Changing the culture of care in NICU

Lost in translation
INFORMATICS: The buzzword in health care today

Stroke, dysphagia and oral care: What is best practice?

Registration fee increase for 2013

www.nurses.ab.ca
President’s Update

The Time Has Come

Sometimes in one’s career, an opportunity arises that you know will make a significant difference. As your president, I believe that I have encountered such an opportunity. Since the mid-1980s, I have been passionate about primary health care and maximizing access to care provided by registered nurses.

In those early days, I represented the Alberta Association of Registered Nurses (AARN) and made numerous presentations to health professionals and community groups. The public response was very positive; however, at that time, health system leaders were not ready to embrace this direction. We made a few, but limited, strides forward.

Now, I think the tide may finally be shifting. The time has come for primary health care to be the foundation of our health system in Alberta.

Later, I worked as team leader in an inner-city, multicultural and inter-disciplinary primary health-care setting, rich with community input and a committed dedicated team. We made a difference in the lives of a very vulnerable population every day. Once again my primary health-care passion was reignited. Unfortunately, system change did not occur. Now, I think the tide may finally be shifting. The time has come for primary health care to be the foundation of our health system in Alberta.

Over the past few months, I have heard Minister of Health and Wellness Fred Horne speak on several occasions about the government’s priorities for the health system. The top three priorities are primary health care, mental health and continuing care. I have met with him directly on two occasions. We spoke about primary health care, family care clinics, the invaluable role of RNs and NPs in seniors care and in all settings. Each time the messages were well-received and supported.

When I speak about primary health care, I use the internationally accepted descriptors focusing on determinants of health (e.g., poverty, education), sectoral collaboration (e.g., social services, community planners, health services), and on public participation and community development (i.e., building health capacity). This means addressing issues beyond primary care and the treatment of illness or injury that impact people’s lives and acknowledging that health is an economic resource for our society. The government messaging for health at this time is founded on the primary health-care principles. There appears to be a will to move initiatives forward and plans to fund related projects.

Why is this so exciting? The World Health Organization adopted primary health care as the foundation for quality health care in 1978 and identified registered nurses as the key player in attainment of health for all. Whether you work in acute care, public health, community or long-term care your focus is primary health care and moving far beyond a diagnosis to health promotion, managing chronic illness, injury prevention and community support. As registered nurses, we see first-hand the access issues faced by Albertans and the barriers to health. We believe that health services must be based on community needs. The health system is now ready to begin to embrace our vision.

I recently attended the first Family Care Clinics Advisory Committee meeting. The vision for family care clinics is a model that supports direct access to all providers and is driven by community needs through community advisory councils, outcomes measurement and primary health-care principles. Initially, the focus will be on the most disadvantaged complex populations in our system with three pilot projects in different locations in Alberta. Primary Care Networks will not be replaced but will be expected to collaborate with family care clinics. Evaluation of the effectiveness of these pilot sites based on outcomes is an integral part of the process.

I am both pleased and proud to represent registered nurses in this work and to realize that we may be turning a corner. There are three priorities for our health system and registered nurses can, and should be, leaders in all three. This is our opportunity for positive change and we will make a difference. RN

Dianne Dyer, RN, BN, MN
780.909.7058
president@nurses.ab.ca

Connect with Dianne: @DMDyer1
Subscribe to her blog at www.carnapresident.ca
Adverse Reaction Reporting Information

Who can report an adverse reaction?
Anyone—including consumers, patients, caregivers, physicians, pharmacists, nurses and dentists can report an adverse reaction to drugs and other health products on the Canadian market.

What to report?
You do not have to be certain that a health product caused the reaction in order to report it. Adverse reaction reports are, for the most part, only suspected associations. Health Canada wants to know about all suspected adverse reactions, but especially if they are:
- unexpected (not consistent with product information or labelling), regardless of their severity;
- serious, whether expected or not; or
- related to a health product that has been on the market less than five years.

When to report an adverse reaction?
You should report an adverse reaction soon after the reaction occurred, even if you are not certain that a particular health product was the cause.

Why report an adverse reaction?
All marketed drugs and health products have benefits and risks. Although health products are carefully tested before they are licensed in Canada, some adverse reactions may become evident only after a product is in use by the general population.

When you submit a suspected adverse reaction report, you contribute to the ongoing collection of information that occurs once health products are on the market. Your report may contribute to:
- the identification of previously unrecognized rare, or serious adverse reactions;
- changes in product safety information, or other regulatory actions such as the withdrawal of a product from the Canadian market;
- international data regarding benefits, risks or effectiveness of drugs and other health products; and
- health product safety that benefits all Canadians.

How to report an adverse reaction:
There are three easy ways to report an adverse reaction to the Canada Vigilance Program:
- By calling toll-free at 1.866.234.2345
- Online at www.health.gc.ca/medeffect
- By completing a form which you can send by:
  - postage paid mail or
  - fax toll-free to 1.866.678.6789
The form and postage paid label are available at www.health.gc.ca/medeffect or by calling 1.866.234.2345
The adverse reaction reporting form is also available at the back of the Compendium of Pharmaceuticals and Specialties (CPS).

Please see the Canada Vigilance Program exhibit at Strengthening the Bond: How Patient Centred Care Will Change Our World tri-profession conference co-hosted by CARNA on May 24-26, 2012

Carna Provincial Council Meeting
May 15–16, 2012
All CARNA members are welcome to attend.
To confirm your attendance, please contact:
Jacqueline Broverman
1.800.252.9392, ext. 531
jbroverman@nurses.ab.ca

Earn a credential as a registered substance abuse expert
The Canadian Addiction Counsellors Certification Federation is now offering a registered substance abuse expert credential.
Many people are using the C-SAE or a C-SAP designation that is not based on an externally licensed, formal evaluation process. This new credential is intended to provide organizations and industry a qualified standard for clinicians working in safety-sensitive environments where substance activities occur (e.g., drug testing, follow-up, clinical assessments, treatment of substance use issues).
The Canadian Addiction Counsellors Certification Federation has offered certification for over 20 years and is the only organization in Canada able to offer qualified professional certification in the substance disorder area.

For more information, go to www.caccf.ca.

Alberta RN is pleased to introduce STAT Comics as a regular column in Alberta RN. STAT is written and illustrated by Québec-based RN Yves Lessard and Dr. François Paquet.
Tell us what you think about this month’s comic.
Email AlbertaRN@nurses.ab.ca.
Members wanted: Election Tellers

Two members needed
CARNA is seeking an election teller and an alternate teller for the 2012 Provincial Council election.

Duties
- be present during the ballot count at the CARNA office in Edmonton on July 11, 2012 for approximately two hours.
- determine admissibility of questionable ballots in accordance with election rules
- prepare teller reports for the CARNA president and chair of the Elections and Resolutions Committee

The alternate teller will serve as teller if the teller is unable to fulfill their duties.
CARNA reimburses travel expenses and offers a salary replacement/per diem to compensate for time away from work for the teller.

Qualifications
- RN or NP member of CARNA
- not a candidate seeking election to Provincial Council

Questions?
If you have questions about the role of the teller, please contact:
Lisa Barrett, Chair
Elections and Resolutions Committee
403.350.8218
lbarrett@nurses.ab.ca

How to apply:
Download an application at www.nurses.ab.ca. Click on Call for Members under the Member Info tab, or contact:
Diane Wozniak
780.453.0525/1.800.252.9392, ext. 525
dwozniak@nurses.ab.ca

APPLY BY: APRIL 13, 2012

Remember, RNs and NPs elected to council make decisions that directly affect your practice, like registration renewal fees and nursing practice standards. Vote for the candidate you feel best represents your professional values.

This year, elections are scheduled to be held in the following CARNA regions:
- Northeast
- Edmonton/West
- Central
- Calgary/West

How to Vote:
Go to www.nurses.ab.ca and click on the Vote Now link to read the candidate profiles and then cast your vote for the RN of your choice. All you need is your user ID (your registration number) and password. If you don’t know your password, click on “forgot password” and we’ll email it to you.

Cast your vote before midnight on July 10 to have your say.

Votes will be tabulated on July 11, 2012.

If you have any questions or require assistance with the electronic voting system, contact:
Diane Wozniak
780.453.0525/1.800.252.9392, ext. 525
dwozniak@nurses.ab.ca

CARNA ELECTION 2012

Your profession needs you
Vote for your RN candidate

VOTING OPENS
June 1, 2012

www.nurses.ab.ca | Spring 2012 Volume 68 No 1 | Alberta RN
Login to www.nurses.ab.ca/MyCARNA and verify your email address is up-to-date to ensure you get your renewal notice. Remember to add CARNA to your safe sender list so the notice doesn’t end up in your spam folder. If you do not receive your email notice, you can still renew online with your registration number and password.

**MyCCP: Recording your learning activities now available!**
Carna plans to introduce the new version of MyCCP to all members at the beginning of April. The latest upgrade allows members to enter learning activities in their learning plans, a requirement to meet continuing competence reporting at registration renewal. We have resolved the issues which caused members to experience error messages during last year’s renewal period. We have also developed a support page for members to test the compatibility of their browser and instructions on how to upgrade their browser if required. Minimum internet browser requirements remain unchanged and include Internet Explorer 7.0, Firefox 3.6, Chrome 10 or Safari 5.x. For more information about CARNa’s Continuing Competence Program or MyCCP, go to www.nurses.ab.ca/competence.

**Help is just a click away**
In June, CARNA will host a webinar to walk members through all steps of the renewal process, including the MyCCP program. Details and dates will be announced in the electronic newsletter ABRN Online and on the CARNA website. In the meantime, information on renewal and the Continuing Competence Program is available online at www.nurses.ab.ca or by calling Registration Services at 1.800.252.9392.

**Prepay your fees before renewal opens**
You can prepay your registration fees in incremental payments before you renew your practice permit. Choose the dates and amounts that are most convenient for you. Amounts may vary with each payment and may be made as often as you like, whether on a regular schedule or randomly. For more details go to www.nurses.ab.ca and click on Member Info>Registration Renewal>Renewal Fees.

---

**WIN the new iPad with 4G + WiFi!**
Renew your practice permit before August 1 and you’ll be automatically entered to win one of two 32GB iPads.*

* To be eligible, members must renew their registration online, submit fees, complete Continuing Competence Program requirements and, if selected for audit, submit the required materials by August 1. Complete contest rules are posted at www.nurses.ab.ca.
Registration fee increase for 2013

At the January 2012 meeting, Provincial Council approved a $40 increase to the RN registration fee from $480 to $520 for the upcoming 2013 registration year. Council set the NP registration fee at the 2013 RN registration fee ($520) plus an additional $45, the amount equal to the difference paid to the Canadian Nurses Protective Society for liability coverage for NPs compared to RNs. Fees include membership in the Canadian Nurses Association and liability protection from the Canadian Nurses Protective Society.

Why did Provincial Council increase the registration fee for 2013?

The fee increase will allow Provincial Council to eliminate the 2011–12 operating budget deficit approved at the September 2011 meeting. Cost pressures contributing to the deficit of $985,614 include the following:

- inflationary increases over previous years averaging 3% per year between 2003 and 2011 and not factored into registration fee increases approved in 2003 and 2008
- a total increase of $13.50 per RN/NP for Canadian Nurses Protective Society (CNPS) fees implemented in two steps, in January 2012 and in January 2013
- an increase in special payments to decrease CARNA’s pension fund liability affected by the global economic pressures affecting all defined benefit pension plans

How will CARNA apply the RN and NP fees for 2013?

<table>
<thead>
<tr>
<th>FEE APPLICATIONS</th>
<th>RN</th>
<th>% TOTAL FEE</th>
<th>NP</th>
<th>% TOTAL FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARNA operating budget</td>
<td>$414.40</td>
<td>79.69%</td>
<td>$413.50</td>
<td>73.18%</td>
</tr>
<tr>
<td>CNA Fee</td>
<td>$54.95</td>
<td>10.57%</td>
<td>$54.95</td>
<td>9.73%</td>
</tr>
<tr>
<td>CNPS fee</td>
<td>$24.75</td>
<td>4.76%</td>
<td>$69.75</td>
<td>12.35%</td>
</tr>
<tr>
<td>ARNET contribution</td>
<td>$10.40</td>
<td>2.00%</td>
<td>$11.30</td>
<td>2.00%</td>
</tr>
<tr>
<td>Capital contribution</td>
<td>$15.00</td>
<td>2.88%</td>
<td>$15.00</td>
<td>2.65%</td>
</tr>
<tr>
<td>CARNA legacy fund</td>
<td>$0.50</td>
<td>0.10%</td>
<td>$0.50</td>
<td>0.09%</td>
</tr>
<tr>
<td>Registration fee</td>
<td>$520.00</td>
<td>100.00%</td>
<td>$565.00</td>
<td>100.00%</td>
</tr>
<tr>
<td>GST</td>
<td>$26.00</td>
<td></td>
<td>$28.25</td>
<td></td>
</tr>
<tr>
<td>Total Fee</td>
<td>$546.00</td>
<td></td>
<td>$593.25</td>
<td></td>
</tr>
</tbody>
</table>

What is included in the CARNA operating budget?

The Health Professions Act requires CARNA to carry out nursing regulation to protect the public interest, including a continuing competence program and conduct process to protect public safety. Member fees account for more than 90% of the revenue to finance the administration and processes required to support nursing regulation and professional practice.

| 26% | Registration Services includes assessment, registration and renewal services, Continuing Competence Program, Canadian RN and NP exam writings and regulatory committees. |
| 24% | Corporate Services includes building and equipment, postage, printing and office supplies, financial and human resource services and information technology. |
| 17% | Policy and Practice includes development of policies, guidelines, standards and position statements, practice consultation services, the regional coordinator program and nursing education program approval. |
| 13% | Professional Conduct includes regulatory conduct committees, investigations, hearings and conduct services. |
| 11% | Communications includes Alberta RN, electronic newsletters, the website, the annual general meeting and conference, government relations, media relations, advertising and the CARNA library and archives. |
| 9%  | Governance includes CARNA Provincial Council, governance committees, the president's office, fees paid to the Canadian Nurses Protective Society, membership contributions to ARNET, elections, legal fees and financial audit. |

What do other health professionals in Alberta pay in registration fees?

<table>
<thead>
<tr>
<th>Profession</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed practical nurses</td>
<td>$350</td>
</tr>
<tr>
<td>Respiratory therapists</td>
<td>$425</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>$520</td>
</tr>
<tr>
<td>Registered psychiatric nurses</td>
<td>$525</td>
</tr>
<tr>
<td>Dietitians</td>
<td>$525</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>$550</td>
</tr>
<tr>
<td>Lab technologists</td>
<td>$600</td>
</tr>
<tr>
<td>Dental hygienists</td>
<td>$637</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>$744</td>
</tr>
</tbody>
</table>

* 2013 RN fee ($520) plus $45 for additional fees paid to CNPS
As in the previous year, questions related to documentation represent the most frequent legal issue identified throughout the 2011 practice year. Concerns included:

- documentation policy development
- challenges in transitioning from paper to electronic records
- charting on behalf of another care provider
- lack of time to document care
- documentation of critical incidents

These concerns were addressed using the principles for quality documentation described in the CARNA document *Documentation Guidelines for Registered Nurses*. Members were also encouraged to consult other relevant resources available from the Canadian Nurses Protective Society.

### Highlights from 2011

Practice consultations are reviewed annually to identify trends and issues as well as gaps where policy development may be needed to guide practice or to advocate for change. Highlights from 2011 include:

- The category with the highest number of consultations was legal/ethical, followed by scope of practice, nursing practice standards, information/networking and then safety. These issues have received the highest number of consultations in the past three years.
- The number of consultations related to nursing practice standards, scope of practice and safety decreased from last year.
- The number of consultations related to legal/ethical issues and information/networking increased from last year.

### Summary of Consultations

<table>
<thead>
<tr>
<th>Consultation issue category</th>
<th>2009 Practice Year</th>
<th>2010 Practice Year</th>
<th>2011 Practice Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal/Ethical</td>
<td>191 (21%)</td>
<td>238 (24%)</td>
<td>291 (27%)</td>
</tr>
<tr>
<td>Scope of Practice</td>
<td>175 (20%)</td>
<td>201 (20%)</td>
<td>194 (18%)</td>
</tr>
<tr>
<td>Nursing Practice Standards</td>
<td>241 (27%)</td>
<td>218 (22%)</td>
<td>185 (17%)</td>
</tr>
<tr>
<td>Information/Networking</td>
<td>101 (11%)</td>
<td>96 (10%)</td>
<td>132 (12%)</td>
</tr>
<tr>
<td>Safety</td>
<td>88 (10%)</td>
<td>111 (11%)</td>
<td>90 (8%)</td>
</tr>
<tr>
<td>Transitions/Independent Practice</td>
<td>22 (3%)</td>
<td>1 (1%)</td>
<td>64 (6%)</td>
</tr>
<tr>
<td>Health Care Reform</td>
<td>36 (4%)</td>
<td>43 (4%)</td>
<td>63 (6%)</td>
</tr>
<tr>
<td>Relationships</td>
<td>12 (1%)</td>
<td>18 (2%)</td>
<td>15 (1%)</td>
</tr>
<tr>
<td>Education</td>
<td>15 (2%)</td>
<td>12 (1%)</td>
<td>15 (1%)</td>
</tr>
<tr>
<td>Graduate Nurse</td>
<td>-</td>
<td>13 (1%)</td>
<td>12 (1%)</td>
</tr>
<tr>
<td>Internationally-Educated Nurses</td>
<td>10 (1%)</td>
<td>17 (2%)</td>
<td>6 (1%)</td>
</tr>
<tr>
<td>Pandemic</td>
<td>-</td>
<td>30 (3%)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>981</td>
<td>1,010</td>
<td>1,067 *</td>
</tr>
</tbody>
</table>

* NOTE: 1,218 requests were initially received, but for 151 of these, attempts to contact the requestors were not successful.
Professional Boundaries
Several concerns related to the RN responsibility of maintaining professional boundaries. Concerns included:

• providing interventions to family members
• providing nursing services to clients on scheduled days off

The CARNA document Professional Boundaries for Registered Nurses: Guidelines for the Nurse-Client Relationship was used to address these situations. The values of the CNA Code of Ethics for Registered Nurses were also important resources used to explore concerns and provide guidance.

Volunteering
Another frequent legal/ethical issue related to volunteering nursing services. Questions related to providing injections to a friend or family member were reoccurring.

Legal risks associated with volunteering nursing services were explored with RNs seeking practice advice and the document Professional Boundaries for Registered Nurses: Guidelines for the Nurse-Client Relationship was also used to examine the ethical implications of providing nursing services to family members or friends.

Protecting/Disclosing Health Information
Issues related to the collection, use and disclosure of health information are challenging and complex and consistently emerge in consultation reviews.

In September 2011, Provincial Council approved the document Pronouncement of Death: Guidelines for Regulated Members. These new CARNAs guidelines are intended to guide decision-making and policy development related to pronouncement of death when death is expected.

Other legal/ethical questions raised by members included:

• the potential need for additional liability protection
• liability risks associated with the performance of particular interventions, such as deep wound debridement, or related to the supervision of unregulated workers
• use of the title of RN
• fitness to practice
• managing unprofessional conduct
• informed consent

Scope of Practice

Competency Profile
CARNAs members continue to be concerned about describing their scope of practice. A number of consultation requests focused on clarifying differences between the RN scope of practice and that of graduate nurses, nurse practitioners and other health professionals.

In these instances, resources such as the Nursing Intervention Classification (NIC), the CARNAs documents Scope of Practice for Registered Nurses, Scope of Practice for Nurse Practitioners, Entry to Practice Competencies for the Registered Nurses Profession and Nurse Practitioner Competencies were utilized to address questions and concerns.

Integration of Interventions
Another recurring theme was the integration of particular interventions within the RN scope of practice in a particular setting. Some examples of interventions that were discussed included:

• prescribing medications, including over-the-counter medications
• adjusting medication dosages
• performing acupuncture
• applying ultrasound in wound care
• interpreting laboratory data
• administering Botox and other dermal fillers

It is important to note that Botox is a Schedule 1 drug and the administration of this drug by nurses requires that a client be seen by a physician or other authorized prescriber who would then provide a client specific prescription for the drug.

Graduate Nurses
Several questions related to graduate nurses performing the charge role were brought forward.

Graduate nurses are entry-level practitioners and their level of practice autonomy and proficiency develops best with collaboration, mentoring and support from registered nurse colleagues, managers and other health-care team members. A graduate nurse on the temporary register should not be assigned as the nurse in charge or left alone in a practice settings as the only nurse unless they have the necessary clinical experience and competencies to take on this role and responsibility.

Other questions related to the scope of practice of graduate nurses were more general in nature and were examined using the document Health Professions Act: Standards for Registered Nurses in the Performance of Restricted Activities.
**Nursing Practice Standards**

Common issues identified in this area included:
- appropriate assignment of care
- working extra hours and fitness to practice
- supervision of undergraduate nursing employees and health-care aides
- aspects of safe medication practices (e.g., implementation of medication protocols in the management of chronic illnesses, medication reconciliation, communication related to medication orders and medication dispensing)

Policy and practice consultants provided guidance and direction to members to address these issues by applying the principles and standards outlined in CARNA documents. The Nursing Practice Standards are foundational in supporting nurses in their practice, giving them a framework to ask questions in a proactive way and identify concerns, issues and solutions in their practice setting. In responding to the identified concerns, additional CARNA documents were used to assist in problem-solving and the development of practical approaches to address concerns, including:
- Working Extra Hours: Guidelines for Registered Nurses on Fitness to Practise and the Provision of Safe, Competent, Ethical Nursing Care
- Medication Administration Guidelines for Registered Nurses
- Decision Making Standards for Nurses in the Supervision of Health Care Aides

**Information/Networking**

Questions related to a variety of topics such as:
- career counselling
- information regarding capacity assessment workshops
- hours of work and salaries
- definition of medical terms
- continuing education courses
- certification requirements
- special interest groups
- human resource policies

**Safety**

Safety concerns included:
- lack of sufficient orientation
- staff shortages
- staff mix
- unsafe practitioners

These types of concerns were similar to those identified in previous reviews.

**Group Consultations**

In addition to individual practice consultations, policy and practice consultants conducted group consultations and facilitated discussions in response to complex issues that arose within practice settings.

Between Oct. 1, 2010 and Sept. 30, 2011, policy and practice consultants facilitated 22 group consultations involving 1,011 participants across Alberta. The main topics of discussion were:
- RN scope of practice and competency profile
- assignment of care
- teamwork
- medication best practices
- documentation best practices
- professional responsibility and accountability

**References**


College and Association of Registered Nurses of Alberta. (2011g). Working extra hours: Guidelines for registered nurses on fitness to practice and the provision of safe, competent, ethical nursing care. Edmonton, AB: Author.
Single Sign-on for Alberta Netcare Applications with Identity and Access Management Initiative

Currently, health-care providers require multiple user credentials to access the information they need to care for their patients. They are frequently frustrated and patient care is affected by the need to acquire, recall and maintain multiple login IDs and passwords.

Alberta Health and Wellness and Alberta Health Services are working to address these issues with their new Identity and Access Management (IAM) initiative, which will launch April 12, 2012.

IAM will reduce the time it takes to acquire credentials for a new user and reduce the number of IDs and passwords needed to access the Alberta Netcare applications (Portal, the Pharmaceutical Information Network and Person Directory). In the future, IAM will expand to include other clinical applications used within Alberta Health Services. By using a single set of credentials, it will be simpler, faster and easier for health-care providers to access health information.

Any health-care provider that fills the role of Alberta Netcare Requester (NR) or Access Administrator (AA) will be impacted by this launch as it will change the way they manage Alberta Netcare user accounts at their location.

The IAM application will enable each authorized custodian to electronically manage their employees’ user credentials. This means that instead of using the paper user registration form, NRs and AAs will login to the IAM application to request an Alberta Netcare ID, request a remote access fob or remove access for staff departing their facility.

Training will be offered by the Alberta Netcare Deployment Team to all NRs and AAs to ensure they are prepared to use the IAM application. Additional reference materials will be published in the Alberta Netcare Learning Centre at https://ab-ehr-learningcentre.albertanetcare.ca.

Learn more about IAM
Additional information is available:
- on the Alberta Netcare Portal login pages
- on INsite for AHS employees
- by calling 780.642.4082/1.866.756.2647
- via email at health.ehrdeployment@gov.ab.ca

RN Library
The latest books, documents and audio-visual titles acquired by the CARNA Library.

To reserve these and other titles, CARNA members can contact the library Monday through Friday, 9 a.m. to 4 p.m. at 1.800.252.9392, ext. 533, or visit www.nurses.ab.ca any time to access the library catalogue and CINAHL (Cumulative Index to Nursing and Allied Health Literature database).


Informatics: The buzzword in health care today

BY: MANAL KLEIB, RN, MSN, MBA, PhD (C)
TRACY SHABEN, RN, MSN
DEBRA ALLEN, RN, BScN, MN

Technology is not a new phenomenon in health care. Still, for a busy bedside nurse, absorbing the flood of electronic applications brought into the care environment can be challenging. The language associated with the technology often sounds like jargon. This article highlights the differences between key terms commonly used in this evolving field, offers suggestions for learning opportunities to gain a better understanding of how informatics intersects with clinical practice and extends an invitation to CARNA members to participate in an initiative to establish an Informatics Specialty Practice Group for Alberta nurses.
Information Literacy, Computer Literacy and Health Literacy: What is this all about?

Terminology related to literacy in the digital age can create additional confusion for some. The three common terms at the centre of this confusion are:

- **Computer literacy** refers to how comfortable an individual is using computer software and hardware, such as email and word processing programs. (Hebda & Czar, 2009, p. 524)
- **Information literacy** refers to how comfortable an individual is “using computer technology to access, find, evaluate and use information effectively when needed.” (Hebda & Czar, 2009, p. 529)
- **Health literacy** refers to the capacity of an individual “to obtain, process and understand basic health information and services needed to make appropriate health decisions.” (National Network of Libraries of Medicine, accessed Feb 9, 2012: www.nlm.gov.)

As providers and consumers of health care, computers are only tools that we use in pursuit of quality information to help inform our decisions about health care.
What is it for me?

Technology is common in our professional and personal lives. In professional practice, technology helps nurses in the many diverse roles they assume in all domains, including education, research, practice and administration (Hebda & Czar, 2009). Nurses use technology to document care processes, access the latest updates in the field and exchange knowledge with other professionals locally and internationally (Eley, Fallon, Soar, Buikstra, & Hegney, 2008). In their personal lives, nurses use technology, such as social networks, to connect in real time.

While technology offers solutions to enhance our work and personal lives, it is not without challenges. For example, excessive use of technology in health care could affect a nurse’s work and their relationships with clients, particularly in settings that are highly dependent on technology like acute and critical care settings (McGrath, 2008). However, choosing to ignore the technology does not address the challenges. On the contrary, nurses need to think about technology beyond skills mastery and critically examine how it impacts patient care and nursing practice.

In recent years, using informatics and its applications effectively has been identified as a key competency for safe and quality health-care practice (Canadian Nurses Association, 2006; Institute of Medicine, 2004). By enhancing competence in informatics and engaging in dialogue about technology, nurses safeguard their clinical judgment and take charge of technology as opposed to being driven by it.

With regards to informatics competence for nurses in Canada, Hebert (2000) proposed that nurses “should have both the skills and knowledge for them to be able to use information and communication technologies to enter, retrieve, interpret and manipulate data, organize data into information to affect nursing practice and combine information to contribute to knowledge development in nursing.”

As technological advancements continue to shape how health care is delivered and how nurses do their work, mechanisms for helping nurses acquire and maintain competence in health informatics are necessary to better prepare them for the complexity of clinical practice. In November 2011, a National Stakeholder Symposium sponsored by the Canadian Association of Schools of Nursing and Canada Health Infoway took place in Toronto, Ont., to identify nursing informatics competencies for Canadian nurses. Outlining these competencies within a Canadian context will be instrumental in guiding formal and continuing education about informatics among future and practising nurses.

With the increasing complexity of technological innovations, the common approach of vendor-based training on how to operate the machine is no longer sufficient to ensure safe use of health-care technology. Health-care organizations investing in such tools should consider a more systematic approach to helping health-care professionals develop competence in informatics through engagement, education and support. Equally, nurses have a professional responsibility to seek learning about informatics as an emerging area that affects their practice. There are many reports, position statements and other documents that nurses can use to get a better view of how informatics is shaping health care and nursing, including:

Available online at www.nurses.ab.ca:
- The Role of the Registered Nurse in Health Informatics (CANA)
- What is nursing informatics (CNA)
- Nursing Information and Knowledge (CNA)
- CNA Nursing E-strategy (CNA)

Want to learn more about informatics?

Increasing your knowledge about informatics is an excellent step forward. To make this knowledge more meaningful for your practice, we encourage you to join the initiative to create an Informatics Specialty Practice Group for Alberta nurses. The group will help increase your awareness about informatics projects and facilitate dialogue and advocacy in this field. Interested RNs and NPs are asked to email manal.kleib@ualberta.ca or tracy.shaben@albertahealthservices.ca. RN

References


90% of RNs and NPs rate professional development and patient safety as the top issues to engage with CARNA on.

RESULTS OF THE DECEMBER 2011 MEMBER ENGAGEMENT SURVEY

In December 2011, CARNA contracted NRG Research Group to conduct a member survey. The primary objectives of the survey were to:

- confirm the proportion of members interested in engaging with CARNA on key issues in nursing
- clarify, define and quantify what members mean by “professional nursing issues,” “public policy issues” and direct CARNA engagement (e.g., committees, provincial council, advisory groups, conferences)*
- determine how likely members would engage with CARNA via different mechanisms (e.g., online surveys, private online discussion groups, social media, in-person meetings, etc.)

More than 2,000 nurses from a random sample of members responded to the survey. The overall sample was proportionally weighted to reflect the actual distribution of members in the six CARNA regions and outside Alberta. Based on the total membership and sample size, the maximum margin of error for the overall sample is ± 2.0%, 19 times out of 20.

How interested would you be in engaging with CARNA about key issues in nursing?

Almost half of respondents are interested or very interested in engaging with CARNA. More than one-third are neither interested nor disinterested.

<table>
<thead>
<tr>
<th>How interested would you be in engaging with CARNA about key issues in nursing?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Not at all interested</td>
<td>6%</td>
</tr>
<tr>
<td>2.</td>
<td>4%</td>
</tr>
<tr>
<td>3. Neutral (neither interested or disinterested)</td>
<td>36%</td>
</tr>
<tr>
<td>4.</td>
<td>34%</td>
</tr>
<tr>
<td>5. Very interested</td>
<td>15%</td>
</tr>
<tr>
<td>Don't know/not sure</td>
<td>4%</td>
</tr>
</tbody>
</table>

2011: n=2,205

* In a previous member survey, 27% of respondents said yes to the question “When issues arise that are important to the registered nursing profession, do you want to become more involved with CARNA to address them or would you prefer to have CARNA appropriately address them on your behalf?”
WHAT PROFESSIONAL NURSING ISSUES ARE IMPORTANT TO YOU?

CARNA recently commissioned a number of focus groups about engagement. These members told us that one of the possible areas they would like to engage with CARNA on is professional issues. The following is a list of possible professional nursing issues; please indicate how important it is for you to engage with CARNA on each of these issues.

The vast majority of respondents say that educational and professional development opportunities and patient safety are important professional nursing issues to engage with CARNA on. Notably, two-thirds of members interviewed list each of these issues as “very important” or “important.” Three-quarters of respondents consider RN recruitment and retention an important nursing issue they would like to engage with CARNA on.

Availability of educational and professional development opportunities for registered nurses

Patient safety

Scope of practice

Reputation of nursing profession

Cooperation with other caregivers

RN recruitment and retention

You indicated you are not interested or unsure about engaging with CARNA on issues related to the nursing profession, please tell us why.

Nearly two-thirds of those who indicated they are not interested or unsure about engaging with CARNA say they do not have time or are not sure of the commitment required. One-quarter of those not interested in engaging are fine with CARNA addressing issues on their behalf.

Don’t have time

Not sure of commitment required

I’m fine with CARNA addressing issues on my behalf

Question CARNA’s ability to be effective

No time now but may consider contributing later

Fear or reprisal by CARNA

Near retirement age

Other

2011: n=317

2011: n=1,888
WHAT PUBLIC POLICY ISSUES ARE MOST IMPORTANT TO YOU?

The following is a list of public policy issues; please indicate how important it is for you to engage with CARNA on each of these issues.

More than three-quarters of respondents say it is “very important” or “important” to engage with CARNA on patient safety and the shortage of RNs. Nearly as many members also consider increased focus on health promotion, injury prevention and expanding RN roles in primary health care as important issues. More than three-quarters of respondents consider seniors care and the RN role in determining government health policy to be important issues to engage with CARNA on.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Likelihood of Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient safety</td>
<td>85%</td>
</tr>
<tr>
<td>Shortages of registered nurses</td>
<td>84%</td>
</tr>
<tr>
<td>Increased focus on health promotion and injury prevention</td>
<td>83%</td>
</tr>
<tr>
<td>Expanding RN roles in primary health care</td>
<td>81%</td>
</tr>
<tr>
<td>Seniors care</td>
<td>78%</td>
</tr>
<tr>
<td>RN’s role in determining government health care policy</td>
<td>78%</td>
</tr>
<tr>
<td>Legislation related to health</td>
<td>77%</td>
</tr>
</tbody>
</table>

WAYS OF ENGAGING WITH CARNA

Likelihood of engaging with CARNA through various mechanisms ("very likely" and "likely")

<table>
<thead>
<tr>
<th>Mechanism</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online surveys</td>
<td>66%</td>
</tr>
<tr>
<td>In-person community meetings with CARNA</td>
<td>45%</td>
</tr>
<tr>
<td>In-person member conference</td>
<td>42%</td>
</tr>
<tr>
<td>Virtual meetings/Webinars</td>
<td>36%</td>
</tr>
<tr>
<td>Private online discussion forum</td>
<td>34%</td>
</tr>
<tr>
<td>Smart phone app</td>
<td>32%</td>
</tr>
<tr>
<td>CARNA blog</td>
<td>28%</td>
</tr>
<tr>
<td>Social media</td>
<td>28%</td>
</tr>
</tbody>
</table>

Interest in engaging with CARNA through personal involvement with the organization ("Very interested" and "interested")

<table>
<thead>
<tr>
<th>Activity</th>
<th>Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending education sessions</td>
<td>78%</td>
</tr>
<tr>
<td>Serving on a committee</td>
<td>78%</td>
</tr>
<tr>
<td>Personal engagement in political activity</td>
<td>26%</td>
</tr>
<tr>
<td>Running for Provincial Council</td>
<td>8%</td>
</tr>
</tbody>
</table>
Publications ordered by Hearing Tribunals

Publications are submitted to Alberta RN by the Hearing Tribunal as a brief description to members and the public of members’ unprofessional behaviour and the sanctions ordered by the Hearing Tribunal. Publication is not intended to provide comprehensive information of the complaint, findings of an investigation or information presented at the hearing.

To find out more about sanctions and publication, go to www.nurses.ab.ca/sanctions.

CARNA Member
A Hearing Tribunal made a finding of unprofessional conduct against a member who on one occasion administered Propofol I.V. to a patient which was outside her scope of practice. The Tribunal issued a reprimand.

CARNA Member
A Hearing Tribunal made a finding of unprofessional conduct against a member who was a recent graduate. The member co-signed her own wastage of a narcotic on one occasion, contrary to the employer’s policy. The Tribunal ordered the member complete a clinical skills refresher course and a course in communication. A condition shall appear on the member’s practice permit. Failure to comply with the order may result in suspension of CARNA practice permit.

CARNA Member
A Hearing Tribunal made a finding of unprofessional conduct against a member who failed to respond appropriately to an emergent situation with a patient when she left the patient alone when she went to the next unit rather than phone or calling for help from her unit; left the patient to put pressure on his own bleeding neck; failed to effectively communicate the urgency of the patient’s situation in her initial attempts to get a physician and other staff to come to the unit to assist; failed to adequately assist with the ongoing care of the patient when she proceeded to do a non-emergent task with another patient, when the physician was still alone with the patient and required assistance; refused to fax information regarding the patient to the hospital as requested by the physician. The member has since retired from nursing. The Tribunal issued a reprimand and accepted her permanent irrevocable undertaking to not practise as an RN again.

CARNA Member
Registration number: 49,585
A Hearing Tribunal made a finding of unprofessional conduct against member #49,585 who on numerous occasions failed to chart or account for vials of injectable Morphine and injectable Hydromorphone that she had signed out on the narcotic sheet. The member provided a letter confirming she did not have an addictions illness. The Tribunal ordered a reprimand, ordered the member to pay a $500 fine and pass courses in medication administration, documentation and responsible nursing; and shall provide a letter from her physician confirming fitness to practice, after which she could return to work in a setting with no narcotics and where she was not providing patient care, or could return to work under supervised practice where administration of narcotics is a duty, and she must provide a satisfactory performance evaluation. Conditions shall appear on the member’s practice permit. Failure to comply with the order may result in suspension of CARNA practice permit.

CARNA Member
Registration number: 54,267
A Hearing Tribunal made a finding of unprofessional conduct against member #54,267 who following an apparent seizure of a patient failed to document an assessment or communicate information about the incident to the physician; and who following a fall of a patient when she knew or ought to have known that the patient was in pain and there was a risk of a fractured hip, directed staff to assist her to place the patient in a wheelchair and notified the physician of the fall but failed to get an order for pain medication. The Tribunal issued a reprimand and acknowledged and accepted the permanent undertaking to not practise as an RN that the member had recently provided to CARNA in another hearing. A condition shall appear on the member’s practice permit.
CARN A Member Registration number: 60,555

A Hearing Tribunal made a finding of unprofessional conduct against member #60,555 who failed to do or chart an adequate assessment of an elderly diabetic patient, who was found down on one knee on the floor by her bed. The Tribunal ordered a reprimand and required the member to take courses in charting, medication administration and assessment and restricted the member to working for her current employer pending a satisfactory performance evaluation from that employer to the Tribunal; however, at the hearing, the member provided proof that she had passed the required courses and provided a satisfactory performance evaluation from her employer.

CARN A Member Registration number: 62,623

A Hearing Tribunal made a finding of unprofessional conduct against member #62,623 who administered the wrong concentration of pantoloc I.V.; used an expired 50 cc minibag of saline to mix the pantoloc; set up a secondary I.V. line of normal saline, when that was not ordered by the physician. The Tribunal issued a reprimand, and ordered a course in responsible nursing by a deadline. A condition shall appear on the member’s practice permit. Failure to comply with the order may result in suspension of CARNA practice permit.

CARN A Member Registration number: 64,294

A Hearing Tribunal made a finding of unprofessional conduct against member #64,294, who on numerous occasions, for more than four years, wrongfully took narcotics including morphine, Demerol and Percocet from her employer; who falsified narcotic records by using fictitious patient names and falsely used patient names on narcotic records to cover her wrongful taking of the narcotics. The Tribunal gave the member a reprimand and accepted an undertaking to not practise as a registered nurse pending proof from a physician and counsellor that she is safe to return to practice. At which time, the member has a choice to return to either a practice setting where there is no access to narcotics or controlled substances, or do a supervised practice in a setting where the member is expected to administer medications, including narcotics and controlled substances. In either setting, the member’s employer will report back to a Hearing Tribunal. The member is required to continue drug screening and provide further medical reports to a Hearing Tribunal. Conditions shall appear on the member’s practice permit. Failure to comply with the order may result in suspension of CARNA practice permit.

CARN A Member Registration number: 69,925

A Hearing Tribunal made a finding of unprofessional conduct against member #69,925 who left a voice mail message for a patient at the patient’s home that included confidential and sensitive personal health information regarding a preliminary test result for syphilis and divulged the preliminary result to the patient by voice mail without prior instruction from the patient’s physician; and who wrote an order for a medical consultation for a patient and co-signed it as if from a physician when she knew the physician concerned was not aware of the order; and who, without appropriate physician authorization, sent a letter to a family physician advising that a patient was being considered for a transplant; and who sent a copy of that same letter to a third party, thereby breaching the patient’s confidentiality. The Tribunal issued a reprimand and ordered the member to pass a course in responsible nursing and write a paper on scope of practice. Conditions shall appear on the member’s practice permit. Failure to comply with the order may result in suspension of CARNA practice permit.

CARN A Member Registration number: 74,866

A Hearing Tribunal made a finding of unprofessional conduct against member #74,866 who on three occasions failed to sign verbal orders she had received from a physician and, on one of those occasions, failed to transcribe the order accurately or include a unit of measurement for the medication ordered; and who also failed to document an assessment regarding a patient. The Tribunal issued a reprimand. The member had continued to work for the same employer.

CARN A Member Registration number: 75,115

A Hearing Tribunal made a finding of unprofessional conduct against member #75,115 who while under an order of a Hearing Tribunal breached that order when on more than one occasion she ingested narcotics that were prohibited by that order. The Tribunal gave the member a reprimand and accepted an undertaking to not practise as a registered nurse pending proof from physicians and counsellors that she is safe to return to practice. At which time, the member has a choice to return to either a practice setting where there is no access to narcotics or controlled substances, or do a supervised practice in a setting where the member is expected to administer medications, including narcotics and controlled substances. In either setting, the member’s employer will report back to a Hearing Tribunal. The member is required to continue drug screening and provide further medical reports to a Hearing Tribunal. Conditions shall appear on the member’s practice permit. Failure to comply with the order may result in suspension of CARNA practice permit.
CARNA Member
Registration number:  78,002

A Hearing Tribunal made a finding of unprofessional conduct against member #78,002 because on numerous occasions her communication with co-workers fell below the expected standard when she communicated in a manner that was perceived as rude, unapproachable and volatile. The Tribunal issued a reprimand; required a letter from her physician confirming her fitness to practice; required the member to pass a course on interpersonal aspects of nursing; write a reflective paper on maintaining a professional communication style as a registered nurse; and be restricted to her current employment site pending the production of a satisfactory performance evaluation from her employer regarding her communication style. Conditions shall appear on the member’s practice permit. Failure to comply with the order may result in suspension of CARNA practice permit.

CARNA Member
Registration number:  81,958

A Hearing Tribunal made a finding of unprofessional conduct against member 81,958 who when a graduate nurse told him that a patient had reported having been raped he failed to ensure the patient was appropriately assessed; failed to notify the patient’s physician or manager on call; who left medications at the bedside of a patient, contrary to policy or safe nursing practice and who altered the MAR of a patient to give a medication in the morning, rather than at night as ordered, without consulting with the physician. The Tribunal ordered a reprimand and directed the member to take a course in responsible nursing; write and submit a paper on the charge RN’s role in timely, effective management of critical incidents involving possible patient abuse: lessons learned; and to provide a comprehensive performance evaluation from his current employer which must indicate satisfactory practice. Conditions shall appear on the member’s practice permit. Failure to comply with the order may result in suspension of CARNA practice permit.

CARNA Member
Registration number:  82,328

A Hearing Tribunal made a finding of unprofessional conduct against member #82,328 who made two medication errors; left a mini-bag with medications in it lying around; failed to give blood as ordered; failed to collect blood as ordered; failed to send a urine specimen as ordered; used an incorrect procedure for a dressing change; and withheld methadone without notifying the physician. The Tribunal ordered a reprimand, directed the member to pass courses in basic medication administration and nursing process and be restricted to working in her current employment setting pending a satisfactory performance evaluation and a satisfactory self-evaluation. Conditions shall appear on the member’s practice permit. Failure to comply with the order may result in suspension of CARNA practice permit.

CARNA Member:  C.K.
Registration number:  85,837

A Hearing Tribunal made a finding of unprofessional conduct against C.K. #85,837 who lied to co-workers and her supervisor saying her grandfather had just died, when that was a lie; left orientation early using the lie that her grandfather had just died; carried on the lie about the grandfather’s death for several days when she told co-workers and supervisor various stories related to the death of her grandfather and the impact on the life of herself and her daughter; took two days paid “bereavement” leave on under the false pretenses that she was attending her grandfather’s funeral. In addition, on a patient admitted with very low blood glucose, the member failed to document adequately or at all on the patient; documented on the patient’s chart inaccurate blood glucose readings that did not correspond with the reading retrieved from the glucometer; and failed to adequately assess the patient. The member on one occasion failed to waste Demerol properly and on one occasion administered Demerol by I.V. push, when she was not certified to perform this procedure. The Tribunal issued a reprimand and ordered the member to pay a fine of $3,000; pass a course on professional ethics; write a reflective paper on honesty and integrity of an RN; notify the Hearing Tribunal of all employment sites commencing with her next employer, and provide performance evaluations from all her employers for a period of two years. Conditions shall appear on the member’s practice permit. Failure to comply with the order may result in suspension of CARNA practice permit.
Thinking about **private practice?**

A nurse wanted to retire from her full-time job but didn’t want to leave nursing. She decided to offer her expertise as a consultant but didn’t really know how to start. After applying to have her practice recognized by CARNA, she heard about the Alberta Association of Registered Nurses in Private Practice. She attended their annual conference and said, “I felt so relieved to know I wasn’t alone and that I had colleagues who were involved in a similar business venture. It was great to be able to learn and listen from their experience.”

**Did you know?**
- Alberta registered nurses and nurse practitioners have started businesses or private practices to help meet the health-care needs of Albertans.
- Nurses in private practice are self-employed, on contract or in independent practice.
- Nurses in private practice are entrepreneurs in direct care, research, administration, advocacy, consultation and health promotion.

If you are thinking about private practice, consider joining the Alberta Association of Registered Nurses in Private Practice. This specialty practice group is recognized by CARNA and:
- facilitates networking and collegial support
- provides resources for nurses interested in private practice
- provides educational opportunities
- increases public awareness of the role of nurses in private practice

**Becoming a self-employed nurse**
RNIs and NPs in self-employed practice require CARNA approval for practice hours to count toward registration renewal. For more information on how to apply for self-employed status, go to www.nurses.ab.ca. Click on Self-Employed Practice under the Registration tab.

**Learn about self-employed practice**
Download the following CARNA documents for no charge at www.nurses.ab.ca:
- **Self-Employment for Nurses: Position Statement and Guidelines**
- **Guidelines for Applying for Approval of Self-Employed Registered Nursing**

**Learn more about the Alberta Association of Registered Nurses in Private Practice by attending their annual general meeting on June 2 in Red Deer.**

For more information about the AGM or this CARNA specialty practice group go to www.privatepracticenurses.ca, email info@privatepractice.ca or call 780.438.7107.

**What is a specialty practice group?**
Specialty practice groups are organized by RNs and NPs who share a common interest in a defined area of nursing or a social concern directly or indirectly affecting practice. These groups are valuable to the promotion of the profession, enhance quality of care and standards of practice, and develop knowledge and competency through sharing among peers.

CARNA currently recognizes the following specialty practice groups:
- Alberta Association of Registered Nurses in Private Practice
- Alberta Gerontological Nurses Association
- Alberta Neonatal Nurses Association
- Alberta Occupational Health Nurses Association
- Alberta Association for Parish Nursing Ministry
- Alberta Rehabilitation Nurses Interest Group
- Canadian Society of Gastroenterology Nurses (Alberta chapter)
- Community Health Nurses of Alberta
- Emergency Nurse Interest Group of Alberta
- Neuroscience Nurses of Alberta
- Nurse Practitioner Association of Alberta
- Oncology Nurses Interest Group of Alberta
- Operating Room Nurses of Alberta Association
- Peri Anaesthesia Nurses of Alberta (Northern Chapter)
- Peri Anaesthesia Nurses of Alberta (Southern Chapter)

Contact information for each is available on the CARNA website. If you are interested in receiving information from one or more of these groups, go to www.nurses.ab.ca/MyCARNA. Click on My Profile and add the groups you are interested in under the Practice Group section at the bottom of the page.

To learn more about specialty practice groups or how you can start your own, go to www.nurses.ab.ca and click on Member Info.
BY CAITLIN CRAWSHAW

A few days after labour, a nurse gave Roxie Malone-Richards a card with her daughter Jessie’s tiny footprints on it. Any new mom would have appreciated the gesture, but for Malone-Richards, who gave birth at only 25 weeks gestation, it was deeply touching. “To her, it was nothing. To me, it was huge. It was one of the best gifts I could ever have received,” she says. “In the chaos of being in the NICU, I never would have thought to do it myself.”

Born almost four months premature, Jessie barely weighed one pound when she emerged from the womb. Her skin was translucent, revealing tiny veins, and her entire body was covered in hair. For five-and-a-half months, the tiny infant clung to life in the Royal Alexandra Hospital neonatal intensive care unit, connected to tubes and wires.

Malone-Richards spent every day at the NICU – first at the Royal Alexandra Hospital, and later at the University of Alberta. In spite of her daughter’s frailty, she held her as much as she could. She’d done her research and knew that “kangaroo care” – skin-to-skin contact between mother and baby – allows premature babies to hear their mother’s heartbeat and other sounds they’d hear if they were still in the womb and encourages bonding.

From the get-go, Malone-Richards advocated for Jessie. Inundated by medical jargon, she researched the terms and concepts nurses and doctors used to explain Jessie’s condition. She did her utmost to understand and to be heard. While most nurses were sensitive to her situation, not everyone seemed to understand her perspective as a mother of a critically ill infant. Some seemed defensive when she asked about treatments or tests. Quite often, nurses balked when she asked to look at her daughter’s chart.

As time went on, Malone-Richards realized there was a serious lack of communication between families, struggling with a life-changing event, and medical staff, charged with the care of their sick children. That’s why she was happy to become a founding member of the Family Advisory Care Team (FACT), an initiative created at the Stollery Children’s Hospital in 2010. The team...

Changing the culture of care in NICU

Nurses on neonatal intensive care units are under pressure to keep frail infants alive as parents struggle with their new reality. A program at the Stollery NICU improves communication between the two groups, while promoting family-centred care.
is made up of 13 clinical staff (including nurses, social workers, physicians and administrators) and eight family members who meet monthly to discuss improvements to NICU care at the Royal Alexandra and University of Alberta Hospitals (both are considered part of the Stollery Children’s Hospital).

“We’re trying to make the NICU more family-friendly by taking a collaborative approach to caring for the babies,” explains FACT co-chair Denise Clarke, a nurse practitioner at the Royal Alexandra Hospital NICU. When Clarke began her nursing career, parents were considered “visitors” and the focus was the medical needs of the sick child and not the emotional needs of parents. The idea of family-centred care requires “a big change in thinking” for many nurses and medical staff says Clarke.

Since the group began, they’ve had many “small wins” that have improved the experiences of families. Instead of wearing “visitor” badges, family members are now given a “friend/family” badge to make them feel welcome. Whiteboards at the bedside allow parents to jot down questions for nurses and their names.

“Because of that, you can call them by their first names and not just ‘mom’ or ‘dad’,” says Kathleen Brown, a registered nurse at the Royal Alexandra Hospital NICU. “I think that also helps parents, acknowledging that they’re people too.”

FACT also created initiatives to help nurses new to NICU understand the experiences of families. Regular orientation sessions include family members speaking about their experiences with an infant at the NICU. It’s something that even experienced NICU nurses don’t always have a chance to hear.

“Often, at the bedside, you don’t have time to hear what’s going on with them,” says Andrea Brand, an RN at the UofA NICU. To better understand the families of her patients, she joined FACT last fall. “The babies are only half of our patients. The families are the other half and they need to be involved as well.”

At orientation sessions, Malone-Richards asks nurses to communicate clearly– and frequently– with the families. During Jessie’s time at the NICU, she craved information. “Knowledge eases fear,” she says. “The more you know about something, the less fearful you are of it.” Even if it’s bad news, parents need to hear it.

She also imparts the importance of communicating “the little things” to the well-being of families. She recalls another mother who was heartbroken when told her baby had fed for the first time while she was absent. “For the nurse, it was nothing. For the mom, it was devastating. That’s a moment in time she’ll never get back,” Malone-Richards says.

“I tell them, you don’t get to the point where you’re walking on eggshells, but be really conscious of what you’re saying and how you’re saying it,” says Malone-Richards. It’s easier to be sensitive when you know something about the family’s history, she adds. In her case, she’d miscarried three times and experienced two weeks of bed rest in hospital before arriving at the NICU with Jessie. “Knowing where a family has come from helps nurses better meet their needs,” she says.

Malone-Richards believes more needs to be done to encourage family-centred care, but she’s quick to mention the many thoughtful people she encountered at the NICU at both the UofA and Royal Alexandra Hospitals. More than five years later, Malone-Richards stays in touch with the team that cared for Jessie. She’s even memorialized the experience with a tattoo of Jessie’s tiny feet, taken from the card given to her from a kind NICU nurse.

A special thank you to nurse practitioner Denise Clarke for bringing this story to CARNA’s attention. If you have a story idea, send it to AlbertaRN@nurses.ab.ca.
Strengthening the Bond
Alberta’s Tri-Provision Conference
May 24 to 26, 2012
The Rimrock Resort Hotel, Banff, Alberta

2012 THEME
How Patient Centred Care Will Change Our World
Patient centred care has a variety of meanings and understandings. What does it mean, how do we achieve it and how will it change our world? Join Alberta’s registered nurses, pharmacists and physicians as they explore how integrated care contributes to patient centred care. The conference focuses on the patient experience, what patient centred care actually means, successful examples of integration to improve patient care and how different structures and models affect access and patient care. How can this affect your practice? Gain tools to help you thrive in an integrated environment and provide optimal patient centred care.

Register by April 26 to save $124
For program details and to register:
www.buksa.com/strength
strength@buksa.com
CARNA Annual General Meeting

with lunch and keynote presentation on workplace bullying

May 31, 2012 | Westin Hotel | Edmonton

Lunch with keynote speaker on workplace bullying

11:30 a.m. Lunch is served.
12:15 p.m. Valerie Cade, author of Bully Free at Work, presents “Stopping Workplace Bullying: Respect Works.”

Please arrive by 11:10 a.m. for registration and to obtain your voting card for the AGM.

All CARNA members are invited to attend this free event. Registration is required to ensure everyone is seated and served. Register online at www.nurses.ab.ca.

To learn more about Cade, go to www.bullyfreeatwork.com.

Annual General Meeting

1:30–4:30 p.m. Everyone welcome. All CARNA RN and NP members are encouraged to attend and are eligible to vote on resolutions. The agenda will be posted two weeks before the meeting.

Call for resolutions

CARNA members are encouraged to submit resolutions prior to the annual general meeting. Resolutions can relate to any area of nursing practice, including direct-care, education, administration or research, the role of CARNA or the role of RN and NPs in health care.

Resolutions received by May 15, 2012 and approved by the Elections and Resolutions Committee will be posted on the CARNA website. Although written resolutions are accepted from the floor at the meeting, advance posting allows all members to consider the resolution before the meeting.

Resolutions carried at the AGM are non-binding and will be considered by CARNA Provincial Council at a later date.

For more information on submitting resolutions, go to www.nurses.ab.ca.

CARNA AWARDS Gala

Celebrating nursing excellence

May 31, 2012 | Westin Hotel | Edmonton

Join us as we honour recipients and nominees of the 13th Annual CARNA Awards of Nursing Excellence and celebrate the profession at this premiere event for registered nursing. The evening will also recognize several RNs for their educational achievements with ARNET’s most prestigious scholarships, including the TD Meloche Monnex scholarship.

6 p.m. Champagne reception
7 p.m. Gala dinner
$75 per person or $560 for a table of eight. Go to www.nurses.ab.ca to reserve your seat at the gala.

Congratulations to this year’s award recipients

NURSING EXCELLENCE IN CLINICAL PRACTICE
Josette Salgado
University of Alberta Hospital

NURSING EXCELLENCE IN EDUCATION
Carol Ewashen
University of Calgary

NURSING EXCELLENCE IN ADMINISTRATION
David Dyer
Glenrose Rehabilitation Hospital

LIFETIME ACHIEVEMENT
Jane Simington
Taking Flight International

COMMITTEE’S CHOICE
Mary Widas
Peter Lougheed Centre

Recipients were selected from 47 nominations submitted by their RN colleagues. All nominees will be acknowledged by name at the CARNA Awards Gala and listed in the gala program. For a complete list of nominees, go to www.carnawards.com

SUPPORTED BY
Dysphagia occurs in 51–73% of acute stroke patients (Paik).

Oral health is of vital concern when dysphagia together with stroke is involved. Research consistently shows “oral health has a significant impact on the quality of life” (RNAO, 2008). There is an increased awareness by health-care professionals that consistent oral health care decreases the risk for developing aspiration pneumonia in the stroke patient (APSS, 2009). Dysphagia, the complication of aspiration pneumonia (a nosocomial infection) and oral care guidelines for nurses as preventative measures are discussed in this article.

Stroke is the leading cause of neurologic dysphagia (Paik, 2008). Dysphagia is determined by either a swallowing screen, TOR BSST (Toronto Bedside Swallowing Screening Test), performed by a trained nurse (RN or LPN) or a swallowing assessment performed by a speech language pathologist. Functional dysphagia in the upper esophagus due to a neurological impairment from a stroke is when there is impaired airway protection during swallowing (McCance & Huether, 2006). Dysphagia impacts on the person’s ability to handle and swallow their own secretions.

Dysphagia occurs in 51–73 per cent of acute stroke patients (Paik). Having dysphagia alone is not enough to cause pneumonia. Other factors increase this risk, including:

- dependency for feeding
- reliance for oral care
- the number of decayed teeth present
- tube feeding
- number of medications
- comorbidities
- smoking

(Langmore et al., 1998; RNAO, 2008).

Aspiration pneumonia develops when colonization of pathogenic bacteria in the oropharyngeal area, a weakened cough reflex, an impaired airway protection during swallowing and a diminished ability to clear the bacteria by the lungs occurs (Marik & Kaplan, 2003). Since the person is unable to clear their secretions, they aspirate oropharyngeal secretions along with bacteria into the lungs (APSS). Aspiration is common in 46–76 per cent of acute stroke patients (APSS).

The acute stroke population is often unable to perform adequate oral care (APSS). Periodontal disease, gingivitis and periodontitis, with bacterial infection elicit an inflammatory response (AAP, 2011, RNAO, 2008). Cytokines originating from these periodontal tissues may enter the blood and be a factor in respiratory inflammation (Lux, 2007). Xerostomia (dryness of the mouth) can be a factor in aspiration pneumonia (Bartels, 2010). Xerostomia can be caused by a NPO status, decreased level of consciousness, mouth breathing, prolonged oxygen therapy and the side effects of up to 400 different medications (Bartels). The saliva may become thick and sticky or decreased in quantity and this contributes to an increase in micro-organisms which also increases the risk of tooth decay and decrease taste acuity (Bartels).

Learning the management of oral care and the prevention aspiration pneumonia is essential for all staff caring for individuals with stroke. Nursing staff must be educated and diligent in assessment, documentation and ongoing oral care of the patient. An evaluation of the client’s oral cavity is essential at the beginning of each shift (APSS). The condition of the lips, tongue, gums, tissues, saliva, mouth odour and general oral cleanliness are documented in the chart (APSS). Education of staff regarding the importance of oral hygiene and obtaining quality oral care equipment is vital.
Suggestions to decrease nosocomial pneumonia in stroke patients include:

1. moistening the patient’s mouth every two-to-four hours with a water soluble moisturizer (APSS)
2. brushing the teeth or dentures twice daily to prevent the formation of plaque (APSS)
3. rinsing the mouth with an antimicrobial mouth rinse after brushing the teeth twice daily. Chlorhexidine creates a film that adheres and remains on the teeth to provide antibacterial activity against gram positive organisms, especially S. aureus (Scannapieco et al., 2009)
4. lubricating the lips with a water soluble lubricant
5. elevating the head of the bed greater than 60 degrees for a half hour post-meal
6. If enteral feeds are administered, elevate the head of the bed at least 45 degrees or higher while the feed is infusing and for a half hour post-feed.
7. Share any changes in the patient’s condition with the inter-disciplinary team, especially the physician, speech language pathologist and dietitian

If the patient is unable to handle their own secretions, then suction toothbrushes and swabs must be used. The equipment should be changed every 24 hours, preferably during the same shift each day. Health-care providers must also ensure they wash their hands between patients and after gloves are removed.

Preventing nosocomial infections is the responsibility of all health-care providers. Consistent, competent oral care is an optimal method of reducing the incidence of aspiration pneumonia. With knowledge from evidence-based research, support from administration and the inter-disciplinary team and proper equipment, nurses can apply best-practice techniques and make a difference in patient outcomes. RN

Aspiration is common in 46–76% of acute stroke patients (APSS).

These are actual photos taken of a patient (with permission of the family).

The first photo was taken after readmission to the hospital from another facility. The patient had already received 15 minutes of oral care. Her entire tongue was crusted with hard pieces of material. The second photo was acquired a few days later after consistent oral care every two-to-four hours.

A special thank you to RNs Elaine Shand and Joanne Angelstad as well as dental hygienist Jenean Johnson and speech language pathologist Jennifer Allard for their contributions to the oral protocol committee at Red Deer Regional Hospital Centre.

REFERENCES

A special thank you to RNs Elaine Shand and Joanne Angelstad as well as dental hygienist Jenean Johnson and speech language pathologist Jennifer Allard for their contributions to the oral protocol committee at Red Deer Regional Hospital Centre.
IN MEMORIAM

Our deepest sympathy is extended to the family and friends of:


Castillo, Angela, a 1964 graduate of Southwestern University in the Philippines, who passed away on Nov. 29, 2011.

Collins, Carol, a 1973 graduate of Oshawa General Hospital school of nursing in Ontario, who passed away on Jan. 12, 2012 in Calgary.

Genoveva, Angeles, a 1971 graduate of Chong Hua Hospital school of nursing in the Philippines, who passed away on Feb. 4, 2012 in Leduc.

Halberg, Mildred (née O’Neil), a 1942 graduate of the Calgary General Hospital school of nursing, who passed away on Jan. 6, 2012 in Creemore, Ontario.

Hunter, Marlene (née Kemp), a 1960 graduate of the Grey Nuns Hospital school of nursing, who passed away on Jan. 4, 2012 in Calgary.

Larsback, Josephine, a 1952 graduate of Provincial Mental Health Hospital school of nursing in Ponoka, who passed away on Feb. 7, 2012 in Calgary.

Loblaw, Dorothy, a 1949 graduate of Moose Jaw Providence Hospital school of nursing in Saskatchewan, who passed away on Jan. 8, 2012 in Calgary.

Martin, Laurie (née Moir), a 1971 graduate of the University of Alberta Hospital school of nursing, who passed away on Jan. 3, 2012 in Edmonton.


Schramm, Mereldine, a 1966 graduate of St. Michaels Hospital school of nursing in Lethbridge, who passed away on June 26, 2011 in Fort McMurray

Shaw, Rebecca, a 1948 graduate of the Grey Nuns Hospital school of nursing, who passed away on Nov. 8, 2011 in Edmonton.


Thorne, Margaret, a 1941 graduate of Royal Columbian Hospital school of nursing in New Westminster, British Columbia, who passed away on Sept. 10, 2011 in Edmonton.

Townsend, Christine, a 1980 graduate of Winnipeg General Hospital school of nursing, who passed away on Jan. 26, 2012 in Edmonton.

Unsworth, Dorothy (née Reid), a 1943 graduate of Ontario Hospital school of nursing, who passed away on Jan. 6, 2012 in Red Deer.
Pursuing Dreams and Achieving Goals

The Alberta Registered Nurses Educational Trust wishes Alberta registered nurses and nurse practitioners a wonderful Nursing Week, May 7–13, 2012.

Remember, ARNET is here to assist as you pursue your goals and achieve your dreams. We are the only registered charity in Canada accepting donations and providing educational funding exclusively to Alberta RNs and NPs. With the support of our donors and funders, ARNET was able to distribute $1.06 million in the past year. Recipients include:

- 211 nurses who completed specialty certification studies
- 353 nurses who pursued degree level studies
- 763 nurses who attended conferences and workshops

The nursing profession is never static. RNs and NPs must continually seek learning opportunities. ARNET is very fortunate to have board members and donors who believe in and support the dreams and goals of CARNA members. One of our board members recently shared their reason for volunteering with ARNET: “RNs are knowledge workers so they need to be constantly updating their knowledge through learning. ARNET assists them to do that.”

We encourage you to support ARNET to ensure our knowledge workers have access to educational funding. You can become a monthly donor, an annual donor and/or remember ARNET in your will.

Notes for Nursing

Nursing Week is a prime opportunity to acknowledge an RN or NP who has made a difference in your nursing career. When you donate to ARNET on behalf of the RN who has inspired you, you are recognizing this person and their contribution to your career. Your donation goes to educational funding for RNs and NPs. In return, ARNET will send a Notes for Nursing to your honoured nurse advising them of the difference they have made in your life and career.

An original piece of functional art

ARNET is proud to offer a limited-edition pewter bookmark designed and manufactured by the Canadian company Seagull Pewter. This Alberta-shaped bookmark profiles attributes of Alberta’s RNs through our province’s symbols: the Rocky Mountains (strength), wild rose (healing) and the lodgepole pine (aspiration and resilience). This bookmark is a great way to recognize RNs or NPs who have touched your life. Proceeds raised will support educational funding for Alberta RNs and NPs.

$25 (including shipping)

New website: www.arnet.ca

ARNET is excited to announce the launch of our new website, www.arnet.ca. Our goal was to make it easier for you to find information, apply for educational funding support and donate to ARNET. The new site also features stories of funding recipients and information about our volunteer board of directors. Your comments and feedback are appreciated.

ARNET in your community

ARNET staff and board members attend various nursing functions around the province. In addition to FUN-raising and FRIEND-raising activities at Nursing Week events, watch for us at the CARNA annual general meeting and the Awards of Nursing Excellence Gala in Edmonton on May 31, 2012.

Contact us

For more information about ARNET, to donate or purchase a bookmark, go to www.arnet.ca call 780.252.9392 or toll-free 1.800.252.9392, ext. 547.
At its January 2012 meeting, CARNAs Provincial Council approved a process for developing key policy pillars towards establishing an advocacy and political action platform. CARNAs platform is envisioned as consisting of three or four well-researched policy pillars which are designed to influence government policy, to provide a focus for political action by registered nurses over several years and to articulate desired outcomes of our advocacy efforts. Council also supported the recommendation that we develop one pillar at a time to provide sufficient time to enrich and substantiate the content; consult broadly with members and stakeholders; and validate our researched position.

Councils approval of the proposed process acknowledges that our success in advocacy depends on the development of a platform that (a) capitalizes on the expertise and knowledge of RNs on a particular health issue and (b) CARNA members perceive as important in terms of patient safety and quality of care. Since the policy pillars will form the basis for both CARNA and membership advocacy efforts, broad-based member engagement is a priority for the development process. The process approved by council includes an environmental scan, a literature review and consultation with a range of RNs and other stakeholders. The process will also take advantage of existing relationships with CARNA specialty practice groups and of the expertise of their members in particular areas. This approach is designed to not only to build a well-researched position but also to build stronger relationships with members through engagement on issues of importance to both the profession and the public.

The first policy pillar approved by council and currently in the early stages of development is seniors care. Seniors are major recipients of care across all service sectors – acute care hospitals, primary care, home care, and nursing homes. As the largest group of healthcare professionals across the full range of health-care settings, RNs have a unique and credible perspective to bring to bear on the debate about seniors care options and quality. The time is ripe for the profession of registered nurses and CARNA to influence new policy and regulatory directions on this issue.

In the next one to three years, provincial regulations will be developed under the new Alberta Health Act, some of which will replace current legislation governing seniors care settings. In November 2011, the mandate letter issued to the Minister of Health and Wellness by Premier Redford stated “Within a publicly-funded health care system...together with the Minister of Seniors, design a plan to develop and implement Continuing Care Centres.”

One of the five major strategies identified in Alberta’s Five-Year Health Action Plan, released in 2010, focuses on improving access to continuing care beds and improving choice for seniors needing care. Strategic and informed advocacy efforts by CARNA and its members can influence policy development in a direction that would benefit Alberta seniors.

In January 2011, council approved the position statement Seniors and Healthy Aging which can serve as a foundation for development of our first pillar. CARNA also has a specialty practice group in this area, the Alberta Gerontological Nurses Association, through which CARNA can access considerable depth of expertise concerning seniors issues. We are confident that seniors care is an issue that will resonate with members. In a survey of members conducted by CARNA in fall 2011, seniors care was identified as one of the highest priorities for public policy advocacy by registered nurses.

The member survey also measured member interest in engaging with CARNA on professional and public policy, identified barriers to engagement and also preferred mechanisms to engage. These results will inform our strategies to support individual participation in the development of our platform. The potential of our “nursing voice” is often linked to our reputation for being highly trusted, our large numbers and our close connection to patients. Yet, nursing advocacy is often criticized, by nurses and by others, for its invisibility. Councils support for a deliberate and long-term process towards developing an advocacy platform provides an opportunity to build consensus within our profession and to work together within the political process towards healthy public policy. It is you, the RNs and NPs in hospitals, community settings and institutions who are well-positioned to speak credibly about the impacts on patients of public and health policy. We can’t do it without you. RN

Mary-Anne Robinson, RN, BN, MSA
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Nursing the health of our nation.

Registered nurses and nurse practitioners impact the health and life of communities in every imaginable situation, providing solutions and touching the human heart. National Nursing Week is an opportunity to celebrate the contributions of nurses and the nursing profession to the health and well-being of Canadians.

Carna encourages members to continue the tradition of celebrating the accomplishments of colleagues during this very special week. Celebrate Nursing Week in your Facebook status, tweet it and include it in your blog posts. Go to the Canadian Nurses Association website at www.cna-aiic.ca for celebration materials and ideas.

Look for announcements of celebration activities in the April edition of the Carna e-newsletter, ABRN Online.

Go to www.nurses.ab.ca for a list of nursing events in your area.
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