We’re springing into colour!
Read more about the changes to Alberta RN on page 4

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Six Alberta RNs honoured with Diamond Jubilee Medals
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Reducing the Care-Gap in Vascular Disease Management
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Regional Coordinators:
- Alberta Registered Nurses Educational Trust:
  - Margaret Nolan

NEPAB Consultants:
- Debra Allen
- Donna Harpell Hogg
- Debbie Phillipchuk
- Penny Davis
- Pam Mangold

Policy and Practice Consultants:
- Betty Anderson

Deputy Complaints Director:
- Gwendolyn Parsons

Competence Consultants:
- Nan Horne
- Nancy MacPherson
- Loreta Suyat

Registration Consultants:
- Jean Farrar
- Terry Gushuliak
- Steven Leck
- Barbara Waters

Deputy Registrars:
- Registrar/Director, Registration Services:
  - Cathy Giblin
  - Carolyn Trumper

Director of Policy and Practice:
- Jeanette Machtemes

Director of Communications and Government Affairs:
- Margaret Ward-Jack

Complaints Director/Director, Conduct:
- Gwendolyn Parsons
- Michelle Morrison

Protocol and Practice Consultant:
- Betty Anderson

CARNA Staff Directory

ALL STAFF CAN BE REACHED BY CALLING: 780.451.0043 or toll-free 1.800.252.9392

Chief Executive Officer:
- Mary-Anne Robinson

COMPLAINTS DIRECTOR/DIRECTOR, CONDUCT:
- Sue Chandler

Director of Corporate Services:
- Jeanette Machtemes

Director of Policy and Practice:
- Carolyn Trumper

Registrar/Director, Registration Services:
- Cathy Giblin

Deputy Registrars:
- Jean Farrar
- Terry Gushuliak
- Steven Leck
- Barbara Waters

Registration Consultants:
- Nan Horne
- Nancy MacPherson
- Loreta Suyat

Compliance Consultants:
- Michelle Morrison

Conduct Counsel:
- Gwendolyn Parsons

Deputy Complaints Director:
- Betty Anderson

Policy and Practice Consultants:
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- Donna Harpell Hogg
- Debbie Phillipchuk
- Penny Davis
- Pam Mangold

NEPAB Consultants:
- Lori Kashuba
- Margareth Mauro

Alberta Registered Nurses Educational Trust:
- Margaret Nolan

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- Barb Diebold
- 780.826.5383

- Barb Perry
- 587.523.5498

- Betty McMorrow
- 780.710.3316

- Heather Wasylenki
- 403.782.2024

- Christine Davies
- 403.500.9943

- Beverley Johnson
- 403.625.3260

- Pat Shackleford
- 403.394.0125

- Valerie Mutschler
- 403.504.5603
Suzanne Gordon (Life Support, 1997) once said “Nurses are clearly not the cost escalators in the system. Their care saves not only lives but money. Over the past 20 years this fact has been confirmed in study after study...reducing the number of expert nurses in the hospital, community, and home needlessly endangers patients’ lives and wastes scarce resources” (p.14).

These words are powerful and ring true then and now. So why do we continue to hear that registered nurses and nurse practitioners are not working to the full scope of their knowledge and skills?

I suggest a different question: How do we call nurses to greatness and expect personal accountability for professional excellence? Wakeman (2010) says we need to “make the news in a positive way – solving problems, taking advantage of opportunities, and showing courage and willingness to be great” (p.140).

We have the knowledge, skills and expertise to change and save lives, lead inter-professional teams, advocate for health policy changes and prevent illness and injury. Leaders should expect that RNs and NPs fulfill their role and expect nothing less.

Charles F. Kettering said, “High achievement always takes place in the framework of high expectations.” We do not simply complete tasks, but should inquire why and determine the outcome to be achieved. To achieve professional excellence, we should be given the opportunity to be accountable and apply our knowledge in thoughtful reflection, leadership, planning and outcomes evaluation.

So let’s talk about professional excellence in action. In January, I accompanied Lt.-Gov. Donald Ethell as he awarded the Queen Elizabeth II Diamond Jubilee medals to six deserving registered nurse leaders from across Alberta. Their stories of passion and dedication to their work profiled nursing leadership at its best.

The RNs and NPs that I met at the Syncrude and Suncor plants and in public health in Fort McMurray challenged the status quo and advocated for ways to address gaps in services in this complex community despite limited resources and multiple barriers.

In Grande Prairie, I met with NPs in a clinic that identified needs, gaps in services and addressed mental health and women’s health issues. The mayor of Grande Prairie praised their work and contribution to this community.

In Southern Alberta, I spoke with long-term care RNs who not only identified ways to improve the care of residents but also implemented health promotion opportunities for the residents’ families. In my experience, I have witnessed professional excellence when RNs in the intensive care unit used current research to question the plan for care and why medical residents performed painful procedures/tests that would not result in any useful information; the operating room RN who delayed surgery when he noted discrepancies in the pre-op surgical documentation; the public health nurse who addressed social isolation of aboriginal seniors through community development and creativity; the surgical RN who advocated for a new unit policy that ensured that RNs assessed every patient returning from the OR and for clear expectations related to post-operative vital signs monitoring.

As RNs and NPs, we can empower each other to achieve ‘greatness’, model best practice and boldly lead change using best evidence. As CARNA leadership, we will continue to advocate to advance our profession.

For example, in December 2012, Provincial Council met with the Alberta Health Services (AHS) Board and health system leaders. CARNA set the agenda, facilitated the discussions, answered questions, identified system issues and presented positive solutions. The meeting profiled visible nursing leadership and ways RNs/NPs can improve the health system for Albertans.

It is clear that, working together with a shared vision, we can achieve greatness and impact the quality of our future and the health of all Albertans. **RN**

**Dianne Dyer, RN, BN, MN**

780.909.7058  
president@nurses.ab.ca

**REFERENCES:**

In an era where full colour hi-definition television and retina displays are the norm, this change will make it easier for readers to see, read and understand the people, events and issues among our members.

CARNA IS PROUD TO INTRODUCE A BRAND NEW LOOK AND FEEL TO ALBERTA RN!

We’re switching from a two-colour publication to a full-colour publication on a different kind of paper.

We also take great pride in being fiscally- and environmentally-responsible when producing Alberta RN.

After careful review of a number of proposals, we selected a local printer who will provide printing and mailing of the magazine in full colour at a cost no more than what we had been paying previously.

We will continue to print on FSC CERTIFIED PAPER STOCK...

...and the new process used by our printer REDUCES INK WASTAGE!

INFOGRAPHIC CREATED BY PULP STUDIOS
For the past three years, CARNA has been working with a printing company in B.C., selected for its economic and environmentally-friendly service.

We are reducing our carbon footprint by working with a local printer; the magazine has a shorter distance to travel from printer to post office to mailbox.

We hope you enjoy the new Alberta RN! Please e-mail us at albertarn@nurses.ab.ca if you have any questions or feedback about the new look.

IN COMPARISON TO OUR LAST ISSUE, THE NEW ALBERTA RN IS SAVING:

- **13 TREES** (covering three tennis courts)
- **47,727 L of WATER** (136 days of water consumption)
- **1,594 LBS of WASTE**
- **4,143 LBS of CO₂** (12,570 km driven less)
- **21 GJ of ELECTRICITY** (equal to 98,258 60W light bulbs lit for one hour)
- **12 LBS of NOₓ** (the emissions of one truck driving for 17 days)

THE SAVINGS FOR ONE YEAR (FOUR ISSUES):

- **52 TREES**
- **190,908 L of WATER** (545 days of water consumption)
- **6,375 LBS of WASTE** (59 industrial waste containers)
- **16,572 LBS of CO₂** (average emissions of three cars per year)
- **85 GJ of ELECTRICITY** (393,031 60W light bulbs lit for one hour)
- **49 LBS of NOₓ** (the emissions of one truck driving for 69 days)
POLICY AND PRACTICE CONSULTANTS AT CARNA PROVIDE CONFIDENTIAL CONSULTATIONS
to a variety of individuals and groups regarding issues that directly or indirectly affect the delivery of safe, competent and ethical nursing care. Regulated members of CARNA represent the primary users of practice consultation followed by others including members of the public, employers, administrators, other health-care professionals, and government.

The annual review of policy and practice consultations supports self-regulation by identifying trends and issues as well as gaps where policy development may be needed to guide practice or to advocate for change. While the overall number of calls has decreased, the issues brought forward to the policy and practice consultants have greater complexity than in previous years. The issues identified have multiple layers and may be those of individual practitioner(s), those within the practice setting or are larger systems issues. There are practice settings where multiple stakeholders have responsibility and accountability for decision making; in some instances, solutions to issues are multifaceted and require a variety of strategies to address specific concerns over a period of time.

As can be seen in the table below, the categories with the highest number of consultations are scope of practice, followed by legal/ethical, safety and then nursing practice standards. The highest numbers of consultations over the past three years have been consistently associated with these particular categories. Throughout the 2012 practice year, the overall number of consultations specifically related to safety increased while the numbers related to scope of practice and legal/ethical decreased.

**SUMMARY OF INDIVIDUAL CONSULTATIONS**

**Scope of Practice**

*Competency Profile*

CARN A members continue to be concerned about describing the unique contributions of registered nurses and enacting their scope of practice in the place of employment. A number of consultation requests focused on clarifying differences between the RN scope of practice and that of graduate nurses (GN), nurse practitioners (NP) and other health professionals. Registered nurses also inquired about how they might use their knowledge, skill and judgment in specific practice settings. In these instances, resources such as the *Nursing Intervention Classification*

<table>
<thead>
<tr>
<th>Consultation issue category</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope of Practice</td>
<td>201 (20%)</td>
<td>194 (18%)</td>
<td>269 (29%)</td>
</tr>
<tr>
<td>Legal/Ethical</td>
<td>238 (24%)</td>
<td>291 (27%)</td>
<td>196 (21%)</td>
</tr>
<tr>
<td>Safety</td>
<td>111 (11%)</td>
<td>90 (8%)</td>
<td>158 (17%)</td>
</tr>
<tr>
<td>Nursing Practice Standards</td>
<td>218 (22%)</td>
<td>185 (17%)</td>
<td>155 (17%)</td>
</tr>
<tr>
<td>Transitions/Independent Practice</td>
<td>13 (1%)</td>
<td>64 (6%)</td>
<td>40 (4%)</td>
</tr>
<tr>
<td>Relationships</td>
<td>18 (2%)</td>
<td>15 (1%)</td>
<td>41 (4%)</td>
</tr>
<tr>
<td>Information/Networking</td>
<td>96 (10%)</td>
<td>132 (12%)</td>
<td>33 (4%)</td>
</tr>
<tr>
<td>Graduate Nurse</td>
<td>13 (1%)</td>
<td>12 (1%)</td>
<td>17 (2%)</td>
</tr>
<tr>
<td>Internationally-Educated Nurses</td>
<td>17 (2%)</td>
<td>6 (1%)</td>
<td>4 (&lt;1%)</td>
</tr>
<tr>
<td>Education</td>
<td>12 (1%)</td>
<td>15 (1%)</td>
<td>3 (&lt;1%)</td>
</tr>
<tr>
<td>Health Care Reform</td>
<td>43 (4%)</td>
<td>63 (6%)</td>
<td>-</td>
</tr>
<tr>
<td>Pandemic</td>
<td>30 (3%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,010</strong></td>
<td><strong>1,067</strong></td>
<td><strong>916</strong> *</td>
</tr>
</tbody>
</table>

* NOTE: CARN A received 1,097 requests but was unable to contact 181 requestors for consultation.
(NIC), the CARNA 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.

The Alberta government has set the transformation of health services as a priority with an emphasis on primary care. There were a number of calls specific to the role of the RN in a Primary Care Network and chronic disease management. As the move toward inter-professional practice evolves, it is important for RNs to understand the scope of practice of other professions in order to collaborate and work together effectively. Registered nurses have the knowledge and skills to take a leadership role in the decision making process and provision of health services.

Integration of Interventions

Another recurring theme within this issue category was whether a particular intervention could or should be integrated within the RN scope of practice in a specific practice setting. Registered nurses are examining their scope of practice to determine if they are authorized and/or if it is appropriate to engage in specific interventions. Some examples of interventions that were discussed are: administering Botox and other dermal fillers, prescribing medications, adjusting medication dosages, and interpreting laboratory data. It is important to note that Botox is a Schedule 1 drug and the administration of this drug by RNs requires that a client be seen by a physician or other authorized prescriber who would then provide a client specific order for the drug.

Graduate Nurses

Several questions related to GN and what interventions the GN can perform. There were specific calls related to the GN taking on the charge nurse role and being alone on a unit or in a facility with support provided by telephone. GNs 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 GN on the temporary register should not be assigned as the nurse in charge or left alone in a practice setting 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 GNs were more general in nature and were examined using the document Health Professions Act: Standards for Registered Nurses in the Performance of Restricted Activities.

Legal/Ethical

Documentation

As in the previous year, questions related to documentation represent the most frequent legal issue identified throughout the 2012 practice year. Concerns ranged from documentation policy development to challenges with transitioning from paper to electronic records, inconsistency in method of documentation utilized, charting on behalf of another care provider, and the lack of time to document care. 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 (CNPS) at: www.cnps.ca.

Professional Boundaries

Several concerns related to the RN responsibility of maintaining professional boundaries and included issues such as providing nursing interventions to friends or family members and questions related to 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.

Another frequent legal and ethical issue related to volunteering nursing services. Legal risks associated with volunteering nursing services were explored with RNs seeking practice advice. Volunteering as a camp nurse continues to be an area in which members have questions; the document Camp Nursing: Guidelines for registered nurses was a resource utilized in providing guidance in this area of practice.

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 CARNA document Privacy and Management of Health Information: Standards for CARNA’s Regulated Members. These new standards were developed in response to amendments made to Alberta’s Health Information Act (HIA) which came into force in September 2011 and apply to CARNA regulated members. The standards provide direction to CARNA members in relation to the collection, use and disclosure of health information.

Throughout the 2012 practice year, members practising in a variety of settings posed questions regarding the RN responsibility to protect the confidentiality of health information. In these instances, the Nursing Practice Standards and the Code of Ethics were used to explore concerns from an ethical perspective. Members were also directed to a variety of additional resources such as consultation with CNPS and consultation with the Office of the Information and Privacy Commissioner of Alberta www.oipc.ab.ca/pages/home/default.aspx when considering legal implications of disclosing health information.

Other legal/ethical questions raised by members included: the potential need for additional liability protection, liability risks associated with the performance of particular nursing interventions, risks associated with the supervision of unregulated workers, use of the title of RN, fitness to practice, managing unprofessional conduct and informed consent.
Safety
The number of consultations in this category has notably increased from previous years. Safety concerns included lack of sufficient orientation, shortages of staff, staff mix and unsafe practitioners. Concerns were raised about a client’s health-care needs in the context of the right care provider, at the right time, for the right service, in specific practice environments. These types of concerns were similar to those identified in previous reviews.

Nursing Practice Standards
Common issues identified in this area included: appropriate assignment of care, working extra hours, fitness to practice, supervision of undergraduate nursing employees (UNE) and health-care aides (HCA), and aspects of safe medication practices. Some issues related to safe medication practices included the implementation of medication protocols in the management of chronic illnesses, medication reconciliation, medication dispensing and communication related to medication orders. 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 such as 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 and Decision Making Standards for Nurses in the Supervision of Health Care Aides were used to assist in problem solving and the development of practical approaches to address concerns.

Information/Networking
Questions arising in this issue category related to a variety of topics such as career counseling, hours of work and salaries, definition of medical terms, continuing education courses, certifi-cation requirements, special interest groups and human resource policies. Policy and practice consultants provided specific information and recommended members link with other resources specific to their individual request.

SUMMARY OF GROUP CONSULTATIONS
In addition to individual practice consultations, policy and practice consultants conducted numerous group consultations and facilitated discussions in response to complex issues that arose within practice settings. Between August 1, 2011 and November 30, 2012 policy and practice consultants facilitated 22 group consultations involving 468 participants across Alberta. The main topics of discussion were documentation, RN scope of practice and competency profile in specific practice settings, medication best practices, HPA restricted activities framework and professional responsibility and accountability. Additionally, there were nine education sessions with 304 participants. The main topics for the education sessions were documentation, medication best practices and RN scope of practice and competency profile.

All documents referenced in this article are available at no charge on the CARNA website at www.nurses.ab.ca. Click on CARNA documents under the Resources tab.

RESOURCE LIST
• College and Association of Registered Nurses of Alberta. (2011g). Working extra hours: Guidelines for registered nurses on fitness to practise and the provision of safe, competent, ethical nursing care. Edmonton, AB: Author.
Pennies Needed
in support of the
Alberta Registered Nurses Educational Trust

It’s time to collect your pennies and loose change in support of continuing nursing education! Each year, ARNET donors support Alberta RNs & NPs to pursue the specialized nursing education necessary in today’s changing health-care environment. You can become an ARNET donor too!

How can I help?
1. Collect your coins
2. Watch CARNA & ARNET publications and websites for information regarding PRN collection event days and locations. We’ll be holding them throughout the province until 2016—CARNA’s Centennial or you can contact ARNET for more details!
3. Drop off your coin collection and feel great knowing that you’ve made a difference in the education of RNs & NPs and therefore the lives of all Albertans!

Do pennies and loose change really help?
YES! Your small change, along with the small change of more than 34,000 Alberta RNs & NPs, quickly adds up to make a big difference. No donation is too small and we would be delighted to accept any larger donations too. All funds raised by our charity support continuing nursing education and are an investment in RNs & NPs—the heart of Alberta’s health-care system.

For more details, visit the ARNET website www.arnet.ca or contact ARNET at
Alberta Registered Nurses Educational Trust
11620-168 Street Edmonton, AB T5M 4A6 1.800.252.9392, ext. 547 arnet@nurses.ab.ca
Charitable Registration #88878 8999 RR0001
The number of nurses selecting NPS 1.8 “the registered nurse ensures their fitness to practice” as the focus for their Continuing Competence Program (CCP) has steadily increased since the introduction of the program. However, audited learning plans related to indicator 1.8 often fail to provide information that meets CCP requirements. What is commonly missing is a clear link between ensuring fitness to practice and evidence of professional development.

One difficulty stems from a tendency to focus on the word “fitness.” This leads to learning plans focused on weight loss, physical activity, and improved eating habits. These pursuits are all worthy of personal wellness, but don’t contribute to a nurse’s professional development relative to their role and practice setting.

Nurses who are afflicted with a mental/physical disability or an addiction issue often do need to take significant steps to ensure they are fit to practice. Doing so, however, does not always involve professional development.

How do you know if your plan is personal wellness or professional development?

The need to demonstrate how we maintain our competence to practice goes beyond ensuring that we are able to go to work. It may be easy to draw broad conclusions that if I feel better then I will practise better and my clients will benefit, but we need to take a close look at our learning plans and determine if they reflect professional development for ensuring our continuing competence. We must provide clear connections between our ongoing learning and the ways in which we ensure safe, competent and ethical nursing care.

When assessing your practice and your learning needs, consider the expectation of each indicator. You might decide yes, I need to work on this, but you also must decide if this work is truly professional development by asking yourself:

- Do I have a “fitness to practice” issue? If so, how am I managing it? Have I reported this issue to CARNA? Does the way I manage it involve professional development? Am I able to explain what I have learned and how it has contributed to my professional development?
- Will my learning plan enhance my nursing knowledge, skills, judgment?
- Would the clients I care for be assured of my nursing competence knowing that I have engaged in this learning?

Where can you find further information?

CARNA has developed a companion document to the Nursing Practice Standards called Stand up for Standards which provides more detail about the intent of each indicator as well as some practical tips for nurses to consider when assessing their practice against each indicator. Some of the information in this document is included online in MyCCP and can be found as an “explanation” when selecting an indicator.

Detailed information about the CCP and Stand up for Standards are available on the CARNA website www.nurses.ab.ca > Resources > Document list.

Need help with the Continuing Competence Program? CARNA’s online CCP tutorial includes a complete program overview and step-by-step instructions for:

- Practice Reflection
- Continuing Professional Development
- Resources on the website
- Program Monitoring (annual audit)
- Using MyCCP
- Practice Reflection in MyCCP
- Continuing Professional Development in MyCCP
- Auditing MyCCP

To watch the tutorial, visit www.nurses.ab.ca > Member Info > Continuing Competence > MyCCP Video Tutorial
TO ENSURE ALL MEMBERS are provided with liability insurance, Provincial Council approved a $4.75 increase to registration fees for the 2014 practice year to fund the $4.75 dollar increase in fees paid by CARNA per member to the Canadian Nurses Protective Services (CNPS).

In addition, the 2014 CARNA fee will increase by 1.1% to account for inflation as approved by council in May 2012. The increase is based on the annual Alberta Consumer Price Index (CPI) as published by Statistics Canada.

The total fee increase, including the $4.75 CNPS fee increase, 1.1% inflation increase and GST, for registered nurses and nurse practitioners is $9.89.

### FOR MORE INFORMATION
about the professional liability protection and legal services provided to regulated members by CNPS, please visit [www.cnps.ca](http://www.cnps.ca).

### Call for Election Teller

**Two members needed**

CARNAs is seeking an election teller and an alternate teller for the 2013 Provincial Council election.

**Duties**

- be present during the electronic ballot count at the CARNA office in Edmonton on July 11, 2013 (approximately two hours)
- determine the admissibility of all 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.

CARNAs 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:

Janet Lapins, Chair of the Elections and Resolutions Committee
403.381.1397  
jlapins@nurses.ab.ca

**How to apply:**

Download an application form from the CARNA website  
[www.nurses.ab.ca](http://www.nurses.ab.ca) under Member Info > Call for Members

Or contact:

Diane Wozniak  
780.453.0525  
1.800.252.9392, ext. 525  
dwozniak@nurses.ab.ca

**APPLY BY: APRIL 15, 2013**

### Where’s the CARNA library and CINAHL?

CARNAs library service (including the CINAHL database) is now offered through NurseOne by CNA. If you havent registered with NurseOne yet it is an easy process. You will need your registration number and an email address. Once logged in, select Library (at the top left of your screen). There are a number of other library features in NurseOne that you may wish to explore, including eBooks, videos, and databases such as Medline.

**Need some direction using NurseOne?**

Check out the CARNA webinar on Best Practice Resources. CARNAs Regional Coordinator Alison Adams walks you through using the different features and databases offered by NurseOne. Go to [www.nurses.ab.ca/webinars](http://www.nurses.ab.ca/webinars) and click “Best Practice Resources.”
Health Professions Act RN Regulation Changes

In August 2012, CARNA submitted drafting instructions to Alberta Health for revisions to the Registered Nurses Profession Regulation. The review is currently underway.

In November 2012, CARNA initiated consultation with stakeholders on the draft document Registered Nurse Competencies for Prescribing and Ordering Diagnostic Tests. The document is to be used together with the draft Standards for Registered Nurse Prescribing and Ordering Diagnostic Tests, so both documents have been provided to stakeholders and revised based on feedback.

Nurse Practitioners (NPs) prescribing controlled substances

The following activities will be ongoing over the next 12–18 months:
- consultation with stakeholders
- identification of mandatory educational requirement for all current NPs
- determination of target dates for implementation of required processes
- integration of education requirements within NP programs offered in Alberta to ensure all NPs have the same core competencies upon graduation.

NCLEX 2015

The transition to the NCLEX is underway and includes the following:
- a call for registered nurses to volunteer to participate as subject matter experts in various aspects of exam development
- national webinars were completed in English and French in early December 2012
- a Canadian NCLEX conference has been confirmed for April 22, 2013 in Toronto

To access the latest NCLEX information including the call for volunteers, webinar, FAQ and conference registration, visit www.nurses.ab.ca/NCLEX2015

Jurisprudence requirement

In September 2010, CARNA Provincial Council delegated oversight for developing a jurisprudence requirement to the Registration Committee. The jurisprudence requirement is intended to demonstrate that RNs have knowledge and understanding (competence) of the legislative framework that governs registered nursing practice in Alberta.

Development of a jurisprudence requirement for registration is proceeding and vendors have been identified to help design and develop the content of this online educational and evaluative module. Soon we will be recruiting subject matter experts to participate in this process. If this sounds interesting to you, please keep an eye on your email or the CARNA website for the call for volunteers.

Learning from Experience research project

The Learning from Experience: Improving the Process of Internationally Educated Nurses’ Applications for Registration (LFE) research project seeks to improve the efficiency of the IEN application for registration process while upholding CARNA’s commitment to public safety and to the principles of fairness and transparency.

The research team has completed initial data analysis, and discussions about policy and process changes are underway. The team is also beginning to share their results and will be presenting their paper Learning from Experience: Using Systematic Data Analysis to Develop Policy and Process Changes for the IEN Application for Registration Process at The Partners in Education & Integration of Internationally Educated Nurses: 7th National Conference, which is being held in Banff, Alberta from May 1–3, 2013.

Older Adults Care policy pillar

At a teleconference on March 14, Provincial Council agreed to continue working on the policy pillar documents in order to further develop advocacy positions and implementation strategies. The policy pillar will be brought to the September 2013 Provincial Council meeting.
Six Alberta RNs honoured with the Diamond Jubilee Medal

Six registered nurses were honoured with Diamond Jubilee medals by His Honour Col. (Ret’d) the Honourable Donald S. Ethell, Alberta’s Lieutenant Governor at a ceremony on Jan. 25, 2013 at the College and Association of Registered Nurses of Alberta (CARNA) in Edmonton.

The six registered nurses are:

- Dr. Wendy Duggleby, Edmonton
- Janet Lapins, Lethbridge
- Dr. Sandra Reilly, Calgary
- Barb Shellian, Canmore
- Dr. Ardene Vollman, Calgary
- Dr. Lorraine Wright, Calgary

To read more about the recipients, visit www.nurses.ab.ca > News > QEII Diamond Jubilee Medal Recipients
CARNA Member
A Hearing Tribunal made a finding of unprofessional conduct against a member who on or about September 24, 2010, grabbed or cupped a cognitively impaired patient’s face while attempting to remove a sweater that the patient was wearing that did not belong to her. The Tribunal ordered a reprimand and ordered the member to write a paper on effective de-escalation techniques while working with cognitively impaired patients, and to complete the Canadian Nurses Association e-modules on the code of ethics.

CARNA Member
Registration number: 30,607
A Hearing Tribunal made a finding of unprofessional conduct against member #30,607 who wrongfully accessed health records in Netcare on a few occasions. The Tribunal issued a reprimand and ordered the member to pass a course in responsible nursing and provide proof that the member has completed eight on-line modules on the code of ethics. 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: 39,815
A Hearing Tribunal made a finding of unprofessional conduct against member #39,815 who contravened her employer’s policy and best practice when she initiated an intravenous (IV) on a patient at a site distal to a previously attempted IV initiation site, thereby causing leakage of the infused solution from the vein into surrounding tissues; and who used an incorrect procedure in drawing up medication for a Mantoux test so the Tubersol vial had to be wasted. The Tribunal issued a reprimand and ordered the member to pass a learning module on intravenous therapy offered by the employer. 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: 54,763
A Hearing Tribunal made a finding of unprofessional conduct against member #54,763 who phoned in a prescription for Flagyl to a pharmacy for a patient without a physician’s order, and failed to document adequately on the patient’s chart regarding her discussions with the patient or others leading up to her decision to phone in the prescription for Flagyl. The Tribunal heard a statement by the member at the hearing and was persuaded there was reasonable mitigation and that the member would not repeat this error. The Tribunal issued a reprimand.

CARNA Member
Registration number: 55,243
A Hearing Tribunal made a finding of unprofessional conduct against member #55,243 who submitted a fraudulent sick note to her employer; who on one night shift left on a break at around 0515 and failed to check on her patients after that time; failed to report on her patients to the charge nurse or the oncoming shift before leaving at the end of her shift; and failed to chart adequately on her patients for that shift. The Tribunal issued a reprimand and ordered the member to pay a fine of $1,000, pass courses in documentation and in professional ethics, and complete eight e-modules on the code of ethics. 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: 55,484
A Hearing Tribunal made a finding of unprofessional conduct against member #55,484 who while in the role of charge nurse failed to adequately assess or ensure an adequate assessment was done on a patient who sustained a fall. The member was still currently under an Order from a previous hearing. In addition to the requirements from the previous Order, which the Tribunal reaffirmed, the Tribunal issued a reprimand; accepted the member’s undertaking to not practise until given permission by a Hearing Tribunal; ordered the member to pass a course in assessment; and provide a comprehensive performance evaluation from her next employer. 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: 57,120
A Hearing Tribunal made a finding of unprofessional conduct against member #57,120 who entered into an inappropriate personal relationship with a client, and after her professional relationship ended with the client she continued in a personal relationship with the former client and within a few months purchased a house with the former client, co-habited with the former client and then assisted the former client to rewrite his will naming her as one of his beneficiaries. The Hearing...
Tribunal issued a reprimand and a nine month suspension, and further ordered that the member pay a fine of $5,000, pass a course in ethics, complete e-modules on the code of ethics and prior to next resuming employment and for that year, the member was ordered to provide a letter from her manager confirming the manager has read the decision of the Hearing Tribunal. At the one-year anniversary of employment, the member must provide a satisfactory performance evaluation focused on professional boundaries and ethics. 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: Bonnie MacDougall  
Registration number:  59,994

A Hearing Tribunal made a finding of unprofessional conduct against Bonnie MacDougall, member #59,994, who created three fraudulent reports from her psychologist and two fraudulent letters and a fraudulent performance evaluation from her employer and submitted those fraudulent documents to CARNA for the purposes of a previous disciplinary order of the Hearing Tribunal. The Tribunal gave the member a reprimand; suspended the member for two years; ordered the member pay a $5,000 fine; provide a satisfactory report from her treating psychiatrist and a satisfactory independent medical assessment from a second psychiatrist prior to returning to work; and annual reports from a counsellor for two years thereafter. When the member is cleared to return to work, she must have her work setting pre-approved and submit monthly performance evaluations from her employer for a period of 12 months and thereafter notify a Hearing Tribunal of all her errors; and be restricted to working at her current employment sites pending a satisfactory comprehensive 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.

CARN A Member  
Registration number:  71,968

A Hearing Tribunal made a finding of unprofessional conduct against member #71,968 who while working as team leader failed to follow her employer’s policy regarding metoprolol when she administered metoprolol IV to a patient. The Tribunal issued a reprimand and ordered the member to write a reflective paper on scope of nursing practice, advise the Tribunal prior to commencement of his next employment and provide a performance evaluation from that employer within six months. 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:  73,965

A Hearing Tribunal made a finding of unprofessional conduct against member #73,965, whose practise fell below the standard of a registered nurse when she failed to communicate effectively with the EMTs, physician and co-workers in the preparation for the arrival of a trauma patient to an emergency department. The Tribunal issued a reprimand and directed the member to remain under her undertaking to not practise pending medical clearance for an unrelated medical condition, and thereafter she must provide a satisfactory performance evaluation from her employer. 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:  75,090

A Hearing Tribunal made a finding of unprofessional conduct against member #75,090 who increased the rate of an infusion without a physician’s order and made one patient’s bookings without a physician’s order. The Tribunal issued a reprimand. The Tribunal ordered the member to write a reflective paper on scope of nursing practice, advise the Tribunal prior to commencement of his next employment and provide a performance evaluation from that employer within six months. 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:  81,179

The Hearing Tribunal made a finding of unprofessional conduct against member #81,179 who on one shift, administered Ativan to a patient without a physician’s order and thereafter failed to take responsibility in not contacting the physician herself to obtain an order for the Ativan; on another shift, substituted and administered to a patient the medication K-Dur 1500 mg in place of the ordered medication, Slow-K 600 mg, because the member viewed the medications as being interchangeable; and, over the course of three consecutive days, on three occasions, substituted and administered the medication Tramadol 100 mg instead of the ordered medication, Tramadol 100 mg, because the member viewed the medications to be interchangeable. For this finding of unprofessional conduct, the Hearing Tribunal issued a reprimand and an Order requiring the member to pass a course on medication administration; write a paper on the significance of medication errors, its effect on the member’s practice and measures to prevent such errors; and be restricted to working at her current employment sites pending a satisfactory comprehensive 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.

CARN A Member  
Registration number:  82,635

A Hearing Tribunal made a finding of unprofessional conduct against member #82,635 who inappropriately filled out a lab requisition of her employer for a urine specimen on herself without a physician’s order; inappropriately provided the lab requisition of her employer to the lab
along with a urine specimen on herself; falsely used the name of a physician on the requisition who was not her physician and who had not ordered the lab work. The Tribunal issued a reprimand and ordered the member to provide proof that she has completed the e-modules on the code of ethics. 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
Registration number:  82,716

A Hearing Tribunal made a finding of unprofessional conduct against member #82,716, who gave sips of water to a patient with dysphagia who was supposed to be NPO; attempted a swallowing assessment using unsafe technique with the patient that put the patient at risk of aspiration; placed the patient at risk of aspiration when she asked the patient a question while he had water in his mouth; and failed to review the patient’s record, or ignored information on the patient’s record indicating p.o. trials were to be done and were being done only by the speech language pathologist; indicating that the patient had an absent pharyngeal swallow; and indicating the patient was NPO. The Tribunal issued a reprimand and ordered the member to provide a satisfactory paper on dysphagia; and provide a comprehensive performance evaluation from her next employer. 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:  84,285

A Hearing Tribunal made a finding of unprofessional conduct against member #84,285 who on one shift charted a late entry incorrectly and then a current entry and confused the information when the member charted that the charge nurse was aware at 1503h that a patient was not voiding enough, when the member did not actually advise the charge nurse of the voiding issue until she asked about the patient around 1800h; and who failed to adequately assess her infant patient as she did not notice the baby had a caput until others brought it to her attention near the end of the shift; and who during a heparin inservice, was unable to do a mathematical calculation, left the inservice abruptly without a reasonable excuse and left her shift early and abruptly without a reasonable excuse. The Tribunal issued a reprimand and ordered the member to pass courses on newborn assessment and documentation; to complete eight e-modules on the code of ethics; and to be restricted to working at her current employment site pending two satisfactory comprehensive performance evaluations. 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:  92,520

A Hearing Tribunal made a finding of unprofessional conduct against graduate nurse #92,520, who while practising as a graduate nurse pilfered discarded vials of wasted narcotics from the sharp container (Morphine, Fentanyl and hydromorphone) from the member’s employer on numerous occasions; who over a three month period pilfered narcotics (Morphine, Fentanyl and hydromorphone) from the member’s employer on a regular basis, and falsely used initials, that were not the member’s own, as co-signature initials on the Narcotic Administration Record; and who on five separate occasions, pilfered two vials of hydromorphone from a box of 10 vials of hydromorphone, and substituted two vials of Dilantin (phenytoin), an anti-seizure medication, for those two vials of hydromorphone, leaving the box with 10 vials of Dilantin instead of the hydromorphone. The Tribunal gave the member a reprimand and accepted proof from a physician and counselor that the member is safe to return to practice at this time. Subject to requirements of the registration department for obtaining a permit, 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.

Interested in learning how CARNA handles complaints of unprofessional conduct?

The CARNA Complaints Director explains the complaints receiving process, handling options and investigation process in a webinar free to watch anytime on the CARNA website. This webinar and more are available at www.nurses.ab.ca/webinars.
Body Lice on the rise in Alberta

Outbreak viewed as indicator of unsanitary living conditions in Alberta’s homeless shelters

BY JENNA MENARD RN

THE Alberta health-care community is raising questions about the sanitary conditions of homeless shelters after the discovery of body lice in Edmonton’s homeless population. Body lice are typically found in third-world and refugee camp conditions, and are able to transmit some deadly diseases.

Jenna Menard, a front-line registered nurse working with the Public Health authorities, came across a case of body lice in Alberta. “A client with severe itchy lesions all over his body was accompanied to an infectious disease specialist clinic,” she says. “We know this client alternates between shelters on a regular basis, which could have resulted in the client catching it or possibly spreading it to others.” A health centre in the inner city of Edmonton reported that they have treated three to four cases of body lice a month for the past six months.

Body lice have primarily been an issue in unsanitary, crowded living conditions with poor access to the necessities of life. University of Alberta infectious diseases specialist Dr. Stan Houston said the discovery of body lice in Edmonton is an indicator of poverty we are creating within one of the wealthiest political jurisdictions in the world.

Body lice are tiny insects, about the size of a regular-sized ant. Lice feed on human blood and live in the seams and folds of clothing. They lay their eggs and deposit waste matter on the skin and clothing. Body lice are transmitted by direct skin to skin contact, or with infected clothing, towels or bedding. It is a misconception that body lice can jump or fly.

Typically they are insignificant, but at times body lice infestation can cause complications, such as secondary infections from lice scratching and digging to feed, causing skin irritation and breakdown. One may also experience changes of the skin such as thickening and discoloration. Unlike other types of lice, body lice can transmit disease.

While incidence is rare, body lice are vectors of bacterial disease such as Rickettsia prowazekii, Bartonella quintana, and Borrelia recurrentis, also known as relapsing fever, trench fever and typhus.

This situation is a call to action by Alberta nurses to advocate for basic social determinants of health for all. Nurses can work towards improved and accessible resources and living conditions. Furthermore, they can work towards advocating for more systematic policy changes that address the issues faced by the most vulnerable of our population.

If a registered nurse suspects that someone may have body lice, the best course of action is to provide education, facilitate the client’s access to a shower, and assist them acquiring clean clothing. In severe cases, they could use Nix or Rid. If these treatments continue to be ineffective, it is recommended they be referred to a physician or nurse practitioner. RN
Intravenous Phenytoin: Rate of Administration is Critical

Phenytoin has been in use for decades, but health-care providers should remain alert to potential risks. Analysis of an incident report received through the National System for Incident Reporting (NSIR) suggests opportunities to enhance system safeguards with this medication when prescribed for intravenous (IV) administration. The hospital where the incident occurred wanted to share the information and learning from the analysis, to help prevent similar incidents elsewhere.

Background
In Canada, phenytoin is approved for the management of generalized tonic-clonic seizures, simple or complex partial seizures, and status epilepticus, as well as for the treatment and prevention of seizures during or following head trauma or neurosurgery. It is available in various dosage forms for IV, oral, or enteral administration. In the United States, the product monograph for phenytoin has a “black box” warning about cardiovascular risks associated with the rate of IV administration. The warning states that the rate of IV administration of phenytoin to adults should never exceed 50 mg/min (because of the risk of severe hypotension and cardiac arrhythmias) and recommends cardiac monitoring during and after IV administration of the drug. The Canadian product monograph suggests similar infusion rates but further recommends that rates for elderly patients and those with cardiovascular disease should be significantly lower, not exceeding 25 mg/min.

Medication Incident
An elderly patient was receiving care in an intensive care unit. Phenytoin 100 mg daily by IV push was ordered for the patient. The phenytoin was administered at a rate of 50 mg/min. During administration of phenytoin by IV push, the patient experienced an episode of ventricular standstill (i.e., had no pulse). Treatment was implemented immediately, and the patient’s heart rate and blood pressure recovered shortly thereafter.

Review of ISMP Canada Incident Database
This incident report prompted a review of the ISMP Canada medication incident database for the period Nov. 4, 2002, to Nov. 4, 2012, to identify any similar incidents involving IV phenytoin. A total of 93 incidents were identified, of which nine were reported to have caused harm (but no deaths). None of the reported “no harm” events identified “rate of administration” as the error type or mentioned the rate of administration in a description field. Of the nine incidents reported to have caused harm, two appeared to be related to the rate of administration, and one of these was reported to have caused severe harm.

Incident Findings
In collaboration with the reporting facility, the following potential underlying causes of the medication incident were identified:

- The prescription for a daily maintenance dose of phenytoin specified that the drug be given IV push daily.
- Available drug information confirmed that a nurse may administer phenytoin by IV push in the critical care setting. The routine administration of other types of medications by IV push in the critical care setting reduced the likelihood that the order would be questioned.
- There was a lack of awareness about the high risk of serious consequences if phenytoin is administered to an elderly patient at a rate exceeding 25 mg/min.

In addition to these factors, it is important for practitioners to be aware of other potential factors that may contribute to such incidents:

- The rate of administration of sodium chloride 0.9% solution (which is typically administered, by infusion pump or syringe, for flushing after IV administration of a drug) may also be critical, as the flush rate will affect the overall rate of drug administration. For example, if undiluted phenytoin (100 mg in 2 mL) is administered through the injection port of the IV tubing, some of the 2 mL volume of drug may remain in the tubing. It will be the sodium chloride 0.9% solution (and the rate at which it is administered) that will determine the rate at which the medication reaches the patient.
- Distractions in the practice environment (e.g., ventilator alarms, monitor alarms, other staff) are common and can prevent the care provider from fully attending to or accurately tracking the time of administration. For example, in an analysis of delivery of high-alert medications in an observational human factors study, administration of medications by IV push had the most interruptions per task.
Recommendations

Several facilities were contacted in follow-up to the incident described above. Some reported that they had already implemented restrictions relating to the use of IV phenytoin. With this information in mind, the following recommendations are provided:

- Avoid routine administration of an intermittent dose of phenytoin IV push. If oral or enteral therapy (preferred) is not an option, consider IV administration via an infusion pump (e.g., dilution in a minibag with administration as a secondary infusion†). If applicable, ensure that smart infusion pumps include programmed limits within error reduction software.

- If phenytoin must be given by IV push, ensure that this method of administration is restricted to patient care areas where close supervision and continuous cardiac monitoring are available.

- Review and revise facility-specific drug information (such as IV medication manuals) used to guide IV administration of phenytoin. Ensure that the information includes the following details:
  - maximum administration rate of 25 mg/min for elderly patients or adults with a history of cardiac problems (e.g., patients at risk of arrhythmia and those with labile blood pressure or low cardiac output)¹
  - prominent warning statement describing the cardiovascular risks if phenytoin is administered too rapidly
  - monitoring required (e.g., vital signs), as this is a key component of patient care that can provide an opportunity to identify unanticipated adverse effects

- Consider including guidance for the IV flush rate (whether manual or via infusion pump), which will affect the rate of delivery of the medication remaining in the IV tubing

- Share this bulletin widely to raise awareness about the importance of the administration rate when giving phenytoin by the IV route.

Conclusion

Phenytoin can play an important role in the control of seizures. However, to prevent an incident similar to the one described here, precautions must be taken to address the risks of severe hypotension and cardiac arrhythmias related to the rate of IV administration. It is hoped that this bulletin and the recommendations presented here will assist organizations as they endeavour to reduce such serious, yet preventable adverse events.

Acknowledgements

ISMP Canada gratefully acknowledges the input provided by Lori Taylor RN BScN MN, Project Manager, Professional Nursing Practice, University Health Network, Toronto, ON; and expert review provided by Dan Perri BScPhm MD FRCP, Divisions of Clinical Pharmacology and Critical Care Medicine, Department of Medicine, McMaster University, Hamilton, ON; and Sharon Yamashita PharmD FCSHP, Clinical Coordinator, Critical Care, Department of Pharmacy, Sunnybrook Health Sciences Centre, Toronto, ON. RN

REFERENCES


* The NSIR (provided by the Canadian Institute for Health Information) is a component of the Canadian Medication Incident Reporting and Prevention System (CMIRPS) Program. More information about the NSIR is available from: http://www.cmirps-scdpim.ca/?p=12.

The incident discussed here was selected for analysis by ISMP Canada on October 5, 2011. The analysis and information reported here are based on review and follow-up with the incident reporter by ISMP Canada.

† Medication administration rates for IV push will vary depending on the properties of the particular medication. Guidance is typically provided in drug information resources such as IV manuals.

‡ Phenytoin for IV administration should be admixed only in sodium chloride 0.9% because of incompatibility with other IV solutions.

However, even when sodium chloride 0.9% is used for admixture and dilution of phenytoin, a precipitate may form. Use of an in-line filter (0.22 to 0.5 micron) is therefore recommended.¹²⁴
An update to the Nursing Practice Standards (2005) was approved by CARNA Provincial Council in January 2013 and came into effect April 2, 2013.

New and improved
The revised NPS document, newly titled Practice Standards for Regulated Members, will come into effect on April 2, 2013. Like the previous version, the Practice Standards for Regulated Members represent criteria used to measure the practice of regulated CARNA members.

In this document, nurse(s) refers to all regulated members of CARNA including registered nurses (RN), graduate nurses (GN), certified graduate nurses (CGN), nurse practitioners (NP) and graduate nurse practitioners (GNP).

The five practice standards are now:
1. Responsibility and accountability
2. Knowledge-based practice
3. Ethical practice
4. Service to the public
5. Self-regulation

Each of the five practice standards has indicators to illustrate how the standard can be met.

Member feedback leads to NPS improvements
CARNA conducted an extensive review of the 2005 Nursing Practice Standards (NPS) during the 2012 year. Member feedback on the clarity and relevance of indicators helped identify strengths and weaknesses of the document.

Ninety-eight per cent of survey respondents indicated the CARNA nursing practice standards provide direction for the decisions they make in practice. A significant majority of respondents supported the integration of self-regulation as a new standard.

Feedback also indicated that the framework included in the appendix Addressing Unsafe Practice Situations is a useful approach to identifying issues or concerns and developing a plan for the next steps. Respondents also said the information included in the appendix Organisational Supports Needed in the Practice Setting can be used to advocate for supports needed in their practice setting.

The document was revised to incorporate:
• A new title to clearly communicate that these standards apply to all regulated members of CARNA, regardless of role or setting
• A fifth standard related to self-regulation
• Indicator statements to provide direction related to infection prevention and control practices, respectful communication and patient safety
• A glossary of key concepts
• An appendix that lists other CARNA standards

How will this affect you?
When you apply to renew your practice permit this summer, you will determine your professional development goals by assessing your practice against the revised Practice Standards for Regulated Members indicators. This process of reflection, assessment and selection of learning goals is part of CARNA’s Continuing Competence Program, one of the legislated requirements to remain or become eligible to practise as a nurse in Alberta.

Understanding self-regulation
In Alberta, registered nurses and nurse practitioners are governed through CARNA. Self-regulation means a profession is given the legal authority to regulate its own members in the public interest (to best serve the general public). To ‘regulate’ means to set and enforce requirements for admission to the profession and the practice of that profession, with the goal of ensuring that the public is protected. Self-regulation outlines the role and scope of the profession, the relationship between members and the public, and the duties that members owe to one another and to the profession. It is based on the belief that members of a profession have the special knowledge required to set their standards of practice and assess their conduct in the best interests of the public.

All regulated members of CARNA participate in self-regulation when they accept responsibility to practise according to CARNA nursing practice standards and the Canadian Nurses Association Code of Ethics for Registered Nurses. The establishment of practice standards is a prerequisite for self-regulation of the registered nurse profession. The Health Professions Act (R.S.A. 2000, c. H-7) requires that standards of practice and a code of ethics be developed, enforced and maintained by a profession and also outlines the process of adoption to be used.
NURSE – it’s all in the name

What it means to work in contravention

Registered Nurse. RN.
Nurse Practitioner. NP.
Certified Graduate Nurse. CGN.
Graduate Nurse. GN.
Graduate Nurse Practitioner. GNP.

Contravention means to come into conflict with or infringe on laws or rules. Practising nursing without a current, valid permit is a contravention of nursing legislation.

As nurses, we are passionate about health care and dedicate ourselves to constantly improving our nursing skills, experience and knowledge. “Nurse” is a protected title in Alberta and is not acquired easily— it shows that an individual has met a certain level of skill and knowledge and met the requirements set by the college. We are proud to call ourselves nurses because of what the name represents.

In order to call yourself a registered nurse or any of the above titles in Alberta, you must hold a current CARNA practice permit. These titles are protected under the Health Professions Act (HPA). HPA protects the public by making sure working health practitioners are currently registered with their regulatory body. The act holds CARNA and other regulatory bodies accountable through fair and transparent registration, practice permit and professional conduct services.

Could you imagine if these accountabilities were not in place? Anyone, regardless of their education or current skills, could call themselves a “registered nurse” and provide treatments to you or your family.

Unfortunately, at any point in time, there are individuals who practise nursing in Alberta without a permit. It is an unfortunate reality in every health-care profession.

Causes of contravention in Alberta

Between August to September 2012 alone, 30 individuals practised nursing in Alberta without a practice permit. The incidences ranged from one shift up to two years. Here are some of the situations that led to contravention:

- unaware of registration requirements
- temporary permit expired or application lapsed
- former member practising again
- returning from maternity leave
- did not obtain Alberta permit prior to commencing employment, including orientation

The consequences of contravention

- You could be financially liable for any legal action that arises from incidents that occur while you practice without a current practice permit.
- Prosecution and fines for engaging in restricted activities without a practice permit.
- Refusal of a future practice permit, conditions on your permit or a professional conduct complaint due to recurrent incidents of contravention.
- Your employer could be subject to a fine for employing an individual who does not have a current permit. Employers deal with employee contraventions of the HPA at their discretion and may choose to impose sanctions within the employee-employer relationship.
- You cannot count the hours you worked without a practice permit toward the currency of practice requirement for ongoing registration.
- Clients may not have access to the health services they need if outstanding prescriptions and diagnostic investigations are not authorized because the NP’s permit has expired or is not yet in effect.

How to avoid working in contravention

Apply for a current practice permit one month before commencing employment, including orientation or returning to work. Confirmation is sent by CARNA to the individual via email when the permit has been approved. Check your MyCARNA profile to confirm your registration status.

One step CARNA is taking to resolve this issue is the creation of a jurisprudence requirement for registration. The jurisprudence requirement is intended to demonstrate that RNs have knowledge and understanding (competence) of the legislative framework that governs registered nursing practice. Ensuring all nurses are able to demonstrate knowledge of these regulations will potentially prevent contraventions due to ignorance.

For more information, please contact Registration Services at 780.451.0043 ext. 548 or 1.800.252.9392 ext. 548 (within Canada).
Evidence shows nurses have an important role finding people at vascular risk and improving their care and outcomes. Nursing interventions have been shown to improve blood lipids to reduce the risk of future vascular events and improve cardiovascular risk factors in lower-income oriented health systems, hospitals and primary care, and workplace settings.

Vascular diseases, which include heart disease, stroke, diabetes, kidney and peripheral vascular disease, affect the lives of more than 300,000 Albertans.

- Over 90 percent of Canadians have one or more vascular risk factors, such as high blood pressure, high cholesterol, detrimental nutrition or alcohol intake, physical inactivity, obesity or tobacco use.
- Research shows a significant social gradient in vascular health, meaning Albertans with lower education and income have poorer vascular health, as do some ethnic communities.
- There is a low rate of vascular risk factor management, referred to as the “care-gap”. Despite availability of proven treatments, hypertension remains a leading cause of stroke and heart disease and a risk factor for dementia and kidney failure. In the 41 percent of Canadians with hypertension, this risk factor remains uncontrolled.
- Over 40 percent of Canadian adults have dyslipidemia (excess cholesterol and/or fat in the blood) and 60–80 percent of these cases are uncontrolled.¹⁰
- Within Canadian primary care practices, 47 percent of patients with Type 2 diabetes do not meet recommended targets for glycaemic control.¹¹

The care-gap presents an opportunity to improve the health of Albertans and prevent premature death and disability. We need new ways to ensure Albertans are screened for and provided treatment to reduce their risk of vascular disease.

**Vascular Risk Reduction Initiative**

The Vascular Risk Reduction Initiative (VRRI) is a province-wide series of projects that aim to reduce the care-gap.

The short-term objective of the VRRI is to reduce Albertan vascular risk through improved case-finding and management. The long-term goal is to reduce deaths from vascular disease, cancer and many other chronic diseases, help people stay healthier longer, and address health inequalities by targeting vulnerable populations.

The initiative is led by the Alberta Health Services Cardiovascular Health and Stroke Strategic Clinical Network (SCN) in collaboration with the Obesity, Diabetes and Nutrition SCN, the Cancer SCN and the Addictions and Mental Health SCN.

**Vascular risk factor case-finding and early management**

These projects provide risk management services to:

- undiagnosed people at risk
- diagnosed people whose condition is not well-managed

**Primary care-based project**

The primary care-based project will focus on adopting the Canadian Cardiovascular Harmonization of National Guidelines Endeavour (C-CHANGE)¹² for risk reduction and improving case-finding rates for both vascular risk factors and some cancers. Toward Optimized Practice (which helps Alberta physicians implement clinical practice improvements) will provide practice support, tools and training to primary care practices with the support of an Alberta Health grant.

**Community pharmacy-based project**

The community pharmacy-based project will include pharmacist-initiated vascular risk case-finding and early pharmacotherapy targeting vulnerable populations and geographic areas with high vascular risk factors and vascular disease.

**Worksite project**

The worksite project will take place at one to two worksites and pilot an intervention designed to optimize the cardiovascular risk profiles of workers with at least one uncontrolled risk factor. The intervention will consist of both lifestyle counselling and proven treatments.

**Integrated vascular risk reduction clinics**

Recognizing the interrelated causes of vascular diseases, the integrated vascular risk reduction clinics project identifies opportunities for merging vascular secondary prevention services, such as hypertension, dyslipidemia, stroke prevention and cardiac rehabilitation clinics, to improve access and provide a more patient-centred approach.

Nurses play a vital role in providing systematic, evidence-based care in the primary and secondary prevention of vascular disease. The VRRI will involve nurses in each project. Nurses can significantly improve guideline-based case-finding and management of vascular risk and reduce the care-gap.¹³

For more information on the Vascular Risk Reduction Initiative, please contact Louise Morrin at louise.morrin@albertahealthservices.ca.

**REFERENCES**

3. First Nations Regional Longitudinal Health Survey 2002-03
6. Based on CRG data 2009-10 from AHS Data, Integration, Management and Reporting, includes all CRGs that encompass coronary artery disease, CHF, cerebrovascular disease, diabetes, dyslipidemia and kidney disease (not including hypertension as single disease)
8. First Nations Regional Longitudinal Health Survey 2002-03
This year, the CARNA Awards Selection Committee was faced with the task of selecting eight award recipients out of 65 exceptional nominees. All nominees displayed excellence in the field of nursing and deserve recognition.

We are pleased to announce the recipients and nominees of the 2013 CARNA Awards of Nursing Excellence!

**ADMINISTRATION**
- Audrey Beer
- Pritma Dhillon
- Rebecca Eldridge
- Beth Harris
- Debra Kasowski
- Myrna Landers
- Coleen Manning
- Tracy Miller
- Carol Secondiak
- Brenda Smith-Goddu
- **Kathleen Soltys – RECIPIENT**

**CLINICAL PRACTICE**
- Farah Ahmad
- Ronna Lyn Antoniuk
- Natalie Arsenault
- Meera Bai
- Brenda Bond
- Adriana Boss
- Janet Carlberg
- Deb Chalupa
- E Agnes Cowan
- Jannette Festival
- Sheila Gaela
- Richard Glover
- Janet Johnson
- Claudette Krentz
- Karen Nohnychuk
- Tara Orr
- Lynn Recknagel
- Myra Schaffer
- Joyce Tiessen
- Liza Trohan
- Karla Vermee
- Diane Vitek
- Ann Vlahadamis
- **Judith Willey – RECIPIENT**

**RESEARCH**
- Wendy Duggleby – RECIPIENT
- Theresa Green

**RISING STAR**
- Sophia Lepore
- Patricia Russell
- Clayton Ryan
- **Bobbi Spady – RECIPIENT**
- Navjot Virk

**EDUCATION**
- Wendy Bissett
- Kathryn Brandt
- Verdeen Bueckert and Stacey Karalash
- Jean Harsch
- Heather Hart
- Paula Horky
- Debra Kasowski
- Jan Kautz
- Donna Lamb
- Annette Lane
- Colleen Maykut
- Debra Paches
- David John Patterson
- Pauline Paul
- Linda Shorting
- Tanis Thompson
- Lori Weber
- **Frankie Wong – RECIPIENT**

**LIFETIME ACHIEVEMENT**
- Norma Jackson – RECIPIENT
- Anne Kendrew
- Sharon McKay

**PARTNER IN HEALTH**
- Whitehorn Village Retirement Community Seniors Residence – RECIPIENT

**COMMITTEE’S CHOICE**
- Deb Chalupa – RECIPIENT

Recipients and nominees will be honoured at the CARNA Awards of Nursing Excellence Gala:

**May 15, 2013**
**Hyatt Regency Calgary**

6–7 p.m. | Champagne Reception
7–10 p.m. | Dinner and Awards

Individual Tickets | $75 + GST
Table of eight | $560 + GST

Tickets are available at www.carna2013.ca

The 14th annual CARNA Awards of Nursing Excellence Gala is supported by TD Insurance Meloche Monnex.
Accomplished RN, PhD and professor Janice Keefe to speak at AGM luncheon about nurses providing care at home and at work.

Dr. Keefe will present key strategies to enhance the care of older people in our society. The presentation will draw on research from three provinces (BC, Ontario and NS) on the health effects of front-line nurses who navigate personal and professional boundaries in the care of older relatives. In addition, she will outline policy recommendations from consultations with national and provincial unions, government and professional/regulatory organizations to support care in the community and help mitigate the negative health effects of caregiving.

Register for the AGM speaker and lunch taking place on May 15, 2013 at the Hyatt Regency Calgary at www.carna2013.ca.

SPEAKER BIO:
Janice Keefe, PhD is a professor in the Department of Family Studies and Gerontology at Mount Saint Vincent University and holds appointments at Dalhousie University's Faculties of Medicine and Graduate Studies and UNB's School of Graduate Studies. In 2002, she was selected as Mount Saint Vincent's first Canada Research Chair in Aging and Caregiving Policy and has received provincial, national and international recognition of her research, most recently from the Canadian Healthcare Association for her contribution to Continuing Care in Canada. In 2006, she was awarded the Lena Isabel Jodrey Chair in Gerontology and appointed Director, Nova Scotia Centre on Aging. Dr. Keefe's research areas are caregiving policy and practice, continuing care policy and rural aging. She currently leads three CIHR-funded research teams—one projecting human resources needed to care for older Canadians over the next 30 years, another with caregivers of spouses with a cognitive impairment and a third which examines nursing home resident quality of life. She is a Co-Investigator with the Canadian Dementia Knowledge Translation Network (CDKTN) and the Double Duty Nurses study.
CARNA Annual General Meeting
May 15, 2013
Hyatt Regency Calgary

CARNA members are encouraged to submit resolutions prior to the annual general meeting. A resolution is a statement of position on an issue. It can relate to any area of nursing practice, including direct care, education, administration, research. Resolutions can also relate to the role of CARNA or the role of RNs and NPs in health care.

Resolutions that are received by April 30, 2013 and reviewed 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 of resolutions allows all members to consider them before the meeting.

Resolutions carried at the annual general meeting are non-binding and will be considered by CARNA Provincial Council at a subsequent meeting.

For more information contact:
Janet Lapins
Chair, Elections and Resolutions Committee
P: 403.381.1397
jlapins@nurses.ab.ca

Submit your resolution to:
Diane Wozniak
11620-168 Street Edmonton, AB T5M 4A6
P: 780.453.0525/1.800.252.9392, ext. 525
F: 780.452.3276
dwozniak@nurses.ab.ca

CNA Annual Meeting 2013
June 19, 2013
Ottawa, ON

CNA encourages nurse members to raise issues of national concern and make their views known. One way to do so is to submit resolutions for presentation at the annual meeting.

To submit a resolution, you must fill out a submission form outlining the connection between the motion and CNA’s mission and goals and send it to CARNA at carna@nurses.ab.ca.

The deadline is May 13, 2013.
Visit http://www.cna-aiic.ca/en/about-cna/annual-meeting-2013/ to view the guidelines and download a submission form.

There are two parts to a resolution:
1. Address the issue/problem.
2. Provide solutions or ideas to address the issue/problem.

Address the issue
Each resolution must address only one issue. Provide factual information, beginning with the statement “Whereas.” This portion contains all of the background information and may use cited material.

Provide solutions or ideas to address the issue/problem
Begin this section with “Resolved that,” and follow with a solution/idea to address the issue.

Please reference all materials used to support writing your resolution.
Technology is used in nearly everything we do, from texting on our smartphone, programming video on demand, to using a GPS when we travel. It is also a key enabler in transforming health care. The College and Association of Registered Nurses of Alberta (CARNA) believes that the integration of information and communication technologies (ICT) and health informatics into nursing practice and health environments has, and will continue to have, a profound impact on nursing roles. Basic health informatics and information management concepts are fundamental in order for registered nurses to practice evidence-informed nursing to provide safe and high quality client care.

The challenge clinicians face with rapidly changing technology in the workplace is that they are often expected to use the latest equipment or the most current information systems with little time to properly learn new ways of doing things. Whereas the newest generation of clinicians may be more “technologically savvy,” they may require support in effectively using technology to inform clinical decisions.

Canada Health Infoway (Infoway) is working with the clinical community to ensure that value is achieved in ICT investments for health. Under its Clinical Engagement Strategy, physicians, pharmacists and nurses in leadership, practice and
education are brought together with this common goal.

In support of the next generation, Infoway launched the Clinicians-in-Training initiative with the associated medical, nursing and pharmacy faculties across Canada. The aim is to ensure new graduates are prepared to practice using ICTs by integrating informatics competencies into curricula design. As a component of the Canadian Association of Schools of Nursing and Canada Health Infoway Nurses in Training project, the Nursing Informatics Entry-to-Practice Competencies were developed. This document outlines informatics competencies that all registered nurses should possess over the course of their undergraduate education and is intended to guide faculty in curriculum development. CARNA has included the overarching competencies from this document into the CARNA document Entry-to-Practice Competencies for the Registered Nurses Profession.

In support of clinicians in practice, Infoway engaged a third party to conduct qualitative research across Canada which revealed that clinicians have a mixed understanding of the benefits of using technology in their practice and of the local and national plans to connect ICT systems. The purpose of this qualitative research was to:

1) gain insight into the value proposition for the clinical community;
2) explore the attitudes, behaviours and current level of clinician engagement;
3) explore how Electronic Health Records (EHRs)/ICT can impact the way clinicians currently work; and
4) explore the benefits of the future state of EHRs.

The qualitative research involved nurses from across Canada in direct clinical practice settings including acute care, community care, public health and long-term care. Results indicated that when it came to technology, nurses were seldom engaged, and when they were, communications were mostly driven by IT departments and were viewed as IT projects rather than quality improvement initiatives. There was also a strong sense that nurses look to their peers to provide broad education and in-depth engagement.

In response to these findings and similar findings with pharmacists and physicians, a collaborative multi-step process was undertaken to develop the Knowing is Better than Not Knowing clinician education campaign.

The objective of the campaign is to create awareness and understanding of the key benefits of interconnected electronic systems for clinicians and the initiative underway in Canada to accelerate adoption of these systems. Educational resources were developed and extensively tested with front-line health-care professionals to ensure they addressed the learning needs and interests of the target audience. Designed to be easily shared between peers, these resources include videos, a customizable PowerPoint presentation, template article, orientation guide, and a Frequently Asked Questions document. The resources focus on the top clinical benefit areas expressed by clinicians, which include timely access to information; decision support and workflow; collaboration and communication; improved efficiency and avoided duplication; and information management and education.

As a proud supporter of the campaign, CARNA hopes to raise awareness and understanding of interconnected point of care electronic health records, electronic medical records, and ICT more broadly by sharing information about resources available and encouraging nurses to actively participate in ICT committees and initiatives. CARNA actively participates in several Alberta Health committees involved with setting the strategic direction, development, implementation and maintenance of Alberta Netcare Electronic Health Record as well as health related ICT initiatives at the provincial and national levels.

As one of the largest health care professions in Canada, nurses have an opportunity to play a major role in advancing practice with the use of technology. To start, there are many ways in which you can become involved in your own clinical community. Find out why clinical leaders across Canada believe that knowing is better than not knowing. Visit www.knowingisbetter.ca to explore the toolkit and find out how you can join the community of Clinical Champions.

RN

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CARNAResources

Privacy and Management of Health Information:
Standards for CARNA’s Regulated Members
www.nurses.ab.ca/Resources/DocumentList

The Role of the Registered Nurse in Health Informatics (CARNA)
www.nurses.ab.ca/Resources/DocumentList

CARNA online privacy education modules for self-directed learning
www.nurses.ab.ca/privacy

CNA Resources

What is Nursing Informatics and Why is it so Important?
www.cna-aiic.ca/OnTheIssues/NursingNow

Nursing Information and Knowledge Management
www.cna-aiic.ca/OnTheIssues/CNAPositionStatements

CNA Nursing E-strategy
www.cna-aiic.ca/Download/Buy/NursingInformatics

Infoway Resources

Pan-Canadian Nursing EHR Business and Functional Elements Supporting Clinical Practice
www.infoway-inforoute.ca/Resources/Guides/Workbooks

Clinician Peer Support Networks
www.infoway-inforoute.ca/ProgressinCanada

CASN, Canada Health Infoway Resources

Nursing Informatics Entry-to-Practice Competencies for Registered Nurses
www.casn.ca/Competencies/Guidelines
Event history information now available from acute care centres across the province through Alberta Netcare Portal

Recent improvements to Alberta Netcare Portal make it easy to see whether your patient has been to an Alberta hospital, and view key details about their visit.

The Event History will tell you:

- the name of the acute care facility;
- whether the patient was admitted as an inpatient, outpatient or emergency patient;
- the program/specialty the patient was admitted to;
- the providers responsible for their care;
- admission and discharge dates, along with the discharge ‘type’ (i.e. Discharged With Approval, etc.); and
- the reason for the visit and, where available, the discharge diagnosis.

The information will be particularly useful for nurses when gathering medical history for new clients (for example, history of cardiovascular events, fractures, surgeries) and for better supporting existing clients who have recently been admitted to a hospital.

If you do not yet have access to Alberta Netcare and would like to register, please contact the Deployment team at 1.866.756.2647. Refer to the new brochures at www.albertanetcare.ca
Ethical leadership means empowering your followers
Through their actions, leaders enable followers to make their own ethical decisions.

BY LAURAINNE NEWTON BNSc GNC(C)

“Powerful leaders can have a substantial impact on the lives of followers and the fate of an organization. … The primary issue is not whether leaders will use power, but whether they will use it wisely and well.”

Although Confucius, Socrates and Aristotle made distinctions between good and evil as early as 551 B.C., recent political and financial scandals have renewed interest and research in ethical leadership.

Ethical leadership focuses on what values and motives should inform our attitudes and behaviours in achieving our desired outcomes. Gallagher & Tschudin defined leadership as the process of “enabling ordinary people to produce extraordinary things in the face of challenge and change and to constantly turn in superior performance to the long-term benefit of all concerned.”
Social learning theory suggests that leaders have an effect on the perceptions and actions of others and those individuals learn by observing and emulating them. Certain traits, such as integrity, honesty, trustworthiness, acting fairly, promoting and rewarding ethical conduct and being accountable for one’s actions are positively associated with ethical leadership. According to the global leadership and organizational effectiveness (GLOBE) project, these values appear to be universal in ethical leaders, although the importance attached to some aspects of ethical leadership has some cross-cultural variance.

Leading ethically is about asking what is right and wrong, and setting that example for your followers with your actions. Therefore, effective leaders set ethical standards and communicate them to their followers while making decisions that take into account stakeholders’ needs that are considered fair and principled.

Followers who have the opportunity to observe and learn ethically-appropriate decision making from their leaders are more likely to focus on the ethical implications of their own decisions.

Followers who have the opportunity to observe and learn ethically-appropriate decision making from their leaders are more likely to focus on the ethical implications of their own decisions.

As the challenges facing modern organizations have become more complex and vast, to be effective increasingly means being dependent on group collaboration. Consequently, the skills necessary to respond in an ethically appropriate manner to these challenges are needed at all organizational levels. In this environment, it is particularly important to empower followers to act ethically as the leader cannot be everywhere.

While the responsibility to nurture and encourage an ethical attitude among the members of an organizational system is shared by all that participate in it, leaders have a pre-eminent responsibility in setting the climate for ethical development and providing ongoing ethical guidance to followers.

REFERENCES

Do you want to become a great ethical leader? Check out an extract of this CARNA Guideline!

Ethical Decision-Making for Registered Nurses in Alberta: Guidelines and Recommendations (May 2010)

Regardless of the means chosen to approach ethical questions, several tenets hold true for all registered nurses:

1. As members of a self-governing health profession, we have accountabilities to both ourselves and to the public to advocate for safe, competent, ethical nursing care.
2. As people with capacity for ethical decision-making and action, it is incumbent on each of us to use all the resources at our disposal to individually and collectively advocate for a health-care system that ensures accessibility, universality and comprehensiveness of necessary health-care services.
3. As parents, children, family members, neighbors and fellow citizens, we can in concert with all Albertans, achieve greater equity for all and a more ethical world in health care.

Registered nurses can and should encourage ethical outcomes in health care by:

- maintaining commitment to client choice, raising awareness of ethical issues in client care, and research obtaining necessary consultation on ethical concerns
- becoming involved in the development of policy on ethical issues
- advocating for safe and competent nursing care within Alberta communities
- encouraging and facilitating cooperation and collaboration between professionals and between agencies to effect improvements within health care, participating in the development of practice standards, issues statements and position papers on professional issues
- working with colleagues to identify crucial ethical issues for the profession, including:
  - the implementation of evidence-based practice
  - shaping the direction of health-care reform, linking of resource allocation decisions to client outcomes, providing constructive influence in ethical decision-making that arises at all levels: system-wide, within institutions and provider groups, and within individual nursing practice.

Find the full document on the CARNA website at www.nurses.ab.ca under Resources > CARNA Documents > Guidelines
How can nurses improve care for obese Albertans?

A BARIATRIC NURSING SPECIALTY PRACTICE GROUP MAY BE PART OF THE ANSWER

BY SUE YORKE RN BScN


While the rate of obesity is rapidly growing, some health-care practitioners hold negative attitudes toward obese clients. Some of the common statements include:

• “Obese patients eat too much, if they weighed less we would not need extra staff to care for them....”
• “Is it that hard to lose weight?”
• “Why do you need bariatric surgery? Isn’t that an easy way out?”

A clinical pathway for obese patients is a complex process; it is not simply advising the patients to ‘eat less and move more.’ This is a common and unsupportive recommendation by practitioners, family and friends to bariatric patients.

Bariatric nurses provide nursing care to morbidly obese clients and “intervene in a multitude of physical, emotional, and social problems that are unique to [the individuals]” (Drake, 2007).

Having a Specialty Practice Group for Bariatric Nursing would allow more nurses to learn and share from each other best practices in their work areas related to bariatric nursing, such as skin care, safe patient handling and ergonomics for morbidly obese clients.

Currently, Alberta does not have a Specialty Practice Group for Bariatric Nursing. Creating the specialty group
IN SEPTEMBER 2011, Alberta Health Services launched an AHS Obesity Initiative plan to help prevent and manage obesity, and increase bariatric surgery capacity in the North, Edmonton, Central, Calgary and South Zones (AHS news release, 2011).

The three types of bariatric surgery being offered in the province are Laparoscopic Adjustable Band, Laparoscopic Gastrectomy Sleeve, and Laparoscopic Roux-en Y Gastric Bypass.

The Obesity Initiative Plan will provide best practices and evidence-based practice to specialty care practitioners and teams. Nurses from different areas including home care and emergency, who are caring for bariatric clients but do not specialize in bariatric care, would benefit from learning from the specialty care practitioners.

Obesity is a complex chronic disease, and even with bariatric surgery nurses need to monitor their clients’ long-term progress. It is a lifelong journey for bariatric surgical clients.

Email me at sue.yorke@albertahealthservices.ca or contact provincialbariatricresourceteam@albertahealthservices.ca if you have questions or would be interested in a Bariatric Nursing Specialty Practice Group in Alberta.

REFERENCES

NOTICE

EDMONTON/WEST

NATIONAL OCCUPATIONAL HEALTH NURSING CONFERENCE

2013 NPAA CONFERENCE

CALGARY/WEST

WESTERN EMERGENCY DEPARTMENT OPERATIONS CONFERENCE (WEDOC)

CARNA ANNUAL GENERAL MEETING

CARNA AWARDS GALA

12TH ALBERTA HARM REDUCTION CONFERENCE

THE 24TH ANNUAL CANADIAN BIOETHICS SOCIETY CONFERENCE

ALBERTA ASSOCIATION OF TRAVEL HEALTH PROFESSIONALS (AATHP) ANNUAL SYMPOSIUM AND GENERAL MEETING

STRENGTHS-BASED NURSING: IMPLICATIONS FOR EDUCATION, PRACTICE AND LEADERSHIP

CENTRAL

AGNA 2013 AGM/EDUCATION DAY– “GERONTOLOGICAL NURSING—WE ARE ALL IN IT TOGETHER”

SOUTH

CARNA EDUCATION DAY
April 17, 2013. Oyen. vmutschler@nurses.ab.ca

The submission deadline for events and reunions in the Summer 2013 issue of Alberta RN is May 15, 2013. Go to www.nurses.ab.ca for a complete and up-to-date listing of events and reunions or to submit an event for publication.

IN MEMORIAM

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

Cooper, Constance Joan (née Harle), a 1958 graduate of the University of Alberta school of nursing, who passed away on Jan. 3, 2013 in Calgary.

Fisher, Mary Margaret (Marnie) (née Peterson), a 1953 graduate of the University of Alberta school of nursing, who passed away on Nov. 21, 2012 in Calgary.

Fomradas, Diane M. (née Morrison), a 1967 graduate of the St. Michael’s Hospital school of nursing, who passed away on Feb. 11, 2013 in Medicine Hat.


MacDonald, Patricia E. (née Tashiro), a 1989 graduate of the Red River College school of nursing in Winnipeg, who passed away on Nov. 27, 2012 in Calgary.

Potratz, Justine Marie, a 2006 graduate of the University of Calgary faculty of nursing, who passed away on Nov. 2, 2012.

Poynter, Diane I., a 1977 graduate of Community College school of nursing, Toronto, who passed away on Oct. 6, 2012 in Lethbridge.


Taylor, Helen Marie (née Boles), a 1941 graduate of the Portage General Hospital school of nursing in Portage La Prairie, MB, who passed away on Dec. 15, 2012 in Edmonton.

SAVE THE DATE

Annual Conference and AGM
May 31–June 2, 2013
Grant MacEwan University, Edmonton, Alta

Details to follow.
www.albertanps.com
CARN A Staff Changes

CARN A welcomes two new Regional Coordinators for Edmonton/West Region—Barb Perry and Betty McMorrow. Previous Edmonton/West Regional Coordinator Penny Davis has moved into the position of CARN A Policy and Practice Consultant.

Also joining the CARN A family are Carolyn Trumper, Director, Policy and Practice and Pam Mangold, Policy and Practice Consultant.
If I asked you to name areas of technological innovations in the profession of registered nursing, you might say electronic records, patient simulation, telehealth or the introduction of smartphones in direct care. My guess is that nursing regulation would not immediately come to mind. However, nursing regulation is also transforming right beneath our noses.

Take renewing your practice permit each year, for example. In 2000, CARNA was among early adopters in introducing online professional licensure renewal for health professionals. Nearly 3,500 members (~14 per cent) renewed online that first year; last year, more than 33,000 (~100 per cent) signed onto MyCARNA to renew. This spring, Alberta graduates, RNs registered in other provinces and applicants from around the world will be also able to apply online for registration rather than download, print and submit paper forms.

The introduction of MyCCP two years ago has completely, if not always smoothly, altered the way both the College and members meet the requirements of our Continuing Competence Program (CCP). Many of you may remember that in early 2006, shortly after our Regulation was proclaimed under Health Professions Act, we mailed each of you a substantial package of print materials. The package included several worksheets to help you document the process of reflecting on your practice, developing a learning plan, recording learning activities and reporting on the results. Now, you can input your learning activities online the same day you complete them in addition to recording the other elements of the program. MyCCP prompted CARNA to discontinue the annual audit questionnaire for randomly selected members. Not only did this reduce the “audit anxiety” many of you expressed, but volunteer members of the Continuing Competence Committee were also freed from pouring over piles of paper questionnaires for several days.

At a national level, CARNA is actively engaged in developing a single web portal to improve the initial eligibility assessment for internationally educated nurses (IENs) applying to any of the three nursing professions in Canada. Today, the initial assessment of applicants is performed by nursing and administrative professionals at CARNA and other nursing regulators across the country. It includes the time-consuming process of collecting and validating documents often written in foreign languages, the ongoing communication with hundreds of applicants around the world and processing payments. I am honoured and a little bit pumped to chair the 12-member board of the National Nursing Assessment Service, comprised of six representatives of RN regulators, four for LPN regulators and two for RPN regulators. Our common goal is to achieve a financially self-sustaining, consistent, national approach to the initial IEN eligibility assessment. In 2014, we are scheduled to launch an intensive four-month pilot and then we will go live!

On the heels of this pilot, is the scheduled launch of the new NCLEX-RN exam: a computer-adaptive exam delivered year-round at a variety of testing sites. Entry-level nursing program graduates and eligible IEN applicants will now have the opportunity to meet this registration requirement at their convenience, rather than on one of the three writing-dates currently offered per year. They will also get their results in much less time than the current six weeks. For regulators, the NCLEX-RN will bring relief from the intense administrative process of coordinating the paper and pencil exam, booking testing locations around the province, communicating logistics to candidates, recruiting invigilators, and processing results.

These are but a few examples of technological advances affecting nursing regulation in Alberta. Nonetheless, the most important aspects of profession-led regulation remain the same: the protection of the public through regulation and the promotion of nursing excellence. Just as it is inevitable that sophisticated technologies will continue to transform nursing practice, so will technology continue to transform nursing regulation. But I know that technology is the easy part and only as good as the people it is connecting to: you.

Mary-Anne Robinson, RN, BN, MSA
Chief Executive Officer
780.453.0509 or 1.800.252.9392, ext. 509
mrobinson@nurses.ab.ca
May 6–12

This year’s Nursing Week celebrates the role of nurses at the forefront of effecting change in the quality of health care.

Check out your region’s *Take Note* for nursing week events happening near you!

Buy your nursing week posters today from www.cna-aiic.ca
WORKING WITH ALBERTA HEALTH SERVICES

Alberta Health Services is one of the leading healthcare systems in Canada, responsible for the delivery of healthcare to more than 3.7 million Albertans. AHS operates more than 400 facilities, including acute care hospitals, cancer treatment centres, community health centres, and mental health and addiction facilities.

With a strong commitment to work/life balance, competitive benefits and a collaborative work environment, we know we have a career that will fit you. Working at AHS enables a better quality of life, not only for our staff, but for their families – there’s no shortage of reasons to join our team. AHS values the diversity of the people and communities we serve, and is committed to attracting, engaging and developing a diverse and inclusive workforce.

We are looking for Operating Room Nurses to join our growing workforce.

ADVANTAGES
- excellent wages and benefits
- flexible hours
- make a meaningful difference
- opportunities for personal and professional growth
- work-life balance
- diverse workforce
- being a part of something big
- world class education, recreation and leisure

Find out more by emailing: careers@albertahealthservices.ca or search and apply on our website. /AHSCareers