Renewal opens July 20
PAGE 6

Grace under fire
PAGE 24

CEO leaves CARN A after 10 years
PAGE 4

RN visibility hits the streets
PAGE 22
CONTENTS

4 Council election results
5 Opinion
6 Renewal opens July 20
8 Calls for members
12 Publications ordered by Hearing Tribunals
16 Centennial spotlight
18 Demystifying delirium
20 Nursing practice with hospitalized older adults
21 The history of advanced practice nursing roles in Alberta
22 RN visibility hits the streets
24 Grace under fire
28 A History of Nursing—Reform and Current
31 Centennial celebration hits the road
32 Centennial nurses
38 NoticeBoard
46 Closing Perspectives
47 Centennial Galas
48 Nurses on the Run

CARNAs Provincial Council 2015–2016

President
Shannon Spenceley, PhD, RN
Lethbridge
780.909.7058
president@nurses.ab.ca

President-Elect
Jerry Macdonald, BScN, RN, CCN(C)
Grande Prairie
780.978.1348
jmacdonald@nurses.ab.ca

Northwest Region
Tracy Humphrey, MCN, BA, RN
North Star
780.836.0191
thumphrey@nurses.ab.ca

Northeast Region
Jeannie Hare, RN
Redwater
780.942.2963
jhare@nurses.ab.ca

Edmonton/West Region
Wendy Carey, MN, RN
Edmonton
780.886.1061
wcarey@nurses.ab.ca

Derrick Cleaver, BScN, RN, MPH(c)
Edmonton
587.879.2152
dcleaver@nurses.ab.ca

Alison Landreville, MN, RN
Medicine Hat
403.878.4700
alandreville@nurses.ab.ca

Central Region
Elva Hammarstrand, MN, RN
Red Deer
403.357.0804
ehammarstrand@nurses.ab.ca

Amie Kerber, BScN, RN
Blackfalds
403.877.6010
akerber@nurses.ab.ca

CALGARY/West Region
Tyler Burley, MN, BScN, RN
Calgary
403.860.1491
tburley@nurses.ab.ca

Christine Davies, BN, BA, RN
Cochrane
403.650.0864
cdavies@nurses.ab.ca

Andria Marín, MN, RN
Calgary
403.561.1867
amarin@nurses.ab.ca

South Region
Penny Kwasny, RN, RN
Lethbridge
403.894.6901
pkwasny@nurses.ab.ca

Public Representatives
Elaine Andrews, BA, APMR
Edmonton
780.221.1650
eandrews@nurses.ab.ca

George Epp
Taber
403.233.3170
ggep@nurses.ab.ca

Marlene Pedrick, BA, BSW
Sherwood Park
780.504.7889
mpedrick@nurses.ab.ca

Doug Romanuk, BEd
St. Albert
780.951.3142
dromanuk@nurses.ab.ca

CARNAs Staff Directory

All staff can be reached by calling: 780.451.0043 or toll-free 1.800.252.9392

General inquiries, obtaining an
Officials Directory as specified in
the Health Professions Act (Section 22)
or to contact any member of CARNAs staff
Registration services
Practice consultations
Conduct and complaints
Communications
Privacy Officer

STAFF
Acting Chief Executive Officer
Director, Corporate Services
Jeanette Machtemes, MBA, CPA, CMA
jmachtemes@nurses.ab.ca
780.453.0514

Director, Professional Practice Support
Carolyn Trumper, BScN, MACT, RN
ctrumper@nurses.ab.ca
780.453.0540

Registrar/Secretary, Quality Assurance
Cathy Giblin, MS, RN
cgiblin@nurses.ab.ca
780.453.0508

Director, Business Intelligence
Duane Wysynski, MBA
dwysynski@nurses.ab.ca
780.732.9934

Senior Advisor, Public Affairs
Margaret Ward-Jack, BA, BEd
mwardjack@nurses.ab.ca
780.453.0515

Complaints Director
Georgeann Wilkin, LLB, MSA, RN
gewilkin@nurses.ab.ca
780.732.5298

Deputy Registrar
Loretta Syat, BScN, RN
lsyat@nurses.ab.ca
780.453.0506

Alberta RN is published four times a year by:
College and Association of Registered Nurses of Alberta
11620-168 Street
Edmonton, AB T5M 4A6

Phone: 780.451.0043
Toll free in Canada: 1.800.252.9392
Fax: 780.452.3276

nurses.ab.ca

Managing Editor: Rachel Champagne
Editor: Kyla Gaelick
Designer: Julie Wons

Advertising Representative:
Jan Henry, McCrone Publications
Phone: 800.727.0782, Fax: 866.413.9328
mccrone@interbaun.com

Please note CARNAs does not endorse advertised services,
products or opinions.

ISSN 1481-9988
Canadian Publications Mail Agreement No. 40062713

Return undeliverable Canadian addresses to:
Circulation Dept., 11620-168 Street, Edmonton, AB T5M 4A6.
President’s Update

The best in us

At the time of this writing, the first residents of Fort McMurray are returning to their wounded community. Like all of you, I was glued to the news as the tragedy of Fort Mac unfolded – holding my breath as I watched the exodus of thousands through walls of fire - humbled by the remarkable efforts of first responders standing strong in the face of what has come to be known as the “beast.” Who among us has not been moved by the stories of a professional, efficient and safe evacuation of the Fort McMurray hospital by that health-care team? I’ve heard stories about how the patients stayed calm because their nurses stayed calm. That story surely exemplified the epitome of professionalism in the most terrifying of circumstances. WELL DONE!

At the same time, those health professionals in that hospital would be the first to tell you that there are many other stories that have not been so widely shared, stories that deserve to be told. I am going to share a few of those stories in this message, stories that paint an equally vivid picture of what “the best in us” looks like. I was privileged to to speak to the Alberta Occupational Health Nurses Association (AOHNA) in Banff at the end of May. When I arrived with my prepared speaking notes in hand, it immediately became clear that what was needed was not speaking, but careful listening. Over a third of the AOHNA membership is from Fort McMurray; indeed, several of them had lost their own homes. I would like to share with you some of the profound observations made by these amazing professionals.

“We received 3,000 people into our lodge between 4 p.m. and 4 a.m. – we had been evacuated so we didn’t have full staffing, so we organized a group of volunteers and everyone just stepped up.”

This was a “first response” of a different kind. These mass movements of people happened on a moment’s notice, and as smoothly as they did, because of the networking and communication that happened between OHNs across different companies. As people arrived and were received by the occupational health nurses, it quickly became apparent that beyond coordinating with vendors to get these people the basics (food, water, blankets, food for pets, etc.), they were going to need help meeting the health and medical needs of evacuees of all ages:

- Many had respiratory reactions to inhaled smoke.
- All had some degree of anxiety, fear and panic, and this was often exacerbated by finding themselves separated from their families.

OHNs leveraged their local networks and connected with local pharmacists and physicians who also stepped up – with the help of volunteers and fire specialists who headed back to pharmacies in town to get what was needed. They used their well-developed network to reunite anxious parents with children who had been evacuated to other locations. They drew upon their deep well of nursing knowledge to care for populations that they would not normally see, lead others in orchestrating a successful mass casualty response, problem-solve on the spot to meet emerging needs, and provide compassionate, calm and knowledgeable care even while worrying about the fate of their own homes and families.

There are lessons here, for all of us.

One OHN told me that she has watched, with frustration, the erosion of the OHN role over recent years. She has watched as companies hire less qualified people to do disability management or annual health monitoring by checklist. OHNs are often working in isolation and remote areas – and are not only the front line of holistic health promotion and primary prevention, but often the first to catch health concerns early in their development. I heard about the complex problems caught during routine health checks – catching subtle signs of life-threatening problems that anyone sticking to a checklist assessment would have missed. These contributions are just as life-altering as those demonstrated by OHNs in response to this recent crisis – the only difference is the scale and the visibility of the difference that their knowledge makes. Thank you for telling me these stories, and for permitting me to share them.

On behalf of CARNA, thank you to all the OHNs, indeed to all the registered nurses and nurse practitioners involved in the response to the Fort McMurray crisis – both now and into the future. Your knowledge will be critical as the myriad ripple effects of this event inevitably influence the health and well-being of thousands of Albertans. CARNA will continue to share your stories, and highlight the difference that your knowledge and skill makes for all Albertans. RN

Shannon Spenceley, PhD, RN
780.909.7058
president@nurses.ab.ca

Connect with Shannon:[@SSpenceley  expertcaringmatters.ca]
The following RNs will assume their positions on Provincial Council on Oct. 1, 2016.

**NORTHWEST**

**Tracy King**
MScN, RN
ACCLAIMED
Nursing Instructor, Grande Prairie Regional College

**CENTRAL**

**Karen Spak**
BScN, RN
ELECTED
Coordinator, Quality Initiatives and Program Support, Alberta Health Services

**EDMONTON/WEST**

**Sherri Di Lallo**
MN, BScN, RN
ELECTED
Aboriginal Health Lead and Faculty Lecturer, Stollery Children’s Hospital, Alberta Health Services

**CALGARY/WEST**

**Nicole Letourneau**
PhD, RN, FCAHS
ELECTED
Professor and Palix/ACHF Chair in Parent-Infant Mental Health, Faculty of Nursing and Cumming School of Medicine (Pediatrics & Psychiatry)

---

**PRESIDENT-ELECT**

**Dennie (Denise) Hycha**

MN, BScN, RN
ACCLAIMED
Senior Director, Operations, Covenant Care

---

Thank you to Jacqueline Alston-Warnica, RN, who served as the volunteer teller for the vote tabulation on May 16, 2016.

---

Elections were held in three regions with an average voter turnout of 5.1 percent.

<table>
<thead>
<tr>
<th>REGION</th>
<th>NUMBER OF ELIGIBLE BALLOTS</th>
<th>NUMBER OF BALLOTS RETURNED</th>
<th>PERCENT OF BALLOTS RETURNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edmonton/West</td>
<td>13,644</td>
<td>698</td>
<td>(5.0%)</td>
</tr>
<tr>
<td>Calgary/West</td>
<td>13,584</td>
<td>649</td>
<td>(4.8%)</td>
</tr>
<tr>
<td>Central</td>
<td>3,336</td>
<td>182</td>
<td>(5.5%)</td>
</tr>
</tbody>
</table>

---

**Mary-Anne Robinson**

*leaves CARNA after 10 years as CEO*

Carna CEO Mary-Anne Robinson announced she would be leaving the organization at the end of June 2016. We are grateful for her vision and tireless efforts on behalf of CARNA and its stakeholders both locally and at the national and international levels. We wish her the best as she continues her career as a senior nursing leader.

*Read Mary-Anne’s retrospective on her tenure as CEO on page 46.*
The registered nurse’s role in physician-assisted death

By Julia S.L.

Acknowledgments: Paige Watson, Jocelyne Loiselle, Emma Allan and Danica Zhang assisted immensely with the research behind this article.

Physician-assisted death was legalized this June, and it did not come as a surprise.

The case of an individual tiring of waiting and taking matters into their own hands appears in headlines every few months. Situations like this sparked legalization processes in both Quebec and Oregon. The Carter case prompted Canada-wide legalization, and government was given 12 months to develop legislation. Physician-assisted death is also a public conversation; countless sites host polls and threads of comments where the public can share their thoughts on the value (or lack thereof) of physicians, patients and assisted death.

Only physicians, patients and death.

Minimal public conversation and few government surveys have acknowledged registered nurses. Nurses, social workers and occupational and physical therapists have not been designated any sort of formal role in the process. This leaves the rest of the care team in an awkward sort of limbo. Physician-assisted death cannot be ignored, but where can we rightfully (and legally) participate? For the purpose of this editorial we will focus on the RN’s role and challenges.

Section 241(a) of Canada’s Criminal Code is of concern to many palliative health professionals.

“Every one who counsels a person to commit suicide, whether suicide ensues or not, is guilty of an indictable offence and liable to imprisonment not exceeding fourteen years.”

Nurses are currently personally liable under this section of the Code, which means that we cannot engage in any sort of dialogue regarding physician-assisted death with our patients for fear of legal repercussions, including imprisonment. The College and Association of Registered Nurses of Alberta (Carna) currently recommends that any inquiry or mention of physician-assisted death be referred to the physician.

One of the primary ethical and professional responsibilities of RNs is to provide complete, unbiased information to patients to enable them to make autonomous decisions. We engage in an open, honest, therapeutic dialogue with patients from the moment they enter our care; this is part of what makes nurses one of the most trusted professions. RNs also provide care and support 24-hours a day, often making them the professional body in the room when a patient might be considering their end of life choices. It is detrimental to the patient’s trust in nurses, and dismissive of the RN’s knowledge and competency to be forced to reply to an inquiry with “I can’t talk about that with you. I’ll tell the physician to come by.”

RNs need a defined role throughout the entire process of physician-assisted death – we have valuable assessment skills and interview skills to complement the physicians, and the gift of time spent with patients that simply does not occur in the MD role. We may be the ones to notice that a patient doubts their decision, or the first health-care professional approached with a request for more information regarding assisted death. RNs need the opportunity to advocate for, provide information to, and support their patients regarding all end-of-life options without fear of imprisonment.

Protective legislation needs to exist for registered nurses. Continuing education must be provided so that nurses are aware of the information patients and families will need, strategies for challenging conversation, and support for nurses experiencing moral distress and burnout. The care team is no longer just the physician.

Editor’s Update:

Carna agrees that protective changes need to be in place for RNs. RN care is vital for engaging clients in meaningful conversation to clearly understand health needs at end of life and to provide nursing care as always with empathy, respect and compassion. Recently, a provincial regulatory framework for medical assistance in dying was passed which includes a prosecution service directive from Alberta Justice and Solicitor General. This Prosecution Service Directive means that nurses can participate in physician-assisted death when under the direction of a physician. Carna has received a legal opinion and we are satisfied that this directive provides an adequate level of protection for RNs involved with physician-assisted death under the direction of a physician. Please see our related FAQ on nurses.ab.ca for the required conditions when considering involvement in physician-assisted death.

We continue to recommend that any nurses asked to participate in physician-assisted death contact a practice consultant at practice@nurses.ab.ca or 1.800.252.9392. Currently, medical assistance in dying must be physician assisted. RNs and NPs cannot manage or lead assessments, discussions or treatment related to assisted death. Legislation is continually evolving and we are anticipating further Criminal Code amendments which will bring new information. Visit our website, nurses.ab.ca, for the most current information.
WHAT’S NEW THIS YEAR?

Annual Continuing Competence Program (CCP) review on hold

This year’s renewal will not include the random selection of members for a CCP review.

Does this change how I do my CCP reporting?

No, you will complete your practice reflection and continuing professional development requirements as usual.

What if I have been required to complete a directed audit?

You will still need to complete a directed audit if you have been notified to do so. Only the annual review of randomly-selected members’ CCP records has been suspended for this year.

Is this a permanent change?

At this time, the decision only applies to the upcoming renewal. CARNA’s Competence Committee will re-evaluate the annual review process after renewal.

Why the change?

The Competence Committee decided to suspend annual reviews after reviewing statistics from the past several years and in light of upcoming changes to the Registered Nurses Profession Regulation. The regulation changes include significant improvements based on extensive feedback from members which will expand and strengthen the CCP. Temporarily suspending annual reviews will enable us to focus resources on preparing for those changes.

2017 renewal fees

The fees listed below include an inflationary increase of 1.1 per cent.

- Registered nurse: $583.97
- Nurse practitioner: $638.05
- Certified graduate nurse: $531.47
- Associate/retired member: $42.00

Late fee increased

The late fee for members who renew after the September 1 deadline was increased from $50 to $100. Late renewals create a significant increase in staff hours to answer employer questions about nurses’ eligibility to work, and to process late applications and suspensions.

What to do when you renew

See the efficient renewal checklist on the next page to see what you can get ready now!

- Sign in at mycarna.nurses.ab.ca.
- Complete your CCP Continuing Professional Development for 2016 in MyCCP.
- Begin your CCP Practice Reflection for 2017 in MyCCP.
- Submit your application form and payment in MyCARNA. We will review your application and contact you by email when your renewal is approved or if we need more information.
Are you retiring or planning to no longer practise in Alberta?

If you’re not planning to practise in Alberta after Sept. 30, 2016, please apply for non-practicing membership (free!) or as an associate or retired member ($42 per year). Associate/retired members receive Alberta RN magazine and emails that will keep you up-to-date with the nursing profession. Simply follow these steps once you receive your email notice:

- Complete your CCP Continuing Professional Development for 2016.
- Submit the application form, and payment if required.

Keep in mind that types of practice other than clinical practice are considered nursing practice. Learn more about what is still considered nursing practice at nurses.ab.ca/practicehours.

Why should I apply for non-practicing membership?

Your application for non-practising status is a confirmation that you will not practise in Alberta after Sept. 30, 2016. Unfortunately, Alberta law requires that your status be changed to “suspended” if you do not renew or apply for non-practicing membership. If you don’t renew or apply for non-practicing membership within two months of suspension, your registration will be cancelled. If you plan to return to practice after having your registration cancelled, you will need to pay the $100 late fee in addition to the return to practice application fee.

Are you going on maternity leave?

If you are on maternity leave, or plan to be by Oct. 1, 2016, there are a number of different options depending on when you will be on leave. View your options at nurses.ab.ca/parental-leave.

Renewal help line and other resources

We’re here to help! Give us a call at 1.800.252.9392, ext. 348. Help line hours:

- July 20 – Aug. 12, 2016: Monday – Friday: 8:30 a.m. – 4:30 p.m.
- Aug. 13 – Sept. 1, 2016: Monday – Friday: 8:30 a.m. – 9 p.m.
  Saturday and Sunday: 9 a.m. – 4 p.m.

Visit nurses.ab.ca for more resources including frequently asked questions and video tutorials.

We recommend you renew as early as possible to ensure you receive help when you need it.

Have you registered and/or practised in another jurisdiction in the past registration year?

We will need to verify your status in that jurisdiction. You will be asked for your registration number in your renewal application so make sure you have it handy.

If the jurisdiction has a public nurse register, we will verify your status. If a public nurse register is not available, you will need to arrange for paper verification. You may be able to request this early so it will arrive at CARNA in time for renewal. Contact us if you are unsure if you require a paper copy of verification. RN

Are you registered and/or practised in another jurisdiction in the past registration year?

We will need to verify your status in that jurisdiction. You will be asked for your registration number in your renewal application so make sure you have it handy.

If the jurisdiction has a public nurse register, we will verify your status. If a public nurse register is not available, you will need to arrange for paper verification. You may be able to request this early so it will arrive at CARNA in time for renewal. Contact us if you are unsure if you require a paper copy of verification.

Are you retiring or planning to no longer practise in Alberta?

If you’re not planning to practise in Alberta after Sept. 30, 2016, please apply for non-practicing membership (free!) or as an associate or retired member ($42 per year). Associate/retired members receive Alberta RN magazine and emails that will keep you up-to-date with the nursing profession. Simply follow these steps once you receive your email notice:

- Complete your CCP Continuing Professional Development for 2016.
- Submit the application form, and payment if required.

Keep in mind that types of practice other than clinical practice are considered nursing practice. Learn more about what is still considered nursing practice at nurses.ab.ca/practicehours.

Why should I apply for non-practicing membership?

Your application for non-practising status is a confirmation that you will not practise in Alberta after Sept. 30, 2016. Unfortunately, Alberta law requires that your status be changed to “suspended” if you do not renew or apply for non-practicing membership. If you don’t renew or apply for non-practicing membership within two months of suspension, your registration will be cancelled. If you plan to return to practice after having your registration cancelled, you will need to pay the $100 late fee in addition to the return to practice application fee.

Are you going on maternity leave?

If you are on maternity leave, or plan to be by Oct. 1, 2016, there are a number of different options depending on when you will be on leave. View your options at nurses.ab.ca/parental-leave.

Renewal help line and other resources

We’re here to help! Give us a call at 1.800.252.9392, ext. 348. Help line hours:

- July 20 – Aug. 12, 2016: Monday – Friday: 8:30 a.m. – 4:30 p.m.
- Aug. 13 – Sept. 1, 2016: Monday – Friday: 8:30 a.m. – 9 p.m.
  Saturday and Sunday: 9 a.m. – 4 p.m.

Visit nurses.ab.ca for more resources including frequently asked questions and video tutorials.

We recommend you renew as early as possible to ensure you receive help when you need it.

Have you registered and/or practised in another jurisdiction in the past registration year?

We will need to verify your status in that jurisdiction. You will be asked for your registration number in your renewal application so make sure you have it handy.

If the jurisdiction has a public nurse register, we will verify your status. If a public nurse register is not available, you will need to arrange for paper verification. You may be able to request this early so it will arrive at CARNA in time for renewal. Contact us if you are unsure if you require a paper copy of verification.

Are you registered and/or practised in another jurisdiction in the past registration year?

We will need to verify your status in that jurisdiction. You will be asked for your registration number in your renewal application so make sure you have it handy.

If the jurisdiction has a public nurse register, we will verify your status. If a public nurse register is not available, you will need to arrange for paper verification. You may be able to request this early so it will arrive at CARNA in time for renewal. Contact us if you are unsure if you require a paper copy of verification.

Are you going on maternity leave?

If you are on maternity leave, or plan to be by Oct. 1, 2016, there are a number of different options depending on when you will be on leave. View your options at nurses.ab.ca/parental-leave.

Renewal help line and other resources

We’re here to help! Give us a call at 1.800.252.9392, ext. 348. Help line hours:

- July 20 – Aug. 12, 2016: Monday – Friday: 8:30 a.m. – 4:30 p.m.
- Aug. 13 – Sept. 1, 2016: Monday – Friday: 8:30 a.m. – 9 p.m.
  Saturday and Sunday: 9 a.m. – 4 p.m.

Visit nurses.ab.ca for more resources including frequently asked questions and video tutorials.

We recommend you renew as early as possible to ensure you receive help when you need it.

Have you registered and/or practised in another jurisdiction in the past registration year?

We will need to verify your status in that jurisdiction. You will be asked for your registration number in your renewal application so make sure you have it handy.

If the jurisdiction has a public nurse register, we will verify your status. If a public nurse register is not available, you will need to arrange for paper verification. You may be able to request this early so it will arrive at CARNA in time for renewal. Contact us if you are unsure if you require a paper copy of verification.

Are you registered and/or practised in another jurisdiction in the past registration year?

We will need to verify your status in that jurisdiction. You will be asked for your registration number in your renewal application so make sure you have it handy.

If the jurisdiction has a public nurse register, we will verify your status. If a public nurse register is not available, you will need to arrange for paper verification. You may be able to request this early so it will arrive at CARNA in time for renewal. Contact us if you are unsure if you require a paper copy of verification.

Are you going on maternity leave?

If you are on maternity leave, or plan to be by Oct. 1, 2016, there are a number of different options depending on when you will be on leave. View your options at nurses.ab.ca/parental-leave.

Renewal help line and other resources

We’re here to help! Give us a call at 1.800.252.9392, ext. 348. Help line hours:

- July 20 – Aug. 12, 2016: Monday – Friday: 8:30 a.m. – 4:30 p.m.
- Aug. 13 – Sept. 1, 2016: Monday – Friday: 8:30 a.m. – 9 p.m.
  Saturday and Sunday: 9 a.m. – 4 p.m.

Visit nurses.ab.ca for more resources including frequently asked questions and video tutorials.

We recommend you renew as early as possible to ensure you receive help when you need it.

Have you registered and/or practised in another jurisdiction in the past registration year?

We will need to verify your status in that jurisdiction. You will be asked for your registration number in your renewal application so make sure you have it handy.

If the jurisdiction has a public nurse register, we will verify your status. If a public nurse register is not available, you will need to arrange for paper verification. You may be able to request this early so it will arrive at CARNA in time for renewal. Contact us if you are unsure if you require a paper copy of verification.
Awards Selection Committee

Three members required
Term from Oct. 1, 2016 to Sept. 30, 2018

The CARNA Awards Selection Committee is an operational committee composed of five volunteer RN/NP members and the CARNA CEO. The committee reviews award criteria, reviews nominations and selects recipients for the CARNA Awards of Nursing Excellence program.

QUALIFICATIONS
CARNA strives to achieve broad representation of membership by appointing members from a variety of practice settings and geographic regions. To complement the current committee composition, CARNA is seeking three members in good standing employed in any area of practice.

EXPECTATIONS OF MEMBERS
• fulfil a two-year term
• participate in up to four meetings/teleconferences per year
• review nominations (there have been up to 65 in the past) and objectively apply award criteria
• participate in finalist selection

NOTE: In 2016, the orientation teleconference will be held on November 1. Nominations review will take place from November 1 – 18. The finalist selection teleconference will take place by November 30.

QUESTIONS?
If you have questions about the work of the committee or the expectations of members, please contact:
Crystal Komanchuk
Communications Coordinator
780.732.4428/1.800.252.9392, ext. 428
ckomanchuk@nurses.ab.ca

HOW TO APPLY
• Visit nurses.ab.ca > Learn About CARNA > Contact Us > Volunteer Opportunities.
• Click this committee under “Available Positions” and fill out the application form.
• Click “Submit” to send.

APPLY BY: JULY 31, 2016

Competence Committee

One member required
Term from Oct. 1, 2016 to Sept. 30, 2020

The Competence Committee makes recommendations to council on Continuing Competence Program (CCP) requirements, monitoring of member participation in the CCP and requirements for practice visits. The committee has the authority to approve, approve with conditions, suspend or refuse an application for a practice permit.

QUALIFICATIONS
• active CARNA registration in good standing
• a minimum of five years of nursing experience
• not currently serving as a member of another CARNA regulatory committee
• active listening and critical thinking skills
• ability to interpret policy, standards and legislation and apply these to applications for practice permits
• ability to consider evidence and information objectively and fairly, putting aside personal beliefs when making decisions
• ability to effectively articulate a position with supporting rationale

EXPECTATIONS OF MEMBERS
• serve a four-year term
• attend up to 10 one-to-two day meetings per year, as required, at the CARNA office located in Edmonton
• participate in teleconferences as required
• attend a one-day orientation session at the CARNA office located in Edmonton
• commit to preparatory time for meetings (on average, approximately 1–3 hours per meeting)
SCHEDULED MEETINGS FOR 2016/17 YEAR:

- Aug. 29-31, 2016
- Sept. 12, 2016
- Oct. 13-14, 2016
- Oct. 24, 2016
- 2017 dates to be determined

QUESTIONS?
If you have questions about the work of the committee or the expectations of members, please contact:

Barbara Haigh, MN, NP
Senior Manager, Competence and Learning
780.732.9517 / 1.800.252.9392, ext. 517
bhaigh@nurses.ab.ca

HOW TO APPLY
- Visit nurses.ab.ca > Learn About CARNA > Contact Us > Volunteer Opportunities.
- Click this committee under “Available Positions” and fill out the application form.
- Click “Submit” to send.

Complaint Review Committee

Four members required
Term from Oct. 1, 2016 to Sept. 30, 2020

The Complaint Review Committee conducts reviews of complaint dismissals by the CARNA Complaints Director. This means reviewing the information and supporting documentation in the investigation report and determining whether to uphold the original dismissal decision, to request further investigation or to refer the matter to a hearing. Committee members also review proposed settlements reached through the alternative complaint resolution (ACR) process to determine whether the settlement should be ratified, amended by agreement with the parties or refused.

QUALIFICATIONS
- past experience as a member of the Hearing Tribunal or a member of any adjudicative panel or committee is preferred
- not currently serving as a member of another CARNA regulatory committee
- minimum of 10 years of current, active registered nurse practice
- active CARN registration as a regulated member in good standing
- active listening and critical thinking skills
- ability to interpret legislation and standards and apply to review of dismissals and ratification of proposed ACR settlements
- ability to consider evidence and information objectively and fairly by suspending personal bias in making decisions
- ability to effectively articulate a position with supporting rationale

EXPECTATIONS OF MEMBERS
- serve a four-year term
- participate in teleconference meetings and/or face-to-face meetings; the number of meetings per year will depend on the number of requests for review of dismissals by the Complaints Director and ACR settlements
- commit to preparatory time for meetings (on average, approximately 4-8 hours per meeting)
- as a new member, attend a one-day orientation at the CARN office located in Edmonton
- assume the role of Chair (which includes the writing of decisions) after one year
- the Chair is compensated for decision writing

QUESTIONS?
If you have questions about the work of the committee or the expectations of members, please contact:

Georgeann Wilkin, RN, LLB, MSA
Complaints Director
780.732.5298 / 1.800.252.9392, ext. 298
gwilkin@nurses.ab.ca

HOW TO APPLY
- Visit nurses.ab.ca > Learn About CARNA > Contact Us > Volunteer Opportunities.
- Click this committee under “Available Positions” and fill out the application form.
- Click “Submit” to send.


**Hearing Tribunal**

**Four members required**
**Term from Oct. 1, 2016 to Sept. 30, 2020**

Members of a Hearing Tribunal adjudicate hearings into allegations of unprofessional conduct. Hearing Tribunal members have to be objective in their consideration of evidence presented at each hearing in determining whether the alleged behaviours constitute unprofessional conduct for each matter before them. If a member is found to be unskilled or has engaged in other unprofessional conduct, the tribunal will decide what measures are necessary to protect the public, how to remediate the nurse’s skill, knowledge deficits or behaviours, and determine compliance with its discipline orders.

**QUALIFICATIONS**
- active CARRA registration in good standing
- minimum of 10 years current, active registered nurse practice: staff nurse in acute care or long-term care, professional practice long-term care or clinical education
- active listener and critical thinker
- ability to consider all evidence and information objectively and fairly, putting aside personal bias in making a decision
- able to make a difficult decision that may negatively impact a CARRA member
- ability to effectively articulate a position with supporting rationale

**EXPECTATIONS OF MEMBERS**
- serve a four-year term
- attend an average of 15-20 hearing days or compliance meetings per year at the CARRA office located in Edmonton
- attend a one-day orientation session at the CARRA office located in Edmonton
- attend a one-day compulsory annual meeting at the CARRA office located in Edmonton

- accept the responsibility of the Chair of the Hearing Tribunal after approximately one year
- each Hearing Tribunal Chair is compensated for decision writing

**QUESTIONS?**
If you have questions about the work of the Hearing Tribunal or the expectations of members, please contact:
Georgeann Wilkin, RN, MLB, MSA
Complaints Director
780.732.5298/1.800.252.9392, ext. 298
gwilkin@nurses.ab.ca

**HOW TO APPLY**
- Visit nurses.ab.ca > Learn About CARRA > Contact Us > Volunteer Opportunities.
- Click this committee under “Available Positions” and fill out the application form.
- Click “Submit” to send.

---

**Registration Committee**

**Three members required**
**Term from Oct. 1, 2016 to Sept. 30, 2020**

The Registration Committee reviews complex and challenging applications for registration and practice permits. Committee members are responsible for determining if an applicant/member has met legislated requirements and whether engaging in, or continuing to engage in practice, may pose a risk to public safety. The committee may approve, defer, or refuse eligibility for registration and/or practice permits, and impose conditions or restrictions on a permit that support public safety.

The Registration Committee works with CARRA staff under the direction of Provincial Council to draft/enact policies to guide registration-related decision making.

**QUALIFICATIONS**
- active CARRA registration in good standing
- minimum five years current nursing experience in direct care, administration, research or education
- not currently serving as a member of another CARRA regulatory committee
- active listener and critical thinker
- able to make difficult decisions that may negatively impact an applicant or member
- able to interpret policy, standards, and legislation and apply these to applicant or member registration decisions
- able to consider evidence and information objectively and fairly, putting aside personal beliefs when making decisions
- able to effectively articulate a position with supporting rationale
- ability to work with and navigate various technology and software programs comfortably

**APPLY BY: JULY 31, 2016**

---

**C A L L S  F O R  M E M B E R S**

**APPLY BY: JULY 31, 2016**

---
Registration Review Committee

One member required
Term from Oct. 1, 2016 to Sept. 30, 2019

The Registration Review Committee hears reviews of decisions made by the Registrar, Registration Committee or Competence Committee. The committee hears and evaluates the reason(s) for requesting review, any sworn testimony and submitted documents. After hearing submissions from both parties and considering the applicable legislation, regulation, bylaws and policies, the committee may:

• confirm, reverse or vary the original decision
• refer the matter back to the registrar, Registration Committee or Competence Committee for further assessment and decision
• make any further order necessary to carry out the committee’s decision

QUALIFICATIONS
• a minimum of 10 years current nursing experience
• previous regulatory committee experience is an asset
• active listener and critical thinker
• able to make difficult decisions that may negatively impact an applicant or member
• able to consider evidence and information objectively and fairly, putting aside personal beliefs when making decisions
• able to effectively articulate a position with supporting rationale

EXCEPTIONS OF MEMBERS
• serve for a term of four years (with an option for reappointment)
• attend two-day meetings at the CARNA office located in Edmonton every five to seven weeks (approximately 10 meetings per year)
• attend a one-day orientation session at the CARNA office located in Edmonton
• participate in pre-meeting and urgent teleconferences as required
• commit to preparatory time for meetings

SCHEDULED MEETINGS FOR 2016/17:
Oct. 24-25, 2016
Oct. 26, 2016 committee orientation
Nov. 29-30, 2016
Jan. 19-20, 2017
Feb. 23-24, 2017
March 30-31, 2017
April 27-28, 2017
June 8-9, 2017
July 17-18, 2017
Aug. 21-23, 2017
Sept. 27-29, 2017
Oct. 25-27, 2017
Nov. 30-Dec. 1, 2017

QUESTIONS?
If you have questions about the work of the committee or the expectations of members, please contact:
Shelley MacGregor, BN, MBA, RN
Registered Nurse Consultant
780.732.5297 / 1.800.252.9392, ext. 297
smacgregor@nurses.ab.ca

HOW TO APPLY
• Visit nurses.ab.ca > Learn About CARNA > Contact Us > Volunteer Opportunities.
• Click this committee under “Available Positions” and fill out the application form.
• Click “Submit” to send.
Publications ordered by Hearing Tribunals

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

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

CARNA Member
A Hearing Tribunal made a finding of unprofessional conduct against a member who, when doing the second check of the physician’s order sheet, missed writing a medication on the medication administration record which resulted in a patient missing an ordered medication. For this finding of unprofessional conduct, the Tribunal issued a reprimand.

CARNA Member
A Hearing Tribunal made a finding of unprofessional conduct against a member who, while working in a leadership position, had allowed postings to remain on her personal Facebook site, which her co-workers could have found to be derogatory. The member was issued a caution.

CARNA Member
Registration number: 65,125
A Hearing Tribunal made a finding of unprofessional conduct against member #65,125 who made an admission of unprofessional conduct under section 70 of the Health Professions Act. While working as a registered nurse under a previous decision of the Hearing Tribunal of CARNA, the member's practice fell below the standard expected of a registered nurse when she failed to administer medications safely; provide safe patient care; use appropriate critical thinking in providing patient care and appropriately complete tasks and skills that were her responsibility. The Tribunal issued a reprimand and ordered the member to pass courses in both interpersonal aspects of nursing and documentation, and write a paper on effective communication, which were due under the previous decision. The Tribunal also accepted the member’s undertaking to not practise as a registered nurse pending their approval to return to work. The Tribunal required the member to provide satisfactory medical reports confirming she is fit to practise. Thereafter, the member is restricted to working at an approved setting, and must provide two satisfactory performance evaluations. Thereafter, the member must provide annual satisfactory medical reports for two years, confirming her fitness to practise. 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: 74,076
A Hearing Tribunal made a finding of unprofessional conduct against member #74,076 who, for a period of more than two years, failed to complete documentation or do appropriate follow-up on multiple patients in a public health setting. The member also failed to appropriately store client information and failed to complete and document staff skill assessments. In two instances, at a nursing home and a school, the member failed to complete follow-up and documentation regarding potential outbreaks of communicable diseases. The Tribunal issued a reprimand and directed the member to pass courses on documentation, ethics, responsible nursing, and nursing process. The member is restricted to working at her new practice setting under conditions, and must provide five satisfactory performance evaluations to the Hearing Tribunal. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARNA Member
Registration number: 79,271
A Hearing Tribunal made a finding of unprofessional conduct against member #79,271 who submitted claims for health benefits from her nursing employer before attending the respective appointment and/or not attending such respective appointments. For this finding of unprofessional conduct, and in consideration of the member being proactive and in fact paying full restitution to her employer once the conduct was realized, the Hearing Tribunal issued a reprimand and an Order that the member complete certain ethics learning modules and write a reflective paper. No conditions were placed on the member’s practice permit as the Tribunal found that the member had complied with the Order at the time of the Hearing.
CARNA Member  
Registration number:  80,069  
A Hearing Tribunal made a finding of unprofessional conduct against member #80,069, who failed to ensure that one Coumadin order for a resident was processed from a stack of several orders left by the day shift for the evening nurses to process; failed to do the ordered dressing changes on two residents and failed to document regarding the ordered dressing changes on four residents. The Tribunal issued a reprimand, ordered the member to pass a course in documentation and required the member to provide performance evaluations from her current employers. 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:  84,238  
A Hearing Tribunal made a finding of unprofessional conduct against member #84,238, who failed to respond appropriately to a request for assistance from staff dealing with a palliative patient who was in distress. The member failed to attend the patient’s room until an hour later, after the patient had died. On 20 occasions over a two-month period, the member failed to document adequately, or at all, in the patient total team record, regarding notable items mentioned in the shift report. The member repeatedly demonstrated poor leadership and unprofessional behaviours when she ignored or did not respond to emergency call bells; did not respond appropriately to requests from the attendants for assistance with patients; did not provide proper care to the patients, according to their needs; communicated with co-workers in a disrespectful manner, making rude remarks about their nationality or ethnic background; and used swear words at work. The Tribunal issued a reprimand and ordered her to pass courses in documentation; interpersonal aspects of nursing; gerontological nursing; and complete modules on the Code of Ethics. In addition, the member is restricted to working at one work 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:  85,858  
A Hearing Tribunal made a finding of unprofessional conduct against member #85,858 who failed to ensure that she was knowledgeable about her patient assignment which resulted in failure to provide care to a patient for the first four hours of the shift; documented an assessment of a patient when the member had not done an assessment at that time; and documented observations and interventions on a patient that were either inaccurate or inconsistent with what was documented in prior and subsequent shifts and did not communicate those inconsistencies. On another shift, the member failed to chart adequately, accurately, or in a timely manner on four patients. The member administered Fentanyl to a patient in error rather than the ordered Hydromorphone. The Tribunal issued a reprimand and accepted the member’s undertaking to not practise pending satisfactory medical reports confirming the member’s fitness to practise. The Tribunal also ordered a course in documentation, and upon the member’s return to work, the member will be restricted to a specific work setting pending two satisfactory performance evaluations. The member must also provide further medical reports confirming her fitness to practise. 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:  86,299  
A Hearing Tribunal made a finding of unprofessional conduct against member #86,299 who inappropriately contacted a patient, to whom the member administered an infusion, by sending the patient a friend request via Facebook and, after not receiving a reply from the patient, sending the patient a Facebook message apologizing about the member’s care surrounding the infusion. For this finding of unprofessional conduct, the Hearing Tribunal issued a reprimand, and an Order that the member complete certain ethics learning modules. The member had complied with the Tribunal’s Order at the time of the hearing so no condition was ordered to appear on the member’s practice permit.

CARNA Member  
Registration number:  86,659  
A Hearing Tribunal made a finding of unprofessional conduct against member #86,659 who failed to document a post-operative assessment and care of a patient in a timely manner, or advise the next shift that the patient had not been given a dose of Septra; and who, on the next day regarding the same patient, failed to document vital signs q4h as ordered; failed to document pain assessments; failed to complete or document thorough assessments on this patient, who had been febrile, earlier in the day. The member failed to give Colyte to her patient in preparation for a colonoscopy. The member incorrectly applied a VAC dressing to a patient. The member mistakenly told an HCA to give a patient breakfast, when the patient was supposed to be NPO, in anticipation of surgery later that day, and then failed to document in the pre-operative checklist that the patient had eaten breakfast. On another shift with another patient, the member failed to document on the pre-operative checklist that the patient had eaten breakfast; and failed to appropriately document
an assessment of the patient’s new CVC insertion site. The next day, the member failed to apply the correct dressing to the new CVC line, failed to document that the jugular CVC line had been removed; and flushed the CVC line at the incorrect time and with the wrong solution. The member failed to provide adequate care to a patient when she failed to appropriately document the patient’s blood glucose level; failed to check the patient’s medication orders; and failed to document any patient assessments. The member failed to provide adequate care to another patient when she failed to do or document an adequate patient admission and history; and failed to document: vital signs, assessments of IV and urostomy sites; pain assessments; administration of Fragmin; administration of a saline flush; and the failure to insert the ordered NG tube. The member was issued a reprimand and required to pass the following courses: assessment; clinical nursing skills refresher; documentation; basic medication administration; central venous catheter care. She is not allowed to practise pending medical clearance, and then she is restricted to working under supervised practice, and must provide two satisfactory performance evaluations. She is also required to provide ongoing proof of medical fitness to practise. 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:  89,356

A Hearing Tribunal made a finding of unprofessional conduct against member #89,356, who on the member’s day off work, sent a text to an RN co-worker containing confidential personal information about another RN colleague, some of which was hearsay, and which the member knew or ought to have known could be false. The member also failed to check the doctor’s order prior to applying a Nitropatch, failed to document administration of the Nitropatch, and failed to administer a scheduled medication. The Tribunal issued a reprimand, and directed the member to pass courses on interpersonal aspects of nursing, and basic medication administration, complete modules on the Code of Ethics, and write a paper on the responsibilities of the RN to support teamwork and respectful communication. The member submitted a satisfactory paper at the hearing. A condition shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARN A Member
Registration number:  89,645

A Hearing Tribunal made a finding of unprofessional conduct against member #89,645, who on one shift pilfered two 10 ml bottles of Midazolam (Versed) (5 mg/ml) from her employer; self-injected pilfered Midazolam while on duty; neglected her patients and put her patients at risk. On another shift, the member attended at work while impaired by drugs or other causes and behaved inappropriately by: sleeping at the nursing desk; staggering when she walked; speaking with slurred speech; and making medication errors or being too incoherent to administer medications, so that other staff stepped in to do the member’s work for her to protect the patients. The Tribunal issued a reprimand and accepted the member’s undertaking to not practise pending proof of fitness to practise from an addictions specialist and other medical reports. Once approved to return to work, the member may choose a setting with no access to narcotics, or proceed directly to a supervised practise. In either setting, she is required to undergo drug screening and provide further medical reports to the Hearing Tribunal to continue for two years following successful completion of supervised practice. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.

CARN A Member
Registration number:  89,900

A Hearing Tribunal made a finding of unprofessional conduct against member #89,900, who made an admission of unprofessional conduct under section 70 of the Health Professions Act. The member admitted that while working as a registered nurse on numerous occasions, including approximately 80 occasions in a five-month period, she pilfered narcotics including Hydromorphone and Fentanyl from her employer; tampered with vials, ampoules and PCA syringes, containing either Hydromorphone or Fentanyl, leaving them broken or contaminated; and tampered with vials, ampoules and PCA syringes, containing either Hydromorphone or Fentanyl by substituting saline or another liquid for the Hydromorphone or Fentanyl. The Tribunal issued a reprimand and accepted the member’s undertaking to not practise pending medical clearance. When the member is fit to return to practise, she may either have a setting approved, with no access to drugs, or she may do supervised practice. She must provide ongoing medical reports and have drug screening. 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:  93,175

A Hearing Tribunal made a finding of unprofessional conduct against member #93,175, who, when he knew he was frequently thinking about having a romantic or close personal relationship with a patient, failed to remove himself as the assigned RN from the care and participation in the mental health assessment of the patient; and failed to take steps to appropriately deal with his unprofessional, personal
feelings for the patient, such as seeking out advice or counseling for himself. The member contravened employer policy for staff in that setting, which requires that staff refrain from establishing, maintaining or encouraging personal relationships with patients. Almost immediately after the patient was transferred from the setting, where she had been a mental health patient under the care of the member, the member initiated a personal relationship with the patient by visiting her at her new setting, sending her letters in which the member conveyed his strong personal feelings for her, and his strong physical and emotional attraction to her, currently and while she was his patient; deposited funds into her account; accepted phone calls from her on the member’s personal cell phone; and gave her the member’s home address, personal phone number, and the member’s parent’s home phone number. The member falsely called in sick for a shift with his employer for the purpose of attending a pre-planned visit with his former patient. Almost immediately after the patient was transferred from the mental health facility where the member had participated in the patient’s mental health assessment, the member pursued a personal romantic relationship with his former patient, thereby raising concerns about the credibility of the information contained in the assessment and resulting in a review to ensure that a potential conflict had not occurred. The Hearing Tribunal issued a reprimand and ordered a 12-month suspension of the member’s practice permit, with the suspension to not be lifted unless the member has also completed some other requirements of the Order which are: the member must complete modules on the Code of Ethics; write a satisfactory essay on boundary violations; undergo counseling to improve his understanding of appropriate boundaries as a registered nurse and submit from a counselor a satisfactory report on the member’s progress to a Hearing Tribunal; and create a comprehensive “Boundary Plan” to assist the member to avoid boundary violations in the future. Upon satisfactory completion of all of the above requirements, the member shall for the next five years have all work settings pre-approved by a Hearing Tribunal, and provide annual performance evaluations from his RN manager with a special emphasis on professional boundary issues. 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: 95,062

A Hearing Tribunal made a finding of unprofessional conduct against member #95,062, who administered a bolus 10 mg. of Propofol without the appropriate physician’s order 3 times within 20 minutes. The member failed to document the administration of the Propofol, and failed to comply with the infusion protocol for the administration of Propofol when the member failed to use a ‘runner line’ and failed to adequately assess or document assessments of the patient before and during the infusion. The Tribunal issued a reprimand and directed the member to pass courses in documentation and basic medication administration, and complete modules on the Code of Ethics. The member is restricted to working at his current employment site pending one 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: 99,720

The Hearing Tribunal made a finding of unprofessional conduct against member #99,720 who, as a graduate nurse, failed on two occasions to properly administer medications. For this finding of unprofessional conduct, the Hearing Tribunal issued a reprimand and an Order to complete course work on medication administration. Conditions shall appear on the member’s practice permit. Failure to comply with the Order may result in suspension of CARNA practice permit.
RN tackles challenges in education and older adult care in one fell swoop

A SPOTLIGHT ON CENTENNIAL AWARD RECIPIENT ANITA MOLZAHN

IN MY ROLE AS DEAN OF THE FACULTY of nursing, I provide overall leadership for the undergraduate and graduate programs as well as for research activity and community connections.

One of our current projects involves a partnership with the Seniors Association of Greater Edmonton (SAGE). With this group, we are working to establish a nurse practitioner (NP)-led clinic for older adults. This partnership is an example of the way we work to solve multiple health-care problems.

In this case, we are addressing two challenges. One is the faculty’s difficulty in finding enough clinical placements in primary care for students enrolled in NP education in the family/all ages stream of practice. In Alberta, we have a limited number of primary care NPs. This represents both a health-system problem and an education problem. Albertans are denied the valuable services NPs can provide. Plus, without NPs in primary care practices to supervise NP students, we cannot offer these students enough clinical placements. So we have had to move outside of the box of conventional practices in order to prepare NP students in the primary care stream.

The other is the provision of health-care services to older, vulnerable adults who desperately need them.

We developed a proposal jointly and together took it to the Ministry of Health. This joint proposal has been supported and the Ministry is currently working on contract for services with us.

The clinic is designed to provide wraparound social and health-care services that may involve everything from chronic disease management to recreational activities, to social support. NPs will lead the clinic and a team of social workers and recreational therapists. Before we precisely determine the kinds of services that will be provided, we are engaging the older adult clients to see what kind of services they want.

Once the facility is renovated and the start-up completed, we will have ongoing service, research and teaching all in one environment. The research could vary but will relate to older adults. We will also evaluate NP practice and the specific model that will be used in the new facility. We will also consider many other questions relating to older adults. For example, we will explore strategies to keep older adults in the community rather than admitting them to nursing homes. We will investigate ways to keep elderly clients out of the hospital, minimize falls, and enhance physical function. We will all work together to create programs that address these issues and then do research on the programs and evaluate their success.

We will probably have 10 NP students in the clinic as well as four NP faculty. We are very excited about a program that will eventually serve 5,500 clients. As a leader in this project, my role was to bring together people from our faculty, as well as in the community, and to then contact the Ministry of Health so we could move to create a new model that would help us realize a common goal and be a win-win for everyone involved.

Anita Molzahn is a CARNa Centennial Award recipient. These awards celebrate the achievements of registered nurses over the past 100 years by recognizing 100 exceptional Alberta RNs of the present.
Delivering Good Pain Management is critical. Pain adversely affects every system in the body. If pain is not well managed after surgery all kinds of problems can result. Patients will be very reluctant to move around and walk if they are in too much pain. If they don’t walk, they may get blood clots in their legs. If they are in too much pain, they will be unable to do the necessary physical therapy after an orthopedic procedure. If patients can’t take deep breaths or cough, they may get a pneumonia that may lead to an admission to an intensive care unit (ICU). So it’s imperative to manage pain properly. This is why I was delighted to have the opportunity to help improve the post-operative care for Calgarians by starting the acute pain service at the Rockyview General Hospital.

In 1998, Calgary had one children’s and three adult hospitals, and all but Rockyview had acute pain services. Because of my experience working on a pain team in the U.S., I was hired to bring the best pain management techniques to the hospital. I began by developing relationships with the anesthesiologists, surgeons, pharmacists, as well as with nurses on the floors and nursing managers.

I worked with anesthesiologists who knew how to put in an epidural, but were not sure how to develop the order sets needed to administer the medication. We also had to make sure that an order for pain medication moved quickly from the pharmacy to the recovery room where the patient would receive their initial dose. I helped pharmacists develop a way to produce pain medications under a sterile hood. I also had many discussions with surgeons to help determine which patients would benefit from epidural analgesia and how the acute pain service would help them care for their patients.

What I have learned is that you begin to improve post-operative pain management by starting one program and then, of course, that one thing leads to many others.

Janice Rae is a CARNa Centennial Award recipient. These awards celebrate the achievements of registered nurses over the past 100 years by recognizing 100 exceptional Alberta RNs of the present.
Elsie’s risk for delirium?

Delirium is an acute medical condition that develops when vulnerable patients (especially those with dementia) are overwhelmed by additional stressors. It’s usually reversible if causes are quickly addressed. Delirium occurs in up to 80 per cent of acute care patients over age 65, more than 60 per cent of residents in continuing care, and up to 83 per cent of all patients at end of life, and accounts for more than 49 per cent of hospital days. Delirium is distressing, debilitating and even deadly, yet is undetected by nurses almost 90 per cent of the time.

Delirium detection is challenging—we’re trying to notice symptoms of increased confusion in older adults who are already confused, inattention in those struggling to find words, and changes in activity/ consciousness in the sedated and overmedicated.

Here are some risk factors for delirium:

1. **TOO MANY MEDICATIONS:** More than 600 medications block acetylcholine, the crucial brain neurotransmitter already in short supply in the elderly and those with Alzheimer’s. Some are strongly anticholinergic (Gravol®, Benadryl® and Ditropan®) and others less so (Coumadin® and Lasix®). It’s the sum of many anticholinergic medications that knocks the brain for a loop.

   Parkinson’s medications affect dopamine levels; those with Parkinson’s disease are particularly vulnerable to delirium. Reducing these medications is usually part of the solution—but will unfortunately result in muscle stiffness.

2. **DEHYDRATION:** Dehydration damages brain mitochondria and lowers blood pressure, which decreases blood flow to the brain. Older adults often don’t sense thirst, and swallowing issues compound the risks. Dehydration can also be related to medications such as diuretics, laxatives, sedatives, antipsychotics, acid-blockers, antibiotics and bisphosphonates.

3. **MALNUTRITION:** Chronic malnutrition as well as short-term restrictions of food and fluids can increase risk of delirium. How many of your patients are on three or more medications? Daily intake of three or fewer drugs reduces levels of essential vitamins such as D, K, B and folate; malnutrition correlates with delirium risk and severity.

   Many common medications block essential nutrient absorption and accelerate nutrient excretion—e.g., proton pump inhibitors (PPIs) interfere with absorption of iron, magnesium, calcium, zinc, B vitamins and amino acids and contribute to recurrent C-difficile infections. There is now a national campaign to de-prescribe PPIs.

4. **STRESS MAY TRIGGER DELIRIUM.** Sleep disruptions are especially distressing. The average facility-dwelling senior hears 32 loud noises per night and is disturbed by scheduled continence care, safety rounds, bright lights and unit stocking/cleaning routines. Sedatives interfere with REM and deep sleep, resulting in daytime drowsiness and night-time wakefulness. Other common causes of stress include physical restraints, pain, noise, overstimulation and boredom.

5. **INFECTION:** Is your patient agitated? There’s a tendency to over-suspect urinary tract infection (UTI); urine dips often confirm bladder colonization in older adults, rather than UTI. So optimize hydration, nutrition, sleep and mobility, and watch for other sources of infection (e.g., skin/wounds, cough, diarrhea, dental or ear pain).

### Medication classes with anticholinergic properties

*See [www.rxfiles.ca: Dementia Overview](http://www.rxfiles.ca)*

<table>
<thead>
<tr>
<th>Antipsychotics</th>
<th>Benzodiazepines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antidepressants</td>
<td>Cardiovascular agents</td>
</tr>
<tr>
<td>Antihistamines/antipruritics</td>
<td>Gastrointestinal agents</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>Immunosuppressants</td>
</tr>
<tr>
<td>Antiemetics/antivertigo</td>
<td>Inhaled COPD/respiratory</td>
</tr>
<tr>
<td>Antiseizure</td>
<td>Muscle relaxants</td>
</tr>
<tr>
<td>Antispasmodics</td>
<td>Opioids</td>
</tr>
<tr>
<td>Antiparkinsonian</td>
<td>Warfarin</td>
</tr>
<tr>
<td>Gout medications</td>
<td></td>
</tr>
</tbody>
</table>

87 year-old Elsie has dementia. As she sits down to breakfast, you arrive with 18 pills crushed in applesauce. After Elsie grimaces and coughs her way through the bitter crunchy applesauce and 120 mls of orange juice:

- her blood glucose is up (she’s had 20 grams of sugar)
- her stomach is upset (she vomits 20 minutes later)
- her breakfast is cold, and she’s irritated

Is there anything in this morning routine that alerts you to Elsie’s risk for delirium?
WHAT IF WE’RE THINKING ABOUT THIS ALL WRONG?

As important as it is to be on the alert for delirium, watching for a confirmed diagnosis before responding is like planning to install winter tires while sliding into oncoming traffic. A positive Confusion Assessment Method (CAM) score is a brain already spinning out of control. Reducing delirium risk puts us on track for a more proactive approach.

Delirium symptoms are related to acetylcholine deficiency, dopamine excess and/or imbalances in other neurotransmitters. This is why patients present with confusion, difficulty paying attention, drowsiness or agitation.

> Acetylcholine is responsible for learning, memory, sleep cycle regulation, neuroendocrine function, smooth muscle function (intestines, bladder, arteries), heart rate/contraction strength and movement. Acetylcholine levels are lower in older adults and can be 90 percent lower in Alzheimer’s disease.

> Dopamine is involved in movement, cognition, pleasure and motivation. Parkinson’s disease causes death of dopamine neurons, resulting in jerky movements, depression and cognitive changes.

> Other neurotransmitters have calming (serotonin, melatonin, GABA) or excitatory roles (norepinephrine).

Infection results in cytokine release, which can upset the balance of calming and excitatory neurotransmitters.

CONCLUSION: Elsie is at risk for delirium because she has dementia. Many of her 18 medications have anticholinergic properties, and pill burden interferes with adequate nutrient and fluid absorption/retention. Drug studies don’t provide evidence for prescribing multiple medications, for decades, to older adults and those with dementia. Five or more medications of any kind increases risk of delirium and number of discharge medications predicts re-hospitalization. A “radical med-ectomy” may be the best medicine for Elsie.

Consider having open conversations with prescribers and pharmacists about complex prescriptions; recommend pharmacist reviews for patients in the community. Needs change with frailty and dementia: e.g. the Canadian Diabetes Association recommends systolic blood pressure targets between 140 and 160, avoidance of hypoglycemia and preprandial blood glucose of 5 - 12.

Consider patient risks for being over-medicated, dehydrated, malnourished, stressed and prone to infection. A reduction in delirium risks improves patient/resident quality of life, increases time for more important activities for care providers and lessens strain on health-care resources. For more information, Google “AUA Toolkit” and look for QI Project resources. 

REFERENCES


Singler K, Hafner M, Sieber C. Delirium is a very common and life-threatening condition. Ther Umsch 2010 Feb; Vol 67 (2) pp.63-7
https://web.williams.edu/imput/synapse/pages/IA1.htm

Sinjler K, Hafner M, Sieber C. Delirium is a very common and life-threatening condition. Ther Umsch 2010 Feb; Vol 67 (2) pp.63-7


Lorenzl, Stefan; Fügen, Ingo; Noachtar, Soheyl. Acute confusional States in the elderly – diagnosis and treatment. Deutsche Arzteblatt international, 05/2012, Volume 109, Issue 21


http://www.choosingwiselycanada.org/?s=proton+pump+inhibitors


Do Bugs Need Drugs?
http://www.dobugsneddruugs.org/

Filling the Evidence Gap: Pragmatic Randomized Controlled Trials in British Columbia. BC Therapeutics Initiative

Hubbard, Ruth E; O’Mahony, M Sinead; Woodhouse, Kenneth W. Medication prescribing in frail older people. European Journal of Clinical Pharmacology, 03/2013, Volume 69, Issue 3

Wimmer, Barbara C; Dent, Elsa; Bell, J Simon; more... Medication Regimen Complexity and Unplanned Hospital Readmissions in Older People. Annals of Pharmacotherapy, 09/2014, Volume 48, Issue 9

Hubbard, Ruth E; O’Mahony, M Sinead; Woodhouse, Kenneth W. Medication prescribing in frail older people. European Journal of Clinical Pharmacology, 03/2013, Volume 69, Issue 3


http://guidelines.diabetes.ca/browse/Chapter37
BACKGROUND

Due to an increased incidence of health problems as people age, nurses are increasingly caring for older adults in health-care institutions that were not designed to meet the complex needs of an aging population. The chronic health conditions, atypical presentation of acute illnesses, and increased physical needs associated with older adult care (Holroyd-Leduc, Khandwala, & Sink, 2010) must be managed by nurses in hospitals characterized by fiscal constraint and limited workforce supply (Aiken et al., 2013). The aim of this study was to explore nurses’ perspectives of their practice with hospitalized older adults.

APPROACH

Grounded theory methods of concurrent data collection and data analysis, theoretical sensitivity, use of constant comparison, theoretical sampling and extensive memo writing were used (Glaser & Strauss, 1967). Data collection included 375 hours of participant observation, 35 semi-structured interviews with 23 participants, and review of documents nurses used in their work with older adults. Participants included the bedside nursing team: registered nurses (RNs), licenced practical nurses (LPNs) and patient care aides (PCAs).

HIGHLIGHTS OF THE FINDINGS

The theory of Orchestrating Care was developed to explain how nurses were continuously trying to manage their work environment by understanding the status of their patients, their units, mobilizing the assistance of others and stretching available resources to provide what they perceived as “good care” to their older adult patients while sustaining their image of themselves as “good” nurses. Good care was defined as keeping their patients safe, individualizing care, enhancing their patients’ function and providing comfort care. Meeting professional responsibilities and patients’ care requirements meant being good nurses. Orchestrating Care is explained through building synergy and minimizing strain.

Building synergy explains how nurses gathered and shared information and worked with others to leverage better care than they could on their own. Nurses were constantly engaged in doing reconnaissance through continuous assessments about the status of their patients, who they were working with, and the physical environment, because “things can change quickly” (Dahlke et al., 2015, 257). It was necessary to have an accurate understanding of patients and the work context because nurses were responsible to continuously passing information to the right health-care provider at the right time, as well as patients and family members. Navigating relationships aided nurses in leverage assistance from other health-care providers and gaining buy in on their plan of action from patients and their families. There were unspoken ideas about working within nursing teams that included being a good helper and reciprocation of assistance. Interprofessional teams were viewed differently; accommodating the doctor as the head of the helping hierarchy did not require reciprocation.

Minimizing strain explains how nurses made the most of their available resources, guided another one and reframed negative practices in ways that allowed them to feel like “good” nurses. Nurses were maximizing their resources through time efficiencies, working together in care delivery, and sharing information and strategies about where and how to obtain resources. By sharing experiences, nurses supported one another and learned strategies for challenging practice. Nurses were reframing their work, in particular negative practices, as necessary to support their image of themselves as “good” nurses. They called physical restraints “safety restraints” and chemical restraints, “sedation” to provide positive connotations for these practices.

Nurses believed the health-care system was the root cause of their challenges in providing good care because of their frequent experiences of looking for necessary resources (bed pans, intravenous poles, food, etc), over-capacity patients (patients above budgeted staffing), and same numbers of staff as units with younger patients, despite the increased care demands and complexity of an aging population. Nurses’ belief that they had no other choice but to restrain patients because better options were not possible was linked to system challenges.

IMPLICATIONS FOR PRACTICE

Nurses need to voice their practice challenges. Leaders need to listen to nurses’ perspectives about how constraints are increasing their practice challenges and leading to suboptimal older adult care. Verbalizing challenges and working through practical solutions are necessary to improve older adult care.

For further information about this study please contact: Sherry Dahlke, PhD, RN, CGC(C), Assistant Professor, Faculty of Nursing, University of Alberta. EMAIL: sherry.dahlke@ualberta.ca

REFERENCES


The history of advanced practice nursing roles in Alberta

By Jananee Rasiah, MN, RN

Over 30 years before the Canadian Nurses Association (CNA) defined advanced practice nursing (APN) roles, Moyra Allen discussed the expanded role of nurses to include replacing some functions of medical personnel and complementary to working with health professionals. In Canada, the nurse practitioner (NP) and clinical nurse specialist (CNS) roles are two recognized APN roles, however the NP title has been defined as a protected and legislated title.

Clinical nurse specialist

The CNS title was thought to originate in 1943, when Frances Reiter used the term nurse-clinician in a speech. Reiter envisioned the nurse-clinician role to have clinical practice as the paramount function including secondary functions such as administration, teaching and supervision. The CNS role was created in response to the need for experienced nurses post-World War II in the home front. Nurses who served in the military could complete post-graduate programs during the 1940s/50s to increase knowledge and experience in nursing, embrace new technologies, and meet needs of complex populations. In the 1960s, CNSs worked in acute care hospital settings; similar to where they practice now.

CNS roles continue to exist today, but budget cuts in the 1980s and 1990s contributed to both reductions and eliminations of roles within hospitals. Although there has been a resurgence of CNS roles since 2000, CNS role development in Alberta remains elusive, as they exist in hospitals with job descriptions specific to the unit/institution.

Nurse practitioner

The impetus for the NP role in Canada during the mid-1960s was due to the introduction of Medicare, perceived physician shortage, emphasis on primary health care and increased specialization in medicine. NP roles, like district nursing roles, could not be sustained in the 1970s because of perceived oversupply of physicians and lack of direct reimbursement plans, legislation delineating practice, and public awareness of roles. Boudreau envisioned NPs as extending nurses’ roles and assisting physicians with delegated tasks. In 1973, CNA and Canadian Medical Association (CMA) released a joint statement reiterating roles and responsibilities of nurses working in expanded roles and recognizing the interdependent nature of nursing and physician roles. The Regulated Health Professions Act passed in 1991 was also seen as promoting collaboration amongst health professions and discouraging the monopoly of a single profession in the health-care system.

In 1992, Alberta Health established two teams of community NPs (now known as family/all ages NPs) in remote communities in northern Alberta because there were no hospitals and physicians did not want to work in remote communities. However, legislation was lacking to preserve these roles. Peace River Health Unit and Northwestern Health Services Region lobbied the provincial government for legislative authority governing NP roles. In 1996, Alberta was the first province to legislate NPs to practise.

As for advancing formal educational preparation for NPs, Athabasca University opened the first post-graduate diploma programs for NPs in 1997, and the University of Alberta offered the family/all ages NP stream in the masters of nursing program. Two initiatives in Alberta since the early-mid 2000s that were initially envisioned to employ NPs were primary care networks and family care clinics. However, NP roles have not been fully actualized as part of these initiatives due to similar obstacles faced in the 1970s.

APN roles today

Systemic problems still exist today with APN role implementation because of overlap in scope of practice with public health nurses and chronic disease management nurses in family/community practice, physicians’ lack of awareness of full scopes of practice across practice settings, role confusion and lack of viable funding models for NPs to be fully integrated across the health-care system. Nurses have faced challenges to establish a profession that is fundamental to meeting the needs of the public. Recounting the history of the evolution of APN roles in Alberta helps reveal priorities to set and challenges to overcome in continuing to establish our role as nurses in the health-care system of the present and future. The resilience of nurses in the face of adversity and perseverance to assume opportunities for professionalization and advancement is truly remarkable. We need to remember, appreciate and learn from our predecessors’ experiences of the past and propagate our efforts to advocate for a future we believe in. RN
In fall 2015, CARNA and UNA agreed to pool their resources to jointly celebrate the work done by RNs. Both organizations agree on the huge contribution RNs make as highly-educated professionals trained in observation and critical thinking and see great value in collaborating to build public awareness and member engagement.

In May, we launched a public campaign to shout the value of RNs from the rooftops—or in this case, billboards and transit shelters—in partnership with UNA to share the unique value and key role of registered nurses in our health-care system.

We selected outdoor advertising for this campaign because it allowed us to select a few well-chosen locations near hospitals in several Alberta communities and efficiently reach RNs, health professionals, hospital administrators, patients and their families. In addition, like registered nurses, outdoor advertising has the advantage of being “on” 24 hours per day and does not require individuals to tune in at a particular time or have access to particular media.

Throughout the month, you may have spotted the outdoor ads near health facilities in Edmonton, Calgary, Medicine Hat, Red Deer, Lethbridge, Grande Prairie and St. Albert.

Campaign is aligned with goals of Uniquely RN

The ad campaign is one of the outcomes of the CARNA Uniquely RN initiative, a project to better understand and communicate the unique role of RNs in the current health-care environment. In the fall of 2015, the United Nurses of Alberta invited CARNA to participate in its annual tour across the province to present our findings of the Uniquely RN project. The positive response from members led to an agreement by both organizations to work collaboratively on a joint awareness campaign.

Another is the establishment of the Uniquely RN Member Working Group made up of seven CARNA members from various areas of practice to provide advice and expertise on creating and implementing an action plan. The group has identified it’s first priority: help ourselves and others understand the value of RNs in the system. The group will now be looking at strategies to reach this goal.

Why are RNs vital? What’s the RN difference?

Spread the word!

Visit YourRN.ca for answers to these questions and for research illustrating how expert caring provided by registered nurses prevents hospital deaths, reduces hospital infections, shortens wait times, shortens hospital stays and improves the health of long-term care residents.

You can also download a poster version of our ads to print.

Help yourself and others understand the value you add to health care.

CAMPAIGN OBJECTIVES

Increase awareness of the contribution of RNs in providing expert and safe care to patients

Increase understanding of the unique value of RNs

Distinguish RNs from other health-care providers
On May 1, 2016, a wildfire broke out south of Fort McMurray, Alberta. Although fires aren’t uncommon at this time of year in northern Alberta, a dry winter followed by an even drier spring had turned the countryside around the city into tinder. By May 3, whipped on by high winds and 32° heat, the wildfire grew out of control, forcing a mandatory evacuation of almost 90,000 people in the city and surrounding communities. It also necessitated an emergency evacuation of the patients at the Northern Lights Regional Health Centre, where registered nurse JoAnn Cluney was on shift in the emergency department.
Cluney, who lives in nearby Anzac, had just returned to work on the morning of May 3, and explains that everything that morning seemed fine. “When I went to work on the morning of May 3, it was clear and bright and I couldn’t smell smoke and I thought ‘well, this is good,’” she recalls. “Even when I went out for my morning coffee, everything seemed okay.”

It was business as usual that day at the hospital, with the usual volume of patients and the staff going about their work. But by lunchtime, things began to change.

“I had a patient ask me ‘have you seen outside?’ and when I went to look it was very smoky.” Patients began to be concerned, and Cluney and her colleagues tried to reassure them that they were in one of the safest places to be. “The hospital is built on a hill and not surrounded by much vegetation, so we really believed we were in a pretty safe location.”

Still, the staff began to suspect things could change. The staff room in the hospital faces Abasand Hill and they could see that the air was getting smokier and darker. Many of the nurses have spouses who are on the fire department and they started hearing that the fire was growing. Concerned, Cluney texted her son, a volunteer firefighter in Anzac.

“I asked what was happening, and he replied with ‘We’re on standby in case Fort McMurray needs us.’ I knew that usually volunteer firefighters just look after their own community, so that was worrying. And then, at about 1:30 he texted me and said ‘we’ve been dispatched because the fire is getting out of control.’ So we knew things were bad.”

---

**GETTING READY**

Cluney and the other emergency department staff began talking about what to do and decided to pull out the code orange evacuation guidelines and review them. “We spoke to management and they said to go ahead, just in case.” Colleagues on the other units began to do the same, and by 2 p.m. managers told everyone to begin preparing for a code orange. Staff began prepping the patients for evacuation and the hospital cancelled all elective procedures for the day.

“Even though we hadn’t been given an official evacuation order, we started getting ready because we thought if we don’t actually have to evacuate, all it means is that we’ll have to put it all away later.”

All of the units began packing up materials and everyone got to work readying the patients for transfer out of the hospital. “Our housekeepers jumped right in and had all the long-term care patients down on the main floor and ready to go by 3 p.m. Dietary was keeping the patients calm and comfortable and all the units started getting patients ready, determining who could be discharged and getting everyone packed.”

Cluney was struck by how calm and organized the entire process was. “When I stepped out of the emergency rooms at just after 4 p.m., all the patients were on the main floor waiting for the evacuation buses. And when the official evacuation order came at 4 p.m., we were ready and waiting.”

---

**WILDFIRE AT-A-GLANCE**

**MAY 1, 2016**
wildfire starts south of the City of Fort McMurray

**MAY 3, 2016**
mandatory evacuation of the City of Fort McMurray and surrounding communities

**JUNE 1, 2016**
phased reentry of residents begins

582,000
the estimated number of hectares consumed by the fire, comparable to the entire size of Prince Edward Island

90,000
the number of people forced to flee their homes

2,472
the number of firefighters and support staff battling the blaze on June 1

>2,400
the number of buildings destroyed in Fort McMurray by the blaze

1,000
the number of pets who were successfully reunited with their owners

600
the number of animal kennels donated in one day to Fort McMurray evacuees

110
the number of helicopters fighting the fire at the height of the blaze

SPAIN
smoke from the Fort McMurray wildfire has been detected here

>$104 million
total donations to the Red Cross (not including matching donations)
“AS NURSES, WE DID OUR JOBS AND DID EXACTLY WHAT WE’RE TRAINED FOR. PATIENT SAFETY WAS OUR FOCUS.”

GETTING PATIENTS OUT

As the only acute care hospital in the region, the Northern Lights Regional Hospital is equipped to handle emergencies, surgeries, diagnostic testing and labour and deliveries. As chance would have it, May 3 was a relatively quiet day for the hospital, including the emergency department where JoAnn Cluney worked.

“It was just lucky that we weren’t that busy that day,” says Cluney. “We had a post atrial fibrillation that we were watching, and two suspected PEs that we were waiting for CT scans on, but no traumas or urgent situations.” There was one patient on a ventilator in ICU that was transported by helicopter to Edmonton and one mom in early labour on the maternity floor.

“And as we were about to evacuate, we had one patient show up with a shoulder dislocation that we had to quickly do. We didn’t get quite get enough anesthetic in, but we still managed to get the shoulder back in before we left.”

Once the evacuation buses arrived at the hospital, patients were loaded up and directed to the Firebag camp, located about 60 km north of the city. The camp, which belongs to Suncor, has an airstrip that allowed Alberta Health Services (AHS) to send planes to evacuate patients to Edmonton. At the camp, a makeshift triage clinic was established and the onsite emergency team re-triaged every patient to determine who needed to go out on the plane right now and who could wait.

As patients were being loaded on to the buses, Cluney and another nurse began loading equipment into their own vehicles to make sure patients would have the supplies they needed. “We asked ourselves what scenarios we were most likely to deal with and realized that it would probably be smoke inhalation, heart attack and stroke. So we loaded up all of our airway stuff and I grabbed the defibrillator,” she recalls.

Cluney and her colleagues had originally been told the marshal point would be a different camp, and were unaware that the buses had been directed to Firebag. “We were separated from the buses, but when we arrived at the original location, we wound up working with other patients there who needed help.” This included a woman in labour, who they helped assess and calm, and assisted living patients from Rotary House.

When Cluney and her team realized that the other hospital patients were at Firebag, they made arrangements to join them with the help of the onsite contractor. “The contractor was amazing. He had our vehicles gassed up and ready to go, and then an ambulance was sent to transport the patients and we followed in our vehicles. So we had a little convoy that headed out and we drove out and met up with everyone after being separated for about four hours.”

As soon as they arrived at Firebag, Cluney and the others got straight to work again, helping to triage patients, organize supplies and help the pharmacist with her work. “It really was so calm. People knew what they had to do and just did it,” she notes.

PATIENTS FIRST

All of the nurses and medical personnel working to evacuate patients were also living with the realization that their own homes and families were in danger. “One of the nurses that was with us knew her house was burning as she was helping patients. But she never hesitated,” says Cluney, whose own 15-year-old daughter was waiting for her at home in Anzac. “None of us did. As the evacuation continued we looked at each other and knew we were a team and our job was to get our patients to safety.”

In total, the RNs and staff members of Northern Lights Regional Health Centre safely evacuated 73 acute and 32 continuing care patients that night.
Cluney is quick to stress that it was a team effort, from start to finish. “As nurses, we did our jobs and did exactly what we’re trained for. Patient safety was our focus. We are a team of professionals and we stayed focused on what needed to be done.” And it wasn’t only the medical professionals who put patients first, but also housekeeping, dietary and security staff, too. “Even the camp staff and contractors – everyone just pitched in.” She notes that it also helped that everyone in Fort McMurray has had some sort of emergency training “just because of where we live,” so were able to stay calm in the midst of a crisis.

A SOBERING JOURNEY

Most of the nurses were evacuated as their patients left, and when Cluney finally readied to leave at 6 a.m., her manager encouraged her to do the same. “I was one of the last nurses to leave and my manager said, ‘aren’t you coming out to Edmonton with us?’ and I said, no, I have to go get my daughter.” Cluney’s 15-year-old daughter was at her home in Anzac with Cluney’s eldest son, and was anxious about the fire and her mother.

“I had phoned her when the evacuation began and told her to start packing. I said to pack like we’re going on a four-week vacation and bring whatever you can’t replace.” Her daughter packed for her, too, throwing together a suitcase that included three bathing suits, several pairs of shorts and a selection of tank tops. “It’s not what I would have packed,” she admits with a laugh.

The drive from Firebag back to her home was a sobering journey through the city where she was born and raised.

“Driving through the city that morning seemed so unreal,” she recalls. “I’ve lived in Fort McMurray my whole life and that morning I could see that there were areas that were absolutely devastated. When I looked down over the hill, all I could see was the Legion building standing. It’s where I grew up and so much of it is just gone.”

When she reached her home, Cluney loaded up her children, including her daughter, her 22-year-old son who had worked a 27-hour shift fighting the raging fire, and her animals and headed for Edmonton. But not before she did her dishes, Swiffered her floors, made the beds, and watered her plants. “I thought if it burns, it will burn clean,” she laughs.

The journey along Highway 63 to Edmonton is one that Cluney knows she will never forget. “I held it together throughout the whole evacuation, but what brought me to tears was the people on the side of the road as we drove to Edmonton who tried to help. We stopped at Wandering River to let the dog out for a bit and a little boy knocked on my window and said ‘if you’re hungry we have food, right over there at the fire hall.’ I started bawling and he said ‘do you need a hug?’” she marvels. “I was brought to my knees with the kindness of others. As nurses, we’re used to helping others and it was so strange to be on the receiving end of that care and compassion.”

THE JOURNEY HOME

Along with her children and pets (a dog, a cat and two birds), Cluney also saw her 85-year-old father, her sister and her family, and her brother and his family, all evacuate to Edmonton. Cluney and her children have been staying in her oldest son’s condo, which she has cleaned from top to bottom. “He jokingly says it’s never been so clean, but I need to keep busy.”

Keeping busy won’t be a challenge for her once she returns home. Interviewed just days before the phased re-entry of Fort McMurray was set to begin, Cluney gratefully noted that her house had been spared from the fire and was still standing. “We thought it was gone, but somehow the wind changed and the house survived. I’m so incredibly thankful.”

She intended to head back on June 1 to assess her home, with the goal of being back to work as soon as possible. “I told them I may not have a place to live, but I’ll be there.”

It’s been a life-altering experience for Cluney and her nursing colleagues, all of whom have been affected by the fire - known as the “beast” to firefighters – and its impact on their community. “We were always a strong team, but this has made us even stronger. We’ve lived through this devastating experience and we survived. I think the entire hospital will be more united, because we did this as a team.”

The experience has also reaffirmed her pride in her profession. “I am more proud to say I’m a nurse than ever before and knowing my fellow nurses, we all feel that way. It’s not an experience I would ever want to repeat, but we know we’re prepared. As nurses, we know how to deal with whatever is thrown at us. This experience showed us exactly what we can do.”

CARNÀ’S RESPONSE TO THE FORT McMURRAY WILDFIRE

Our thoughts remain with everyone affected by these wildfires. During the crisis, CARNÀ remained in close communication with Alberta Health Services about how to best provide assistance. We were prepared to expedite courtesy registration permits to nurses travelling to Alberta to assist with those affected by the fires. We also reached out to nursing students from the area who may be scheduled to write the NCLEX-RN in the immediate future.

We continue to encourage members to support the relief efforts with a donation to the Red Cross.

If you have a question or concern about nursing, either in a practice setting or in general, call us at 780.451.0043 or toll-free at 1.800.252.9392 or send an email to practice@nurses.ab.ca
Reform

With an overarching spirit of progress, this era saw changes to regulation and education that would shape contemporary nursing. Graduate programs were introduced, collective bargaining was established, the union was formed and mandatory registration was achieved. The role of registered nurse expanded as more areas of specialization developed in response to continued advances in technology.

A time of change

The start of the oil boom increased urbanization and triggered an emphasis on education and achievement in Alberta. Women’s roles were changing and the opportunities for study and employment opened up. Membership in the Alberta Association of Registered Nurses (AARN, now CARNA) continued to increase and by 1965, there were 9,000 members.

In 1960, the Department of Health conducted surveys to study the education requirements and personnel needed to operate current health-care services and what would be needed to expand services. The following year, recommendations from the nursing survey team were referred to the Minister of Health. Recommendations focused on training, increasing the supply of nurses, encouraging men to enter the profession, establishing a college of nursing, developing new approaches to staffing, and training for orderlies.

Evolution of collective bargaining

Prior to the 1960s, salaries and personnel policies for nurses employed in Alberta hospitals were based on non-binding recommendations to hospitals developed by AARN. While salaries varied, AARN recommended the beginning salary for a registered nurse employed full-time be increased from $275 to $385 per month. At the annual general meeting of 1959, members passed a resolution to lobby for changes to nursing regulation to allow for collective bargaining.

By 1964, AARN had established guidelines for setting up staff nurse associations and appointed an employment-relations consultant. AARN succeeded in having the Registered Nurses Act amended in 1966, and took on the short-lived role of bargaining agent on behalf of the Staff Nurse Associations.

In 1973, a Supreme Court of Canada ruling decided that the Saskatchewan Registered Nurses Association could no longer assist or support associations that wanted to become collective bargaining agents. This set a precedent that required all professional nursing associations across Canada to restructure, establishing collective bargaining as a separate entity. After a decade of bargaining on behalf of the staff nurses association units, a bylaw proposed the collective bargaining program be independent of AARN. In April 1977, the union for registered nurses, the United Nurses of Alberta, was established with start-up funds of $15,000 from AARN.

Changing education

The “Nursing Education Survey Report” published in 1963 recommended an examination of nursing education standards. Students enrolled in three-year hospital-based programs were being used as inexpensive labour. Decisions around education and clinical placements were often made based...
on the operational needs of the hospital rather than the educational needs of the students. Classes were scheduled around work hours and students often had to attend class after working a 12-hour shift. The programs also had strict rules about student conduct and dress. Over time, the work hours were shortened and the rules were relaxed. In the interest of improving the education and experience of students, the report recommended discontinuing hospital-based programs and exploring options for a four-year baccalaureate program and a junior college program. By the fall of 1966, 29 students enrolled in the new four-year degree program at the University of Alberta. By 1967, Mount Royal College was offering a two-year diploma and many other colleges began to offer similar programs in the following years.

Graduate studies

The University of Alberta introduced the first master of nursing program in the province under the direction of registered nurse Dr. Shirley Stinson. The first students were admitted in 1975. This program advanced the importance of research in nursing, and in 1986, the university approved an education program leading to a PhD in nursing. Graduate nursing students rallied together to secure funding and collaborated with stakeholders to engage nurses, citizens and other health professionals in political action necessary to bring the program to fruition. In 1991, the government approved funding for the doctoral program and it became the first of its kind in Canada.

Changing patient populations

There was a shift in patient populations during this time as health-care facilities adapted to serve Alberta’s aging population. Medical advances allowed for new treatment options that resulted in patients with increasingly severe illnesses and complex treatment plans. In order to accommodate this growth in knowledge nurses began to specialize in more distinct areas of care.

AARN paving the way

Events in this era contributed to the changes made to nursing regulations that would shape contemporary nursing: clarifying the role of the association and later of the regulatory college, emphasizing the value of a university education as a prerequisite, and solidifying the value of nurse registration. During this period, AARN once again tackled the process of developing and negotiating new nursing legislation. Another significant milestone was achieved to protect the public from unqualified practitioners when nurse registration became mandatory with the passing of the Nursing Profession Act on Jan. 1, 1984.

Current

Throughout the past two decades, the role of the registered nurse has continued to adapt to serve the changing health-care needs of Albertans. A move towards primary health care and increased collaboration among health-care professionals has helped open access to care. Continued work and significant development on nursing regulation seeks to ensure RNs are working to their full scope of practice. With an unprecedented global workforce and more men entering the field, nursing in Alberta continues to become increasingly diverse.
Entry-to-practice

In response to changes in the broader health-care landscape, the requirements for entry-to-practice have continued to evolve. One of the most significant changes is that a baccalaureate degree has become the minimum educational requirement for initial entry-to-practice for registered nurses in Alberta. CARNA has supported the idea of baccalaureate entry-to-practice since 1979, to support entry-level nurses working in an increasingly complex health system. In 2003, AARN presented the decision to make the baccalaureate degree a requirement starting Jan. 1, 2010 to the Health Professions Advisory Board. This change only applied to new Alberta graduates entering the profession and didn’t change the status of experienced nurses who originally entered the profession with a diploma. However, by 2010, for the first time, the proportion of nurses working with a baccalaureate was higher than those with a diploma.

The entry-to-practice exam for registered nurses has also recently changed. In January 2015, the first National Council Licensure Examination (NCLEX-RN) was administered in Alberta. Replacing the pencil and paper exam that was used before, this exam uses computerized adaptive testing which assesses competency based on the difficulty of questions answered rather than the number of questions. Based on how a writer answers one question, the computer follows with a harder or easier question, continuing its adjustments to determine the writer’s level of knowledge more specifically. This type of testing is becoming more common in many fields and is also used for the Licentiate of the Medical Council of Canada (LMCC) exam that medical graduates write and a number of standardized admissions tests like the Graduate Management Admission Test (GMAT) for business students.

Contributing to Change

This era has seen continued work and progress in the area of nursing regulation. In the mid-90s, the Alberta Government began the process of developing umbrella legislation for all health professions. In a response to ongoing concerns expressed by AARN about the legislation, the chair of the implementation committee said AARN acted as a “catalyst for bringing different professions together to discuss common concerns.”

AARN successfully lobbied for an amendment to restrict the ability of unregulated workers to carry out activities that carry a significant degree of risk and the Health Professions Act (HPA) was finally proclaimed in 1999. During this period, AARN made progressive steps in anticipation of the requirements of the HPA including a review of its conduct processes and the development of a continuing competence program.

Over the next five years, AARN focused on drafting a new regulation for registered nurses under the HPA to reflect updated policies in every area of nursing self-governance. These include registration, discipline, continuing competence and restricted activities. The process required intense consultation with employers, government and members. On Nov. 30, 2005, the newly named College and Association of Registered Nurses of Alberta celebrated the proclamation of the Registered Nurse Profession Regulation. This regulation marked another significant milestone in the history of registered nursing in Alberta by requiring all Alberta graduates to obtain a baccalaureate degree in nursing.

The evolution of registered nursing and of health care is never-ending, and in 2007, CARNA Provincial Council directed the organization to pursue revisions to the section on restricted activities. These included RN prescribing, the ability of RNs to order diagnostic testing and the ability of nurse practitioners to order radiation therapy. There has also been work on revising the continuing competence program, and in 2010 the development of a jurisprudence requirement began. This requirement will ensure that nurses can demonstrate understanding of the legislation that governs registered nursing in Alberta. CARNA continues to work with Alberta Health on these and other changes to the Registered Nurse Profession Regulation. In anticipation of the proposed changes, CARNA has already reviewed other RN prescribing programs across the country and around the world and begun work on the necessary planning and preparation to accommodate RN prescribing.

“I was part of the first cohort to sit and write for the NCLEX, which is the new, national Canadian exam.”
~ MIA TORRES, BN, RN, 2014 GRADUATE OF THE UNIVERSITY OF CALGARY FACULTY OF NURSING
Centennial celebration hits the road!

For the past century, RNs have been leaders dedicated to improving health care in communities across Alberta. We want to celebrate the impressive history and vibrant future of Alberta RNs in as many of these communities as possible.

We put together a display that shares the contributions of Alberta’s RNs and took it on the road. The display highlights the evolution of registered nursing through artifacts, a digital media centre and banners from different eras of the past 100 years.

Here is a glimpse at stops we’ve made so far. Find out when and where the centennial celebration tour is coming next at carna100.ca. Follow the action on Twitter with #CARNA100.
Pauline McCormick
RN
Pauline McCormick has helped raise awareness on the valuable contribution of registered nurses on the interdisciplinary transplant teams. She was the first transplant coordinator in western Canada and the first registered nurse in Canada to assume the responsibilities as a transplant coordinator. Pauline played a pivotal role in the establishment of a multi-organ donor program and raised awareness about the need for participation in initiating protocols to support sharing organs and tissues. Throughout her volunteer work with The Kidney Foundation of Canada, she tirelessly lobbied the provincial government to get the organ donor card on driver licences.

Linda McCracken
RN, SANE
Linda McCracken has made it her mission to ensure all victims of domestic violence and sexual assault have the opportunity to disclose and learn what their options are in a safe environment. Through her work on the Calgary sexual assault team and as coordinator of the Alberta Health Services domestic violence program, she has championed province-wide domestic violence and sexual assault screening training for health providers. Linda serves as a consultant for frontline staff and management on issues related to violence prevention and sits on various clinical procedures and guideline domestic violence working groups. Linda has also published several articles on the topic of forensic nursing.

Tara McHardy
BScN, RN, Peri-Operative Nurse Certified
Tara McHardy uses all of her vacation time each year to travel abroad on both medical missions and Mercy Ships. She encourages everyone she knows to visit other parts of the world, meet new people, learn new ways of nursing and most of all, to help. Tara has positively influenced the public perception of registered nursing around the world by showing the full scope of nursing practice. She comes back from her missions with mounds of new-found knowledge, skills and experiences which she is always eager to pass on to her co-workers at Alberta Children’s Hospital.
Janice Miller
BScN, RN, CCHN(C)

Janice Miller’s leadership has catapulted community health nursing in Calgary. Her contributions to the early start program at Northwest Community Health Centre built necessary bridges between the acute and community postpartum health services. She also played a major role in implementing school health programs and developing resources for school nurses. As part of the community development child and youth initiative, Janice mentored nurses in implementing community development principles and helped create a resource manual on applying these principals. Janice is dedicated to ensuring successful research in her area and worked as a bridge between the University of Calgary and the Calgary Board of Education to facilitate a successful research partnership.

Anita Mitzner
Ed.D, BN, Retired

Anita Mitzner is known for developing valuable resources for Clinical Nurse Educators (CNEs). She was instrumental in developing several timely and relevant resources for new graduates and has provided many workshops for CNEs and RNs. Anita is a respected mentor and is frequently consulted on the delivery and assessment of education. She coordinated regional nursing orientation and streamlined practice education to ensure newly hired nurses had current information. She has been an education consultant with Health Professions Strategy and Practice (HPSP) for many years. Anita was also involved with the Heart and Stroke Foundation and helped develop the training manual for basic life support instructors, parts of which are still in use today.

Judith Mizuik
RN, GNCC

Judith Mizuik’s leadership roles have included educator, administrator and vice-president of clinical services at the Brenda Strafford Foundation (BSF). As the clinical leader, she ensured all BSF sites met the standards of care, resulting in the highest quality outcomes and accreditation. Judith’s strength is her ability to push boundaries and promote change and growth. She has promoted change within BSF to provide high-quality care to elderly residents. Judith has provided many opportunities for staff/student learning and supports the integration of classroom learning into direct clinical practice. She advocates for nursing research, evidence-based learning, encourages nurses to pursue continuing education and supports the BSF Employee Educational Scholarship Fund.

Anita Molzahn
PhD, MN, BSc, RN

Anita Molzahn is Dean of the Faculty of Nursing at the University of Alberta. Under her leadership, she has created an Alumni Board, started a shared governance model of administration and implemented a curriculum design for the undergraduate collaborative program. She also established a Strategic Advisory Committee to engage nursing leaders in academic programming, research initiatives and student issues. Anita is an international expert in quality of life research. She has served as a peer reviewer for numerous journals over the past 20 years and has been invited to present courses and lectures on quality of life in the United States, Japan, Brazil and Norway. Her lifetime commitment to knowledge dissemination and professional engagement in health issues is evident in her involvement in more than 50 committees at the provincial, national and international levels.

Sandra Reilly
Ed.D, BScN, RN

Sandra Reilly is an advocate for vulnerable children and founder of the Children’s Cottage Society (CCS) in Calgary. In 1986, Sandra initiated a six-bed crisis nursery (the first in Canada) for children in times of family crisis. Since then, the crisis nursery has grown to 14 beds and CCS programs have delivered an expanding array of social support for more than 55,000 children. Sandra has devoted her career to the practice, teaching and research in community health nursing. She is currently an Associate Professor at the University of Calgary and has an internationally recognized program of research on health promotion and...
the enhancement of parent-infant/child interactions.

**Sheli Murphy**
PhD, MScN, RN

As senior operating officer at Covenant Health, Sheli Murphy provides leadership to 12 rural facilities. She also serves as the executive lead for research and professional practice. Sheli displays exceptional leadership in all her work and has held leadership roles in Catholic health-care organizations for over a decade. She has served as acting president for Caritas Health Group, vice-president for the Misericordia Community Hospital and chief nursing officer for Caritas Health Group with lead for academics and research. Sheli has explored many aspects of registered nursing. She has extensive clinical experience in pediatrics and emergency care and has been an educator, research assistant and front-line manager.

**Cheryl Niemiec**
RN

Cheryl Niemiec is often asked to lend her expertise in the field of dialysis patient care. She played a central role in developing and implementing a new southern Alberta renal program computerized charting program. This system has proven to be instrumental in improving work efficiency and patient safety. Cheryl’s insight on what makes sense in the clinical field was called on again in the creation of a comprehensive renal database. Hemodialysis nursing can be very technical and Cheryl’s expertise is valued by both patients and colleagues. Her ability to educate patients about the nature of their illness and healthy lifestyle choices in plain language is irreplaceable.

**Beverley O’Brien**
PhD, RN

Beverley O’Brien is an outstanding leader in mother and newborn health clinical research. She established a research program in antenatal comfort and became one of the first nursing researchers at the University of Alberta to receive a prestigious research scholar award from the Medical Research Council of Canada. Beverley assisted in creating a midwifery education program in northern Canada, which followed midwifery regulatory standards while incorporating traditional Inuit values and allowed more women to give birth in their communities. Beverley has also been involved in research projects, training graduate students and professors, and consultations on maternal health care in Peru, Bangladesh, Belfast and Ghana.

**Tessie Oliva**
MSA, Extended Care Nursing Specialty Certificate, Retired

Tessie Oliva has been critical in addressing barriers experienced by internationally educated nurses (IENs) in gaining licensure in Alberta. Through research and dialogue with decision and policy makers, she gave a voice to IENs on issues relating to professional accreditation and registration. Driven by her vision to support new nurses immigrating to Canada, Tessie founded the Filipino Nurses Association in Alberta (FNAA). Through the FNAA and other initiatives, she has played a key role in helping IENs experience equitable access to nursing opportunities and to strengthen individual capacities of IENs towards their successful nursing licensure and practice in Canada.

**Carolyn Pada**
MN, RN

Carolyn Pada is consistently raising the profile of registered nurses as an active part of a thriving multidisciplinary team in the pediatric consultation liaison service at Alberta Children’s Hospital. She is a valued and sought-after resource as a skilled clinician with expertise in family counselling, mental health triage, child and adolescent addiction and mental health therapy. She has coordinated several research studies and her roles in supervisory positions have allowed her to influence hiring, orientation, continuing competence activities, and polices for staff in the psychiatric emergency department and the inpatient psychiatric unit.

**Pauline Paul**
PhD, MSc, RN

Pauline Paul’s service to the faculty of nursing with the University of Alberta has been outstanding. Pauline initiated and led the development of the bilingual nursing program to support bilingual students, the francophone community of Edmonton and surrounding areas. She also played...
a key role in developing the faculty’s BScN honours program, BScN after-degree, masters in nursing nurse practitioner adult program and the new direct-entry MN program. Pauline’s scholarly excellence is exemplary. She is intrinsically motivated to share knowledge, having supervised 22 graduate students, mentored numerous novice teachers, taught 14 courses and has given more than 75 guest lectures.

Glenna Phippen
BScN, RN

Glenna Phippen’s nursing career has spanned more than four decades. Glenna has worked in almost every area of nursing and her work has taken her to Ontario, Yukon, the United States and Uganda. Her life and work emulate what nursing is, service to others. She spent six years in Uganda managing five health clinics, providing community health care and staff education. For over 25 years, Glenna has volunteered as a camp nurse at children’s camps in central Alberta. She has also travelled to Mexico for the last five years, providing nursing care and health promotion in outpost clinics and villages. She currently works with CapitalCare Edmonton as a corporate educator.

Shahirose Premji
PhD, RN

Shahirose Premji was the founder and first president of the Canadian Association of Neonatal Nurses. Shahirose has been engaged locally, nationally, and internationally in activities to improve newborn healthcare standards, and recognition of neonatal nursing as an important specialty of practice to reduce childhood mortality. Shahirose has taught neonatal intensive care courses, and provided expertise in the development of nursing programs in Kenya, Tanzania, Pakistan and Syria. Locally, Shahirose has been involved in a number of studies and initiatives including a study to understand parents’ and public health nurses’ perception of caring for late-preterm infants in Alberta.

Janice Rae
MN, RN

Janice Rae is passionate about pain management issues. She initiated the acute pain service in Calgary at Rockyview General Hospital in 1998 and continues to be heavily involved in the planning and expansion of the service, which now serves all four adult hospitals in Calgary. Janice is a content expert and has presented on a variety of pain topics across Canada at a multitude of conferences. She is a resource and mentor to her colleagues and spreads the word about pain management by organizing local conferences for health-care providers. She also teaches workshops for in-services to hospital staff and nursing students on topics including pain assessment, pharmacology and modes of analgesic delivery.

Alice Reid
BScN, Retired

Alice Reid is one of the first indigenous nursing leaders in Alberta. Alice played a key role working with northern Alberta Cree communities and the University of Alberta to consider how traditional medicine and western medicine could work collectively and in harmony to improve the health and well-being in northern Alberta Cree communities. Alice was also instrumental in development of the aboriginal licensed practical nursing program at NorQuest College in Edmonton. Her leadership in representing the First Nations perspectives and building relationships with First Nations communities has significantly influenced the development of Canada’s aboriginal health-research policy.

Amal Remu
RN

Amal Remu has immensely contributed to the field of emergency response in public health. She has greatly advanced the role of a nurse manager and actively liaised with all levels of government to achieve greater public health preparedness across many jurisdictions. Through her leadership as a public health nurse manager, she made workplace well-being a priority. As a result, her team of nurses has successfully enhanced public health nursing surveillance for communicable diseases across Western Canada. In 1994, Amal established Health Education Inc., a company that promotes healthy behaviours and focuses on illness prevention. She has also been involved on a number of boards including the Canadian Red Cross, the Health Board, Poverty Alleviation Portfolio, Ismaili Council for the Prairies and the Calgary Homeless Foundation.
**Lucy Reyes**
MN, RN

Lucy’s work in ethics has established her as an expert in the field. She has a way of making informatics interesting and she is an ambassador for the advantages for patient care related to information systems and nursing applications. She is an active member of the Strategic Clinical Network Cardiovascular Arrhythmia and Stroke working group and the project lead for implementing Remote Monitoring across the province. She also led the integration of the Calgary, Lethbridge and Red Deer Cardiac Device programs Data Repository, the first in the province, which enhanced data flow among these sites resulting in continuity of the patients’ care record.

**Tracey Rice**
BScN, RN, CPN(C)

Tracey Rice is a daily advocate for education in the operating room and is an active member of the Operating Room Nurses Association. Tracey recently served as the education chair for the Operating Room Nurses Association of Canada, where she has helped plan their national conferences for the last four years. Tracey takes every opportunity to improve herself through advanced cardiac care, advanced trauma, and leadership courses. She is a strong advocate for CNA certification in perioperative and perianesthesia nursing and enjoys sharing her passion for perioperative nursing with new graduate nurses.

**Cheryl Robbins**
MN, NP

Cheryl Robbins is a dedicated nurse practitioner committed to advancing the NP role in Alberta. Cheryl served six years as an executive on the Nursing Practitioner Association of Alberta. Her leadership has helped to identify and address extant barriers to NP practice and to advance the nursing profession as a whole. Cheryl has contributed to important regional documents and reports, which are broadly shared across the country and influence policy decision-making. Her co-authored report, “Rural Health Services Review” focuses on the increased role of nursing, in particular nurse practitioners, in providing primary health services in Alberta.

**Charlotte Roch**
RN

Charlotte Roch is a role model to her home-care team in Smoky Lake. She has no hesitancy being a resource to the team. Charlotte continually attends many workshops that relate to her work load and is eager to share the information with her co-workers and make the changes to the program as necessary. Her past experience as a psychiatric nurse for seven years has been an asset to her home-care team. She is always questioning and exploring new ideas for home care to best manage caseloads to benefit the team and clients.

**Adele Royer**
BScN, RN

Adele Royer has been a leader among registered nurses working in primary care settings. She has been a strong advocate for registered nurses, serving on a number of committees. Adele served as chair of a clinical care coordinator committee at Chinook Primary Care Network where she played an integral part in developing the role of the registered nurse. Adele played an essential role in developing a job description for both RNs and LPNs at Chinook Primary Care Network. She is a mentor to registered nurses as well as to the facilitators she supervises in her current position as Director of Clinical Services within her primary care network.

**Winnifred Savard**
MN, RN

Winnifred Savard has contributed 34 years of exemplary nursing service and continues her dedication through her engagement in research for the development of new knowledge. Further, Winnifred is active with the advancement of patient care with her engagement and dedication with research in fetal and neonatal cardiology at the Royal Alexandra Hospital. Winnifred is certified with the International Board of Lactation as a certified lactation consultant, and has served as staff nurse and clinical educator for more than 20 years. She is also a member of the Sigma Theta Tau International Honor Society and member of the Canadian Neonatal Nursing Association.
What happens when… a local group of registered nurses determined to fill a significant nursing research void unique to their region partners with ARNET, Alberta’s nursing charity?

*They hold the fundraising event of the century that raises over $35,000 for educational funding support!*

The inaugural Lethbridge Lamplighters Gala was held on May 12th in celebration of nursing’s 100th anniversary with all funds raised in support of the development of the Lethbridge Legacy of Nursing Scholarship. The success of the event was only possible from the support of the gala attendees, donors and our generous community sponsors.

**Thank you to our event sponsors**

**Spotlight Sponsor**

**Gala Leaders**
- Cornerstone Funeral Home Ltd.
- Lethbridge Periodontal Associates
- Cox Financial Group

**Gala Supporters**
- Dr. Harry Penner
- Martin Bros. Funeral Chapels
- Costco Wholesale Canada

**Entertainment by**
- Dr. Brad Hagen, RN
- The Lethbridge Big Band
- Mr. Mark Campbell

**Gala Sponsors**
- Young Parkyn McNab LLP
- Kinsmen Club of Coaldale
- Norbridge Pharmacy
- Craig’s Home Sales
- Charlton & Hill Limited
- Wine Cavern
- Coast Lethbridge Hotel & Conference Centre
- The Goldworks Ltd.

**ARNET provides educational supports at all levels of RN continuing education. Visit arnet.ca for more details.**
Provincial immunization records now available in Alberta Netcare

Starting June 24, 2016, immunization records from across the province became available through Alberta Netcare Portal. Previously, this data was only available from the Edmonton area.

At the click of a button, authorized clinical users will be able to view their patients’ immunization records in order to determine if their immunizations are up to date. Users can expect to see immunization details including: date, vaccine/antigen and service location. This data assists immunizers, primary care providers, emergency clinicians and specialists to make clinical decisions.

The immunization records come from AHS (publicly funded vaccine and some travel clinics) and community pharmacies (influenza vaccine). Immunization data for AHS facilities go back 20-50 years, and pharmacy sites go back 6-10 years.

For detailed information about the immunizations that will be available from each source, or to view training opportunities, please visit: www.AlbertaNetcare.ca/LearningCentre/Immunizations.htm

NOTICEBOARD

Carna Provincial Council Meeting
Sept. 22 – 23, 2016 | Edmonton
nurses.ab.ca

U of a Hospital Class of 1958 Reunion
Oct. 11 – 14, 2016 | Jasper
ellisbro@shaw.ca

Friends of Health Sciences Awards Dinner
Oct. 20, 2016 | Lethbridge
uleth.ca/healthsciences/friend

Palliative Care Education and Research Days
Oct. 24 – 25, 2016 | Edmonton
covenanthealth.ca

Pain Awareness Education Day
Nov. 8, 2016 | Calgary
pained5.eventbrite.ca

Health and Wellbeing in Children, Youth and Adults with Developmental Disabilities Conference
Nov. 16 – 18, 2016 | Vancouver
interprofessional.ubc.ca

The submission deadline for events and reunions in the Fall 2016 issue of Alberta RN is Aug. 5, 2016. Go to nurses.ab.ca for a complete and up-to-date listing of events and reunions or to submit an event for publication.

In Memoriam will return in the fall 2016 issue. We apologize for the inconvenience.

Northcott Care Centre in Ponoka, is a 72-bed, long term care facility and is seeking a Best Practice Nursing Leader to assist in planning, organizing and directing nursing services.

Please refer to our website for additional information.

www.qualicarehealthservices.com
I came to CARNA at the beginning of March in 2006. My career began as a public health nurse in northern Manitoba. I fully enjoyed getting to know and take care of new moms, kids at school, and entire families in these communities. Community health nursing was really about connecting with families and knowing your community at the level of its heartbeat. I realize now how privileged I was to have that experience as a nurse since it shaped my belief system and eventually my career. I soon moved into management and then into senior leadership positions in the provincial government and health-care delivery system.

An opportunity in the executive role at CARNA became available, and I realized this challenge. So my husband and I, with our two four-year-olds, moved to Edmonton. At that point in time, the Alberta Association of Registered Nurses (AARN) had only recently become CARNA with the implementation of the Health Professions Act (HPA).

When I arrived in 2006, the building had just been renovated into the shape it is in now. There were less than 60 staff members and just under 29,000 practising CARNA members. The operating budget was approximately $12 million and annual registration fee for an RN was $360. We were publishing 11 copies of Alberta RN a year and Twitter was virtually unheard of. Facebook was limited only to college students. Enewsletters were nonexistent and many of our members did not even use email or a computer yet. All education sessions were done face-to-face.

Registration renewal was done with a pen and a long paper form, either mailed in or dropped off right to the office. Members and staff alike were just starting to really understand the continuing competence requirements of the new legislation.

Beyond supporting staff, where I really saw my role was to get CARNA and nursing on the radar of stakeholders in the province, the country and, frankly, the world. I firmly believe that registered nurses have many of the answers to the issues in health care, but in order to have influence, we needed to be seated at the right tables.

It just wasn’t as simple as asking for an invitation, and in fact the tables that we needed access to were, in a sense, invisible to us—we didn’t even know what we could be invited to! We needed the credibility to be let in on what was happening in the circles of influence on the health-care system. Credibility like this is built in increments and has to be based on knowing the issues and being able to really articulate a unique nursing position on the issues. I was thrilled to be invited, just three years after I started as CARNA CEO, to sit on the Minister’s Advisory Committee on Health.

One of the major accomplishments of this committee was the passing of the Alberta Health Act into law. I am particularly proud of the influence I had on the language of the Act. Nursing values are clearly embedded in the principles, including the recognition that health-care services be delivered in a way that “understands the experiences, recognizes the perspectives and responds to the health needs of individuals, families and communities.”

Other major collaborative accomplishments of note during my CARNA tenure occurred in 2009, when CARNA and other Canadian nurse regulators became associate members of the National Council of State Boards of Nursing, and the Canadian Council for RN Regulators was created, with CARNA as a founding member. I also became Chair of the National Nursing Assessment Service in 2015.

Over the past ten years, the environment within and around CARNA has been ever-changing, even chaotic at times. The amalgamation to one provincial health region, Alberta Health Services, was not always smooth. And who could forget renewal 2014 when we experienced a perfect storm of changing our electronic membership database, MyCCP challenges and jammed telephone lines? We apologized, learned and improved.

Now, my children are entering high school in the fall. The building that was newly-renovated then is bursting at the seams. CARNA currently has a budget of $24 million, just under 100 staff members and nearly 38,000 practising members.

We have fully embraced electronic practice permits, with nearly 100 percent of members renewing online. Elections for provincial council are fully online and take place virtually with the push of a button. As well as continuing to publish four Alberta RN magazines per year, we have embraced electronic communication with members, including monthly enewsletters, quarterly provincial council highlights after every meeting and regular NP updates to the nurse practitioner members.

Eleven years after the HPA, CARNA is regarded as having done a masterful job of managing the dual mandates of regulation and professional advocacy. Our organization has been held as a model of maintaining integrity in this balance. And yet, while I believe we deserve this reputation, one of the few regrets of my tenure as CEO is that I wasn’t able to fully convey the full extent of external pressures on CARNA, and all health regulators.

But any regrets I have are far outweighed by the pride I feel in the routine work of regulation performed by the staff of CARNA every day. I always knew that I could completely count on the work going on in the office, sometimes very difficult and challenging work, to build our reputation. To them, I especially give my thanks.

Mary-Anne Robinson, MSA, BN, RN

This is a condensed version. Read the full story at nurses.ab.ca.
Get ready to celebrate a century of nursing in Alberta!

- Cocktail reception
- Tribute to the history of nursing in Alberta
- Plated dinner, entertainment and a chance to mingle and celebrate the night away

GET YOUR TICKETS NOW!

TICKETS $85 AT carna100.ca
On May 7th, the sun shone bright for ARNET’s Nurses on the Run at Bower Ponds in Red Deer. Participants walked, ran, strolled and partied the night away raising $23,000 to support nursing education for Alberta RNs and NPs!

Thank You!

PHOTOS BY GARTH WALKER

To our sponsors and supporters… our sincere appreciation for helping to create a successful event!

ARNET provides educational supports at all levels of RN continuing education. Visit arnet.ca for more details.
This is the third of four SPECIAL EDITION issues of Alberta RN magazine.

Arrange the covers like this for a one-of-a-kind collage of Alberta nursing throughout the past 100 years.
NURSE RELIEF CAN HELP YOU!

Call Nurse Relief to plan ahead OR to fill positions immediately! Our experienced nurses provide a high level of service and are available to jump right in and get to work. By having access to supplemental staff, healthcare facilities can prevent staffing shortages and mandatory overtime! The benefits are wide ranging for patients, nurses and management.

How Can NURSE RELIEF INCORPORATED help you?

- Nurse Relief is a mobile temporary nursing staffing agency
- We provide skilled nurses on a contract basis to assist with urgent staffing needs
- Nurse Relief saves health care facilities on overtime costs
- Nurse Relief prices are competitive
- Nurse Relief has been providing nursing services in Canada since 2001
- Nurse Relief is regulated by the College & Association of Registered Nurses of Alberta.

HELP IS AVAILABLE! Now Accepting Resumes!

CALL NURSE RELIEF INCORPORATED, HEATHER PRINGLE RN / PRESIDENT
780-477-0610 info@nursereliefinc.ca www.nursereliefinc.ca