



ARNNL House: A History of Public Service

**HOW A NURSING BACKGROUND
MAKES A DIFFERENCE IN
SHAPING PROVINCIAL eHEALTH**

PAGE 11

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ARNNL COUNCIL

Julie Nicholas	<i>President</i>	2016-18
Elaine Warren	<i>President-Elect</i>	2016-18
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Lynn Power	<i>Executive Director</i>	
Representatives from nursing student societies (observers)		

ARNNL STAFF

Lynn Power, Executive Director
753-6173 | lpower@arnnl.ca

Michelle Osmond, Director of Regulatory Services
753-6181 | mosmond@arnnl.ca

Lana Littlejohn, Director of Corporate Services
753-6197 | llittlejohn@arnnl.ca

Trudy L. Button, Legal Counsel
752-1903 | tbutton@arnnl.ca

Gillian Costello, Communications Officer
753-6198 | gcostello@arnnl.ca

Siobhainn Lewis, Nursing Consultant, Policy & Practice
753-0124 | slewis@arnnl.ca

Pamela King-Jesso, Nursing Consultant, Policy & Practice
753-6193 | pkingjesso@arnnl.ca

Michelle Carpenter, Nursing Consultant, Policy & Practice
753-6174 | mcarpenter@arnnl.ca

Bradley Walsh, Regulatory Officer
757-3233 | bwalsh@arnnl.ca

Rolanda Lavallee, Regulatory Officer
753-6019 | rlavallee@arnnl.ca

Julie Wells, Research & Policy Officer and ARNNL Trust Coordinator
753-6182 | jwells@arnnl.ca

Christine Fitzgerald, Administrative Assistant, Executive Director & Council
753-6183 | cfitzgerald@arnnl.ca

Jeanette Gosse, Administrative Assistant, Policy & Practice and Regulatory Officer
753-6060 | jgosse@arnnl.ca

Michelle Nawfal, Legal Assistant, Director of Regulatory Services & Legal Counsel
753-6088 | mnawfal@arnnl.ca

Jennifer Lynch, Administrative Assistant, Policy & Practice
753-6075 | jlynch@arnnl.ca

Carolyn Rose, Administrative Assistant, Registration
753-6040 | crose@arnnl.ca

Jessica Howell, Administrative Assistant, Registration
753-6041 | jhowell@arnnl.ca

Kristen Hart, Administrative Assistant, Registration
753-6041 | khart@arnnl.ca

Cover Photo: *Jessica Howell, ARNNL (2016 ARNNL House photo); Photo courtesy of City of St. John's Archives (1904)*

Editor	Gillian Costello
Creative Design	Brenda Andrews, Image 4
Contributing Editor	Danielle Devereaux

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MESSAGE FROM THE PRESIDENT



Julie Nicholas, RN, BN, MHSM, CHE
president@arnnl.ca

I grew up listening to my dad quote the “experts” on just about every subject he spoke about. As a child, I never understood who these people were but I was fascinated by their knowledge! I remember paying less attention to Dad’s experts in my teenage years, thinking, “who do they think they are anyway?” It was not until I became a student nurse that I formulated a true appreciation for the people Dad was referencing with such respect, and I realized that these experts, by and large, were members of an exclusive group with a particular field of interest who had accumulated a body of knowledge based on science, research and experience in their field. As a nursing student, I realized I was now entering into this elusive world of the “experts” and I felt proud.

Today I am reflecting on being a member of a larger group of nursing experts, and what this really means in terms of my individual opportunities, challenges and responsibilities, particularly as it applies to life-long learning. I clearly remember my MUN School of Nursing instructors stressing the importance of our individual contributions to the profession and the need to embrace continuous learning as a key nursing principle. I have learned that my instructors were so right, we as nurses have a responsibility to keep our practice current.

EXPERTS IN ANY FIELD STAY SO BY RESEARCHING, INNOVATING AND TESTING NEW WAYS. IN A NUTSHELL, BY LEARNING, THEY REFLECT, GROW AND CHANGE.

This individualized growth must also be applied collectively to our profession for the optimization of the care we provide. We are the experts in our nursing field and we are respected as such and relied on in this role. What greater testament to this fact than the trust in us to regulate ourselves! And, as we all know, the expertise today is not the same as the expertise of tomorrow. Experts in any field stay so by researching, innovating and testing new ways. In a nutshell, by learning, they reflect, grow and change.

So, what is the point of my reflection today? To encourage us all to take advantage of our Continuing Competence Program (CCP), to use it to help us be deliberate and focused with our learning, and to reflect on our current knowledge and hone in on where to take it next. It does not matter what our practice setting is, our position, or which of our many and varied skills need refining, we benefit greatly by assessing our unique knowledge needs and creating a purposeful pathway to meet them.

If you are slow getting off the mark this year, it is time to use your CCP tools to guide you through this critical piece of career development and being a member of a body of experts called registered nurses. Invest in yourself, as only you can set a learning path best for you. Do not do it in anticipation of being audited, which will invariably come (take it from me who just experienced being audited two years in a row!), as when you do get audited you will realize that a review by your peers, who are also subject to an audit, is not as daunting as you may imagine!

I have learned a lot about who the experts are and why they are considered so. I know what it is to belong to a body with expertise, and acknowledge that this expertise is continuously evolving. And, by the way, my Dad is still quoting the experts to this day. Now I smile and realize, hey, I’m one of them, and so are you!

A handwritten signature in black ink that reads "Julie Nicholas". The script is elegant and cursive.

FROM THE EXECUTIVE DIRECTOR'S DESK



Lynn Power, RN, MN
lpower@arnnl.ca

The data is scary. Canada is reported to be the second largest per capita consumer of opioids in the developed world. Opioids include prescription painkillers such as oxycodone, fentanyl, and morphine, as well as illegal street drugs like heroin. Although opioids play an important and legitimate role in pain management, there is a growing amount of information to also demonstrate a significant risk of addiction. Information is indicating that 10% of people who take opioids can become addicted and that the longer you take select opioid medications the higher the risk, for example some drugs have addictive patterns emerging as early as one week of consumption. Add to this the illicit drug market and related synthesis of mixed products now on the streets. The data show a notable escalation in deaths due to overdose in many jurisdictions. In November, a report by the Canadian Institute for Health Information and the Canadian Centre for Substance Abuse stated that opioid poisoning accounted for 13 hospitalizations a day in Canada. In young males overdose is reported to be the second highest cause of accidental death in Canada. Further, the pattern of impact is changing, deaths and overdoses are occurring in seniors, recreational users and across all societal groups. I have heard quoted that four to six people die every 24 hours across the country from overdoses.

IN NOVEMBER, A REPORT BY THE CANADIAN INSTITUTE FOR HEALTH INFORMATION AND THE CANADIAN CENTRE FOR SUBSTANCE ABUSE STATED THAT OPIOID POISONING ACCOUNTED FOR 13 HOSPITALIZATIONS A DAY IN CANADA.

As a result, there are a number of initiatives happening provincially, nationally and within and between professional groups. The recent national conference and Opioid Summit brought together numerous partners and proposed a joint statement of action. Our province, its Government and health professionals, took part in this event and made collective commitments to help create solutions. In Health Canada's words the solution needs to be "... comprehensive, collaborative, compassionate, and evidence-based."

Some of the actions include:

- Better public information: this includes mandating new warning stickers and patient information when opioids are prescribed.
- Better prescribing practices: for example, prescription monitoring programs, e-prescribing and real time pharmacy information.
- Better treatment options: such as new guidelines for prescribing opioids (coming in January 2017) and more information/access to non-opioid pain relievers and alternate therapies.
- Better evidence: this includes improving data collection and dissemination as well as initiatives to increase information on surveillance, monitoring and evaluation of intervention effectiveness.

- Better support to reduce the harm and availability of street drugs, like increased access to Naloxone kits, Suboxone treatment and other harm reduction services such as needle/patch exchanges and safe injection sites.

Nurses have a significant role to play in supporting all of these activities as both prescribers (nurse practitioners) and as registered nurses working with clients and communities to support and care for individuals needing appropriate pain management, social supports and those suffering with addictions. As an organization, ARNNL has committed to work with our national and provincial counterparts to help advance best practices through development and dissemination of relevant standards for education and practice.

For more information on the problem, the potential solutions and the commitments, I encourage each one of you to look up the Canadian Center for Substance Abuse's website, read the *First Do No Harm: Responding to Canada's Prescription Drug Crisis Report (2013)*, and follow the Federal Minister of Health's public reporting of actions and results coming out of the November Summit.

ARNNL COUNCIL MATTERS

CALL FOR NOMINATIONS FOR ARNNL COUNCIL

Would you like to contribute to the decisions that govern your professional association and learn more about our regulatory and policy roles? Run for a position on Council, or nominate an RN you feel has the potential to make a valuable contribution to the profession.

Available positions in 2017:

- Eastern Region Councillor
- Western Region Councillor

To be a candidate for election you must:

- Hold an ARNNL practicing license in good standing.
- Be interested in advancing the professional standards of nursing.
- Be willing to serve a three-year term (2017-20).

A detailed Call for Nominations and criteria, along with nomination forms, may be obtained at www.arnnl.ca or by contacting Christine Fitzgerald at (709) 753-6183 or cfitzgerald@arnnl.ca. Deadline for receipt of nominations: 4:30 p.m., Feb. 6, 2017.

CONDITIONAL APPROVAL OF MN-NP PROGRAM

Council granted a three-year conditional approval rating to the Master of Nursing-Nurse Practitioner (MN-NP) Program offered at Memorial University's School of Nursing. The Program will provide annual updates on their progress, outlining how they are meeting eight recommendations provided by ARNNL's Education Approval Committee. MUN has already commenced plans to meet these recommendations. This MN-NP Program was initially given preliminary approval and is working towards full approval in the coming years. There were 11 graduates from the program in 2016.

NEW REGULATORY DOCUMENT APPROVED

The Entry Level Competencies for Nurse Practitioners in Newfoundland and Labrador document has been approved by Council. The main purpose of this document is for NP education program development and approval, and public awareness of practice expectations for new NPs entering the field. The document will be posted on our website in the near future. Stay tuned!

Call for Resolutions to the ARNNL Annual General Meeting

Resolutions are an important way to raise issues for discussion by colleagues at the Annual General Meeting and a call for action by elected ARNNL Council representatives. Resolutions consistent with ARNNL's mission and mandate may be submitted by special interest groups or individual ARNNL members.

Resolutions may be submitted by mail, fax or email. For guidelines on submission of resolutions, visit www.arnnl.ca (under "What's New") or contact Michelle Nawfal at (709) 753-6088 or mnawfal@arnnl.ca.

Deadline for submission of resolutions: March 9, 2017.

TWO RECOMMENDED AMENDMENTS TO REGULATIONS

Council approved amendments for non-Newfoundland and Labrador applicants to remove the Baccalaureate of Nursing designation restriction for registration. This change will impact applicants seeking registration who are educated outside of Newfoundland and Labrador only. Please note, education programs for internationally educated nurses (IENs) will still be evaluated against a Canadian BN program for entry to practice.

The second amendment Council recommended to the *Registered Nurses Regulations (2013)* was removal of the mandatory remedial education program prior to a third writing of the NP Licensure Exam. Appropriate documents on these two recommended amendments to the RN Regulations were forwarded to the Minister of Health and Community Services for review and must receive ministerial approval before coming into effect.

INTERIM LICENSE (IL-II) CHANGES

In the IL-II application, Council removed the clause to 'designate an RN' in the supervision requirement. It is important to note that supervision remains a requirement. Part of the IL-II process requires employers to indicate that the individual is practicing safely in their environment.

Next ARNNL
Council
Meeting!

The next ARNNL council meeting is taking place February 16 -17, 2017 at ARNNL House.

*More details about ARNNL Council, as well as ARNNL news and events, are available in *UPDATE*, ARNNL's e-newsletter. Email jlynch@arnnl.ca to subscribe today!

REGISTRATION UPDATE

Licensure/Membership Renewal 2017-18 – What's New and Reminders

By: Bradley Walsh, RN, MN, Regulatory Officer

The beginning of a new calendar year means that it's time to renew your license or membership with ARNNL. ARNNL licensure/membership renewal period will open the week of January 9-13, 2017 and remain open until March 31, 2017. Members will receive an email confirming the date the renewal module is open. Ensure your email address on file with ARNNL is up to date. Reminder emails will be sent throughout the renewal period.

Administration Deadline Reminder

All members seeking to renew a practicing license for 2017-18 must submit their licensure renewal applications by March 1, 2017. The license expiry date of March 31 remains unchanged. Members renewing a practicing license who fail to submit their application by March 1 will automatically be subject to a late fee (\$50.00 plus HST). The March 1 deadline does not apply to members renewing a non-practicing membership.

CNPS Process Reminder

All members renewing a practicing license are required to complete the Canadian Nurses Protective Society (CNPS) professional liability protection process. This year all members will be required to make direct payment to CNPS, regardless of whether your ARNNL licensure fee is submitted by your employer payroll deduction program. The RN fee is \$34.00 and the NP fee is \$85.50 (plus HST). Members must complete the ARNNL renewal application and the CNPS process before ARNNL can process your license.

MyARNNL – What's New?

- **Date of Birth Confirmation** – On the personal information step of the renewal application, members will be asked to confirm their date of birth. Members can confirm and/or edit this information. Prior to 1992 ARNNL collected month and year of birth, therefore, the day defaulted to the first of the month.
- Non-practicing members will now have the option to become ARNNL Education and Research Trust members. The Trust provides scholarships, bursaries and research awards to members. The annual membership fee is \$10.00. For more information on ARNNL Trust visit www.arannl.ca/trust.

Practice Hours Submission

- ARNNL receives electronic hours submission from the four RHAs, Canadian Blood Services, Fonemed, Newfoundland and Labrador Center for Health Information and Presentation Convent. Members employed with another employer must provide official documentation to ARNNL confirming the number of practice hours during the April 1, 2016 – March 31, 2017 licensure year. Failure to ensure your practice hours are up to date may result in the inability to renew your license.

IMPORTANT REMINDERS:

- If you were registered/licensed (permitted to practice nursing) in another province, territory or country within the last 12 months, you will be required to provide a verification of registration to ARNNL. Your practicing license **will not** be processed until the verification is received by ARNNL.
- If you do not plan to renew your license or membership you should resign as a member in good standing. Members can complete the 'Resign your current membership' declaration in MyARNNL.
- If you answer 'No' to the question on completion of the Continuing Competence Program (CCP), ARNNL will hold the processing of your license until the end of March. If confirmation of completion is not received by the end of March, ARNNL will issue a 90-day conditional license.
- **Under the RN Regulations (2013) members must notify ARNNL within 30 days of a change in name, address or employment information.** Changes to your mailing address, email address or employer information should be completed through MyARNNL using the 'Update your ARNNL Profile' option. A change in name requires legal documentation, contact registration@arannl.ca for more information.

ARNNL CONTINUING EDUCATION TELECONFERENCE SESSIONS

Winter 2017 Tuesdays 1400-1500h (Island Time)

JANUARY 10

Committed to Competence: RNs & NPs Sharing Continuing Competence Plans

Lisa Hussey RN, MN, NP, Eastern Health

Michelle Carpenter RN, BN, M.Ed., Nursing Consultant – Policy & Practice, ARNNL

Pam King-Jesso RN, BN, MN, Nursing Consultant – Policy & Practice, ARNNL

Tracy MacDonald BScN, RN, MHS, Risk and Patient Safety Manager, Corporate Improvement, Central Health Regional Office

FEBRUARY 7

Medical Assistance in Dying: What Health Professionals Need to Know

Daryl Pullman MA, PhD, B.Ed., Professor of Medical Ethics, Director, Health Research Unit, Division of Community Health and Humanities, Faculty of Medicine

Judy Davidson MSc, SLP (C), Regional Director, Rehabilitation, Continuing Care and Palliative Care Program, Eastern Health

Michael Harvey BA (Hons), MA, Assistant Deputy Minister, Policy, Planning and Performance Monitoring, Department of Health and Community Services, Government of Newfoundland and Labrador

Trudy Button BSW, LLB, Legal Counsel, ARNNL

Note: This session has specific sign-in instructions, will be held from 2:00-4:00 p.m. at the Health Sciences Centre Auditorium and live via web. See www.arnnl.ca for further information.

HOW TO ATTEND A LIVE TELECONFERENCE SESSION

1. Access is provided five minutes prior to start time.
2. Dial 1-866-290-0919
3. When prompted, enter the Participant Passcode 398088#
4. If you experience technical difficulties, press *0 (star-zero).
5. All participant lines will be muted during the presentation. To mute your line during Q & A, press *4 to mute and *4 to turn off mute.

REGISTRATION

- To register go to www.arnnl.ca under News & Events.
- If you need assistance with registration, contact Jennifer Lynch at jlynch@arnnl.ca, 709-753-6075 or 1-800-563-3200.

FEBRUARY 28

Anxiety in Children and Adolescents

Tanya Purchase RN, CPMHN(C), Mental Health and Addictions, Eastern Health

MARCH 7

A Conversation with ARNNL President

Julie Nicholas RN, BN, MHSM, CHE, President, ARNNL

MARCH 14

Supporting Health at Home: Remote Patient Monitoring

Kim Ghaney RN, Manager, Remote Patient Monitoring Program, Eastern Health

APRIL 4

Pressure Ulcers: Reviewing the Evidence on a Pressing Health Care Concern

Sheila Tucker M.L.I.S., B.Ed., B.A (Hon.), CPAD, Canadian Agency for Drugs and Technology in Health

APRIL 25

Introducing ARNNL's Quality Assurance Framework for RNs and NPs

Michelle Osmond RN, MS(N), Director of Regulatory Services, ARNNL

Pam King-Jesso RN, BN, MN, Nursing Consultant – Policy & Practice, ARNNL

Trudy Button BSW, LLB, Legal Counsel, ARNNL

Please visit the website for additional details and updates on sessions.

These sessions will be audio recorded and available online after the event. To access archived teleconference sessions, visit www.arnnl.ca, under News & Events, Archived Teleconferences.



MISSED A PAST EDUCATION EVENT?

Check out ARNNL's Archived Education Sessions at www.arnnl.ca/archived-education-sessions.

CCP

Attendance at live teleconference events provides formal continuous learning hours.

Viewing archived teleconference sessions provides self-directed continuous learning hours.

Q & A: YOU ASKED

By: Michelle Osmond RN, MS(N), Director of Regulatory Services

Standard 1: Responsibility and Accountability requires RNs and NPs to practice in accordance with relevant legislation, standards and employer policies.

It begs the question:

Q: *How will I know what laws are relevant to my nursing practice? And, what is Jurisprudence?*

A: A great place to start is with ARNNL's governing legislation, as a self-regulated profession ARNNL's authority to regulate RNs and NPs is set out in the *Registered Nurses Act (2008)* and the *Registered Nurses Regulations (2013)* (for the most current Regulation changes, see the Regulatory Notes section, Page 13). These pieces of legislation apply not only to ARNNL as an organization, giving it the authority to establish requirements for processes such as registration, licensure and professional conduct review, but they also include provisions that apply to each member who holds a practicing license. One example of member obligations under legislation is to provide information to ARNNL (either immediately or within 30 days of a change) such as notice of a member being convicted of a criminal offence, change of address or employment information and at licensure renewal to provide proof that he/she has completed the Continuing Competence Program (for more information see Sections 11 and 12 of the *Registered Nurses Regulations [2013]*).

Interpreting and applying legislation within your practice may also require you to review your employer's policies or other resources. Consultation with professional practice, your manager or others may be necessary (e.g., ARNNL Practice Consultant). The Canadian Nurses Protective Society is also available to practicing members seeking legal advice (www.cnps.ca).

Having knowledge of and applying relevant law or legal rules to your nursing practice is called nursing jurisprudence. Jurisprudence, a broader term, is defined as the scientific study or the application of the principles of law or justice (Taber's Medical Dictionary, 1997). RNs and NPs are required to comply with current and relevant provincial and federal legislation applicable to nursing practice. While there is not one list of all legislation that may be relevant to your practice, examples include:

Provincial

- Adult Protection Act
- Personal Health Information Act
- Mental Health Care and Treatment Act
- Pharmacy Act
- Vital Statistics Act
- Advanced Health Care Directives Act
- Emergency Medical Aid Act
- Gunshot and Stab Wound Reporting Act

Federal

- An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) (2016, c.3)
- Controlled Drug and Substances Act
- New Class of Practitioner Regulations
- Food and Drug Act

Several regulatory bodies assess applicants' or members' knowledge of jurisprudence by examination at entry into the profession or other points in time. Jurisprudence as a requirement for registration/licensure is trending across the country for registered nurses and other professions (e.g., physiotherapy, licensed practical nurses). ARNNL is monitoring these trends to inform future decision making.

For more information see the self-learning module *Jurisprudence: The Legislation and Rules Governing the Practice of Nursing in Newfoundland and Labrador* available at PracticeNL www.practicenl.ca.

Q & A: YOU ASKED reflects member questions frequently asked about general topics. Members can access confidential practice consultation with ARNNL Nursing Staff. Visit www.arnnl.ca under "Contact" for ways to get in touch.

ASK A CNPS LAWYER



Canadian Nurses
Protective Society

Question: Am I protected if I do volunteer nursing work?

Answer: The CNPS recognizes that registered nurses and nurse practitioners have valuable skills, knowledge and expertise that are an asset to their employer and to the public in general. Accordingly, some nurses may wish to volunteer to provide professional nursing services outside of the workplace setting on an unpaid basis.

CNPS professional liability protection is not contingent upon getting paid for your work, it rather focuses on the type of work that you are doing.

To be eligible for CNPS professional liability protection, the following conditions must be met:

1. You must be licensed to practise by your provincial or territorial professional nursing association or college;
2. You must belong to an association or college that is a member of the CNPS (or be a beneficiary of the CNPS through individual access); and
3. You must be providing professional nursing services.

Some nurses choose to volunteer in a variety of capacities where their nursing services are not being relied upon (such as a sports team coach, administrative support for an organization, etc.). In those circumstances, you would not normally be eligible for CNPS protection. Additionally, a retired nurse who chooses to work as a volunteer may or may not be eligible for assistance. As noted above, it is a condition of CNPS assistance that a registered nurse or nurse practitioner must

hold a valid license to practise in one or more Canadian provinces or territories. Retired nurses must thus maintain full licensure to remain eligible for CNPS assistance. Retired nurses who chose to maintain a non-practising membership will likely not be eligible to access CNPS services.

The organization you volunteer for may also carry professional liability insurance for nurses and other staff. You may wish to consult with the organization to determine the scope and eligibility for such protection. Some organizations request that volunteer contracts be entered into prior to commencing volunteer services.

The CNPS offers pre-contractual reviews relating to the provision of volunteer professional nursing services to help you identify whether other professional liability insurance exists, as well as identify provisions or requirements that may compromise your professional or legal obligations.

To discuss your volunteer arrangement with a legal advisor on a confidential basis, please contact CNPS at 1-800-267-3390.

About the CNPS

The Canadian Nurses Protective Society (CNPS) is a not-for-profit society that offers legal advice, risk-management services, legal assistance and professional liability protection related to nursing practice in Canada to eligible RNs and NPs. For more information visit www.cnps.ca.



/CNPS.SPIIC



/CNPS_SPIIC

CANADIAN NURSES ASSOCIATION FEE INCREASE

In June 2016, the Canadian Nurses Association (CNA) announced that effective for the 2017 licensure year they were increasing the CNA membership fee for individual Registered Nurses (RN) and Nurse Practitioners (NP) by increments for the next three (3) years.



Licensure year	CNA Increase (Pre-Tax)	ARNNL Total Licensure Fee (includes HST)
2018 – 2019	\$2.75	\$478.81
2019 – 2020	\$2.90	\$482.15
2020 – 2021	\$3.05	\$485.66

Under ARNNL Bylaws a member who holds a practicing license with ARNNL shall have membership in the Canadian Nurses Association. In anticipation of these changes, ARNNL Council passed a motion at their June meeting to automatically change member fees in direct correlation with any approved CNA fee decisions. This motion is in recognition of ARNNL's role in the collection of CNA fees. We encourage you to visit CNA's website to learn more about the value of membership, and the ways in which CNA is working for their members <https://cna-aicc.ca/atwork>.

TELECONFERENCE MEDICAL ASSISTANCE IN DYING (MAID)

Ethical, Legal, and Practice Considerations

- *What is Medical Assistance in Dying?*
- *As a health care professional what do I need to know?*
- *What are some of the ethical, professional and legal considerations?*
- *How are systems, organizations responding to the legislation?*
- *What resources exist to assist health care professionals with respect to MAID?*

TUESDAY, FEBRUARY 7, 2017

2 p.m. - 4 p.m.

In-person: Health Sciences Centre, Main Auditorium **OR**

Webcast: <http://www.arnnl.ca> or <https://www.nlasw.ca>

No registration required. This event is offered free-of-charge.

RNs requiring CCP Certificates can register at www.arnnl.ca.

Panel Presenters:

Trudy Button BSW, LLB, *Legal Counsel, Association of Registered Nurses of Newfoundland and Labrador,*
Judy Davidson MSc, SLP (C), *Regional Director, Rehabilitation, Continuing Care and Palliative Care Program with Eastern Health,*
Michael Harvey BA (Hons), MA, *Assistant Deputy Minister, Policy, Planning and Performance Monitoring, Department of Health and Community Services, Government of Newfoundland and Labrador,* and
Daryl Pullman MA, PhD, BEd, *Professor of Medical Ethics, Director, Health Research Unit, Division of Community Health and Humanities, Faculty of Medicine.*

Moderators:

Annette Johns MSW, RSW, *Associate Director of Policy and Practice, Newfoundland and Labrador Association of Social Workers*
Pam King-Jesso RN, BN, MN, *Nursing Consultant, Policy & Practice, Association of Registered Nurses Newfoundland and Labrador*



HOW A NURSING BACKGROUND MAKES A DIFFERENCE IN SHAPING PROVINCIAL eHEALTH

By Gillian Sweeney, BN, RN, MBA, VP, Clinical Information Programs and Quality, Newfoundland and Labrador Centre for Health Information



Since graduating with a Bachelor of Nursing degree in 2000, I have worn many different hats, working in a number of different settings including clinical care, program and human resource management, as well as private industry in the pharmaceutical and insurance sectors.

In my current role, I am Vice President, Clinical Information Programs and Quality, at the NL Centre for Health Information (NLCHI). I'm responsible for the overall strategic direction and corporate leadership of the provincial electronic health record (EHR) called HEALTHe NL, the Pharmacy Network, Telehealth, Telepathology, the Picture Archiving and Communications System (PACS) and the Registry Integrity Unit. Ensuring clinical adoption frameworks and stakeholder engagement plans are developed and designed to meet clinician perspectives is also my responsibility.

The vision of NLCHI is improved health through quality information. Our mandate includes supporting informed decision-making in health care by providing a confidential, secure and integrated provincial health information system.

The provincial EHR, HEALTHe NL, gives authorized clinicians access to community medication profiles from the Pharmacy Network, laboratory results, PACS images and reports, clinical documents and encounters from Meditech, as well as select immunization records from Client and Referral Management System (CRMS). It currently stores this information for Eastern and Central Health, with work underway to flow data from Western and Labrador-Grenfell Health in spring 2017. We also anticipate having all pharmacies in the province connected to the Pharmacy Network (a key component of HEALTHe NL) by April 2017. When that happens, our province will have one of the most comprehensive EHRs in the country.

As a nurse, I certainly understand the value and benefit of having quick and easy access to patient information. Nurses throughout our province are seeing the value of having more complete patient information at their fingertips and are a critically important user group for NLCHI; currently, over 72% of HEALTHe NL users are nurses.

Emergency room nurses frequently use HEALTHe NL to access community medication profiles to view patient medication histories. One story that resonates with me and highlights the value of HEALTHe NL to patient care is from an emergency room nurse on the west coast who says, "HEALTHe NL is my 2:00 a.m. friend when a patient presents and there are no pharmacies open."

HEALTHe NL IS MY 2:00 A.M. FRIEND WHEN A PATIENT PRESENTS AND THERE ARE NO PHARMACIES OPEN.

HEALTHe NL also allows users to view laboratory results from patients who reside in another RHA. For example, a clinician may view the recent laboratory results for a patient who travelled from Central Health to an Eastern Health facility for surgery or referral.

The coming year will be a busy one for NLCHI. However hearing stories about how HEALTHe NL is improving and providing safer patient care for the people of NL is well worth the effort. Knowing health care professionals like nurses are using HEALTHe NL to have timely access to complete patient information makes me feel proud of the work of NLCHI, and grateful for my nursing background and experience. When I go to work every day, it's that health care system experience that enables me to provide the best strategic guidance and support to the projects and programs at NLCHI.

Interested in learning more about HEALTHe NL or the other projects and programs operated by NLCHI? Please send me a note at gillian.sweeney@nlchi.nl.ca.

"HEALTHe NL Viewer is an easy-to-use piece of technology which is not only simple to use, but is also a very useful tool for health care providers. HEALTHe NL uploads all information from MEDITECH in real time. Therefore, it provides an avenue for doctors and nurses to review test results and diagnostic imaging(s) the minute they are released. Using HEALTHe NL, health care providers no longer have to navigate through a variety of places to get patient information. HEALTHe NL is a "one stop shop" for patient information."

– Peri Operative Clinical Nurse Educator

NURSE OF NOTE

By Gillian Costello, BA, GradDip P.R., MA, Communications Officer

Organization Nurse of Note: The Newfoundland and Labrador Palliative Care Association

At some time, in some way, we all must face the end of life. And most people share a common hope – that when death comes to us or a loved one, it will be peaceful and free of pain. The Newfoundland and Labrador Palliative Care Association (NLPCA) supports a palliative approach to care to help people live well until death, across the lifespan, in all practice settings.

“We hope to face death surrounded by those we love, feeling safe, comfortable and cared for,” says Debbie Squires, President of the NLPCA. “We believe every person is entitled to quality health care that will help them maintain or improve their health and well-being.”

Striving to be leaders in palliative care in Newfoundland and Labrador, the organization advocates for holistic approaches to care, such as physical, psychological, social, spiritual and practical support to enhance quality of life. This care doesn't end with the patient, as the NLPCA supports access to palliative care programs and services for families of patients living with or dying from a progressive life threatening illness, including bereavement support to help cope with loss and grief.

“As essential providers of care, nurses have a central role in caring for patients and their families who are impacted by illnesses that influence quality of living and dying,” explains Ms. Squires. “We are a forum for nurses to share information and tools and get support from their peers across the country. This resource is available to urban and rural areas to support nurses in their practice.”

The NLPCA is a member-based organization formed in 1993 as a non-profit volunteer board based charitable organization, consisting of an elected board of regional representatives along with individual and honorary membership. The NLPCA advocates for and envisions equal access to palliative care programs and services for all patients and families and promotes communication and education around palliative care issues for holistic palliative and end-of-life care across the province.

For more information, and to follow exciting changes for the organization, such as new outreach programming and their 2017 conference, please visit www.nlpalliativecareassociation.com.

Please note, for a list of ARNNL Special Interest Groups, please visit our website.

Are You A Recent Nursing Graduate Who Wrote the NCLEX-RN?

Would you like to take part in a research study?

We are looking for people who:

- Are recent nursing graduates from the BN Collaborative Program (Memorial University of Newfoundland, Centre for Nursing Studies, Western Regional School of Nursing).
- Have written the National Council Licensing Examination for Registered Nurses (NCLEX-RN).

To take part in a study titled:

“Fostering Undergraduate Nursing Students’ Success on the National Council Licensure Examination (NCLEX-RN) in the Province of Newfoundland and Labrador”



For more information about the study and how to enroll, please contact:

Dr. April Manuel or Dr. Julia Lukewich
Memorial University School of Nursing
(709) 777-8921
admanuel@mun.ca or jlukewich@mun.ca

REGULATORY NOTES

By: Michelle Osmond, RN, MS(N), Director of Regulatory Services

Previous Amendments to the Registered Nurses Regulations Approved: Changes to Registration and Licensing Requirements

On September 28, 2016 amendments to the *Registered Nurses Regulations (2013)* were approved by the Minister of Health and Community Services and took effect.

The amendments to the *Registered Nurses Regulations (2013)* are as follows:

Registration:

- lengthening the duration of provisional registration to three years that an applicant for RN registration is provided, in order to meet all registration requirements;
- removing the specified number of attempts on the RN registration exam to an unspecified number that may be attempted within the period of provisional registration; and
- removing the mandatory requirement for remedial education prior to a third attempt on the RN registration exam.

Licensure:

- standardizing the length of time that completion of a BN program provides eligibility for initial RN licensure and RN licensure renewal with competency of knowledge evidence.

As of September 28, 2016, the amended regulations related to number of exam attempts and the removal of the requirement for mandatory remedial education apply to all provisional registrants who have not yet passed the exam; the amended licensure requirements apply to any applicant seeking their first practicing license or renewal of a license. Included in the amended regulations are provisions to make the changes retroactive such that they align with the lengthening of the provisional registration period. ARNNL communicated with applicants,

both current and previous (where applicable), regarding the amended registration and licensure requirements and individual circumstances.

The regulations that govern an interim license (IL or IL-II) did not change. A provisional registrant who fails the registration exam on their first attempt may apply for an interim license-II (IL-II) and is not eligible to practice or work as a graduate nurse following a second unsuccessful exam attempt. Council recently amended the conditions and restrictions of the IL-II, for more information see Council Matters on page 5 and "Obtaining an Interim-License II" on ARNNL's website.

Council deliberated and approved the proposed changes set out above in June 2016 prior to forwarding them to the Minister for approval. Council's decisions were informed by a thorough analysis of legal, psychometric and public protection principles related to the number of attempts an applicant should be granted to pass the NCLEX-RN exam (the RN registration exam approved by Council), as well as research literature and evidence related to maintenance of competency as it related to completion of entry level education and time to enter into nursing practice.

For more information about regulations and how it can impact your practice, please see page 8.

DISCIPLINE DECISIONS

Michelle Osmond, RN, MS(N), Director of Regulatory Services

Lori O'Reilly

Newfoundland and Labrador Registration No. 16771

On November 7, 2016, Lori O'Reilly, Registration No. 16771 met the terms and conditions of the Order of an Adjudication Tribunal dated July 15, 2016 such that she is eligible to apply for a practicing license.

Helen Reid

Newfoundland and Labrador Registration Registrant No. 21747

On December 1, 2016, the ARNNL Council restricted the license of Helen Reid, Registrant No. 21747 pending the decision of the Adjudication Tribunal of the Disciplinary Panel. The Registrant's license is restricted such that: she is only to practice on one patient care unit; she is not to be floated; she must be co-signed with another RN on each shift she works; she is not to be assigned as charge nurse/charge nurse duties; she is not to be the sole registered nurse on the unit; she is not to be assigned sole responsibility for a patient(s) care; and she is restricted to work with current employer only.

WELCOME TO ARNNL HOUSE

By Gillian Costello, BA, GradDip P.R., MA, Communications Officer



Pall Mall House 1965



House 50th Anniversary Door



Agnes Needlepoint past down through the generations



A ring passed down through the generations, originally owned by Agnes. Current owner is Janet Templeton, RN, President of ARNNL's Education and Research Trust.

As part of this year's Annual General Meeting events, we at ARNNL invite you to come visit the historic building that we have had the privilege to call home since 1984.

The house, like ARNNL, has a long-standing history here in St. John's, serving many families throughout its almost 200-year existence. With ARNNL's mandate to protect the public, it is a nice fit.

Much like the historic properties surrounding us in this area of town, the Colonial Building, Government House and the Basilica, its architectural style reflects the Colony.

It was originally built as a duplex house with the west side purchased by Robert Prowse and the east by James Stevenson Hayward. However, the Haywards and Prowses are not the most well-known habitants of 55 Military Road. That honour rests with our resident ghost, Agnes Ledingham.

As you will see in CBC's story link on our website, Agnes is very much the guardian of ARNNL House, watching over it and making sure everything is as it should be, much as she did in life, moving to Newfoundland to raise her brother's eight children after his wife, and eventually her brother John too, passed away.

Stay tuned for more information in the coming months on our AGM and our after-event at ARNNL House. We would be happy to share more of the history of the organization and our current home with you.

SAVE THE DATE

Friday, June 9, 2017

Morning: ARNNL's 63rd Annual General Meeting
Sheraton Hotel Newfoundland, St. John's
Available in person and via teleconference

Noon: ARNNL Awards for Excellence and Honourary
Membership Luncheon
Court Garden, Sheraton Hotel Newfoundland

Afternoon: ARNNL House Open House
Come mingle with colleagues and council to learn more about our projects and the organization... and perhaps meet Agnes!



CHOOSING WISELY NEWFOUNDLAND LABRADOR

By: Elizabeth Dicks BN, MSc, PhD



In 2015 health care spending in Canada reached a milestone: \$219.1 billion. This represents an increase in spending of over four billion from the previous year and 11% of the national Gross Domestic Product (Source: CIHI's NHEX report 2015).

In 2015, the Government of Newfoundland Labrador spent \$5,180 per person on health care. That is \$1,162 or 29% greater than the Canadian average and more than any other province in the country. This province's Regional Health Authorities were projecting a \$164.1 million deficit in 2015. The provincial government has projected spending in health care for the 2016-2017 year to reach over three billion (NLCHI Health Data Management System (HDM), 2013/14; CIHI's National Health Expenditure Trends 2015).

More than 46% of the total health care budget in this province is spent in three areas, they include: hospitals (29%); drugs (15.7%); and physician services (15.5%). While expenditures for hospitals have decreased significantly over the last few decades, it still remains the largest component of health care costs. There is also a trend of increasing utilization of services as people are seeing their doctors more often and being sent for more complex and costly procedures (NL 2016 Provincial Budget).

Choosing Wisely Canada (CWC)

Choosing Wisely Canada (CWC) is part of an international movement to help clinicians and patients engage in conversations about unnecessary tests and treatments. The program focuses on areas where evidence overwhelmingly shows that a test, treatment or procedure provides no benefit to a patient, and could even cause harm. These are not grey areas where evidence is debatable. This program supports the equally important role of patient education and engagement and the need to dispel the false notion that "more care is better care." Across Canada there is a groundswell of local CWC implementation projects taking shape.

Choosing Wisely NL (CWNL)

Choosing Wisely NL launched in October of 2016, is focused on improving the safe and appropriate use of health care resources in our province. This program will utilize recommendations from Choosing Wisely Canada to enhance the safety of our health services by identifying opportunities for practice improvement based on utilization data within NL.



The Choosing Wisely NL initiative is multifaceted. Our approach will include education, communications, technology interventions and personalized peer-comparison information. In general, these communications will include information about some aspect of medical care, whether it be laboratory test utilization, drug prescriptions, imaging requests or other interventions that utilization patterns show may need changing.

Your Role in CWNL

Over the next number of months, NPs in particular, will receive communications from CWNL via ARNNL. CWNL has the benefit of access to provincial health care utilization data from various provincial programs, agencies and our Regional Health Authorities. These data, when paired with evidence-based guidelines, help us target areas where we can improve.

If you are in a role where you order tests, interventions or prescriptions, think about these four simple questions before proceeding:

1. Is this test, treatment or procedure really necessary?
2. What are the downsides?
3. Are there simpler, safer options available?
4. What happens if I do nothing?

And remember, you can ask these questions with respect to your own health care as well. To learn more, visit www.choosingwiselynl.ca.

THE SISTERHOOD OF NEWFOUNDLAND GENERAL HOSPITAL GRADUATE NURSES IN WWI

By: Sandra MacDonald R.N., Ph.D.; April Manuel R.N., Ph.D.; Marcia Porter B.A., B.J.; Jennifer Guy B.Sc., BN. – Memorial University of Newfoundland, School of Nursing

Supported by the WW100 Living Memorial Commemorative Fund to

“Commemorate, document and educate about the tragic conflict and the resulting legacy of the living memorial that is our university”

Grace Gardner

British Harbour, Trinity Bay

1911 Graduate

Served: 1916-1919

England: Salisbury Plains, Brighton

Palestine

Egypt: Alexandria

Medals

British War Medal

Victory Medal



Photo courtesy of the Gardner Family

Grace Gardner was born on July 2, 1880 in British Harbour. She graduated from the General Hospital in 1911 and travelled to the United States to work as a private duty nurse caring for medical and surgical patients. In 1915, Grace applied to serve with the British Armed Forces through the Queen Alexandra's Military Nursing Service Reserve (QAIMNSR). On November 23, 1915 she was informed of her acceptance into service and on August 30, 1916 Grace was posted to the Fargo Hospital in Salisbury Plains, England. She also served at the Lord Kitchener Hospital in Brighton, England and was posted to a Casualty Clearing Station General Hospital, which was located close to the front lines. Around this time Grace would have heard that her brother, Second Lieutenant Cyril Gardner, had been killed in action in France. From October 1917 to October 1918 Grace served in Egypt at the General Hospital in Alexandria. This was followed by service in Palestine, where she contracted malaria and was admitted to the Citadel Military Hospital in Cairo and then to the Sisters Convalescent Hospital in London in March 1919. In the proceedings of the Medical Board assembled to review her condition, she was described as “suffering from frequent attacks of malaria... Parasites were again found in the blood and an enlarged spleen is causing her considerable distress” (April 23, 1919). It was recommended that she be evacuated by hospital ship, and on May 9, 1919 she travelled aboard the His Majesty's Hospital Ship (HMHS) Carrisbrooke Castle to a hospital in England. Nurse Gardner was deemed “fit to resume civil duties” on July 11, 1919.

QAIMNSR's Matron-in-Chief at the General Hospital in Alexandria reported that Staff Nurse Grace Gardner was “very hard working and willing. She is always very nice to her patients.” In preparation to be demobilized from active service, Grace wrote a letter to the Matron-in-Chief indicating that the Newfoundland government had “promised to pay my fare back to Newfoundland” (July 7, 1919) and she was deployed home to Newfoundland on July 18, 1919. In recognition of her service overseas, Grace was awarded the Victory Medal and the British War Medal. Upon returning home, Grace continued to care for wounded soldiers at the General Hospital and was often referred to as the “Angel of the Lamp.”

WWI SPOTLIGHT - FINAL SERIES

The sisterhood of Newfoundland General Hospital graduate nurses who served overseas in WW1 is part of the military and nursing education legacy of this province. Twelve graduate nurses served with the Canadian, British and American forces and their military records reflect their heroic efforts in the face of traumatic war experiences and personal injury and disease. The sacrifice of these nurses not only reminds us of an outstanding military legacy, but it also reminds us of the strong roots of nursing education in Newfoundland.

Frances Cron

Harbour Grace
1915 Graduate

Served 1915-1919

England: Falmouth, Whalley, Lancaster, Sheffield

Greece: Salonika

His Majesty's Hospital Ship (HMHS) Carrisbrook Castle

Frances Cron was born on December 7, 1888 in Harbour Grace, the fourth daughter of Frances and James Maxwell. On November 20, 1915 Frances completed the "Form of Application" to the QAIMNSR and was accepted for service on December 17, 1915. Frances was initially posted for duty at the Queen Anne's Hospital for Sick Sisters and then on to His Majesty's Hospital Ship (HMHS) Carrisbrooke Castle from October 3, 1916 to December 12, 1916. The HMHS Carrisbrooke Castle was staffed by 12 nurses, 38 medical officers, and had 197 cots and 227 berths. It crisscrossed the English Channel, picking up wounded soldiers from French ports and bringing them back to England for treatment. It was dangerous work because the channel was filled with mines and German U-boats. About 20 hospital ships sank during WWI.

In February 8, 1917 Frances was posted to Falmouth Hospital and then to the Queen Mary's Military Hospital in Whalley Lancaster, England. She renewed her contract for another 12 months on March 26, 1917 and continued to work at Whalley until August 11, 1917 when she was posted to Salonika, Greece. In a report from Salonika, Frances was



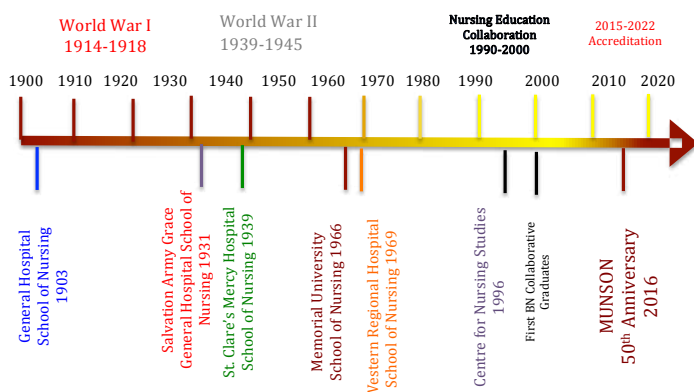
Photo courtesy of the Cron Family

described as "a very good nurse, very considerate for her patients... good tempered, cheerful."

On October 1, 1918 Frances requested special permission to marry Captain J. Beveridge of Scotland. General G.F. Milne, Commander-in-Chief of the British Salonika Force, supported her request for "retention in the service after matrimony" and on November 25, 1918 she was granted four weeks leave. She returned to service on December 23, 1918 at the Wharcliffe War Hospital in Sheffield, England. Frances was demobilized on March 25, 1919, four months after the end of the war. She served two full years with the QAIMNSR and was eligible for the British War Medal and the Victory Medal.

Figure 1 (left)

At the outbreak of WWI, the General Hospital School of Nursing was the only nursing education program in Newfoundland. Memorial University of Newfoundland's Bachelor of Nursing BN (Collaborative) program is a direct result of collaboration between Memorial, the General Hospital, Salvation Army Grace General Hospital, St. Clare's Mercy Hospital, Western Regional Memorial Hospital and the Centre for Nursing Studies Schools of Nursing (Figure 1).



GOINGS ON

ARNNL on CBC

ARNNL participated in a series for CBC called Haunted NL. Our piece was titled "The Guardian" and profiled the history of the property and introduced viewers to our resident ghost (and former occupant) Agnes Ledingham. See the story on our website.

Photo courtesy of Dr. L. Dickson (2003)



Recognition for Past Member from the Provincial Government

Alice Blundon, past recipient of the ARNNL Honourary Membership Award, received a Senior of Distinction Award from The Government of Newfoundland and Labrador in October 2016.

Congratulations Alice!

New Canadian Nurses Association (CNA) Special Interest Group

A new CNA Special Interest Group is being formalized representing the Clinical Nurse Specialist (CNS). CNA brought together CNS representatives from across Canada to help build and formalize the structure for a new sustainable, not-for-profit organization that will represent CNSs nationally with work moving forward on the CNS steering committee. Watch for updates in the Canadian Nurse, or contact NL's Newfoundland/Labrador's steering committee Rep Debbie Squires at debbie.squires@easternhealth.ca.

President's Teleconference:

Take some time to share your thoughts with our President, Julie Nicholas, on March 7 at 2-3pm (island time). To register for this open, interactive session, please visit our website. WELCOME EVERYONE!

Goodbye to Psychiatric Nurses Group

It is with regret that we say goodbye to ARNNL's Psychiatric Mental Health Nurses Special Interest Group (PSIGNAL). They have made great contributions to the profession since their inception in 2004, and we want to take this opportunity to thank all of their members for their hard work and dedication to the practice of psychiatric nursing in this province.

International Honour for Local RN

Dr. Robert Meadus, RN, Associate Professor, Memorial University School of Nursing (MUNSON) was awarded the Dr. Gene Tranbarger Award by the American Assembly for Men in Nursing (AAMN) at the AAMN annual conference in Miami, Florida on September 22-24, 2016. The award is given for recognition of an outstanding article or book about men in nursing or men's health. Dr. Meadus received the award for a paper he co-authored with Dr. Creina Twomey, Assistant Professor, MUNSON "Men Nurses in Atlantic Canada: Career Choice, Barriers, and Satisfaction" which was published in the Journal of Men's Studies, 2016.



Left, Scott Johnsen, BSN, RN Executive Board member and Chair Awards Committee, and right, Robert J. Meadus, PhD, RN

Upcoming CNPS Webinars



Nurses in Independent Practice

Thursday, January 12, 2017, 1:30 – 2:30 PM NT

Legal Implications of Medical Marijuana for Nurses

Tuesday, February 7, 2017, 1:30 – 2:30 PM NT

Medical Assistance in Dying

Thursday, March 9, 2017, 1:30 – 2:30 PM NT

Be the “Self” in Self-Regulation

Call for Quality Assurance Committee Members

ARNNL is seeking RNs and NPs interested in becoming a member of ARNNL’s new Quality Assurance Committee. Please visit the ARNNL website for more information.

MUNSON Thank You

As 2016 draws to a close we want to thank our many alumni and friends for taking part in our 50th Anniversary celebrations at the School of Nursing. The reputation we enjoy is because of you, and we hope that you will continue to connect with us! Looking forward to hearing from you and seeing you in 2017!

Mark Your Calendars for the NLPCA Annual Conference

The Newfoundland and Labrador Palliative Care Association (NLPCA) is pleased to present their May 2017 Annual Conference, being held in St. John’s. This conference provides health professionals and caregivers with the opportunity to share their experience and expertise on a provincial platform. Please stay tuned for more information: www.nlpalliativecareassociation.com

MUNSON Teleconference

Margaret McLean Lecture

The MUN School of Nursing will be teleconferencing a presentation on Feb 21 at 4 p.m. The speaker is Laurie N. Gottlieb, PhD, RN, author of the book *Strengths-Based Nursing Care*. Dr. Gottlieb will be giving the Margaret McLean Lecture, and her topic is *Strengths-Based Nursing Care*. Strengths-based nursing is an approach for individuals, families, and communities that focuses and encourages strengths rather than deficits. The presentation will be held in the Main Amphitheatre in the Health Sciences Centre and will be followed by a reception in the foyer outside the amphitheatre, with light refreshments. For more information please email nursgeno@mun.ca

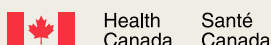


ARE YOU A NURSE PRACTITIONER OR A REGISTERED NURSE?



Be a Health Canada nurse.
Support the health of First Nations communities.
Come for the experience. Stay for the people.

Learn more and apply at Canada.ca/NursesForFirstNations



CCP UPDATE

By: Staff Advisory Committee on Continuing Competence



Information on the Continuing Competence Program (CCP) 2017 Audit

- A total of 200 practicing members (RNs and NPs) will be randomly selected to participate in the audit process.
- A registered letter will be sent to the selected members in April 2017 indicating they are required to submit CCP documentation for the 2016-17 licensure year (Professional Development Learning Plan, Professional Development Evaluation Form and evidence for verification of formal learning hours e.g., CCP tracking forms, certificates, etc.).
- Members will be given 45 days to submit the required CCP documentation. Documents cannot be submitted via fax. Upon receipt of the CCP documents, all documents will be de-identified for the audit.
- The audit will be conducted by RNs and NPs of the ARNNL Advisory Committee on Continuing Competence and volunteer RN/NP auditors on May 31, 2017.
- The audit process monitors: evidence of participation in the Continuing Competence Program for the 2016-17 practice year (14 hours, including verification of at least seven formal hours); linkages between the standards/indicators, learning plan goal(s) and learning hours; and evidence of completion of all sections of the CCP documents, Professional Development Learning Plan and Professional Development Evaluation Form.

To learn more about the 2017 audit process, please visit www.arannl.ca.

Have questions about the CCP?

Please connect with ARNNL's Nursing Consultant, Michelle Carpenter, at 753-6174 or mcarpenter@arannl.ca

Stay Tuned ... To learn more about Committed to Competence: RNs & NPs Sharing Continuing Competence Plans, and to hear about a future opportunity to become a CCP mentor, please join the teleconference on Tuesday, Jan. 10 at 2 p.m. Register for the teleconference at www.arannl.ca/events-calendar.

Be the 'Self' in Self-Regulation

Call for Continuing Competence Program (CCP) Auditors for 2017

ARNNL is seeking RNs and NPs in good standing interested in being CCP auditors for the 2017 audit. Auditors will review non-identifiable CCP documents submitted from members.

Criteria: Auditors must be licensed RNs/NPs whose licenses are not under review/investigation or subject to an allegation. If you were an auditor in previous years and you wish to participate in the 2017 audit, please resubmit your application.

Time Commitment: Auditors will be required to attend one full day at ARNNL House on May 31, 2017 to review CCP documents.

How to Apply: Send one to two paragraphs explaining why you are interested in being a CCP auditor to ccpaudit@arannl.ca. Deadline to apply is February 20. If you have any questions, please contact Michelle Carpenter, Nursing Consultant at mcarpenter@arannl.ca.



Back row: Michelle Carpenter, Edmund Walsh, Regina Walsh, Brenda Hayter, Lisa Hussey, Patricia Grainger, Beverly Simms, and Joanna Baird. Front: Rosemarie Woods, Marie Clarke, Rhonda McDonald, Myrna Pardy, and Pam King-Jesso.

Overall Audit Results (2015-16 Licensure Year) Congratulations to RNs and NPs!

- 100% of audited members submitted CCP material for the audit process.
- 85% of audited members met initial audit requirements.
- Only 15% of audited members required follow-up by an ARNNL Nursing Consultant to obtain clarification of the information submitted, request resubmission of incomplete or omitted documentation and/or provide education.
- As of September 14, 2016, 100% of audited members met CCP requirements.

BETTER HOME CARE: A NATIONAL ACTION PLAN

By Lisa Ashley, RN, BScN, M.Ed. Senior Nurse Advisor, Canadian Nurses Association

The Canadian Nurses Association (CNA), the Canadian Home Care Association (CHCA), and the College of Family Physicians of Canada (CFPC) are pleased to announce our launch of *Better Home Care: A National Action Plan*. Over the past seven months the three organizations have held cross country consultations, engaged health care policy planners, providers and stakeholders and conducted an online survey on the dedicated website www.thehomecareplan.ca. This collaboration enabled CNA, CFPC and CHCA to develop an Action Plan that provides concrete actions, outcomes and milestones to enhance the delivery of more and better home care services.

Better Home Care: A National Action Plan reflects the needs of patients and their carers and reinforces the philosophy that the home, not a hospital or long-term care facility, is the best place to recover from an illness or injury, manage long-term conditions and live out one's final days.

Developed through a comprehensive consultation including patients, government representatives, health care administrators, family doctors, nurses and home care providers from across Canada. The Action Plan describes a new paradigm—one that shifts the emphasis of resources and planning from an episodic, acute care model to a supportive, integrated, chronic disease management model. It provides specific actions and indicators of success for the enhancement of home care as an essential part of an integrated health system that provides seamless patient- and family-centered care and supports for older adults with

frailty, those with complex, chronic disabling conditions, and individuals at end-of-life.

Better Home Care: A National Action Plan outlines a framework for action that addresses three key themes—patient-centred accountable care, integrated care, and sustainable care. Each theme includes short-term (one-year), medium-term (three-year), and long-term (five-year) recommended actions and indicators of success.

Recognizing the federal government's \$3 billion commitment to home care, *Better Home Care: A National Action Plan* proposes the following immediate actions:

- accelerate the identification and adoption of integrated, community-based practices that address the needs of individuals with chronic complex needs, including end-of-life care
- persuade the prime minister to deliver a proclamation recognizing the diversity, role and value of caregivers on National Carer Day (April 4, 2017)
- launch a public awareness campaign to encourage Canadians to talk about and document their wishes for end-of-life care with their health-care providers and significant others

We look forward to speaking to more nurses to implement this Action Plan.



BETTER HOME CARE IN CANADA
A National Action Plan

What actions are needed to modernize our health care system and reflect the Canadian demand for care—palliative and otherwise—as close to home as possible?

Develop a National Action Plan for Better Home Care



UN PLAN NATIONAL BETTER HOME CARE
Plan of Health Care & Palliative Care of Home Care Plan

www.TheHomeCarePlan.ca

VOLUNTEER SPOTLIGHT: WORKPLACE REPRESENTATIVES



Lisa Jesso RN, MN, CPMHN(C)

Lisa is a graduate of Western Regional School of Nursing (Diploma in Nursing) 1992, Memorial University (Bachelor of Nursing) 2006 and Athabasca University (Master of Nursing) 2013. In 2014 Lisa attained CNA Certification in Psychiatric Mental Health Nursing. Lisa has practiced in Acute Care, Community Health and LTC in Newfoundland and Labrador and Alberta, and as an educator with Western Regional School of Nursing, Corner Brook. She is currently an instructor in the Personal Care/Home Support Worker program with the College of the North Atlantic, St. John's campus.

Throughout her career, Lisa has participated in many presentations, research initiatives and professional activities. "I love the diversity of nursing and the multitude of professional opportunities I have had over the past 25 years," she says. "Everything about nursing is an opportunity for enrichment." Volunteer work has been important to Lisa, and she has remained engaged with ARNNL throughout her career. From 2013-2016 Lisa served as ARNNL Nursing Practice Domain Councilor. Lisa is a CCP Program Champion and joined the Workplace Representative Program October 2016.



Denise Bryant, RN

Denise graduated from the SAGGH in 1982 and practices at the Newhook Community Health Centre in Whitbourne as Patient Care Facilitator. Denise has completed numerous courses throughout her career, including Adult Chemotherapy and Occupational Health and Safety training, and she participates in Journal Club every three months.

Denise describes her practice environment as an outpatient department with a 24-hour emergency room and a fluctuating patient population due to summer campers and highway travelers. "I work to understand the needs of every patient I meet, and I can't imagine doing any other job," she says. "My co-workers are so supportive".

Denise enjoys travelling to warm places each winter and welcomes every opportunity to spend time with her children and grandchildren within the province and abroad.

She has been an ARNNL Workplace Representative for the past year.



Ashley Hunt, RN, BN

Ashley graduated with a Bachelor of Nursing from the Centre for Nursing Studies in 2014. Her practice began, and continues, in the pediatric Critical Care Unit, Janeway Hospital. Always passionate about nursing and volunteerism, as a student Ashley led or participated in numerous activities, including Shinerama and the Canadian Nursing Student Association, and received awards and scholarships upon graduation. She is a founding member of the NL Chapter of the Canadian Association of Critical Care Nurses and serves on its executive. This year she travelled to Haiti with Team Broken Earth, providing nursing care and teaching in the pediatric intensive care unit, an experience she says she will cherish forever.

"In our unit we care for children of all ages from coast to coast with a wide range of health issues. Every day provides ample opportunity to grow as a nurse. I am grateful to work with great RNs who teach me something new each day. I love every minute." Ashley reminds us that "nursing can take you anywhere." She has been a Workplace Representative for one year.

VOLUNTEER SPOTLIGHT: WORKPLACE REPRESENTATIVES



Kim Bradbury RN, BN

Kim graduated from the Centre for Nursing Studies with a Bachelor of Nursing in 2010. For the past three years, she has practiced at St. Clare's Hospital in Vascular Surgery, a 24-bed unit with a four-bed special care section, providing care to clients with health issues such as peripheral vascular disease, abdominal aortic aneurysms, carotid stenosis and diabetic ulcers. Kim serves on her unit's Quality Improvement Initiatives Committee, and was a member of the Advanced Care Committee during implementation of Eastern Health's new model of care. Kim was also a clinical instructor for practical nursing students in fall 2015. She actively participates in precepting students and orientating new staff.

Kim says, "When I see a patient walk out the hospital doors and I know it was the hard work, critical thinking, knowledge and exceptional care provided by nurses that helped make that happen, I think to myself, 'I love my profession'." Kim's rescue beagle, Lucky Penney, is her pride and joy. Kim joined the Workplace Representative Program in August 2016.



Dena King RN, NP, BN

Dena graduated from the SAGGH School of Nursing in 1984, completed a Home Health Nursing Certificate in 1999, received a Bachelor of Nursing degree from Athabasca University in 2004, and attained NP registration and licensure in 2004.

For the past ten years, Dena has worked as a Nurse Practitioner with Central Health at the Emergency Department at James Paton Memorial Hospital. She is a member of the ARNNL Special Interest Group for Nurse Practitioners and the Canadian Association of Advanced Practice Nurses.

Dena has played an active role in nursing regulation in this province, serving as ARNNL Advanced Practice Councilor from 2013-2016. In 2015 Dena received an ARNNL Award for Excellence in Nursing Practice.

"I enjoy the daily encounters with clients and the opportunity to make a small difference," she says. Dena is new to the Workplace Representative role. One of Dena's two daughters is an RN also practicing at James Paton Memorial Hospital Emergency Department.



Valery Goulding RN, BN, GNC (C)

Valery graduated from the SAGGH School of Nursing in 1989 and received a Bachelor of Nursing degree from Athabasca University in 2009. She holds CNA Certification in Gerontology, a Nurse Educator Certificate from George Brown University (2015) and an Advanced Foot Care Certificate from the Centre for Nursing Studies (2016).

Valery is a Clinical Educator with Eastern Health Long Term Care, and has been in her current role for three years. "I help design, deliver and evaluate a wide range of learning initiatives for staff and provide specialized clinical learning for the Long Term Care Program," she says. "Every day I learn something new. I love sharing information, providing education to staff and promoting evidence-informed practices."

Valery has been engaged with ARNNL over the years through participation in advisory committees, document reviews and developments. She has presented at the Eastern Health Nursing Research Symposium and participated in work to evaluate, revise and distribute a provincial Wound Management Reference Guide. Valery was awarded the Eastern Health Clinical Educator of the Year 2015-2016 award. She joined the Workplace Representative Program two years ago.

CLINICAL CORNER

The Shakedown on Sodium: Get the Facts!

Our bodies need only a small amount of sodium to be healthy. Most Newfoundlanders and Labradorians, including children, consume too much sodium.

How much is too much? Use the % Daily Value (DV) to solve the mystery:

For example, 5% DV or less is a little, 15% DV or more is a lot. For more information on how to reduce sodium intake visit:

http://www.cssd.gov.nl.ca/publications/pdf/healthyliving/shakedown_on_sodium%20.pdf

Amount	% Daily Value
Calories 90	
Fat 3 g	5 %
Saturated Fat 0.5 g + Trans Fat 0 g	8 %
Cholesterol 0 mg	
Sodium 132 mg	6 %
Carbohydrate 14 g	5 %
Fibre 2 g	8 %
Sugars 2 g	
Protein 2 g	
Vitamin A 0 %	Vitamin C 0 %

Thinking About Your Weight? What About Your Health?

Whatever your age, weight or shape, eating healthy, being active and feeling good about yourself will improve your overall health.

Focus on healthy eating:

- Enjoy a variety of foods from the four food groups of Canada's Food Guide (www.myfoodguide.ca).



- Learn how to read food labels (www.hc-sc.gc.ca/fn-an/label-etiquet/nutrition/cons/dv-vq/index-eng.php).

Be Active:

- Get at least 2.5 hours of physical activity a week.
- Include bone and muscle strengthening activities twice each week, such as lifting weights, running, tennis, yoga, gardening, hiking or stair climbing.

Feel good about Yourself:

- Take time to relax everyday.
- Try to get seven to eight hours of sleep each night.
- Surround yourself with positive people. Attitude is contagious.
- Trust yourself and appreciate that you are unique.

For more information see:

http://www.cssd.gov.nl.ca/publications/pdf/healthyliving/thinking_about_your_weight_what_about_health.pdf

LEARN THE SIGNS OF STROKE

FACE is it drooping?

A RMS can you raise both?

SPEECH is it slurred or jumbled?

TIME to call 9-1-1 right away.

© Heart And Stroke Foundation of Canada, 2014

Vitamin D: Maintaining Bone Density Over Age 50

For adequate vitamin D intake, Canada's Food Guide recommends adults over age 50 drink two cups of milk (or fortified soy beverage) daily and take a daily vitamin D supplement of 400 IU. It is important to choose a vitamin D supplement that does not interfere with any medication or other supplements that a client may be taking.

Foods naturally rich in vitamin D include eggs and fatty fish such as salmon, mackerel, sardines and tuna. Some foods contain added vitamin D such as milk, some soy beverages and margarine. Along with healthy eating and getting enough vitamin D, exercising regularly can help prevent bone loss and improve balance and coordination, which helps prevent falls.

For more information on the role of vitamin D for good health see http://www.cssd.gov.nl.ca/publications/pdf/healthyliving/Vitamin_D.pdf

Documentation

It is important that documentation reflect all aspects of the nursing process, including client education. The ARNNL Standards of Practice for RNs identify the RN's requirement to maintain timely and accurate documentation (Standard 2.8).

The ARNNL Documentation Standards further outline the expectations for RNs in relation to this Standard. The Documentation Standards are available in the Resources and Publications section at www.arnnl.ca.



The Trust Awards: Western School of Nursing, Corner Brook NL



The Trust Awards: St. John's NL

Congratulations Award Recipients!

The ARNNL Education and Research Trust held ceremonies in St. John's and Corner Brook on December 2nd to present recipients with their awards. To date a total of 87 scholarships and bursaries have been awarded for the 2016-2017 competition year, including:

- 11 scholarships to basic nursing students;
- 2 scholarships to nurses studying in Post Basic Bachelor of Nursing programs;
- 10 scholarships to nurses studying in Master's and Doctoral programs;
- 1 scholarship to an RN who completed the Re-Entry program;
- 3 awards to RNs conducting nursing research; and
- 60 awards and bursaries to RNs participating in continuing education events.

Thank you to ARNNL members for their \$10 membership fee and to our generous supporters - Health Archives and Museum Board of NL, the Young and Llewellyn families, the Penney and McCallum families, the Hillyard family, Newfoundland and Labrador Gerontological Nurses Association, St. Clare's Mercy Hospital Nursing School Alumni Association, NL Nurses Respiratory Society, Bay St. George Chapter, and two past presidents of the Trust - Violet Ruelokke and Marcella Linehan!

Changes to Continuing Education Bursaries

At the October 2016 meeting, the Trust Board of Directors approved a change to the timing and criteria of the CNA Certification and Post Basic Specialty Course Bursaries. Applications for these bursaries will now be accepted in both the Spring and Fall funding competitions. Please see the Trust website for award criteria and other details.

Call for Applications

Special Funding Competition

The Trust is holding a special funding competition for scholarships and bursaries that were not awarded in the Fall 2016 competition. Applications will be accepted for the following:

- Nursing Research Award
- Kay Daley Scholarship for Nursing Leadership
- NL Gerontological Nurses Association Bursary
- Bay St. George Chapter Scholarship

The deadline for receipt of applications for the Special Funding Competition is **February 15th, 2017**.

Spring Funding Competition

The Trust will be holding a spring competition for Continuing Education Bursaries. Applications will be accepted for post-basic specialty courses, conferences and CNA Certification.

The deadline for receipt of applications is **April 15th, 2017**.

Information and applications for the Special Competition and the Spring Competition are available on the Trust website www.arnnl.ca/trust.

The Essence of a Registered Nurse - Jewellery by Karlande Designs



The colours of the "Nurse" jewellery represent the attributes of your profession - intellect, integrity, wisdom, safe care, high standards, caring and compassion.

For details or to order visit: www.karlandedeigns.com

A portion of the proceeds from the sales of the Nurse jewellery will be donated to the Trust.

CONGRATULATIONS, NURSING GRADUATES

of the Bachelor of Nursing (Collaborative) Program
- October 2016 Convocation

Susan Baker	Madison Page
Renee Bartlett	Rebecca Pike
Michelle Bastien	Stacey Pike
Arianna Bugden	Kristina Porter
Andrea Burt	Nicole Rice
Katie Chafe	Salil Saxena
Jessica Connors	Kate Sexton
Andrew Fudge	Danielle Sheaves
Alisha Gaudet	Samantha Sheppard
Courtney Jobe	Brittany Tilley
Michael Kiefl	Matthew Westcott
Alicia Mercer	Li Ying Yang
Heather Nadon	

Canadian Association Self Employed Registered Nurses Joins the Network

CNA welcomes the 46th member of the Canadian Network of Nursing Specialties: the new Canadian Association Self Employed Registered Nurses (CASE RNs). As the national voice for self-employed nurses, CASE RNs will offer its members:

- Educational opportunities
- Research
- Professional resources and guides
- Networking benefits

CASE RNs is dedicated to excellence in ethical practice, lifelong learning and meeting the standards of specialized practice for their clients. Self-employed registered nurses recognize the need for interdisciplinary alliances with nursing colleagues and health-care professionals to ensure an effective health-care system for clients and their families. CASE RNs will promote the profession within the four domains of nursing: people, health, environment and nursing — particularly as these apply to community and workplace populations. CASE RNs is now accepting new members. The annual fee is \$100.

WHY VOLUNTEER ON ARNNL COUNCIL?



ARNNL Council is comprised of 10 registered nurses who are elected by the membership to hold positions at the Council table. All positions are three-year terms save for the President and President-Elect roles. ARNNL also has four appointed public representatives.

“Being a part of ARNNL’s Council has allowed me to expand professionally through the experience and connectedness I gain by sitting around the Council table. I know my input is valued, and I am interested in how I can help shape the profession into the future with my colleagues and peers.” (Julie Nicholas, ARNNL President).

Why become involved with Council?

- Become a part of the long-standing tradition of self-regulation
- Connect with RNs from all across the province
- Contribute to the profession
- Become a part of ARNNL’s history
- Help steer the path for the future of the profession

Below is some feedback from past volunteers on working with ARNNL:

“What really impresses me about the ARNNL is the level of professionalism, and the knowledge that it possesses.”

“It is so comforting to know you are backed by all the other nurses in Newfoundland and Labrador through this Association.”

ARNNL welcomes nurses from all practice backgrounds to run for a seat on Council. To express interest in volunteering with ARNNL’s Council, or on one of ARNNL’s Committees, please contact: cftzgerald@arnnl.ca. Also, see Council Matters on page 5 for upcoming Council elections.



We're always here to help you find the solution you need.
Have a question? Drop by one of our two locations
or give us a call to learn more about our offerings.

ST. JOHN'S
709-754-5944

EMAIL: info@healthquestnl.ca
www.healthquestnl.ca

GRAND FALLS-WINDSOR
709-489-2111

CALL FOR NOMINATIONS

Honourary Membership

ARNNL's Awards for Excellence luncheon is taking place on June 9 at the Sheraton Hotel. During the ceremony, ARNNL's Honourary Membership is bestowed upon an individual who has helped advance the nursing profession and improved the quality of care provided to the people of the province.

Nominees may be members of the nursing profession or the public. Posthumous nominations are welcome.

Visit www.arnnl.ca/honorary-membership for details and to submit a nomination. For questions, email Pamela-King Jesso at pkingjesso@arnnl.ca.

Nomination Deadline: Feb. 28, 2017



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55 Military Road
St. John's NL A1C2C5
Tel 709 753-6040
Toll Free 1 800 563-3200 (NL only)
Fax 709 753-4940
info@arnnl.ca
ARNNL.CA

The Association of Registered Nurses of Newfoundland and Labrador (ARNNL) is the regulatory body and professional organization representing all registered nurses and nurse practitioners in the province. In pursuit of its mission, 'Nursing Excellence for the Health of the Population,' ARNNL exists so there will be accountability for self-regulation, professionalism, quality professional practice environments, and healthy public policy.