward into 2014. ■

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Nursing and the Quality and Safety of Care Equation: *Where is New Brunswick Headed?*

New Brunswick is dealing with current and ongoing financial challenges. Government debt is rising and impacting the ability to maintain public services as we have experienced them in the past. Our two regional health authorities have been tasked with delivering savings to support a system of health services that is sustainable and brings some control to the continuous growth in expenditures of the past decades. A significant portion of those savings are targeted within the human resource costs of the health authorities.

Reports have highlighted the position of New Brunswick as it relates to physicians and nursing personnel (both RN and LPN) numbers. We do have a ratio of nursing personnel to our population that is above the national average. What does this mean for New Brunswick? Why is this the case? At NANB, we believe it is important to understand the data and its implications when making policy decisions informed by these numbers. What is an average? Foundational math will give you the answer; however, it is important to highlight that an average represents no analysis of the outcomes of those numbers on the quality and safety of nursing services delivered. An average does not reflect the efficiencies of staffing that can be realized in larger versus smaller institutional settings. Looking around NB itself tells us this. Whether your facility has 150 or 50 nurses present on any shift this has a direct impact on the mix of nursing professionals and the knowledge, skill and experience that they possess. Equally important is the presence of or access to medical professionals and other allied health professionals. At NANB, we believe the evidence demonstrates that in New Brunswick we do not have the same potential to benefit from the efficiencies and optimization of staffing that large urban areas such as Toronto, Montreal, and Vancouver benefit from; efficiencies that directly impact that famous "AVERAGE". It is important to note as well that nursing leaders in Ontario are raising concerns about the need to increase the ratio of nursing personnel as they now have one of the lowest ratios in the country.

Our health system leaders have a daunting task. We believe they and the nursing leaders in their organizations are well informed of the implications of the data available and the imperative they have been tasked with delivering. The Canadian Nurses Association has created a research summary that highlights the real impact that nursing staffing has on patient and system outcomes. The link to this analysis is included here: www.cna-aiic.ca/en/on-the-issues/better-care/staffing-patient-outcomes/nurse-staffing.

The research summary is not an opinion; it is evidence that must inform our staffing decisions in New Brunswick. Adequate levels of RN staff support quality, safe and cost-effective care outcomes. As nurses you need to inform yourself about this research and advance the best staffing decisions for your unit and facility that will support quality, safe and sustainable patient care and quality, safe and sustainable nursing services. More is not always better; the research is clear on this as well; but we must make informed decisions in our province and not be driven by simplified data that does not tell the whole story.

In my next column, I will explore the reality and nuances of our current RN and NP workforce in New Brunswick for your consideration. Please forward your thoughts and concerns related to this issue to rtarjan@nanb.nb.ca. Your experience and suggestions are always welcomed.

Please accept my best wishes for this holiday season and the coming year. Registered nurses and nurse practitioners are making a difference to patients and the health system. We need to continue that leadership and I am confident that together we will. ■

ROXANNE TARJAN
Executive Director
rtarjan@nanb.nb.ca

THE BOARD OF DIRECTORS MET ON OCTOBER 16-18, 2013, AT NANB HEADQUARTERS IN FREDERICTON.

THE MEETING COMMENCED with an afternoon orientation session welcoming a new president-elect, four region directors, and one appointed public director effective September 1, 2013:

- Brenda Kinney, RN
  President-elect
- Jillian Lawson, RN
  Director, Region 2
- Amy McLeod, RN
  Director, Region 3
- Josée Soucy, RN
  Director, Region 4
- Annie Boudreau, RN
  Director, Region 6
- Edward Dubé
  Public Director

Policy Review

The Board reviewed and approved the 2013-14 Board Planning Cycle, as well as policies related to:

- *Governance Process*
- *Executive Limitations*

Policy Amendment(s):

The Board approved amendments to policy GP-7, Board and Committee Expenses; GP-4, President's Role; E-L 3, Financial Planning.

Rule Amendment(s):

The Board approved Rule Amendment(s) for: Temporary Registration that would result in cancellation of the temporary registration upon the first failure of the entry-to-practice examination; authorizing Nurse Practitioners to prescribe controlled drugs and substances and the NP Schedule for Ordering Drugs reflecting the changes by Health Canada to the *Controlled Drugs and Substances Act*, awaiting approval by the Minister of Health; Nurse Practitioner Education related to Prescribing Controlled Drugs and Substances requiring NPs to complete an education course on prescribing controlled drugs and substances to prepare them to assume this additional prescriptive authority; and Volunteers and Non-Traditional Practice Settings to include nurse practitioners.

Organization Performance: Monitoring

The Board approved monitoring reports for the Executive Limitations; Governance Process Policies and Board Evaluation.

Call for Nominations

Public Director Nominees
The term of appointment of Wayne Trail and Fernande Chouinard, Public Directors on the Board, will expire on August 31, 2014. Mr. Trail and Ms. Chouinard have served only one term and have agreed to let their name stand for a second term.

In order to appoint two public directors, NANB must submit four nominees to the Lieutenant-Governor in Council.

CNA Memorial Book
CNA calls for nominations of nursing leaders who have passed away for entry in the *CNA Memorial Book*. Nominations

must be submitted to CNA by January 15, 2014.

CNA Order of Merit

CNA invites nominations for the *CNA Order of Merit Awards*. Nominations must be submitted to CNA by January 15, 2014.

CNA Jeanne Mance Award

CNA invites nominations of registered nurses who have made an outstanding contribution to nursing and merit being honoured by CNA. Nominations must be submitted to CNA by January 15, 2014.

Mary Anne Stevens, Designer, M.A. Stevens Inc., provided an overview of a proposal and costs to move forward with an elevator installation and subsequent space refurbishment for the Board's approval.

Committee Appointments

The Board approved the following appointments:

- Nominating Committee composed of France Marquis, RN, past-president of NANB as Chair; Chantal Saumure, RN, Director-Region 1; and Rhonda Shaddick, RN, Director-Region 7 to recruit member nominees to fill vacant region director positions.
- Sharon Hall-Kay, RN, York-Sunbury Chapter, re-appointed as Chief Scrutineer for the NANB 2014 Election and Annual Meeting.
- Discipline and Review Committee: Diane Bélanger-Nadeau, RN, Workload Measurement Coordinator (Edmundston).

NANB Document Review/Approval

The Board approved the following:

Revised Document(s)

- *Medication: Practice Standard* revised and re-titled *Practice Standard: Medication Administration*
- *Working Understaffed: Professional and Legal Considerations* revised and re-titled *When RNs are expected to work with Limited Resources*

The Board also approved the retirement of *Employment of Student Nurses* (2009).

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

Staff Recognition

Employment milestones were recognized for the following: Lynda Finley, Director of Regulatory Services for 25 years; Roxanne Tarjan, Executive Director and Stacey Vail, Administrative Support: Registration for 15 years; and Liette Clément, Director of Practice; Shauna Figler, Nursing Practice Consultant; Susanne Priest, Nursing Practice Consultant; Stephanie Tobias, Administrative Support: Communications; as well as Jennifer Whitehead, Manager of Communications and Government Relations respectively for five years of service.

Next Meeting

The next Board of Directors meeting will be held at the NANB Headquarters on February 19 and 20, 2014.

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.

2013-2014 NANB Board of Directors

- Darline Cogswell, RN
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- Brenda Kinney, RN
  President-Elect
- Chantal Saumure, RN
  Director, Region 1
- Jillian Lawson, RN
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  Director, Region 6
- Rhonda Shaddick, RN
  Director, Region 7
- Fernande Chouinard
  Public Director
- Wayne Trail
  Public Director
- Edward Dubé
  Public Director

NANB wants to hear from you!

Beginning in 2014, NANB's website (www.nanb.nb.ca) will host a section where RNs and NPs can provide feedback on a variety of NANB documents being revised or created. This will not only raise awareness of new or revised NANB documents but will also ensure the content is relevant to RN and NP practice. All comments and feedback provided will be kept confidential.

We look forward to your comments!

Professionalism & Civility *Roadshow*

The respect and trust given to the nursing profession by the public are rooted in our professionalism. However, the literature, member anecdotes and observation illustrate that professionalism is dripping away.

As the provincial regulator of RNs and NPs, NANB is calling nurses to action - to take pride in being a Registered Nurse or Nurse Practitioner and to stop the drip.

We would like to continue the discussion and embrace a culture of professionalism. You are invited to take part in a face-to-face presentation called "*I am YOUR RN: Professionalism Makes a Difference*".

If you would like for one of our consultants to deliver the content to your students and/or employees we would be more than happy to receive a request for a presentation. You can do so by filling an online request at www.nanb.nb.ca/index.php/practice/consultations. ■

NEW WEBSITE FEATURE

President's Brief

Online at www.nanb.nb.ca

Notice of Annual Meeting

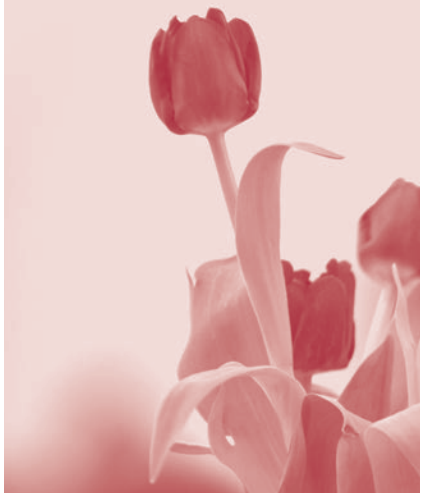
In accordance with Article XIII of the bylaws, notice is given of an annual meeting to be held May 29th, 2014, at the Delta Hotel, Fredericton, NB. The purpose of the meeting is to conduct the affairs of the Nurses Association of New Brunswick (NANB).

Practising and non-practising members of NANB are eligible to attend the Annual Meeting. Only practising members may vote. Students of nursing are welcome as observers.

Resolutions for Annual Meeting
Resolutions presented by practising members according to the prescribed deadline, February 14, 2014, will be voted on by the voting members. During the business session, however, members may submit resolutions pertaining only to Annual Meeting business.

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

Roxanne Tarjan,
Executive Director, NANB



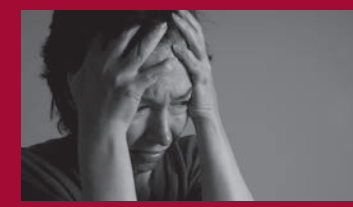
It's All About the Nurse-Client Relationship

available at www.nanb.nb.ca

The Therapeutic Relationship is the foundation on which nursing care is provided. RNs are committed to the development and implementation of best practice through the ongoing acquisition, critical application and evaluation of relevant knowledge, skills and judgment. This e-learning module will benefit both registered nurses and nursing students in their nursing practice and will familiarize them with all aspects of the nurse-client relationship, including how to:

- establish a therapeutic nurse-client relationship;
- set and define the limits of the relationship;
- recognize and deal with situations when boundaries that separate professional behaviour from non-professional behaviour are blurred;
- terminate the relationship in a professional manner; and
- maintain a professional relationship with the client and his significant others after the termination of the therapeutic nurse-client relationship.

As a member or nursing student in New Brunswick, you can access free e-learning modules via NANB's website (www.nanb.nb.ca) at your convenience, 24/7, with the ability to leave and return when the time is right for you.



ALSO AVAILABLE
Problematic Substance Use in Nursing

NANB is getting their flu shots. *Have you?*

NANB 2013 Social Committee Update

NANB's Social Committee raised approximately $900 this year through Casual Fridays. Proceeds went to: the Fredericton Food Bank; Emergency Shelter; Transition House; and the SPCA. Additionally, fundraising was done for the 'Dress Red' for the Heart and Stroke Foundation in February.

Once again, NANB sponsored a deserving family through the Salvation Army for the 2012 holiday season. The Committee organized the Annual Silent Auction and raised funds in the amount of $500 to give this family a Christmas to remember. Plans are already under way for this year's Auction to raise more money for this wonderful cause.

Thank you to NANB staff for their continued support and cooperation! ■

NANB's Social Committee raised approximately $900 this year through Casual Fridays.

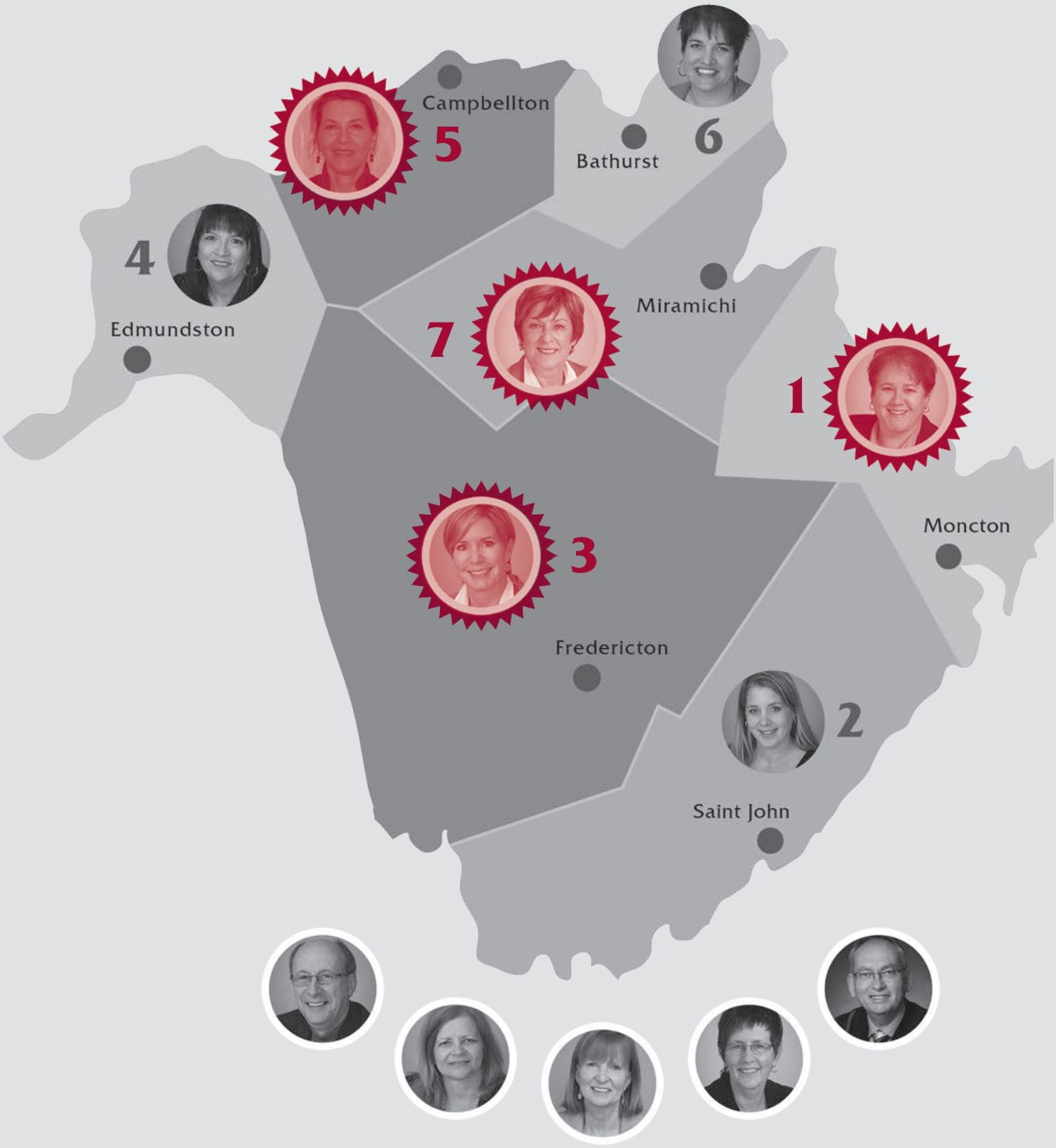
NANB Makes Greener Choices!

The Nurses Association of New Brunswick *in shaping nursing for healthy New Brunswickers* is pleased to inform you we have adopted greener policies and energy efficient processes for the health of it! In an effort to become more environmentally responsible we:

- transitioned to **100% paperless registration renewal** in 2012;
- provide new and out-of-province applicants with **USB paperless packages** since 2011 which include all necessary support materials to assist them in preparing for the RN entrance exam;
- converted to **paperless Board of Director meetings** providing director's and staff a secure section on the website to access necessary meeting information and reference materials;
- made significant changes to *Info Nursing* in 2009/10 which included:
  - introducing an **electronic bulletin *The Virtual Flame*** which replaced one issue of *Info Nursing* reaching members in a more timely manner, saving money and trees;
  - offering RNs/NPs the opportunity to **receive *Info Nursing* electronically**; and
  - sending government MLA's, media and stakeholders *Info Nursing* electronically;
- print *Info Nursing*, all NANB documents and day-to-day paper needs using only **100% recycled Canadian stock** since 2009;
- promote new standards and documents available on the website instead of printing and mailing copies to all members since 2010;
- discontinued printing and mailing the Annual Report in 2008 to all members and stakeholders replacing with an electronic publication available on the website.
- utilize **online surveys** since 2009 to receive member feedback including NANB's annual CCP Audit process;
- participate in the **Shred-it** program, as a result the Association saved over 25 trees in 2013;
- installed water coolers replacing bottles and installed energy efficient storm entrance doors to the building in 2010; and
- *NEW in 2014, NANB's **Election to the Board of Directors will be conducted online or by telephone** replacing paper ballots.

By working together to protect our environment, we can all make a difference. ■

ANSWER THE CALL FOR NOMINATIONS DIRECTOR: REGIONS 1, 3, 5 & 7



Become a Nursing Leader

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

Call for Nominations

Directors: Regions 1, 3, 5 & 7

Qualifications

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

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

Role

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

Information

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

Elections 2014

Nominations for the 2014 elections are now being accepted.

Why should I run for office?

This is your opportunity to:

- Influence health care policies;
- Broaden your horizons;
- Network with leaders;
- Expand your leadership skills; and
- Make things happen in the nursing profession.

How can I become a candidate?

Any practising member of the Association may nominate or be nominated for positions on the Board of Directors of the Association. Nominees for President-Elect must be willing to assume the presidency.

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

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

Nomination Restrictions

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

Information and Results of Elections

Information on candidates will be published in the March 2014 edition of *Info Nursing*. Voting will take place either online or by telephone. The names of the elected candidates will be announced at the 2014 Annual Meeting and will be published in the September edition of *Info Nursing*.

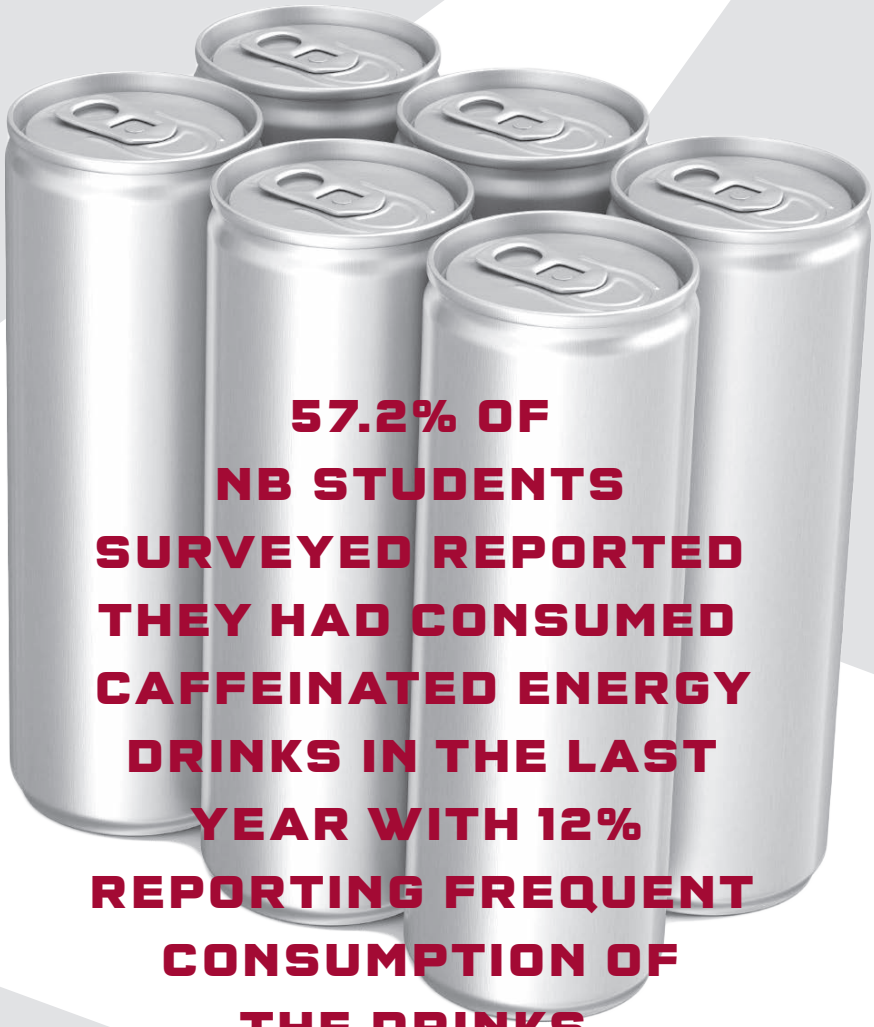
New in 2014

NANB's Election Goes Paperless

RNs and NPs will elect their Board of Directors for the first time in the spring of 2014 by casting their ballots online or by telephone.

This new process will simplify voting procedures, elevate security and authenticity and prevent spoiled or inadmissible ballots, while saving money and continuing NANB's commitment to being an environmentally friendly organization.

Stay tuned for more information in the 2014 spring edition of *Info Nursing*.



57.2% OF NB STUDENTS SURVEYED REPORTED THEY HAD CONSUMED CAFFEINATED ENERGY DRINKS IN THE LAST YEAR WITH 12% REPORTING FREQUENT CONSUMPTION OF THE DRINKS.

(Department of Health NB Student Drug Use Survey 2012)

CONSUMPTION OF ENERGY DRINKS IN NEW BRUNSWICK'S CHILDREN AND YOUTH

By SHAUNA FIGLER

An energy drink is a type of beverage containing stimulant drugs, predominantly caffeine. They may or may not be carbonated, and many also contain sugar or sugar substitutes, herbal extracts such as taurine, guarana and ginseng, as well as amino acids (CMA, 2010). The amount of each ingredient ranges with the product type. There is a growing concern within New Brunswick about the consumption of energy drinks in children and youth.

This concern centres on the amount of caffeine and other stimulants in the drinks and the potential effects on physical and mental health when consumed in greater than recommended amounts or with alcohol.

Additionally, genetic factors may also contribute to an individual's vulnerability to caffeine related disorders including caffeine intoxication, dependence, and withdrawal (Reissiga, Straina, & Griffiths, 2009).

Energy drink consumption can lead to dehydration, electrolyte disturbance, nausea, vomiting and heart irregularities (Macdonald, Hamilton, Malloy, Moride, & Shearer, for Health Canada, 2010). Furthermore, serious adverse effects have been reported in children and youth after the consumption of energy drinks, such as seizures, diabetes, cardiac abnormalities, and mood and behavioral disorders (Seifert, Schaechter, Hershorin, & Lipshultz, 2011). Energy drinks should not be confused with other beverages that are manufactured to replace fluids and electrolytes after sporting events. The consumption of energy drinks after intense exertion can increase the potential for adverse events.

An additional concern in New Brunswick relates to the issue that energy drinks are sold in corner stores and grocery stores with no restrictions on who can purchase them. In the Department of Health NB Student Drug Use Survey (2012), 57.2% of students surveyed reported they had consumed caffeinated energy drinks in the last year, with 12% reporting frequent consumption of the drinks.

On October 1, 2013, NANB attended the *New Brunswick Stakeholder Dialogue Session on the Use of Energy Drinks in Children and Youth*. Participants at the dialogue session heard from a variety of speakers including the Canadian Beverage Association (CBA), Health Canada and New Brunswick's Chief Medical Officer of Health. Participants offered a number of suggestions to the provincial government, including the banning of the sale of energy drinks to individuals under the age of 19. It is felt a ban on the sale of energy drinks to individuals under the age of 19 will aid in reducing the consumption of energy drinks by children and youth. However, such an action needs to be done along with education for parents and other adults in pivotal roles, who influence children and youth, such as coaches and teachers. The provincial government has committed to reviewing the feedback provided by stakeholders and developing a concrete plan to address the consumption of energy drinks by children and youth in the province. NANB will continue to monitor the situation and update members on this topic.

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NP FAQ

I am a nurse practitioner, is it appropriate for me to provide care to my family and friends?

In reference to providing care to clients as a Nurse Practitioner (NP), NANB refers to a 'family member' or 'friend' within the context of the nurse practitioner being able to provide care while maintaining objective judgment in reaching diagnostic and therapeutic decisions.

Specifically, a family member or a friend refers to a NP's spouse or partner, parent, child, sibling, grandparent or grandchild; a parent, child, sibling, grandparent or grandchild of the NP's spouse or partner; or another individual with whom the NP has personal or emotional involvement that may render the NP unable to exercise objective professional judgment in reaching diagnostic or therapeutic decisions.

As a NP, you must decide whether the potential client is someone with whom you share an emotional bond that could potentially render you ethically challenged or emotionally at risk of not maintaining an objective and therapeutic relationship.

In emergency situations, it is expected that the NP would provide life-saving measures to the best of their professional abilities and within their scope of practice, regardless of the personal relationship between the client and the NP. ■

52%
of caregivers participate in online social activity related to health

72%
of internet users have looked for health information online.

60%
of adults track their weight, diet, or exercise routine

* Check out www.pewinternet.org/topics/health for great data on how the internet, social media and mobile devices are being used for health.

Learning to Avoid Pitfalls and Seek Opportunities to Use Social Media in Healthcare

EXPLORING HOW DIGITAL TOOLS CAN IMPROVE HEALTH AND HEALTHCARE

By ROB FRASER

Reading headlines makes it easy to understand why healthcare providers are nervous about using social media; a nurse or doctor lost their job, another hospital has lost patient information. No one wants to be fired, and no healthcare provider wants to harm patients. These things happen because individuals do not know better, and social media has risks that need to be understood.

Fortunately, nurses develop professional filters that can be applied to social media. During our education, we develop our personal judgment and learn about how laws, regulations, best practices, and organizational policies influence nursing care.

The challenge is that our education does not always translate what this means for social media. Often nurses are taught that speaking about patients in the hallway, cafeteria or on public transit is not accept-

FIGURE 1 *Professional Filters*[i]

able. However, what is or is not acceptable on Twitter, Facebook, or YouTube? Nurses need to think about and share how to reduce risks on social media as well. Table 1 lists principles and tips for social networking meant for nurses[ii].

Using our profession's professional filters and this type of guidance, nurses can explore new tools and think about risks. Identifying risk is essential for developing ways to prevent them from happening. The challenge is once risk begins to be considered it needs to balance the potential benefits.

Imagine if we removed everything that had a risk in the hospital. No scalpels, no needles, no medications, and the list could go on. On a daily basis nurses perform routine procedures, tasks, and even some assessment that have inherent risks, or adverse outcomes. They all serve a purpose and help us to accomplish something. We do these things because they benefit our patients, they promote health and they are the basis of healthcare. This is an important concept to remember. Health professionals need to balance risk with potential benefit, and take reasonable steps to reduce harm and maximize the benefit to patients.

By balancing risks and potential benefits, many healthcare providers and organizations have been able to move forward with social media projects. The next Connecting Nurses article will explore some specific ways social media is being used to advance practice, research and education in healthcare. ■

TABLE 1

Principles	Tips to Avoid Problems
Nurses must not transmit or place online individually identifiable patient information.	Remember that standards of professionalism are the same online as in any other circumstance.
Nurses must observe ethically prescribed professional patient – nurse boundaries.	Do not share or post information or photos gained through the nurse-patient relationship.
Nurses should understand that patients, colleagues, institutions, and employers may view postings.	Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
Nurses should take advantage of privacy settings and seek to separate personal and professional information online.	Do not make disparaging remarks about patients, employers or co-workers, even if they are not identified.
Nurses should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities.	Do not take photos or videos of patients on personal devices, including cell phones.
Nurses should participate in developing institutional policies governing online privacy.	Promptly report a breach of confidentiality or privacy.

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[i] Robert Douglas John Fraser. (2011). *The Nurses' Social Media Advantage: How making connections and sharing ideas can enhance your nursing practice* (p. 256). Indianapolis: Sigma Theta Tau International.

[ii] American Nurses Association (2012)

BEGINNING NEXT SPRING

A New Series to Profile RNs & NPs

NANB is excited that members want to learn and hear more from front-line nurses, so we will be launching a series in *Info Nursing* of RN/NP profiles. These profiles will showcase nurses at work in New Brunswick, focusing on hands-on, more practical applications and including the roles and responsibilities of day-to-day nursing. In order for this to be successful, we need your support!

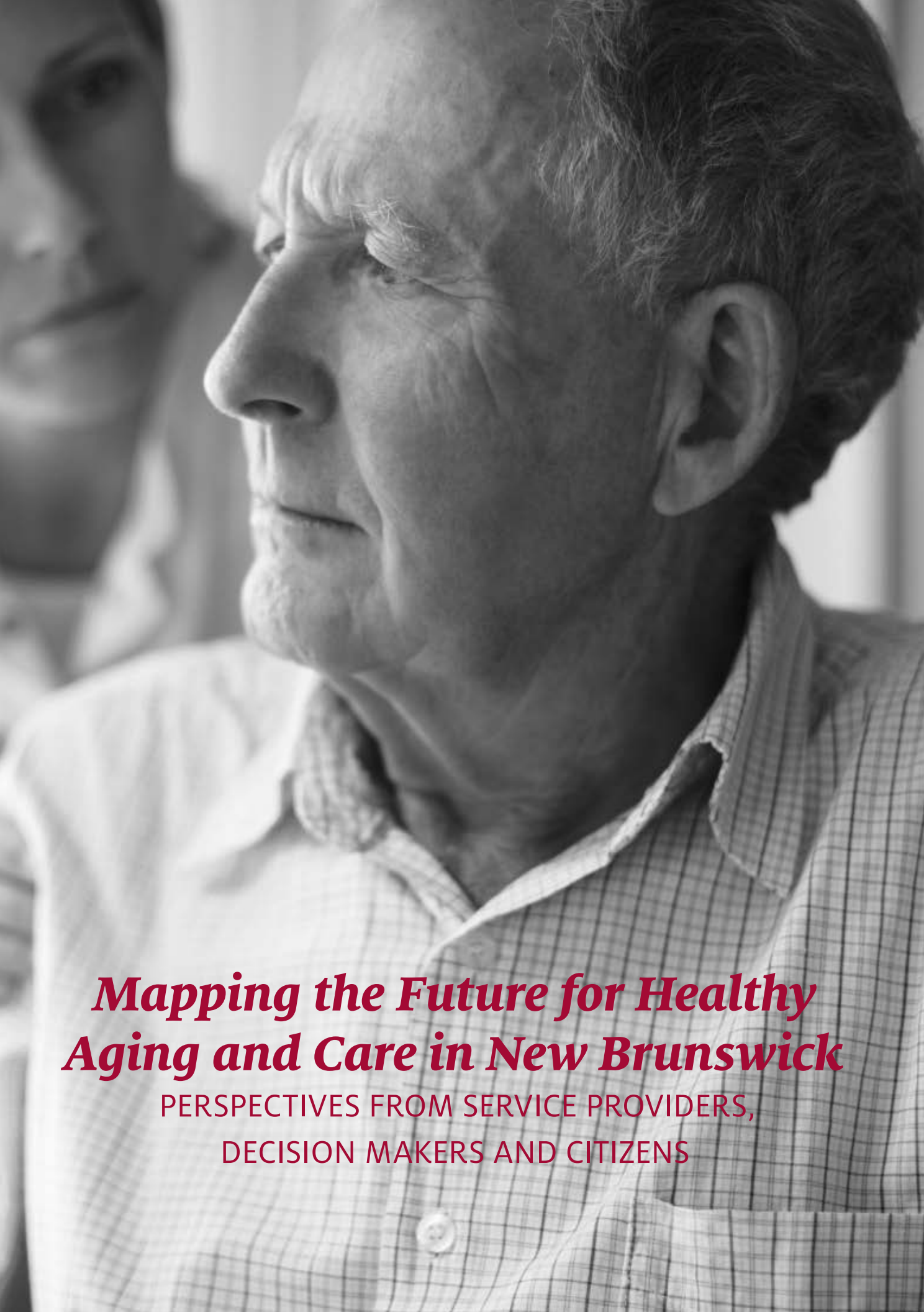
We Need You To:

- submit suggestions to name this on-going series. Email submissions to nanb@nanb.nb.ca between now and January 15, 2014; and

- build a database of potential RNs/NPs to profile. Nurses would need to be informed and agree that their contact information, including their name, email and phone number, be provided to NANB (nanb@nanb.nb.ca).

NANB would then contact the RN/NP to profile and provide them information on what is expected, including draft interview questions and publishing requirements such as deadlines and word count. The longevity of this series will depend on the interest expressed by members.

Please help NANB make this new series a success!



Mapping the Future for Healthy Aging and Care in New Brunswick

PERSPECTIVES FROM SERVICE PROVIDERS, DECISION MAKERS AND CITIZENS

By SUZANNE DUPUIS-BLANCHARD AND JODI HALL

Countries around the world are considering how society will be different as the result of an aging population and where the number of older adults will outnumber youths. New Brunswick has the second highest percentage of adults over the age of 65 years in Canada (Statistics Canada, 2012). New Brunswick's rural communities especially have higher rates of aging, and overall, the province's population experiences a high rate of chronic disease. Despite many challenges, 92% of older adults live in the community and not in residential care facilities (Statistics Canada, 2012).

In June 2011, a group of eleven long-term care stakeholders came together to discuss their unique and common issues about aging in the province of New Brunswick. Historically, these groups had never come together to discuss aging in the province. The stakeholders began to discuss how they could effect change for healthy aging and care in the province and realized they needed to work together to influence public policy so that a true continuum of care system is achieved for older adults in New Brunswick. Collectively, it was felt that a summit event, driven by public engagement and the long-term care sector, but supported by government, would be a powerful way to engage all stakeholders. A summit would gather people to discuss the topic of aging and firm decisions for change would be made along with the creation of a shared vision for the future with people concerned by the subject.

The goal of the summit was to create a resolve for transformational change among stakeholders and to identify a sustainable vision for healthy aging and wellbeing in communities and across the continuum of care. The purpose of this first series of two articles is to inform the reader about the process put in place to realize the summit event, but most importantly, the contributions of participants towards creating a new vision for aging care in the province of New Brunswick.

The Event

The two-day summit event was held in November, 2012. A total of 320 health care providers, policy makers, decision makers, researchers, older adults, and family members attended the two-day event. Participants were asked to sit at tables of six people, each equipped with a portable computer. A team of facilitators with experience in creating meaningful dialogue among groups was hired for the event. The team of four posed a total of nine questions to participants (Table 1), who then dialogued at their table of six, and recorded significant words/ideas or small sentences into SayZu, a computer software capable of collecting large amounts of words and ideas and distilling data in word clouds to facilitate presentation. Participants could record their ideas in English or French and simultaneous interpretation was available during the large group discussions. The facilitators were able to project on a large screen the word clouds composed of the most frequent words used for all groups in answer to the question. Simultaneously, a visual facilitator drew out peoples, thinking as they spoke, therefore capturing emerging ideas in a visual record. The findings reported were derived from SayZu transcripts (raw data), word clouds and visual recordings. Results were then shared with the members of the summit working group, who were present at the event, for the meaningfulness of the categories.

Findings

Three themes were identified: (a) the future we want to create; (b) bridging the gap; and (c) the caring community. Participants were also asked to use one word that captured why it was important for them to be at the event. Overwhelmingly, participants indicated that they wanted to learn, gather information and understand the issues. They also wanted to give back by sharing their knowledge with others and to try and effect change through innovation and a greater collaboration. Summit participants appeared to be energized by having an opportunity to have their voices heard.

Creating a Future Vision by Changing our Views

Participants were asked to envision an ideal future for older adults in New Brunswick. In response, they described a place where older adults are respected, valued for their wisdom and connected intergenerationally. In this vision, older adults would have a high quality of life and access to the care and services they and their family require.

The idea of home and family brought about a discussion on the notion of community and the reciprocal nature of a strong community and the role older adults play. Many participants challenged the notion that seniors are a burden to society and instead, shared examples of how older adults can be productive and valued members of our society. Participants also mentioned the many silos of care, where services and care are fragmented, and a future where institutions, healthcare professionals, service providers and families work together and play various roles.

Information was also seen as a core element of a future system and one that is apparently lacking in the present way of doing things. One group called for "… an easy-to-access network of system navigators/advocates for seniors and their caregivers to provide accurate and consistent information to them" and the "elimination of silos and improved and increased collaboration across-the-board (healthcare providers, caregivers, community-based services, NGOs, etc)". The flow of information among all involved is of significant concern to participants.

The home was also a central component of the discussion about community and participants emphasized that home is the place where older adults want to stay. One group said: "Have seniors living at home, living with their family,

TABLE 1 *Questions Posed to Participants*

What is one word that captures why it is important for you to be here today?
What are we striving to create?
What are three things you would most like to see in place in the future?
What are the top 3 to 4 enablers – things we have going for us in NB?
What are 3 to 4 greatest barriers/challenges to creating the kind of future we want?
What ideas have you heard that most inspire/encourage you?
What makes for an age-friendly community?
What specifically could be done to support the role of the natural helper/family caregiver?
What is one word that captures what this day has meant to you?

and experiencing love".

Bridging the Gap

Having established a vision for the future, participants were asked to identify the enablers and barriers to creating that vision. Participants overwhelmingly identified the willingness to change as a significant enabler. One group explained: "As evidenced by the strong turnout for this summit, there is a strong desire and will to make changes to the way we care for older persons". Many expressed that the malfunctioning present system combined with the changing demographics may obligate society to change.

Many identified the value of the Extra-Mural Program (EMP) as well as the contribution of healthy seniors as enablers. In listing enablers, one group wrote: "1. EMP; 2. Large untapped pool of healthy seniors; 3. Lots of interest in being part of the solution." Others stated: "Grassroots movement such as this summit. If a cohesive single message can come out of this, that will force change at the government level that is needed."

While many participants identified change as an enabler, many also said that it is a potential barrier. Resistance to change may be limiting the pace of progress. Similarly, many identified an insufficient level of coordination among various government agencies, institutions, caregivers, healthcare workers and older adults. In fact, most said that silos have a detrimental effect on service delivery. Also recognized as a barrier was poor communication with the public, specifically about seniors' issues, that has led to "a negative perception of seniors in the community".

The notion of home emerged again in the discussion of barriers. Some said that the institutional nature of our current system hinders service delivery in the home. In-home care and support is limited and one group wrote: "Easier to access a hospital bed than to access home care". Participants also recognized the need for home care workers, nurses and other staff members to be educationally supported for the aging of the population.

Participants also shared ideas they had heard that had encouraged them. The discussion about change was seen as encouraging and the potential to create a future where older people are respected, engaged, valued and cared for with dignity outweighed any pessimistic impression that such a vision could not be attained. The feeling of optimism was related to the people, the participants at the summit, and their willingness to move forward.

The Caring Community

In order to implement a future vision, participants noted that a caring community was needed. Participants identified several aspects of this type of community, including appropriate infrastructure and services. In addition, the importance of strong connections among community members and the ability to rely on neighbours for support in times of need were characteristics stated by participants. Although accessible services were mentioned as important, it was stated that it is not enough. Participants described a general sense of togetherness that fosters inclusive interaction as a caring community.

Transportation was the fundamental component of the community. Access to transportation and affordability were identified as the main concerns. Some participants suggested free public transportation while others mention volunteer drivers. Older adults in rural communities are especially in need of an organized transportation system.

Respite care emerged from participants' discussion as an important component of an age-friendly community. Participants discussed the difficulties of accessing respite care and

the lengthy assessment required to be considered for services. Others stated the need for respite inside the home but also for longer periods such as a week outside the home.

Participants also acknowledged that family members needed caregiving relief and a strong and thriving community emerged as an important aspect. As well, financial considerations and training for caregivers were also mentioned. Specifically, one group revealed "paying family members who know the person versus paying homemakers". Others stated: "…education and training for caregiver to have the skills to look after family members". The limits of family caregiving were also acknowledged.

Discussion and Post-Summit Activities

During the summit, participants were often surprised that others had discussed the same issues they had and they soon realized that they were not alone in their experiences. Participants expressed their desire to be consulted about change to our healthcare and support services system but they were also adamant about wanting to contribute.

A common theme present across the findings is the importance of the community. Transportation was identified by participants as fundamentally important for quality of life. Likewise, social participation, respect and support were also declared as significant in an aging society. For New Brunswick to sustain a vision of healthy aging, all municipalities need to become mindful of the influence of their decisions on the lives of older people. Municipal decision making needs to be framed within the dimensions of an age-friendly community to allow older adults to live as independently as possible in their homes. Society needs to realize that older adults can and should be active members of a community where reciprocal exchanges are recognized.

A continuum of care, where older adults who live at home can access health promotion and prevention services, and those who are institutionalized receive secure quality care, is a vision for the future that can be attained if the silos are broken down.

The current way of doing things, in silos, is a reality check for professionals working in the system. In order to have a renewed continuing care system, working separately without proper means of communication and follow-up can no longer be tolerated. A continuum of care, where older adults who live at home can access health promotion and prevention services, and those who are institutionalized receive secure quality care, is a vision for the future that can be attained if the silos are broken down. The issues are complex and the development of policies on aging concerns is imperative to address silo issues as well as access to quality support and care.

The coalition of stakeholders that organized the summit has continued to meet regularly post-summit, as the group feels they have been given the mandate to create an action plan by the summit participants. The strategic pillars that have been retained are caring communities, continuing care and consultation-contribution. Strategic points have been developed within these pillars and a Maestro conference was held on November 6 and 7, 2013. This type of conferencing can gather up to 10,000 people on one call and divide the total number of participants in smaller groups for discussion. In order to keep the summit participants motivated for change, the maestro conference would give participants a voice in the strategic pillars and a mandate to the post-summit working group to take action. To move forward, members of the working group have identified other stakeholders that should be involved in the working group to bring about change. The goal is to create, alongside government, a provincial collaborative on the issue of aging in New Brunswick.

The summit was recognized by government and others as a key event in moving forward with the aging agenda. The fact that 320 New Brunswickers came to voice their concerns and vision has many implications. The event has garnered respect from many and the results have not gone unnoticed. The fact that many of the elements discussed at the summit find themselves in the Premier's Panel report on seniors, released after the summit, is no coincidence. The provincial collaborative, which also represent grassroots partnerships and the provincial government, will have to work closely together to move in the same direction.

In conclusion, the summit was an historic event for the province of New Brunswick. Its success is attributable to good planning and leadership but mostly to citizens' engagement. Areas of action have been identified and the means to move forward are being established. The pillars of a caring community, continuing care and consultation-contribution, will guide the province in creating a place where people want to grow old. The second part of this article series will present the findings from the Maestro conference as well as indicate future directions.

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Remembrance Day
CEREMONY

Darline Cogswell, President of NANB, attended the Royal Canadian Legion Oromocto Branch #093 Remembrance Day Ceremony on November 11, 2013.

Working Together to Improve Safety Standards

By KRISTINA HOBSON

When you consider that two thirds of Canadian adults spend approximately 60 percent of their time at work, it seems logical that employment plays a large role in overall well-being. As nurses, many of you likely encounter stressors comparable to many other government employees, but also would encounter unique hazards and risks for your work environment. While many organizations can likely relate to the 'doing more with less' approach that has been adopted in response to budgetary cuts, employees in other settings do not have the added stress associated with working as front line caregivers that many nurses would encounter. The healthcare environment has its unique set of risk factors, including, but not limited to: hostile clients and families, limited resources, exposure to death and dying, significant consequences associated with job demands, conflict with coworkers and management, etc. Given these factors, a decision to develop a Standard addressing psychological health and safety in the workplace was taken by the Mental Health Commission of Canada, Canadian Standards Association, and the Bureau de normalisation du Québec in 2010.

The Canadian Standard: *Psychological health and safety in the workplace—Prevention, promotion, and guidance to staged implementation* was the result. The Standard was launched in January 2013 and within a week the document had been viewed by over 12,000 people! Now, less than a year later it has been downloaded by almost 14,000 people. The intention of the Standard was not to place all responsibility for mental health on the employer, but rather to see it as a shared vision. Additionally, the Technical Committee (TC) developing the Standard saw the workplace not only as a place where mental illness could be prevented, but also as a place where psychological health could be promoted.

A few guiding principles underlie the Standard: commitment by senior management, participation with employees at all levels, integration of psychological health and safety, recognition that psychological health is a shared responsibility, and a focus on health, safety, awareness, and promotion. Given that psychological health is less tangible than previously developed Occupational Safety Standards, the TC did its best to align with pre-existing Standards [i.e., BSI PAS 1010 Guidance on the management of psychosocial risks in the workplace, BNQ 9700-800/2008 "Healthy Enterprise," CAN/CSA Z1000-06 Occupational Health and Safety Management, Draft CSA Z1002 "OHS Hazards and Risks," and Other reference material (e.g., GuardingMinds@Work)] while maintaining the scope of this Standard. Additionally, examples were provided throughout the document and appendices.

Although the Standard can look

intimidating at first glance, it can be simplified into four steps. Specifically, the Standard provides guidelines to: plan, do, check, and act. It was important to the TC that the Standard be broadly accessible and detailed appendices were developed to assist with the implementation of this system regardless of the organization's size. For the Psychological Health and Safety Management System (PHSMS) to be effective, it is imperative that adequate time be allotted for the planning stage and that all organizational levels be involved. For example, the Standard is less likely to be effective if your managers develop and implement the goals without first seeking consultation from nurses working in primary care to determine what their unique risk factors are. Seeking this consultation helps to gain acceptance and participation from employees at all levels of the organization; this increases the likelihood that everyone will participate in implementing the PHSMS.

Once an organization's unique barriers have been identified, a plan can be set into place to address these barriers. It is important that the process be adequately documented to ensure that after a period of implementation, the program can be reviewed and overhauled as necessary. Notably, the implementation of the PHSMS will be a continuous process and a return on the investment will likely take time.

With many nurses employed in government organizations such as the hospital, implementing this Standard could have many benefits in the long-term. Certainly, within the bigger organizations, resources that are already available should be given credit. For example, the hospital setting likely already has EAP and disability management programs. That said, through my practice I am aware that many barriers remain in the healthcare field and disability rates remain high.

Implementing this Standard would likely, over time, change the organizational culture in terms of psychological health. Eventually this would help reduce stigma and help employees impacted by mental illness and stressors to access appropriate resources. Improvements in productivity, satisfaction, and leaves of absence are likely as culture changes. So the initial cost of implementation would be recovered through the savings in terms of decreased disability and improved employee health and productivity. As nurses, many of you are caregivers and likely find yourself tending to others' needs before your own, but self-care remains vital to facilitate your ability to continue to care for others and the Standard would be useful in helping nurses and other employees to access services as needed so that they can continue to fill their vital role in our healthcare system.

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CMIRPS Canadian Medication Incident Reporting and Prevention System
SCDPIM Système canadien de déclaration et de prévention des incidents médicamenteux

ISMP Canada Safety Bulletin

Volume 13 • Issue 3 • May 7, 2013

Reducing Adverse Events and Hospitalizations Associated with Drug Interactions

A drug-drug interaction is a pharmacokinetic or pharmacodynamic influence of one drug on another, which can reduce the effectiveness of one or both of the interacting drugs or can lead to toxic effects.[1] It is estimated that such drug interactions cause up to 2.8% of hospital admissions,[2] and they can lead to serious adverse outcomes for patients. One drug combination that has resulted in death involved an interaction between transdermal fentanyl and Kaletra (a medication used in HIV post-exposure prophylaxis). The details of this incident were described in a previous ISMP Canada Safety Bulletin (http://ismp-canada.org/download/safetyBulletins/ISMPCSB2008-03HIVPEP.pdf).[3]

Challenges in Preventing Drug–Drug Interactions

Harmful drug-drug interactions are, in theory, largely preventable. For most drugs, a number of therapeutic alternatives are available, allowing avoidance of significant interactions. In practice, however, clinicians' recognition and detection of drug interactions is not optimal. For instance, in a study of 263 physicians practising in a large healthcare system, only 54% of contraindicated drug interactions were recognized.[4] The continually increasing number of drugs and hence drug interactions makes it virtually impossible for healthcare practitioners to keep up with new knowledge and heightens the risk that significant drug interactions will be overlooked.

One solution to over-reliance on human memory for detecting drug interactions has been the development of computerized drug interaction detection systems; however, studies evaluating the use of such systems in real-world pharmacy settings have identified opportunities for improvement. For example, one study found that these systems may fail to detect up to a third of drug interactions while frequently alerting pharmacists to trivial issues.[5] Researchers have also found that the number of clinically insignificant alerts leads to a phenomenon called alert fatigue (whereby practitioners become desensitized to the alerts), which may in turn result in significant interactions being missed.[6]

Clinical Significance of Drug-Drug Interactions

One of the fundamental reasons that computerized drug interaction detection systems lack sensitivity and specificity in identifying drug interactions has been the lack of high-quality evidence evaluating the clinical significance of drug interactions. However, a growing body of research is starting to fill this gap. By utilizing pharmacoepidemiological methods, with data from various databases (such as the Ontario Drug Benefit prescription claims database), recent studies have clearly demonstrated a significant association between specific drug interaction pairs and hospitalizations for adverse events.[6,7] Examples include increased risks of hospitalization due to (1) hypoglycemia caused by concomitant use of cotrimoxazole and glyburide and (2) digoxin toxicity caused by concomitant clarithromycin and digoxin.[6]

A summary of pharmacoepidemiological studies from Ontario involving drug interaction pairs that have been

shown to increase the rate of hospital admissions among elderly patients can be found on the ISMP Canada website at http://www.ismp-canada.org/beers_list/downloads/Drug-DrugInteractions.pdf. Healthcare practitioners are encouraged to review these specific drug interactions and the related adverse events.

Conclusion

Drug–drug interactions represent a potentially serious problem that can result in preventable adverse drug events and use of scarce healthcare resources. A growing body of high-quality studies is demonstrating an increase in hospital admissions related to specific drug interaction pairs. Healthcare practitioners who familiarize themselves with the impact of the specific drug interactions summarized at the ISMP Canada website can use this information to help reduce adverse events and hospitalizations by identifying patients at risk and intervening as appropriate.

In addition, ISMP Canada will be undertaking a pilot project with Ontario community pharmacists to reduce the occurrence of the drug interaction pairs that have been associated with hospitalizations. Pharmacists will be supported with tools and educational resources throughout the project, which will be integrated with the Ontario Ministry of Health and Long-Term Care Pharmaceutical Opinion Program (a professional pharmacy service that reimburses pharmacists for interventions to address drug-related problems). Practitioners who are interested in more information about this project, whether in Ontario or elsewhere in the country, are encouraged to contact ISMP Canada at info@ismp-canada.org.

Overfill Needs to be Taken into Account for IV Chemotherapy

More than 1100 Canadian patients may have received lower doses of cyclophosphamide or gemcitabine than intended because of miscommunication between a supplier and several hospitals that utilized its services (http://www.cbc.ca/news/canada/story/2013/04/02/chemotherapy-dilution.html). The impact on patients is unclear but is under investigation.

The chemotherapy was part of therapeutic regimens for patients with breast and lung cancer, as well as lymphoma and leukemia. Solutions of the drugs were prepared by the supplier in ready-to-use IV bags, but the bags held a greater volume of diluent than stated on the label, a situation known as overfilling. The amount of overfilling is thought to have ranged from about 3% to about 20%. For reasons that have not yet been revealed, the supplier and the hospitals did not have a common understanding of the total amount of overfill after the chemotherapy additive was added to commercially available IV bags, which have an inherent overfill volume. Because of the inherent overfill, the final drug concentration in each prepared bag was less than if the exact amounts of drug and diluent solution had been added to an empty IV bag. Each bag contained the labelled amount of drug, but a lack of a common understanding of the final concentration led to some patients receiving a lower dose than intended.

Management of any overfill volume is perceived to be more critical for oncology medications than for other types of medications because the dosing of these drugs is highly specific to each individual patient and the type of cancer being treated. In the recently released International Medication Safety Self Assessment® (MSSA) for Oncology (https://mssa.ismp-canada.org/oncology) developed jointly by ISMP in the United States and ISMP Canada, the use of overfill was identified as a point where safeguards may be required. Specifically, the International MSSA for Oncology states the need for "a standard process to identify the overfill volume on the pharmacy label for compounded IV chemotherapy/biotherapy solutions". An opportunity exists to create and implement national standards for labelling containers that contain overfill volume. We would very much like to hear from front-line practitioners, hospital administrators, and others with thoughts on this problem, as we work with our partners to develop recommendations for standard labelling practices.

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CMIRPS SCDPIM

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The Canadian Medication Incident Reporting and Prevention System (CMIRPS) is a collaborative pan-Canadian program of Health Canada, the Canadian Institute for Health Information (CIHI), the Institute for Safe Medication Practices Canada (ISMP Canada) and the Canadian Patient Safety Institute (CPSI). The goal of CMIRPS is to reduce and prevent harmful medication incidents in Canada.

HIROC

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

ISMP CANADA

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Serena Jones Charbachi

It is with great honour that I accept the CNF NANB CNA Centennial Award.

As a registered nurse, I have worked in a variety of settings, both within and outside of the hospital. I enjoy working with patients and continually striving to improve my nursing practice through education. Three years ago, I decided I would return to university to pursue an MN degree as I felt that this would allow me to contribute to nursing research and education and hopefully have a greater impact on improving nursing practice. Since beginning my Masters degree, I have completed my course work and I am currently working to complete my thesis, which focuses on workplace bullying. I hope that through this work, I will be able to develop new knowledge around workplace bullying that will ultimately lead to helping to prevent bullying at work and improve health for working people.

In addition to working on my thesis, I have had the opportunity to collaborate with a fellow MN student and professor to write a paper entitled *Articulating the Role of the Clinical Nurse Specialist (CNS) in New Brunswick*. I hope that this work has had a positive influence on CNS practice in both New Brunswick and elsewhere.

I would like to thank the CNF, NANB, and the CNA for believing in me and my application for this award. I am grateful and know that this award will help me make a difference in the lives of others through helping to improve nursing care.

Nurses Association of New Brunswick Award

Heather McQuinn

For almost 20 years, I have worked in the field of mental health in both hospital and community care. Currently there is a deficit of understanding between non-Aboriginal and Aboriginal people, and nowhere is this more pronounced than in the field of mental health. Many First Nations people do not seek mental health support because they believe that they are not understood. Only through education will this gap be closed. My goal is to contribute to the inclusiveness of our mental health care model by furthering our understanding of the role of spirituality in mental health, especially among our First Nations people.

There is much to be learned on both sides. With non-Aboriginals, there is a lack of education and understanding of the value of First Nations culture and customs and the role of their spirituality in well-being. On the Aboriginal side, there is a lack of trust and respect for the health care model espoused by modern medicine. Because of its holistic and trusted nature, nursing is in the key position to implement research in this area. My goal is to make New Brunswick a recognized leader in research and health system change, addressing these issues and better integrating culture, spirituality, and medicine for the optimal mental health of all Canadians.

My research will be used to educate nurses in providing culturally competent and culturally safe care in both clinical and community settings. This award enables me, despite continued health problems, to complete my Masters degree by partnering with First Nations in a community-based study to address these issues.

CNF Scholarship Fund Donor

For a third of a century, nurses helped pay her salary. Now a grateful Dale McLeod wants to give the profession a dividend. The former manager of finance and administration for the Nurses Association of New Brunswick delivers regular and generous support to the Nurses Association of New Brunswick Scholarship Fund administered through the Canadian Nurses Foundation.

"I have a lot of respect for my former employer and all those who work in the nursing profession," she says. "I wanted to give something back and this was the only way I knew how." She didn't stop there. Dale now works as a volunteer for the local hospital auxiliary, which also gives nursing scholarships to worthy recipients through the University of New Brunswick.

"I've never met a nurse who didn't have the dedication to their job. We could all take a lesson from them," she says.

BN Bursary Marcia Trail

How long did you practice nursing and where?

I practiced nursing for 37 years, beginning first at the Moncton Hospital, then at The Miss A.J. MacMaster School of Nursing, and then at the Faculty of Nursing at UNB Moncton.

Why was it important for you to establish a BN bursary?

My mother became a widow and thus a single parent at the age of 28 years when my father was killed in a car accident. She had five children; I was three years old and my siblings ranged in age from three months to six years. Shortly after my dad's death my mother's father died unexpectedly and she herself had to deal with a serious health challenge.

She was the first female buyer at the NB Electric Power Commission but was not paid as much as her male counterparts. My mother often worked two jobs just to pay the bills. My mother was a strong woman and for several years she actively sought equal pay for equal work. Just before her retirement the Power Commission rectified this situation and her pension reflected the salary adjustment. Family and education were important to my mother. She always put our needs ahead of her own. I graduated from UNB Fredericton with my BN and MN, and from U de M with my B.Ed. Two of my siblings graduated from UNB and one graduated from Mount A.

During my time at AJM and UNB I was well aware of the struggles of nursing students who were single parents. Their priority was not always the course work but their children. The nursing program is challenging and demands a consistent commitment from the students. Also, single parents did not always achieve a high grade point average, making them less apt to receive a scholarship. I was pleased that many single parents graduated with their BN despite their family responsibilities and financial stressors, which often forced them to work part-time. I knew this achievement would most likely have a positive impact on their lives and the lives of their children.

During much of my nursing career my clinical area was obstetrics. I have always had a passion for infants and loved working with parents. Again, there were many single parents. The lack of emotional and financial support was often evident, making me realize how fortunate I was to have a caring, supportive husband, a good education, and financial security when my children were born.

For these reasons a bursary has been established in memory of my mother, M. Patricia Whalen. The $500.00 bursary was to be awarded annually to a third year nursing student who was a single parent and who had successfully completed the third year of nursing at UNB Moncton. To date, three $500.00 bursaries have been awarded.

What process did you follow to make this a reality?

I contacted Kim Anderson, the Gift Planning Officer in the Development and Donor Relations office at UNB. The criteria for the award did not include a grade point average and therefore the award was identified as a bursary rather then a scholarship. I contributed $10,000 of my retirement allowance to establish the bursary in my mother's name.

Savannah Miner

Tricia Morris

VPH Nurses Alumnae Bursary Awarded

Each year the Victoria Public Hospital Nurses Alumnae gives a bursary to a VPH graduate, or a relative of a VPH grad. For the 2012–2013 year, Tricia Morris and Savannah Miner each received $1,000 to assist them in their nursing studies.

Savannah was in her first (currently second) year of nursing at UNB Moncton. She is the granddaughter of Angela (MacMullen) McGinnis, VPH Class of 1961, and the great-granddaughter of Doris (Baxter) McGinnis, Class of 1934.

Tricia Morris is doing her nursing degree at UNB Fredericton, and is also currently in her second year. Tricia has several relatives who are VPH grads.

Her grandmother, Greta (Boulter) Palmer graduated from the Class of 1954; her great-aunt Barb Smith was in the Class of 1962; her cousin Ruth (Saunders) McCullough, Class of 1963; and great-aunt Lenora (Smith) Boulter, Class of 1942.

2012–2013 University Scholarship Recipients

UNB

Chantal Richard
NANB Scholarship

Sarah Balcom and
Heather McQuinn
TD Meloche Monnex Scholarships

UdeM

Myriam Breau and Sandra Chiasson
TD Meloche Monnex Scholarships

Stephanie Paulin-Godin
NANB Scholarship

Ask a
PRACTICE
CONSULTANT

By VIRGIL GUITARD

YOU'VE ASKED

We (RNs) have been asked to do a procedure on our unit that we were not doing before. Our manager referred to this procedure as a post entry-level procedure. What are post entry-level procedures?

Post Entry-Level Procedures

Registered nurses (RNs) in New Brunswick are educated as generalists. Through a combination of formal education, experiential learning and mentoring, they have acquired the nursing knowledge, skill and judgement expected of entry-level registered nurses. However, because of ongoing advances in research and technology, and changes in health care delivery systems, the practice of RNs needs to evolve to respond to clients' care needs. Therefore, the dynamic nature of nursing practice requires that RNs provide care and acquire knowledge and skills at a level beyond the entry level and practise using evidence-informed knowledge, skill and judgement.

Post entry-level procedures (PELPs) are those nursing procedures that are not part of basic nursing education, are not currently part of RNs work expectations and are being introduced into nursing practice, in specific practice settings. Employers and different work settings often refer to these post entry-level procedures as advanced nursing tasks, added competencies, contextual competencies, delegated medical functions and specialized skills.

Post entry-level procedures should not be confused with delegated tasks. PELPs, once acquired and maintained, become part of the individual RN's scope of practice, for which he/she is responsible and accountable. In specific situations and in order to meet client care needs, other health professionals may delegate a task to an RN. Delegated tasks are those tasks that are normally performed by other health professionals. A delegated task is always client and time specific (one client and one time only) and cannot be applied to other clients. The delegated task does NOT become part of the scope of practice of RNs. The health professional who delegates a task remains responsible for the delegation and the outcome of the task.

The clients' best interest is the primary consideration in deciding if a new post-entry level procedure should be introduced into nursing practice.

A Two-Step Process

The clients' best interest is the primary consideration in deciding if a new post-entry level procedure should be introduced into nursing practice.

The safe execution of a PELP encompasses the determination of when to perform the procedure, the planning and implementation of care and the evaluation and management of the outcomes of the procedure. When considering a request to introduce a post entry-level procedure into the practice of RNs, consideration must be given to the necessity for RNs to acquire not only the skill in performing the procedure but also the need to attain competence. Competence involves the knowledge, skill and judgement to ensure safe, competent and ethical care. RNs must recognize and practise within their own level of competence and seek additional knowledge and assistance when needed.

The decision to add a post entry-level procedure into nursing practice is made in collaboration with the RN and the employer. However, the employer is ultimately responsible for making the decision to accept the request, for setting policies and for creating a practice environment that supports the RN's acquisition of additional knowledge and skills for the safe and competent delivery of PELPs. Self-employed RNs wishing to add new PELPS into their practice must contact NANB for a practice assessment.

In order to support RNs and employers in determining if a PELP should be added to RNs' scope of practice, the Nurses Association of New Brunswick (NANB) recently revised a document that offers a two (2) step decision-making process that considers different requirements such as the appropriateness of the PELP, the required acquisition and maintenance of competence and the role of the employer. This process is available in the document titled: *Examining Requests for Post Entry-Level Procedures* (2013) and can be found under the Publications and Resources section of NANB's website: www.nanb.nb.ca/index.php/publications/practice.

Registered nurses are responsible to practise safely, competently and ethically. This requires that RNs

recognize and practise within their own level of competence and seek additional knowledge and assistance as required. The determination of the most appropriate health care worker to provide a specific service or to perform a certain activity will depend greatly on the context of practice; therefore, when examining requests for post entry-level procedures, a decision-making process which is client-centered and employer or setting-specific must be used.

For more information on post entry-level nursing procedures, call NANB to speak with a Practice Consultant at 1-800-442-4417 or by email at nanb@nanb.nb.ca.

REFERENCES

Nurses Association of New Brunswick (2013). *Examining Requests for Post Entry-Level Procedures*. Fredericton: author.

Nurses Association of New Brunswick (2012). *Standards of Practice for Registered Nurses*. Fredericton: author.

NP FAQ

What if I cannot find a drug in NAPRA Schedule ONE?

In Canada, Health Canada determines whether a drug must be sold by prescription only or can be sold over the counter. Once Health Canada classifies a drug as requiring a prescription for sale, these drugs are automatically considered to be in Schedule ONE of the National Drug Schedules (NDS).

NAPRA (National Association of Pharmacy Regulatory Authorities) adds most of these drugs to the NDS database. However, it is important to note that there is no automated link between Health Canada's database and NAPRA's database.

If you are unable to find the drug you are looking for in Schedule One of the NAPRA database, you may need to consult Health Canada's Drug Product Database (DPD), which contains the drugs listed in Schedule F of the Food and Drug Regulations.

JANUARY 22–25, 2014

Canadian Nursing Students' Association

2014 Annual National Conference:
Envision. Create. Innovate.

- Vancouver, BC
- » www.cnsa.ca/english/conferences/national

JANUARY 23–24, 2014

2014 Addiction & Mental Health Nursing Conference

- Edmonton, AB
- » www.cvent.com/events/addiction-and-mental-health-nursing-conference/event-summary-23c153bb07c74dbc9d5a7625ca228c46.aspx

JANUARY 23, 2014

ISMP Canada

Multi-Incident Analysis Workshop

- Toronto, ON
- » www.ismp-canada.org/education

FEBRUARY 19–20, 2014

NANB Board of Director's Meeting

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

MARCH 20–21, 2014

The 9th Tuberculosis Symposium

- Edmonton, AB
- » www.tbconference.ca

JUNE 2–3, 2014

2014 National Health Leadership Conference

- Banff, AB
- » www.nhlc-cnls.ca/default1.asp?active_page_id=143&lang=English

JUNE 16–18, 2014

2014 CNA Biennial Convention:
Explore, Reflect, Design, Act

- Winnipeg, MB
- » www.cna-aiic.ca/en/events/2014-cna-biennial-convention

Hours & Dates

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

NANB WILL BE CLOSED		DATES TO REMEMBER	
DEC. 25, 26 & 27	Christmas Holidays	DEC. 31	Registration Renewal Deadline
JAN. 1	New Year's Day	JAN. 31	Deadline for NANB Election Nominations
		FEB. 19–20	NANB Board of Director's Meeting

Decades of Service Provide a Wealth of Knowledge

Meet Paulette Poirier

Executive Assistant-Corporate Secretary, NANB

You have been employed with the Nurses Association of New Brunswick for over 20 years. Over the past two decades, how has the Association evolved?

When I started working at the Association, the NANB Headquarters were located at 231 Saunders Street in a residential area. Due to limited office space, the Board of Directors held their meetings off-site. The relocation of the Headquarters to 165 Regent Street offers additional space to hold Board and Committee meetings and its downtown location is visible, accessible to members and close to government departments and the provincial Legislature.

Based on the findings of an organizational review, the Board composition changed from 21 to 12 Board members in 2006. The switch was designed for maximum policy governance effectiveness and public representation. Annual Meeting elections have evolved from on-site voting to mail ballots, and will transition to an electronic vote in order to enhance the participation and engagement of NANB members in the election of the Board of Directors. Board and member communications have also evolved from mail and fax to a primarily electronic mode.

These are just some of the changes that have occurred over the last two decades.

Can you briefly explain your role as Executive Assistant-Corporate Secretary?

The Executive Assistant-Corporate Secretary provides support to the Executive Director in coordinating and administering the operation of the Executive Office. This position also provides secretarial support to the Executive Director related to matters of the Board of Directors in coordinating the preparation and follow-up of all meetings of the Board of Directors, Executive Committee and other committees of the Board.

Taking on the responsibility of Executive Assistant-Corporate Secretary, how did you meet the new challenges?

Having had the opportunity to work in different departments within the Association provided the foundational skills to transition to the position of Executive Assistant-Corporate Secretary. The responsibilities of this position

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REGISTRATION SUSPENDED

On August 27, 2013, the NANB Complaints Committee suspended the registration of registrant number 016562 pending the outcome of a hearing before the Review Committee.

REGISTRATION SUSPENDED

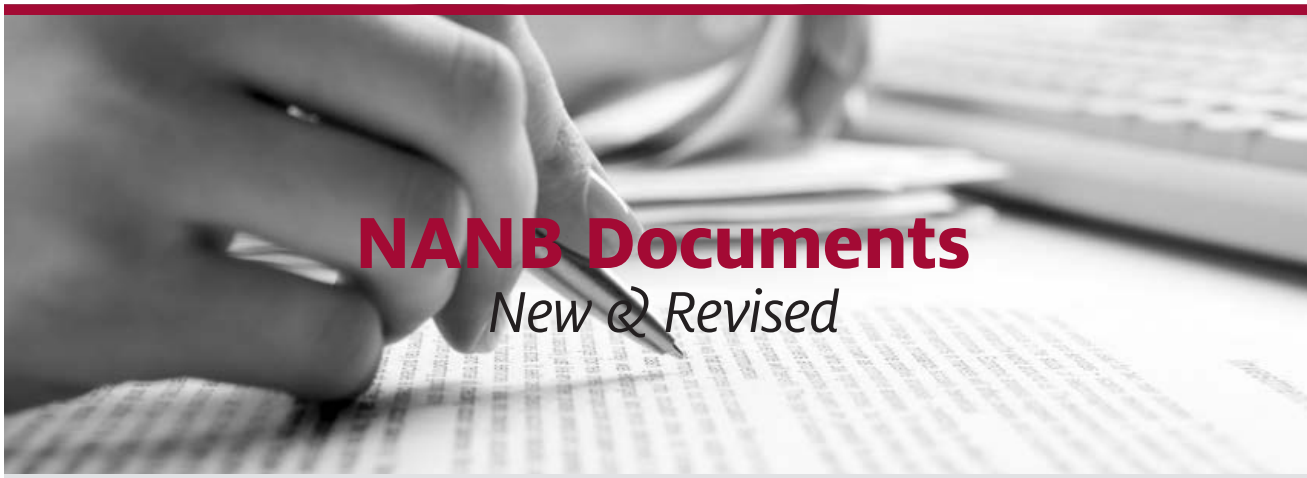
On August 27, 2013, the NANB Complaints Committee suspended the registration of registrant number 026081 pending the outcome of a hearing before the Review Committee.

REGISTRATION SUSPENDED

On August 28, 2013, the NANB Complaints Committee suspended the registration of registrant number 023942 pending the outcome of a hearing before the Discipline Committee.

CONDITIONAL REGISTRATION

On September 6, 2013, the suspension imposed on the registration of Boris Stanley Andrade Garcia, registration number 028109, was lifted and conditions were imposed on the member's registration. The member was ordered to pay costs to NANB in the amount of $1500 within 12 months of returning to the active practice of nursing. ■



NANB Documents
New & Revised

Medication Administration: Practice Standard

The Medication Administration: Practice Standard provides practice standards to support safe, competent and ethical medication administration by registered nurses (RNs). The Standards reflect each phase of the medication administration process and provide indicators that illustrate an RN's accountabilities and responsibilities. This revised document was informed by a jurisdictional review and key stakeholder input. Outdated content was removed or updated and a new frequently asked questions section was added to address questions commonly received by the NANB Practice Department.

New & Revised NANB Documents

NANB documents are developed to facilitate NANB's regulatory role in the public interest and to ensure RNs have appropriate resources to assist them in meeting their practice responsibilities.

NANB documents are reviewed and revised on a regular basis and are informed by best practice. These documents may be accessed at www.nanb.nb.ca.

During 2013, the following documents were revised and created.

Revised

- *Standards for Nursing Education in New Brunswick* (Feb. 2013)
  A revision of the 2005 *Standards for Nursing Education in New Brunswick* document
- *Examining Requests for Post Entry-Level Procedures* (Feb. 2013)
  A revision of the 2008 *Decision-Making: Examining Requests for New Nursing Procedures* document
- *Entry-Level Competencies for Registered Nurses in New Brunswick* (May 2013)
  A revision of 2009 *Entry-Level Competencies for Registered Nurses in New Brunswick* document
- *Continuing Competence Program: Learning in Action* (May 2013, manual)
  A revision of the 2007 document
- *Medication Administration—Practice Standard* (Oct. 2013)
  A revision of the 2009 *Medication—Practice Standard* document
- *When RNs are expected to work with Limited Resources* (Oct. 2013)
  A revision of the 2007 *Working Understaffed: Professional and Legal Considerations* booklet

Created

- *PS: Influenza Immunization for Registered Nurses* (Feb. 2013)

E-Learning Modules and Webinars

To enhance NANB's tools and approaches to support good practice, NANB offered three webinars during 2013.

Webinars

- *Documentation: Why All This Paperwork*
- *Safety First: Managing RNs with Significant Practice Problems*
- *Mission Possible: Civility for All*

These tools are available to NANB members and NB nursing students. ■

Meet Paulette Poirier

continued from page 35

have expanded my knowledge of NANB which in turn, has helped me in my support role to the Executive Director and the Board of Directors. The evolving technology offers an opportunity to integrate new and more effective approaches to work. For example, until recently all materials for Board meetings were on paper, but starting in 2013 we transitioned to providing all Board meeting documentation electronically on a secured section of the NANB website.

What do you find most rewarding working for the Association?

It's a privilege to work in an environment with nursing leaders dedicated to the vision and the mandate of the Association. The staff at the Nurses Association is committed to providing excellent professional services to members and I'm honored to be a part of this great team. ■

Nomination Form

ELECTIONS 2014

(To be returned by chapter member)

The following nomination is hereby submitted for the 2014 election to the NANB Board of Directors. The nominee has granted permission to submit her or his name and has consented to serve if elected. All of the required documents accompany this form.

Position

Candidate's Name

Registration Number

Address

Telephone Home Work

Chapter

Signature

Registration No. Chapter Position

Signature

Registration No. Chapter Position

Nomination forms must be postmarked no later than **January 31, 2014**. Return to:

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

Acceptance of Nomination

ELECTIONS 2014

(The following information must be returned by nominee)

Declaration of Acceptance

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

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

Signature

Registration No.

Biographical sketch of nominee
Please attach separate sheets when providing the following information:

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

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

Photo
For publication use, please forward an electronic self-image to jwhitehead@nanb.nb.ca. Return all of the above information, postmarked no later than **January 31, 2014**, to:

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

NEXT UP!

Collaboration: Shared Goals, Different Roles

Are you wondering...what is my role as a RN in the evolving healthcare workplace?

What exactly is collaborative care? What are my responsibilities as an RN when working and collaborating with other health care professionals? What are the key elements in establishing successful collaborative care practices? If so, you need to register for this webinar!

Check NANB's website (www.nanb.nb.ca) in the New Year, or the February *Virtual Flame*, for details including day and time.

Previously Recorded Webinar Presentations

- MISSION POSSIBLE: Strategies for Embracing Civility
- Safety First! Managing Registered Nurses with Significant Practice Problems
- Documentation: Why all this paper work?
- Leadership: Every Registered Nurse's Responsibility

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Most insurance companies offer discounts for combining home and auto policies, or your good driving record. What you may not know is that we offer these savings too, plus we offer preferred rates to members of the **Nurses Association of New Brunswick**. You'll also receive our highly personalized service and great protection that suits your needs. Find out how much you could save.

Request a quote today

1-866-269-1371
Monday to Friday: 8 a.m. to 8 p.m.
Saturday: 9 a.m. to 4 p.m.
melochemonnex.com/nanb

Insurance program recommended by

Nurses Association of New Brunswick

TD

The TD Insurance Meloche Monnex home and auto insurance program is underwritten by SECURITY NATIONAL INSURANCE COMPANY. The program is distributed by Meloche Monnex Insurance and Financial Services Inc. in Quebec and by Meloche Monnex Financial Services Inc. in the rest of Canada.

Due to provincial legislation, our auto insurance program is not offered in British Columbia, Manitoba or Saskatchewan.

*No purchase required. Contest organized jointly with Primmum Insurance Company and open to members, employees and other eligible persons belonging to employer, professional and alumni groups which have an agreement with and are entitled to group rates from the organizers. Contest ends on October 31, 2013. Draw on November 22, 2013. One (1) prize to be won. The winner may choose between a Lexus ES 300h hybrid (approximate MSRP of $58,902 which includes freight, pre-delivery inspection, fees and applicable taxes) or $60,000 in Canadian funds. Skill-testing question required. Odds of winning depend on number of entries received. Complete contest rules available at melochemonnex.com/contest.