

# Info Nursing

A publication of the Nurses Association of New Brunswick



## In this issue....

Journalist, Researcher,  
and Scholar in Residence Guest  
Speakers at 2007 Annual Meeting

Substance Misuse

Annual Report

2007 Annual Meeting Resolution



## VISION STATEMENT

The vision of the Nurses Association of New Brunswick is: Nurses shaping nursing for healthy New Brunswickers. In pursuit of this vision, NANB exists so that there will be protection of the public, advancement of excellence in the nursing profession (in the interest of the public), and influencing healthy public policy (in the interest of the public).

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### Submissions

Articles submitted for publication should be typewritten, double spaced and not exceed 1,500 words. Unsolicited articles, suggestions and letters to the editor are welcome. Author's name, address, and telephone number should accompany submission. The editor is not committed to publish all submissions.

### Change of address

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

### Translation

José Quimet, Optimum Translation and McLaughlin Translation

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# NANB BOARD OF DIRECTORS



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# Info Nursing

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# Journalist, Researcher and Scholar in Residence

## Guest speakers at the 2007 annual meeting

Invited guest speakers at the 2007 annual meeting and conference, to be held May 30 and 31 at the Delta Fredericton, include Suzanne Gordon, Dr. Deborah White and Michael Villeneuve who will reflect on the challenges facing the nursing profession from three very unique perspectives as well as explore this year's theme "Nursing: Evidence, Innovation and the Future."

Suzanne Gordon, an award-winning journalist and adjunct professor at McGill University, will outline the challenges society is facing in recruiting and retaining a nursing workforce and why nurses' voices and message are essential in communicating their work, the challenges of their work environments and in influencing the current debate about health care and workforce issues.



Ms. Gordon is perhaps best known for her best-selling book *From Silence to Voice: What Nurses Know and Must Communicate to the Public*. Her most recent publication is *Nursing Against the Odds: How Health Care Cost Cutting, Media Stereotypes, and Medical Hubris Undermine Nurses and Patient Care*. Based on this last book, her annual meeting address is entitled "Changing the Odds for Nursing and Patient Care: What Nurses Can Do to End the Nursing Crisis."

A University of Calgary educator and researcher, Dr. Deborah White will look at the importance of having an explicit understanding of the work of registered nurses in health

care delivery in order to maximize the contributions of RNs and other health care providers in health care delivery.

Entitled "An Evidence-Informed Approach to Optimizing Nursing Role Enactment," her presentation will shed light on her current program of research which focuses on three interrelated factors that influence patient safety and quality of care — workforce capability and development, structures and process in the work environment and organizational practices and cultures.

Michael Villeneuve, scholar in residence at the Canadian Nurses Association and executive director of the Academy of Canadian Executive Nurses, will explore how nursing needs to change to meet health care demands in 2020. The greatest volume and pace of change in human history, he believes, will

happen between now and 2050 — exactly the career time of all the students who started nursing school last September. By 2020, these students will have been in the workforce for a decade. What world will confront them during their careers, and how are they preparing for what lies ahead.

Based on the publication *Towards 2020: Visions for Nursing* for which he was co-principal investigator, Mr. Villeneuve's presentation is entitled "Towards 2020: New Directions for Canadian Nursing." Using humor and futuristic scenarios, Mr. Villeneuve will challenge the audience to envision a "Brave New World" where nurses assume new roles with greatly

# ASK A PRACTICE ADVISOR

## Substance Misuse

By Virgil Guitard

### Question:

*I work in a health care facility and have concerns that my RN co-worker may have a substance abuse problem. She was always such a "good nurse" but recently her charting is inadequate and she displays poor judgment particularly with medications. What should I do in this situation?*

### Response:

*Co-workers are often the first to identify changes or problems in their colleague's practice when there are issues of substance misuse. As a co-worker, it is your professional responsibility to respond to and to report inappropriate behavior when it occurs. Address specific behaviors and not the person.*

The facts should be documented as fairly and completely as possible and in a timely manner. Limit the documentation to the facts surrounding the situation such as the time, place and other persons involved in the incident/situation. Submit your report to the manager responsible for direct supervision of the co-worker involved. Allowing inappropriate and non-productive behaviour to go unquestioned avoids confrontation but encourages and perpetuates the behaviour. You must act quickly and question inappropriate behaviour when it occurs.

It is important for RNs to be aware of signs and symptoms of substance misuse so they can facilitate the necessary help for their colleagues and prevent harm to clients. It may be very difficult and stressful to confront a colleague. RNs are often unsure of how and when to intervene if they suspect their colleague is misusing drugs or chemicals. Addressing the concerns rather than concealing them demonstrates caring for the colleague and advocating for safe client care.

Symptoms alone are not necessarily an indication that there is a substance abuse problem. The literature identifies numerous physical signs, behaviors and changes in professional practice that are warning signs of a potential problem. Here are some examples of warning signs:

- emotional lability, mood swings, irritability, depression, suicide threats, euphoria;
- inappropriate verbal or emotional responses;
- diminished alertness;
- confusion or memory lapses;
- noticeable deterioration in or exaggerated attention to hygiene, strong breath freshener, or perfumes as a "cover-up";
- wearing long sleeves at all times; and
- increased isolation from colleagues, friends and family, skipping meals and frequent trips to the washroom.

The workplace is often the last place for substance abuse to be discovered. By the time signs of abuse are observed in the

workplace, the nurse typically has developed a significant substance abuse problem (NANB, 2003).

The manager plays a key role in the management of any situation involving staff misusing substances. Objective, accurate documentation of examples of impaired nursing practice and evidence of substance abuse must be kept by the manager. It is the manager's responsibility to respond to each incident/situation as reported by co-workers or as witnessed first hand. An investigation by the manager may establish a pattern of behavioral indicators, changes in job performance and/or indications of drug theft or tampering that indicate there is a substance abuse problem.

As a pattern of poor behaviour emerges over time, the manager gathers all of the facts and confronts the larger problem. It is critical that the terms and conditions of collective bargaining agreements are adhered to when dealing with a situation involving substance abuse.

Substance abuse by a nurse is a serious and complex issue that leads to impaired practice and endangers the health and safety of the public, other members of the health care team and the nurse. Prevention, early recognition and effective treatment programs for nurses with substance abuse and addiction problems are essential to the health and well-being of these nurses and to the provision of safe, quality nursing care (CNA, 2002).

For more information on the recognition of substance abuse, interventions, co-worker and manager responsibilities, strategies for dealing with other staff members, and re-entry to practice following a rehabilitation program, please refer to NANB's document *The Recognition and Management of Substance Abuse in the Nursing Profession* (2003). You may obtain a copy by calling NANB at 1-506-458-8731/1-800-442-4417 or on our Web site at [www.nanb.nb.ca](http://www.nanb.nb.ca)

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Nurses Association of New Brunswick. (2005). *Standards of Practice for Registered Nurses*. Author. Fredericton.

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Editor's note: Virgil Guitard is a nursing practice advisor with the Nurses Association of New Brunswick.

# Nursing: Evidence, Innovation and the Future

91st Annual Meeting Agenda – Delta Hotel, Fredericton

## Annual Meeting

**Wednesday, May 30, 2007**

**0730**

Registration

**0900-1030**

Call to order  
Introductions

Greetings Department of Health  
Greetings Karen Neufeld, CNA president-elect  
Approval – agenda, rules and privileges  
Appointment of scrutineers  
Deadline for resolutions (12 noon)  
Announcements  
President's address  
Annual update to members – Executive Director  
Auditor's report

**1030-1100**

Nutrition break  
Announcement (deadline for resolutions)

**1100-1200**

Presentation, CNA President-Elect, Karen Neufeld

**1200-1330**

Lunch break

**1200-1300**

Students forum\*\*

**1330-1430**

*Trends and Issues Related to Professional Liability*  
– Ann Tapp, professional liability officer, Canadian Nurses Protective Society

**1430-1530**

Resolutions committee report  
Voting on resolutions  
New business

**1530-1600**

Nutrition break

**1600-1630**

Election results  
Installation of new president  
Invitation to 2008 annual meeting  
Adjournment

**1800-2100**

Cash bar

**1900**

Awards banquet

\*Deadline for purchase of banquet ticket is  
May 23, 2007

\*\* For student attendees.

## Conference

**Thursday, May 31, 2007**

**0800**

Registration

**0900-1000**

Keynote speaker – *Changing the Odds for Nurses and Patient Care: What Nurses Can Do to End the Nursing Crisis*, Suzanne Gordon, journalist and adjunct professor, McGill University

**1000-1030**

Nutrition break

**1030-1130**

*An Evidence-Informed Approach to Optimizing Nursing Role Enactment* Dr. Deborah White, assistant professor, faculty of nursing, University of Calgary

**1130-1300**

Lunch break

**1300-1430**

**Nursing Innovations in N.B.**

*Guidelines to Communicating With Physicians Using the SBAR Process* Jane Duncan, staff educator, Surgical Program, South East Regional Health Authority (Region 1)

*Nurses Improving Care to the Elderly in Acute Care* Dawn Torpe, clinical nurse specialist, River Valley Regional Health Authority (Region 3)

*Evidence-Informed Nursing Care: Development of a Support Program for Family Caregivers*  
Suzanne Ouellet, professor, school of nursing, Université de Moncton, Shippagan Campus

**1430-1500**

Nutrition break

**1500-1615**

*Toward 2020: New Directions for Canadian Nursing*  
Michael Villeneuve, scholar in residence, Canadian Nurses Association and executive director, Academy of Canadian Executive Nurses

**1615-1630**

Closing remarks and wrap-up

# Annual Meeting

## Rules and privileges

The following are the standing rules governing the annual meeting. Members should note procedural authorities for further references.

- 1) When approved by a majority of the voting members and the registered proxies, the *Standing Rules* shall apply throughout the annual meeting.
- 2) *Robert's Rules of Order* shall be the parliamentary authority in all cases not covered by the *Nurses Act, Bylaws, Regulations, or Standing Rules*.
- 3) The order of business shall be that printed in the program. Subject to the consent of the voting members and the registered proxies, items of business may be taken up in a different order whenever appropriate.

## Rules of debate

- 1) Any member, student or member-at-large may ask questions and participate in discussions.
- 2) Speakers shall use microphones, address the chair and state their name and chapter. The chairperson shall call speakers in the order in which they appear at the microphone.
- 3) Motions or amendments to main motions may be made only by a practising member and must be seconded by another practising member. To ensure accuracy, these must be presented in writing on forms provided, signed by the mover with the name of the seconder, and sent to the recording secretary.
- 4) The chairperson will exercise her responsibility to limit debate. A speaker will be given a maximum of two minutes and may speak only once to any motion unless permission is granted by the assembly. The chairperson will announce the termination of the discussion period ten minutes in advance.
- 5) All resolutions and motions shall be decided by a majority of the votes cast.
- 6) Only practising members present and registered proxies have the right to vote and voting shall be by show of hands and proxy cards, except in the case of elections where voting will be by ballot or unless a secret ballot is ordered.
- 7) Smoking is not permitted in the main meeting room.
- 8) Placards and posters are not permitted in the main meeting room.
- 9) The board of directors shall have the authority to approve the minutes of the annual meeting.
- 10) The rules of debate shall be strictly observed.
- 11) As some participants may be sensitive to perfume or aftershave, members are asked to refrain from wearing scents.



## Notice of annual meeting

In accordance with Article XIV of the bylaws, notice is given of an annual meeting to be held May 30, 2007 at the Delta Fredericton, Fredericton, New Brunswick. The purpose of the meeting is to conduct the affairs of the Nurses Association of New Brunswick (NANB).

Practising and non-practising members of NANB are eligible to attend the annual meeting. Only practising members may vote. A membership certificate will be required for admission. Students of nursing are welcome as observers.

### Resolutions for annual meeting

Resolutions presented by the general membership according to the prescribed deadline, March 8, 2007, will be voted on by the general membership. During the general session, however, members may submit resolutions pertaining only to annual meeting business.

*Roxanne Tarjan, Executive Director, NANB*

# Proxy Voting

## What you need to know

Anyone who does not plan to attend the 2007 annual meeting can make their views known through a process called proxy voting. Simply put, it is a way of voting at annual meetings by means of a proxy or person that you have entrusted to vote on your behalf. Please read the following information carefully to make sure that your opinions are counted.

### What is a proxy?

A proxy is a written statement authorizing a person to vote on behalf of another person at a meeting. NANB will use proxy voting at the upcoming annual meeting, May 30, 2007, in Fredericton.

By signing the proxy form on this page, practising members authorize a person to vote in their place. Nurses attending the annual meeting may carry up to four proxy votes as well as their own vote.

### What the Association bylaw says about proxy voting

The following NANB bylaw outlines the proxy voting process. An explanation of this bylaw, with appropriate examples, follows: A12.09 A. Each practising member may vote at the annual meeting either in person or by proxy. B. The appointed proxy must be a practising member. C. No person shall hold more than four (4) proxies. D. The member appointing a proxy shall notify the Association in writing on a form similar to the following or any other form which the board shall approve. Proxy forms shall be mailed to members approximately one (1) month prior to the date of the annual meeting. This completed form shall be received at the Association office by the Friday immediately preceding

the annual meeting.

### Information for nurses who give their vote away

Nurses holding NANB practising memberships may give their vote to another practising member. They should, however, keep the following in mind: (a) know the person to whom they are giving their vote, (b) share their opinion on how they wish that person to vote for them, (c) realize that the person holding their proxy may hear discussions at the meeting that could shed a different light on an issue (so discuss the flexibility of your vote), (d) fill out the form on this page accurately (the blank form may be reproduced if necessary), and (e) send the form to the NANB office. All forms must be received at the office by May 25, 2007 at 1300 hrs.

When proxy forms are received at the Association office, staff members check that both nurses named on the form hold practising membership and that the information on the form is accurate. Occasionally a form has to be considered void because the name does not coincide with the registration number on record. A form is also void if it is not signed, if it is not completely filled out or if there are more than four forms received for one proxy holder. Since one nurse may hold only four proxies, a fifth form received for that nurse is void. Also no forms are accepted if received after May 25, 2007 at 1300 hrs. Forms sent by FAX will be declared void.

### Information for nurses who carry proxies at the meeting

Keep the following facts about proxy voting at the tip of your fingers:

- Practising members of NANB may carry proxies.
- The maximum number of proxies that can be held is four. There is no minimum.
- Know the persons whose votes you carry and discuss with them how they want to vote on issues.
- At the time of the meeting, pick up your proxy votes at the proxy table.
- Sign your name on the proxy card.
- Proxy votes are non-transferable. They cannot be given to someone else in attendance at the meeting.
- During the meeting, participate in discussions. If information is presented that could change the opinion of nurses whose vote you carry, you may either get in touch with them, vote according to your own opinion or withhold your proxy vote.
- Always carry your proxy flags with you. If they are lost, you may not be able to retrieve them to vote.

### Clarification

Anyone wishing clarification on proxy voting is welcome to call the Association toll free at 1 800 442-4417 or locally at 458-8731. □

## Proxy Voting Form (please print)

I, \_\_\_\_\_,  
a practising nurse member of the Nurses  
Association of New Brunswick, hereby appoint,  
\_\_\_\_\_  
registration number \_\_\_\_\_  
as my proxy to act and vote on my behalf, at  
the annual meeting of the Nurses Association of  
New Brunswick to be held May 30, 2007 and any  
adjournment thereof.

Signed this day \_\_\_\_\_ of \_\_\_\_\_ 2007.

Registration no \_\_\_\_\_

Signature \_\_\_\_\_

To be received at NANB offices before May 25,  
2007 at 1300 hrs. Send by mail to: NANB, 165  
Regent St., Fredericton, NB E3B 7B4. Proxies  
sent by fax will be declared null and void.





**2006 Annual Report**

**Nurses Association of New Brunswick**

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## **Vision**

Nurses shaping nursing for healthy New Brunswickers.

## **Mission**

The Nurses Association of New Brunswick is a professional regulatory organization that exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice and by advocating for healthy public policy.

## **NANB Role**

The Nurses Association of New Brunswick under the authority of the *Nurses Act* (1984) is responsible for advancing and maintaining the standards of nursing in the Province, for governing and regulating those offering nursing care and for providing for the welfare of members of the public and the profession.

Utilizing a regulatory framework based on promoting good practice, preventing poor practice and intervening when practice is unacceptable, the NANB is committed to the protection of the public and the assurance of safe, competent and ethical nursing care.

## **NANB Board Ends/Strategic Objectives**

Protection of the public.

Advancement of excellence in the nursing profession

Influencing healthy public policy.



### **BOARD OF DIRECTORS 2006-07**

Members of the board of directors for 2006-07 are (front row, left to right) Ruth Alexander, Region 2; Monique Cormier-Daigle, president-elect; Sue Ness, president; Roxanne Tarjan, executive director; and Bonnie Matchett, Region 7.

In the back row (left to right) are Linda Leblanc, Region 4; Ruth Riordon, Region 3; Cheryl Drisdell, Region 1; Wayne Trail, public member; Margaret Corrigan, Region 5; and Rose-Marie Chiasson-Goupil, Region 6.

## President and Executive Director's Message

This report provides highlights of NANB activities during 2006 to fulfill its regulatory mandate and support and advance nursing practice in New Brunswick.

Association outreach to members, enhancing connectivity and visibility remain a priority. During 2006, the Association met face to face with approximately 2000 nurses through a variety of forums and provided individual support related to regulatory, practice, policy and education issues on well over 6000 occasions to nurses using telephone, electronic and/or written communication. Ensuring members/registrants across the province are kept informed about nursing issues, enhancing awareness of nursing standards and engaging nurses in professional matters are essential activities to support the NANB's regulatory mandate. This report highlights many of those initiatives.

Implementation of the recommendations from the 2004-2005 *NANB Organizational Review* is ongoing. In September, the new, smaller 12-member NANB board of directors was initiated. As well, chapter presidents from across the province participated in the first Chapter President's Forum in October to facilitate communication and support to chapters, their executive team and members. For the first time this April, members across the province will select a new president-elect by mail ballot allowing every registered nurse a voice in the selection of the association president for 2009 – 2011.

The year 2006 has seen concern intensify about the adequacy of nursing human resources to meet health system demands provincially, nationally and internationally. The NANB is an active participant in a variety of provincial and national initiatives focusing on the education of registered nurses, the utilization of nursing care providers, maximizing nurses' ability to bring the full extent of their knowledge, skill and judgment to the delivery of nursing and health services as well as enhancing the assessment of and supports for internationally educated nurses to facilitate their successful integration in the Canadian health system and society.



**Sue Ness**  
President



**Roxanne Tarjan**  
Executive Director

Operationally, the NANB is upgrading and redesigning its Web site, enhancing the NANB data base functionality, developing an online process for initial registration, and designing and developing an electronic news bulletin for members and stakeholders. The Web site and electronic bulletin will be launched this fall. Enhancing NANB services and systems positions the Association to better meet members' communications expectations and facilitates the Association's supports to professional nursing practice.

The implementation of the Continuing Competence Program for 2008 reflects the Association's and members' commitment to competent, ethical and safe nursing services for the people of New Brunswick. Public protection through responsible and proactive regulation remains the most important aspect of our mandate. Working collaboratively, both provincially and nationally, ensures the NANB will continue to evolve as required to meet the public's need.

Thank you to all NANB members and staff for your engagement and commitment to the profession and the Association.

A handwritten signature in black ink that reads "Sue Ness".

**Sue Ness**  
President

A handwritten signature in black ink that reads "Roxanne Tarjan".

**Roxanne Tarjan**  
Executive Director

# Board of Directors

## President

Sue Ness

## President-Elect

Monique Cormier-Daigle

## Region Directors

Cheryl Dirsdell (Region 1)

Ruth Alexander (Region 2)

Ruth Riordon (Region 3)

Linda Leblanc (Region 4)

Margaret Corrigan (Region 5)

Rose-Marie Chiasson-Goupil (Region 6)

Bonnie Matchett (Region 7)

## Public Representatives

Camille Breau

Carole Ryan Dilworth

Wayne Trail

## Executive Director

Roxanne Tarjan

# NANB Staff

## Executive Director

Roxanne Tarjan

## Directors

Lynda Finley

*Corporate and Regulatory Services*

Doug Wheeler

*Professional Practice and Policy*

Gérène Gautreau

*Director of Education*

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George Bergeron

*Manager, Communications and Membership Services*

Odette Comeau-Lavoie

*Professional Conduct Review Consultant*

Marie-Claude Geddry

*Administrative Assistant Registration*

Natalie Hartford

*Coordinator, Membership Communications*

Colette Heselton

*Bookkeeper*

Virgil Guitard

*Nursing Practice Advisor*

Jacinthe Landry

*Executive Assistant*

Denise Leblanc-Kwaw

*Registrar*

Paulette Poirier

*Corporate Secretary*

Shelly Rickard

*Manager, Finance and Administration*

Ruth Rogers

*Nursing Practice Consultant*

Shyanne Sherrard

*Secretary, Consultant Services*

Cyril Tobin

*Custodian*

Stacey Vail

*Reception/registration (maternity leave)*

# Highlights From 2006

## Protection of the Public

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### Mutual Recognition Agreement

The 1994 *Agreement on Internal Trade* (AIT), a federal, provincial and territorial agreement, was developed to reduce interprovincial barriers to the movement of workers, goods, services and capital. In response to the requirements of the AIT, provincial and territorial nursing regulatory bodies established a *Mutual Recognition Agreement* (MRA) to reduce barriers and facilitate the mobility of registered nurses between provinces. This initial agreement was developed and supported by most regulatory bodies in 2000. Since that date, nurse practitioner practice has been established across Canada and a MRA is required to facilitate their inter-provincial mobility. To update the current RN agreement and develop an NP

agreement, a national workgroup has been established with NANB as a member. The anticipated completion of the RN agreement will be in 2007 and the NP agreement in 2008.

### Canadian Nurse Practitioner Examination (CNPE)

The provincial and territorial regulatory bodies have worked collaboratively since 2000 with the Canadian Nurses Association and its testing subsidiary (Assessment Strategies Inc.) and the Canadian Nurse Practitioner Initiative (CNPI) to develop a national registration exam for primary health care nurse practitioners. The exam



*Fall 2006 Nursing Practice Forums.*

## HIGHLIGHTS FROM 2006

which is called the Canadian Nurse Practitioner Examination: Family/All Ages (CNPE F/AA) was administered for the first time in New Brunswick in May 2006. The exam will be offered twice a year and is a requirement for registration as an NP in New Brunswick.

### Temporary Nurse Practitioner Registration

The NANB board of directors approved the establishment of a temporary nurse practitioner registration in June 2006. The purpose for issuing a temporary nurse practitioner registration is to enable a registered nurse who has completed an approved nurse practitioner program and who has applied to write the Canadian Nurse Practitioner Registration Examination (CNPE) or who is awaiting the results of the CNPE to practice as a graduate nurse practitioner. Since the CNPE will only be administered twice a year (May and October), this allows the graduate NP to practise thus facilitating the integration of knowledge, skill, and judgment as a beginning practitioner.

A nurse practitioner with temporary registration is able to provide nursing care in accordance with the NANB document *Competencies and Standards of Practice for Nurse Practitioners in Primary Health Care* with the following limitations: the graduate nurse practitioner cannot order screening and diagnostic tests, prescribe drugs or order the application of energy without a physician or registered nurse practitioner reviewing and co-signing any order or prescription as noted above.

### Jurisdictional Review of Registered Nurse Exam Questions

A requirement of the ongoing development and maintenance cycle of the Canadian Registered Nurse Examination (CRNE) is a jurisdictional review of new test questions. NANB supports this process on an annual basis by recruiting a Francophone and an Anglophone review team from nurses in clinical practice and education. The Anglophone team met in June and the Francophone team met in August of 2006 to complete the review of questions. New "test questions" are integrated into the CRNE following an established validation process to facilitate the continuous renewal of the exam. The CRNE is provided under contract with the NANB and other jurisdictions by the Canadian Nurses Association and its testing subsidiary, Assessment Strategies Inc. (ASI).

### Temporary Emergency Registration

In October 2006, the Board approved a rule amendment to enable temporary emergency registration. The purpose of temporary emergency registration is to expedite the registration of eligible nurses and nurse practitioners in order to respond to an emergency situation within the province such as a natural disaster or a medical emergency such as a pandemic influenza. Temporary emergency registration will be limited to 60 days and will only apply to those nurses who meet all requirements for registration as established.

### Nurse Refresher Program: 2006 Statistics

The 2006 New Brunswick Nurse Refresher Program statistics continue to show a decrease in the number of enrollments as illustrated in the table below. Former registered nurses who do not currently meet the requirements for registration wishing to return to nursing practice are required to complete the above program which includes a clinical placement to meet requirements for registration. The program is provided to New Brunswick candidates through a contractual agreement with Grant MacEwan College, Alberta.

New Brunswick Nurse Refresher Program						
	2001	2002	2003	2004	2005	2006
<b>Enrollment for year</b>	18	64	26	25	18	9
<b>Completed</b>	22	43	15	15	7	9
<b>Did not complete</b>	4	2	0	1	0	0



## Entry-Level Competencies

Entry-level competencies describe what is expected of an entry-level nurse or new graduate in order to provide safe, competent and ethical nursing care in a variety of practice settings. Entry-level competencies also serve as a guide for curriculum development in nursing education programs and inform the public and employers of the competencies of newly registered nurses.

NANB participated in a national collaborative project, initiated by the jurisdictional executive directors, to revise entry-level competencies with a focus on consistency between jurisdictions. The document entitled *Competencies in the Context of Entry-Level Registered Nurse Practice* was approved by the NANB board of director in 2006 and replaces the 2000 *NANB Entry-Level Competencies* document.

## Sustaining the Supply of Registered Nurses

In 2006, the total number of students admitted to basic nursing education programs in New Brunswick was 428 which falls short of the 465 seats allocated for funding. The University of New Brunswick admitted 274 students out of their 281 allocated seats. This demonstrates a significant increase since 2005 when 219 students were admitted. In 2006, the Université de Moncton admitted 154 students out of their 184 allocated seats which demonstrates a significant decrease since 2005 when 172 students were admitted. Both universities have turned away qualified applicants because of capacity limitations. The NANB is continuing to work collaboratively with the universities and government through the Nursing Education Stakeholders Group to achieve full integration of all funded seats in an effort to mitigate the impact of an aging nursing workforce as well as the current and predicted future workforce shortage.

In September 2006, the Université de Moncton reported 36 nurses in their master's program and 20 nurses in the nurse practitioner program. The University of New Brunswick reported 46 in the master's program and 13 in the nurse practitioner program.

## Survey of Graduates and Their Employers

In 2005, NANB initiated a graduate nurse survey in partnership with the Université de Moncton. In 2006, the second cohort of New Brunswick graduates was surveyed. The goal of the survey is to identify the employment profile of graduates, their perception of their preparedness to assume the role of an entry-level nurse; their perception of the usefulness of orientation and mentorship programs and their future career intentions. Employers of nurse graduates are also surveyed to identify the employers' perception of the graduates' preparedness to assume the role of the entry-level nurse. The survey of new graduate nurses and their employers will continue over the next three years in order to facilitate analysis and trending data and inform ongoing development and maintenance of entry-level competencies and curriculum development for nursing education programs.

## Nursing Education Program Approvals

The NANB has the legislated authority under the *Nurses Act* (1984) to develop, establish, maintain and administer standards for nursing education. The purpose of the NANB nursing education approval process is to ensure that the NANB standards for nursing education are being met. Three education programs went through the approval process in 2006.

The Université de Moncton's (UdeM) nurse practitioner program went through its first approval visit in February 2006 and received the maximum approval status of three years with the requirement that the program submit a report to the NANB board each year demonstrating that specific recommendations from the approval team report are being addressed.

The UdeM basic nursing education program received the maximum approval status of five years with the condition that two satisfactory progress reports be submitted in 2008 and 2010.



*Fall 2006 Nurse Practitioner Forum.*

The University of New Brunswick's nurse practitioner program went through the approval process for the second time and received the maximum approval status of three years.

### **Continuing Competence Program (CCP)**

At the annual meeting in 2005, NANB members approved the establishment of the continuing competence program as a regulatory requirement to support public protection beginning in 2008. The purpose of CCP is to provide a framework for all New Brunswick registered nurses (RN) to demonstrate on an annual basis how they have maintained their competence and enhanced their practice.

The CCP requires nurses to reflect on their nursing practice using a three-step process. Program requirements include the development of a personal learning goal based on the *Standards of Practice for Registered Nurses*.

All members received a copy of the CCP manual (guide and worksheets) in January 2007. Nurse practitioner (NP) manuals include the basic RN package as well as an additional section reflecting NP competencies.

To support members in the implementation of this new regulatory requirement, one-hour information sessions will be offered throughout the province beginning in March through May, and again September through November 2007. In addition, information is available and will be updated regularly on the NANB Web site. Members can

also call the practice department for personal support in meeting the CCP requirements, or using the tools. *Info Nursing* will continue to offer information including a column entitled "Frequently Asked Questions."

## CNA Code of Ethics Review

The Canadian Nurses Association has initiated a review of its *Code of Ethics for Registered Nurses*. The project is being directed by Dr. Jan Storch. Work commenced in 2006 and is expected to be completed in 2008.

NANB participated in the first round of jurisdictional feedback September 19 and in a second round November 24, 2006. Early in the new year, all members had an opportunity to review and provide feedback to inform the review process. Additionally, focus groups will be facilitated through local NANB chapters.

## Practice Consultations

The NANB supports professional nursing practice in the public interest by promoting good practice and preventing poor practice. To achieve this objective, the nursing practice consultation service provides individual or groups of nurses with advice, guidance and support for decision-making in their practice. The service continues to be highly valued by members. In 2006, 676 queries were received, with 87% (580 queries) of these from registered nurses, two percent from student-nurses and 11% from non-nurses. Queries to the service are received by telephone, letter or E-mail.

The majority of the calls are received from nurses providing direct care (39.5%), followed by nurse administrators (33%). Nurse educators and researchers account for 10% of calls and nurse practitioners account for 2.8%. Close to 15 % of the queries come from members who are self-employed or who work in other practice settings such as industry, government, and so forth.

Practice calls are reviewed regularly to identify significant trends and issues affecting nursing practice and to identify priorities for future development. Clinical practice calls are down slightly over last year (from 18% to 12%). Professional practice (22%), scope of practice (16%), and legal/liability concerns (12%) are the other frequent topics for which the NANB is consulted. Ethical concerns (3%) and workplace issues (8%) round off the major topics. Twenty-six percent of all calls are for general information. Sixty percent of calls required follow-up, which may include a combination of call backs, research, expert consultation, mail out, referral, written opinion and/or site visits. Some topical issues include immunization, documentation, delegation of procedures, medical orders and directives, skill mix and nurse practitioner practice.

## Employer Verification of Registration

Employers are required under the *Nurses Act* (1984) to verify at least annually that nurses in their employ are registered with NANB. In order to assist employers with this time consuming activity, NANB introduced an on-line system which enables employers to verify the status of nurses in their employ quickly and efficiently. The system was piloted in the fall of 2004 and was made available to all employers at renewal time in 2005. The system also enables individual registered nurses to verify their registration status on-line. The system continues to be used widely and is a valued resource to both employers and nurses as reflected by positive feedback received.

## Emergency-Preparedness

During 2006, further development of the NANB "Business Contingency Plan" was completed. The final draft of the business plan will be completed in 2007 for presentation and consideration by the NANB board of directors.

The NANB Web site continues to maintain links to essential information sources to assist members in accessing information related to pandemic, influenza, Avian flu and West Nile virus as appropriate.

# Advancement of Excellence in the Nursing Profession

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## **NANB Awards**

Every two years at the NANB biennial meeting the NANB awards are given to worthy recipients. The awards include: life membership; honorary membership; excellence in clinical practice; and awards of merit in practice, administration, research and education. A new award, the entry-level nurse achievement award, was approved by the NANB board of directors in October 2006 and will be given for the first time at the Awards Banquet at the biennial meeting on May 30, 2007.

## **CNA Certification**

NANB and its members continue to contribute, participate in and support the Canadian Nurses Association (CNA) certification process. A total of 100 New Brunswick nurses received specialty certification from the CNA in 2006 in the following areas: cardiovascular, community health, critical care, emergency, gerontology, hospice palliative care, nephrology, neuroscience, occupational health, oncology, orthopaedics, perinatal, perioperative, psychiatry/mental health and rehabilitation.

## **Canadian Nurse Practitioner Initiative**

The Canadian Nurse Practitioner Initiative (CNPI), funded by Health Canada and led by the Canadian Nurses Association, was established to develop a pan-Canadian framework to promote the sustained integration of the role of the nurse practitioner in primary health care in order to improve Canadians' access to health services. The initiative was launched in June 2004 and was completed in March 2006. The final report included recommendations relating to: legislation and regulation; practice and evaluation; health human resources planning; education; and change management, social marketing and strategic communications. The NANB will now use this report to inform the further development and integration of the NP role in New Brunswick.

## **CNA Memorial Book**

Two New Brunswick nurses, Edith Branch Pinet of the Acadian Peninsula and Lynn Margaret Childs of Saint John, were recognized in the CNA Memorial Book at the CNA Biennial Meeting in June 2006, following nomination by the NANB board of directors.

## **NANB NP Forum**

The objective of this annual one-day event is to support the implementation of the NP role by bringing together nurse practitioners, graduate nurse practitioners and RNs enrolled in an NP program to share information on regulatory and practice issues; to provide an update on current government initiatives; and to provide an educational component/event. The NANB NP forum was held October 27, 2006 in Moncton with 18 nurse practitioners, seven graduate nurse practitioners, 11 NP students, and four others for a total attendance of 40. As indicated by attendance, the forum is valued by participants and has facilitated the integration of NPs into the New Brunswick health care system.

NPs are currently working to establish an NANB NP Interest Group. A small working group is currently developing a constitution and bylaws for submission to the NANB board of directors meeting in 2007.

## Fall Forums

In the fall of 2006, members of the NANB practice department held 10 full-day member forums across the province. Four hundred and forty-nine (449) nurses attended the sessions: one hundred and eleven (111) for the CCP presentation only, and three hundred and thirty-eight (338) for the full-day.

Members were updated on a variety of issues related to NANB's mandate and activities. Attendees also participated in an open discussion, providing an opportunity for members to query NANB staff as well as identify areas of concern related to nursing practice and health care services including providing suggestions for improvement in these areas. Information gathered from nurses will inform ongoing or future work of NANB. The CCP review/update was clearly the most enticing part of the day. Nurses also voiced interest about the NurseOne portal, which was described or demonstrated, and directions for signing on given. Feedback provided through session evaluations was overwhelmingly positive. Members continue to value and benefit from these outreach activities.

Suggestions received will be used to enhance the development of future forum agendas.

## Controlled Drug and Substances Act (CDSA)

The national Advisory Committee on Expanding the Authority to Prescribe Controlled Substances (of which CNA is a member) has been working over the past few years to assist the Office of Controlled Substances (OCS) in the development of a policy framework to expand the term "practitioner" to include other health professionals.

CNA and its jurisdictions support a broad prescriptive authority at the federal level with restrictions/limitations to be decided using provincial processes already in place to determine scope of NP prescriptive authority. NANB's executive director and nursing practice consultant met with Andy Scott, MP, November 15, 2006 to discuss the draft Policy Framework. Mr. Scott agreed to meet with OCS to reinforce the need for a broad prescriptive authority for nurse practitioners.



*Fall 2006 Nursing Practice Forums.*

## HIGHLIGHTS FROM 2006

The draft framework for granting authority to other health professionals under the CDSA is now ready and it is anticipated that the new regulations will be published in the *Canada Gazette*, Part 1, in the spring of 2007. Extending prescriptive authority for controlled drugs to registered nurses who have been granted prescriptive authority through their regulatory body will increase access to needed services by the public.

### **Supporting Quality Resident Care in Long-term Care Settings**

At the June 2005 annual general meeting, a resolution was submitted by members Debbie Walls and Kim Arsenault requesting NANB to lobby the New Brunswick Government "to ensure that nursing homes throughout the province are adequately and appropriately staffed to meet the increasing needs of the residents."

As part of responding to this resolution, which was approved by members, NANB met with thirty-three rep-

resentative directors of nursing or client services from nursing homes at five locations in the province in March and April 2006. These sessions highlighted the challenges the long-term care sector is facing in meeting resident care requirements as well as providing input on how current nursing services could be improved to better respond to the increasingly complex and acute population health needs in nursing homes.

The NANB has utilized this information in its communications with the Department of Family and Community Services and will inform dialogue and input into the anticipated review/development of a long-term care strategy by government.

### **Supporting Research**

NANB collaborated with the Women's Health Research Unit, Institute for Population Health, University of Ottawa, in a national survey of civilian and military nurses and physician assistants who have worked in emergency



*Joint Educators' Forum – 2006.*

departments or critical care. Entitled, "Caring About Healthcare Workers As First Responders," the purpose of this project is to explore which organizational arrangements and supports are needed by health care workers as they balance their work roles and family responsibilities during infectious disease outbreaks. Of 15,000 nurses to be surveyed from across Canada, 500 were selected from New Brunswick. There was a two-phase mailing to New Brunswick Nurses – one in early May 2006 and the second in early June 2006.

NANB also participated in the research study, "Interdisciplinary Collaboration in Community Practice: Assessing Attitudes and Participation in Team-Based Health Care," led by Dr. Roy Dobson, College of Pharmacy and Nutrition, University of Saskatchewan. The study is funded by the Canadian Institutes of Health Research and the Saskatchewan Health Research Foundation. The research design is a three-year panel study of community-based health care practitioners, located within the Maritime Provinces, Quebec, Ontario, the Prairie Provinces, British Columbia, and the Territories. Eligible health care practitioners include: nurses licensed to practice by their respective provincial regulator and engaged, either full-time, part-time, or on a casual basis in community practice, family physicians/general practitioners, community pharmacists, and dietitians. Nurses are recognized as essential members of interdisciplinary teams, having a significant presence in the community, primarily as home care case managers, home care nurses, public health nurses, and in remote nursing stations. Those selected to participate received a baseline questionnaire in March 2006 with a follow-up questionnaire to come around the same time in 2008.

Researchers have acknowledged the participation and support of the NANB and its members when contacted, demonstrating commitment to the advancement of nursing knowledge and practice and the quality of health care services.

## **Defining a Framework for Registered Nurse Practice in Canada: CNA Scope of Practice Counterparts**

In early 2005, CNA established an advisory committee of jurisdictional representatives to identify and address issues relating to the changing scopes of practice and potential implications for patient safety and quality care. The committee was mandated to develop a national framework for registered nurse practice in Canada to promote a common understanding about what constitutes registered nurse practice in Canada.

The committee met four times in 2006, including three teleconference meetings and one face-to-face meeting. The final draft was circulated in October 2006 for national consultation. The steering committee discussed the feedback from the national consultation at a teleconference meeting on December 14. A final version of the framework will be drafted and approved by the committee. The proposed final version was presented to the CNA board of directors at its meeting in March 2007.

## **Supporting Intra-Disciplinary Collaboration**

In response to direct communications from members concerned about changes in the education and practice of LPNs, NANB staff met with representatives of the Association of New Brunswick Licensed Practical Nurses (ANBLPN) and New Brunswick Community College (NBCC, English branch) April 24, 2006. The ANBLPN and NBCC representatives reviewed the process for the establishment of curriculum and competencies for LPNs in the province and the respective roles and responsibilities of the ANBLPN and NBCC in this area. Additionally, the impact of a uniform national entry to practice examination and the requirement for national mobility of LPNs was highlighted. Framework and content of the adult physical assessment program and regulatory requirements were presented by the ANBLPN and NBCC representatives. Because changes to LPN practice ultimately impact RN practice, NANB will maintain dialogue with the ANBLPN, government and appropriate stakeholders as appropriate.

## **Inter-professional Education**

In 2005, Health Canada responded to the need to change the way health professionals are educated by creating the Inter-professional Education for Collaborative Patient-Centered Practice (IECPCP) initiative, with the support of the Canadian Interprofessional Health Collaborative (CIHC),



*Joint Educators' Forum — 2006.*

Health Canada supplied \$ 750,000 to the University of New Brunswick, Saint John Campus (UNBSJ) and partner organizations (Atlantic Health Sciences Corporation [ AHSC ] ; New Brunswick Community College, Saint John [ NBCCSJ ] ; Dalhousie University faculty of medicine) to develop and implement a project. The project is expected to demonstrate the benefits of IECPCP and to increase the number of professionals trained in collaborative patient-centered practice, with the emphasis on the benefits of collaborative practice over the continuum of care and along the trajectory of chronic disease.

NANB was represented at this project launch in November 2006, as this ties in with ongoing work on intra-professional collaboration (with LPNs) as well as conforming to some extent with certain recommendations found in the Villeneuve & MacDonald (2006) CNA report, *Toward 2020 – Visions for Nursing.*"

### **NurseOne/INF-fusion**

NurseONE, also known as the Nursing Portal, is a national, bilingual, web-based health information service for the Canadian nursing community. The Portal serves as a gateway to resources and information for healthcare

professionals in all domains of practice – direct care, education, administration, research – to support and enhance their clinical and professional careers. The Portal has been developed through a partnership between the Canadian Nurses Association (CNA) and the First Nations and Inuit Health Branch (FNIHB) of Health Canada. The secure, subscriber-only section of NurseONE provides nurses access to a wide array of tools and resources, from reference manuals and materials that support lifelong learning, to tools to build a portfolio and forums to connect with nursing peers. Nurses from across the country have been signing on at a rate of up to 500 per day. NANB has been promoting the Portal to nurses through the Fall Forums, the NANB Web site, and *Info Nursing.*

### **Promoting Nurses' Involvement in Health Informatics**

An NANB staff member attended a one-day workshop entitled *Nursing Informatics: a 21<sup>st</sup> Century Perspective*, as a pre-conference of the CNA biennium held in Saskatoon in June 2006.



In November, the senior nursing advisor for Canada Health Infoway met with the NANB executive director and practice consultant to discuss Infoway's end user acceptance strategy.

Practice and policy staff participated in a CNA informatics counterparts teleconference in December for an update on CNA's ongoing commitment to nursing informatics. CNA continues to 1) partner with key stakeholders, for example, CIHI, ICN and Infoway; 2) update and communicate relevant CNA documents; 3) communicate key messages and 4) retain an advisor on health informatics. These CNA activities support NANB in promoting nurses' involvement in health informatics.

### **First Nations N.B. Nursing Policy Project Advisory Group**

During 2006, NANB participated in the development of Policies and Procedures for *First Nations: Band-Employed Registered Nurses* (FN:BE-RN) in New Brunswick. This was a project of FNIHB Atlantic (First Nations & Inuit Health Branch of Health Canada) and Mi'kmaq/Maliseet Atlantic Health Board (and approved by Atlantic Policy Congress of First Nation Chiefs Secretariat). Other members included representatives from the Government of New Brunswick and nurses working on reserve in New Brunswick.

Policies were developed in the main categories of professional responsibility and accountability, nursing practice, health protection, health promotion, administration, and human resources. The development of more uniform policies and procedures for all band-employed nurses will support them in meeting practice expectations, and positive client outcomes, as well as providing a communication tool between nurses and their employers.

### **Maximizing the Role of the Registered Nurse in Collaborative Practice**

During November and December 2005, NANB staff delivered 12 workshops across the province directed at clinical nursing leaders. Entitled "Clinical Leaders: Key to Sustaining a Model of Collaborative Nursing Practice in New Brunswick," this full-day workshop focused on clinical leaders who support staff nurses working in acute care settings in order to clarify the role of the RN when working with others, particularly the licensed practical nurse.

Activities to support this project are currently focusing on direct-care providers through a series of articles in *Info Nursing*.

### **Maximizing the Role of the Registered Nurse in Collaborative Practice – Joint Educators' Forum**

Planning, in partnership with the ANBLPN, began in December 2005 to host an Educators' Forum April 27, 2006. The theme for the forum was "Preparing RN and LPN Students for Their Future Roles in Collaborative, Professional Practice in the New Brunswick Workplace." The purpose of the one-day forum was to identify strategies to enhance the preparation of students for collaborative professional practice and was identified as a priority based on feedback from the Clinical Leaders Workshop series.

The one hundred and ten (110) attendees included instructors in the English and French practical nurse and baccalaureate nursing programs, as well as representatives from the various regional health authorities and the Government of New Brunswick. Participant evaluations indicated the value of the forum in enhancing ongoing communication and collaboration. Educators on the development committee produced reports on themes and strategies put forward by participants. The summative report from the forum proceedings was distributed to attendees and their organizations and continues to inform NANB activities related to collaborative practice.

# Influencing Healthy Public Policy

## IN THE INTEREST OF THE PUBLIC

### **Government of New Brunswick Working Group on Administration of Medications by LPNs in Acute Care Settings**

In April 2006, NANB was invited by the Department of Health (DH), Government of New Brunswick (GNB), to have a representative on the committee to develop a guidelines document on *Medication Administration by the Licensed Practical Nurse in Acute Care Settings*. All-day meetings were held May 8 and 9; June 14 and 21; July 11 and November 24, 2006. The committee is providing input to the Association of New Brunswick Licensed Practical Nurses (ANBLPN) in the development of the above document. Development of the guidelines is ongoing. The final draft of the document will be circulated by the ANBLPN to selected stakeholders for review and input. It is anticipated that a final version of the document will

be submitted to the ANBLPN board of directors for consideration in the fall of 2007.

### **Federal/Provincial Elections**

During the 2006 federal and provincial election campaigns, NANB met with all political parties to outline the Association's position on sustaining and strengthening the health care system through primary health care reform and to promote the utilization of a health screen when reviewing and developing public policy. All candidates running in the provincial and federal election were sent a copy of NANB's priority document "Registered Nurses: Partners in the Delivery of Safe, Quality Health Care." Chapter presidents and members of the workplace communications network were also provided with copies of the foregoing to assist them when meeting with candidates locally.



*Fall 2006 Nursing Practice Forums.*

## Primary Care Collaborative Practice Project

The Primary Care Collaborative Practice Project, a joint initiative between the Department of Health and the N.B. Medical Society (NBMS), was extended to December 1, 2006. The goal of these pilot projects was to demonstrate improved access to primary health care services in physician offices through more complete utilization of the competencies of registered nurses.

The extension gave each of the four sites the opportunity to determine their intent to retain the RN and/or NP based on negotiated funding. NANB's representative on the advisory committee has not been formally notified whether the sites will retain the RN and/or NP, although it is believed that all four sites took advantage of the offer.

The advisory committee was scheduled to meet in early 2007 to wrap up the project.

## Promoting Primary Health Care

The NANB is represented on the Department of Health Primary Health Care Collaborative Committee, an advisory committee to the Deputy Minister of Health. The committee's term is 2005 to 2007, with a mandate to review and make recommendations on more accessible and effective primary health care service delivery models for use around the province.

The committee has reviewed the department's primary health care framework and, through its chair, has advised on improved linkages. The committee's focus in 2006 has been on the province's proposed chronic disease management strategy. The proposed Department of Health (DH) strategy uses an integrated chronic care model, the Wagner model, that has been shown to improve patient outcomes and reduce costs for many chronic conditions.

In October 2006, committee members attended a one-day symposium on chronic disease management hosted by the DH. The committee has held three meetings in 2006. The meeting planned for late fall has been re-scheduled for February 2007.

# New/Revised NANB Publications

- ◇ *NANB Continuing Competence Program (new)*
- ◇ *Breastfeeding and Artificial Breast Milk Substitutes (revised)*
- ◇ *NANB Entry-Level Competencies (revised)*
- ◇ *Nurse Practitioner Schedules for Ordering (revised)*

## STATISTICAL HIGHLIGHTS

<b>Membership Highlights</b>			
<b>Number of Members</b>	<b>*Year 2006</b>	<b>Year 2005</b>	<b>Year 2004</b>
Registered	8523	8458	8312
Non-practising	381	370	412
Life	19	19	18
<b>Total</b>	<b>8923</b>	<b>8847</b>	<b>8742</b>
<b>Number of New Registrants</b>	<b>*Year 2006</b>	<b>Year 2005</b>	<b>Year 2004</b>
N.B. graduates	256	260	283
Graduates from other provinces/territories	82	93	82
Graduates from outside Canada	10	9	10
<b>Total</b>	<b>348</b>	<b>362</b>	<b>375</b>
<b>Number of Employed Nurses</b>	<b>*Year 2006</b>	<b>*Year 2005</b>	<b>*Year 2004</b>
Full time	4811 (60%)	4769 (60%)	4488 (59%)
Part time	2176 (27%)	2176 (27%)	2126 (27%)
Casual	604 (8%)	572 (7%)	518 (7%)
Other**	455 (6%)	443 (6%)	549 (7%)
<b>Total</b>	<b>8046</b>	<b>7960</b>	<b>7781</b>
* Year 2006 – Preliminary data			
** Includes employed nurses on temporary leave (ex. Maternity, educational, disability leave, etc.)			
<b>Place of Employment</b>	<b>*Year 2006</b>	<b>*Year 2005</b>	<b>*Year 2004</b>
Hospital	5248 (65%)	5163 (65%)	5131 (66%)
Community	592 (7%)	669 (8%)	577 (7%)
Nursing Home	822 (10%)	776 (10%)	733 (10%)
Extra Mural Program	438 (5%)	396 (5%)	411 (5%)
Other**	946 (12%)	956 (12%)	929 (12%)
<b>Total</b>	<b>8046</b>	<b>7960</b>	<b>7781</b>
* 2006 – Preliminary data			
** Includes physician offices, industry, educational institutions, self-employed, association, government, correctional facilities (provincial/federal), addiction centres, armed forces.			

<b>Membership Highlights (continued)</b>			
<b>Age Distribution (employed nurses)</b>	<b>*Year 2006</b>	<b>Year 2005</b>	<b>Year 2004</b>
under 25	187 (2%)	218 (3%)	164 (2%)
25 - 29	647 (8%)	575 (7%)	548 (7%)
30 - 34	739 (9%)	767 (10%)	794 (10%)
35 - 39	1079 (13%)	1145 (14%)	1261 (16%)
40 - 44	1383 (17%)	1398 (18%)	1379 (18%)
45 - 49	1339 (17%)	1331 (17%)	1278 (16%)
50 -54	1330 (17%)	1305 (16%)	1273 (16%)
55 +	1342 (17%)	1221 (15%)	1084 (14%)
<i>* 2006 – Preliminary data</i>			
<b>Gender Distribution (employed nurses)</b>	<b>*Year 2006</b>	<b>Year 2005</b>	<b>Year 2004</b>
Female	7111 (96%)	7640 (96%)	7478 (96.1%)
Male	335 (4%)	320 (4%)	303 (3.9%)
<i>* 2006 – Preliminary data</i>			
<b>Professional Conduct Review Statistics</b>			
<b>Complaints Received</b>	<b>*Year 2006</b>	<b>*Year 2005</b>	<b>*Year 2004</b>
Complaints carried forward from previous year	0	2	2
New complaints received in current year	10	4	10
Referred to Review Committee	2	3	3
Referred to Discipline Committee	4	1	5
Dismissed	4	2	2
Carried forward to next year	0	0	2
<b>Discipline and Review Committee Hearing</b>	<b>*Year 2006</b>	<b>*Year 2005</b>	<b>*Year 2004</b>
Cases carried over from previous year(s)	2	4	4
Cases received in current year	10	4	8
Discipline Hearings	5	3	2
Review Hearings	4	3	7*
Dismissed	0	0	1
Carried forward to next year	4	2	4
<i>* One hearing was not completed and was carried forward to the next year</i>			

Please note: Detailed reports of both the NANB complaints and discipline and review committees are included elsewhere in this report.

# Standing and Legislative Committees

## Complaints Committee

The complaints committee screens written complaints about the conduct of members and former members of the Nurses Association in accordance with the *Nurses Act*. It is the first level of a formal two-step process for dealing with such complaints. The committee screens out complaints that do not relate to professional conduct or do not require further consideration. Serious matters are referred by the complaints committee to either the discipline committee or the review committee for further consideration and investigation.

Committee members are Nicole Brideau (chairperson), Patricia Roy, Monique Ouellette, Tanya Jenkins, Erin Musgrave, Nancy Sheehan, Mark Brown, Chantal Saumure, É tienne Thériault, Albert Martin, Jack MacKay and Jeannita Sonier.

## Discipline and Review Committee

The NANB discipline and review committees consider complaints referred to them by the complaints committee of the Association. The discipline and review committees perform the second step of a two-step professional conduct review process. Health related problems which prevent a nurse from practising safely are considered by the review committee, while all other complaints are handled by the discipline committee.

Committee members are Roberte Vautier (chairperson), Liette Clément, Rinette Côté, Luc Drisdelle, Marise Auffrey, Angela Arsenault-Daigle, Trevor Fotheringham, Sandra Mark, Paulette Christie, Denise Tardif, Valarie Dickeson-Gallagher, Florence Thibodeau, Heather Bursey, Claire Cyr, Raelyn Lagacé, Jamie Stockton, Edith Tribe, Elizabeth Owens, Reinelde Thériault, Jean LeBlanc, Denis Morisset and Charles Flewelling.

## Nursing Education Committee

The purpose of the nursing education advisory committee is to assist the NANB board of directors in fulfilling its responsibilities for developing, establishing, maintaining and administering standards for university nursing education, nurse refresher programs and continuing nursing education. The committee also tracks trends in health care which impact nursing education and recommends issues and matters to the board which may require further study.

Committee members are Nancy Logue, chairperson; Patricia Cormier, Tracie Ouellette, Linda LePage-LeClair, Reida Woodside, Jeannette LeBlanc, Rosemary Boyle, and Joan Lutes.

## Nurse Practitioner Therapeutics Committee

The nurse practitioner therapeutics committee is an advisory committee to the NANB board of directors. The committee develops and reviews Schedules "A," "B," "C" and "D" of the *Rules Respecting Nurse Practitioners* and makes recommendations with respect to:

- the screening and diagnostic tests that may be ordered and interpreted;
- the drugs that may be selected or prescribed; and
- the forms of energy that may be ordered and the circumstances under which they may be ordered by a nurse practitioner.

The recommendations for changes to the schedules must receive approval by the Minister of Health. The committee meets annually to consider changes to the schedules. At the time of writing this report, a meeting was tentatively scheduled for April 2007.

Committee members include two nurse practitioners: Jacalyn Boone (chairperson) and Martha Vickers; two pharmacists: Bill Veniot and Hugh Ellis; two physicians: Dr. Timothy Snell and Dr. Perry Spencer.

### **Resolutions Committee**

The resolutions committee receives and screens resolutions and decides whether to refer a resolution to the board of directors, to NANB staff or to present it to the annual meeting. Committee members edit resolutions for clarity and make suggestions to the sponsors for corrections and clarification, where necessary. Committee members determine the order in which the resolutions will be presented at the annual meeting.

Resolutions may be received at any time throughout the year, but should be received not less than six weeks before presentation at NANB board, or twelve weeks for presentation at an annual meeting.

Committee members are Debbie Marks (chairperson), Ruth Alexander, and Connie Armstrong.

# Committee Reports

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### **Complaints Committee**

~ *By Nicole Brideau, RN, Chairperson*

This report outlines the activities of the NANB complaints committee in 2006. The complaints committee screens written complaints about the conduct of members and former members of the Nurses Association in accordance with the *Nurses Act*. It is the first level of a formal two-step process for dealing with such complaints. The committee screens out complaints that do not relate to professional conduct or do not require further consideration. Serious matters are referred by the complaints committee to either the discipline committee or the review committee for further consideration and investigation.

It should be noted that the formal complaint process under the *Nurses Act* is generally a measure of last resort. The overwhelming majority of concerns and issues related to the practice of nurses are resolved at the agency or institution level. Staff of the Nurses Association provides consultative services to members, the public and employers on how best to address concerns related to a nurse's practice or conduct.

In 2006, the complaints committee received ten complaints. Four complaints were made by members of the public against nurses respecting the treatment of the same client. Five of the complaints were lodged by a supervisor or representative of the employer and one complaint was made by the NANB registrar. It should be noted that in many cases, complaints lodged by employers relate to problems originally identified by patients and/or co-workers.

I want to extend my gratitude to the nurses and members of the public who serve on this committee for their leadership and integrity. If you would like more information about the professional conduct review process, or if you are interested in serving on the complaints committee, please contact the Nurses Association and ask to speak with the regulatory consultant – professional conduct review.

## STANDING AND LEGISLATIVE COMMITTEES

<b>Allegation</b>	<b>Setting</b>	<b>Outcome</b>
Failure to take appropriate action	Nursing Home	Dismissed
Failure to take appropriate action	Nursing Home	Dismissed
Failure to assess client; substandard documentation	Nursing Home	Dismissed
Failure to assess client; substandard documentation	Nursing Home	Dismissed
Substance abuse, theft, medication administration and/or documentation error	Hospital	Referred to review committee. Suspension pending outcome of hearing
Theft of narcotics	Hospital	Referred to review committee. Suspension pending outcome of hearing
Substance abuse, theft, medication administration and/or documentation error	Hospital	Referred to review committee. Suspension pending outcome of hearing
Fraud/deceit, working without a valid registration	Hospital	Referred to review committee. Suspension pending outcome of hearing
Medication administration and/ or documentation error; poor interpersonal/communication skills	Hospital	Referred to review committee. Suspension pending outcome of hearing
Medication administration error; lack of skills/judgement	Hospital	Referred to review committee. Suspension pending outcome of hearing



## Discipline and Review Committees

~ By *Roberte Vautier, RN, Chairperson*

Under the *Nurses Act*, the Nurses Association of New Brunswick is legally required to maintain a formal process for dealing with complaints against nurses which relate to professional conduct. The NANB discipline and review committees consider complaints referred to them by the complaints committee of the Association. The discipline and review committees perform the second step of a two-step professional conduct review process. Health related problems which prevent a nurse from practising safely are considered by the review committee, while all other complaints are handled by the discipline committee.

The discipline and review committees held nine hearings in 2006 related to seven cases:

**CASE 1:** The discipline committee met to consider a complaint concerning a nurse from the hospital sector who was reported for incompetence. The member had successfully completed the modularized refresher program as ordered by the discipline committee in 2004. The member was granted a conditional registration and ordered to pay costs of \$1,200.

As a result of the member's failure to meet the conditions imposed, the member's registration was suspended. The discipline committee held a second hearing and found the member to be suffering from conditions rendering her incapable and unsafe to practise nursing in a direct patient care environment. The member is eligible to apply for a conditional registration.

**CASE 2:** The review committee held a reinstatement hearing at the request of a member whose registration had been revoked in September 2004 for professional misconduct and theft resulting in a criminal conviction. The member was ordered to meet specific requirements prior to applying for a conditional registration. The member was also ordered to pay costs of \$1,000.

**CASE 3:** The review committee met to consider a complaint referred to it by the complaints committee concerning a nurse from the hospital sector who was reported for substance abuse and theft of narcotics. At the request of the member, the hearing was adjourned to a later date. The review committee held a second hearing to consider this complaint and found the member to be suffering from an ailment or condition rendering her unfit, incapable and unsafe to practise nursing. The member's registration was revoked and reinstatement will not be considered until evidence shows that the member is ready to return to the practice of nursing in a safe manner.

**CASE 4:** The discipline committee met to consider a complaint referred to it by the complaints committee concerning a nurse from the hospital sector who was reported for medication administration errors and who demonstrated a lack of skills and judgement. The member was granted a conditional registration.

**CASE 5:** The discipline committee met to consider a complaint referred to it by the complaints committee concerning a nurse from the hospital sector who was reported for incompetence. The member was found to be suffering from an illness rendering her unfit and unsafe to practise nursing. The member's registration was suspended for a period of three months and will remain suspended until specific requirements are met, at which time the member will be eligible to apply for a conditional registration. The member was ordered to pay costs of \$2,500.

**CASE 6:** The discipline committee held a reinstatement hearing at the request of a member whose registration had been revoked in July 2004 for breach of confidentiality and unethical conduct. The member was ordered to complete a module on ethics in nursing from the NANB modularized refresher program prior to applying for a conditional registration.

**CASE 7:** The review committee met to consider a member's failure to meet the conditions imposed on her registration in September 2005 subsequent to a complaint related to substance abuse. The member's registration was revoked for a period of two years. The member was ordered to pay one half of all costs incurred by the Association since the September 2005 review committee decision.

Four other cases were carried over to 2007.

## STANDING AND LEGISLATIVE COMMITTEES

**ACKNOWLEDGEMENTS:** I would like to extend a special thank-you to vice-chairperson, Liette Clément, for sharing this responsibility with me. I would also like to acknowledge the contribution of those nurses and members of the public who have given so selflessly of their time, expertise and caring to ensure that the process of self-regulation remains a fair and just process for all. Their task is a difficult one, and no decision is ever made lightly. The integrity of the professional conduct review process is a reflection of the commitment of the people involved. I would encourage any member who is interested in becoming involved with the discipline and review committees to contact the regulatory consultant – professional conduct review at the Nurses Association. It has been a challenging and humbling experience to serve my profession in this capacity and I would not hesitate to recommend it to anyone.

### **Nurse Practitioner Therapeutics Committee**

~ *By Jacalyn Boone, NP, Chairperson*

In April 2006, the NANB nurse practitioner therapeutics committee reviewed requests for additions to the *Schedules of the Rules Respecting Nurse Practitioners*. The committee's recommendations for amendments to the schedule were approved by the NANB board of directors and by the Minister of Health and Wellness. The amendments were effective October 2006.

### **Resolutions Committee**

~ *By Deborah Marks, RN, Chairperson*

The following Sussex Chapter members volunteered to serve on the NANB resolutions committee for a two-year term (2006-2008): Debbie Marks, Ruth Alexander, Connie Armstrong. Appointments were approved at the October NANB board meeting.

No resolutions were received in 2006.

### **Nursing Education Advisory Committee**

~ *By Nancy Logue, RN, Chairperson*

The nursing education advisory committee held two regular meetings and one subcommittee meeting in 2006. The Université de Moncton's nurse practitioner program received its first approval visit in February 2006. Based on the report of the approval team, the committee recommended to the NANB board of directors a three year approval of the program as well as the submission of an annual report to address specific recommendations from the approval team report.

The committee selected members for two teams for approval visits of the University of New Brunswick's nurse practitioner program and the Université de Moncton's basic nursing program. The approval visits took place in November 2006.

NANB participated in a jurisdictional collaborative project to revise entry-level competencies. The final document entitled *Competencies in the Context of Entry-Level Registered Nurse Practice* was reviewed by the committee and recommended to replace the *2000 NANB Entry-Level Competencies* document.

A subcommittee of the nursing education advisory committee reviewed a submission for approval of the Atlantic Health Sciences Corporation's Perioperative Nursing Course. The subcommittee did not recommend approval of the course since it requires major revisions in order to meet the NANB *Standards for Nursing Education*. Approval of continuing nursing education programs is voluntary.

# Enhancing NANB Services:

## IMPLEMENTATION OF THE 2004 ORGANIZATIONAL REVIEW RECOMMENDATIONS

### Board Size and Structure

One of the recommendations in the final report of the 2004 *NANB Organizational Review* was to reduce the size of the board from 21 to 12. This recommendation was implemented in September 2006. The new Board, comprised of a president, president-elect, seven region directors and three public members, met for the first time in October 2006.

### Vote-by-Mail Election

The first vote-by-mail election in which seven directors were elected to the board of directors took place in April 2006. Elections were held in Region 1 and Region 2 with 27% of eligible voting members participating, a significant

increase over the usual five to six percent of members previously voting in person or by proxy during the annual meeting. Directors from the other regions were elected by acclamation.

### On-line Registration Renewal

2006 marks the second year that online registration renewal has been available to registered nurses. Over 500 nurses utilized this service during registration renewal this year, up slightly from 2005 when the service was first introduced. The process involves completing an online registration renewal form and payment of the registration fee using an approved credit card. Feedback from members has been very positive and the service has facilitated the renewal process.



*Fall 2006 Nursing Practice Forums.*

# Communications

## Web Site

Preliminary work on the “look” for a new re-designed NANB Web page was completed late in 2006 with the view of continuing to build the architecture of the site for a release in the fall of 2007.

The new site will feature improved functionality and intuitive navigation. It will also enable the Association to profile, on an ongoing basis, major projects being carried out by the Association.

## Sustaining and Supporting NANB Chapters

The Association hosted its first-ever “Chapter President’s Forum” in conjunction with the October 2006 board meeting. The two-day forum brought together 10 of the 11 chapter presidents to discuss ways to renew and support chapters. An education session included presentations on the resolution process, the nominations process, the awards process and meeting the challenges of multi-generational communication and engagement.

Enhancements to Chapter visibility through the NANB Web site and *Info Nursing* journal have also been implemented. Chapters are able to post information on NANB’s Web site including meeting times and dates, chapter minutes and other information of interest to local chapter members. Chapter presidents also took advantage of the *Info Nursing* journal to post their schedule of events under the heading “Chapter News.”

Two chapter presidents were featured in *Info Nursing* during 2006: Bonnie Matchett, former Miramichi Chapter president and Terry-Lynne King, president, Saint John Chapter.

## Workplace Communications Network

The Workplace Communications Network continues to provide an essential link to members in their workplace. Nurse volunteers are a key success component of the program. Once again, as a way of recognizing the work of workplace communication network representatives, the names of network representatives were published in the fall 2006 issue of *Info Nursing*.

More than two-thirds of the network volunteers receive information via E-mail which enhances the timeliness of communication activities.

## Media Relations

The Nurses Association of New Brunswick responded to over 35 media interviews during 2006 ranging in topics from health human resources, to the role of the nurse practitioner, to the expanded role of the nurse in emergency departments, to collaborative practice, among other topics.

The communications department, in concert with the executive director’s office, has developed an issues-specific resource kit to help expedite the time elapsed between media calls and actual interviews to ensure opportunities for the Association to speak out on nursing or health related issues are maximized.

## NANB Nursing History Resource Centre

NANB was an active participant in a research project entitled “Connecting with the History of Labour in New Brunswick: Historical Perspectives on Contemporary Issues” which was led by UNB history professor David Frank and a co-investigator from the Université de Moncton. The research of the project focussed on five key areas, one being the role of

women as caregivers, particularly nurses. NANB provided access to archival records in the Nursing History Resource Centre and provided in-kind resources to support the cataloguing of the centre's archival material which was completed in August 2005. In 2006, under the guidance of the New Brunswick Museum, NANB began the process of cataloguing the Centre's artefacts. Cataloguing of

the artefacts and archival material is essential to making the collection more accessible and to facilitate research. Additionally, ongoing concern related to the preservation of this important collection has led NANB to explore options to ensure the long-term maintenance, enhancement and promotion of the collection and the history of nursing in New Brunswick.



*Fall 2006 Nursing Practice Forums.*

Phone (506) 458-9815  
(506) 458-8915  
Fax (506) 459-7575

P.O. Box 1051  
E3B 5C2

**WINSTON NICHOLSON**  
Chartered Accountant

328 King Street

Fredericton, NB

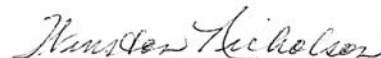
**AUDITOR'S REPORT**

To the Executive  
Nurses Association of New Brunswick

I have audited the statement of financial position of the Nurses Association of New Brunswick as at December 31, 2006 and the statements of changes in fund balances, operations, and cash flows for the year then ended. These financial statements are the responsibility of the Nurses Association of New Brunswick's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Nurses Association of New Brunswick as at December 31, 2006 and the changes in fund balances, results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



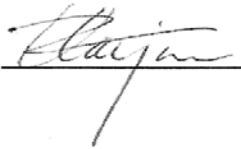
Chartered Accountant

Fredericton, NB  
February 9, 2007

**NURSES ASSOCIATION OF NEW BRUNSWICK**  
**STATEMENT OF FINANCIAL POSITION**  
**DECEMBER 31, 2006**

	<b><u>2006</u></b>		<b><u>2005</u></b>
	<b>General</b>		<b>General</b>
	<b>Fund</b>		<b>Fund</b>
Current assets			
Cash and investments	\$ 3,357,527	\$	3,296,273
Accounts receivable	9,385		4,124
Prepaid expenses	14,022		5,319
Accrued interest receivable	8,003		5,671
Due from Employee Benefit Fund	0		214
	<u>3,388,937</u>		<u>3,311,601</u>
Capital Assets - net of amortization	1,559,611		1,607,753
	<u>\$ 4,948,548</u>	\$	<u>4,919,354</u>
Current liabilities			
Accounts payable	\$ 411,527	\$	453,556
Future revenue	2,451,089		2,372,760
Obligation under capital lease	15,664		14,612
Due to NANB Nursing History Resource Centre fund	0		10,000
Due to Employee Benefit Fund	3,729		0
Due to Continuing Competency Program Fund	47,000		0
	<u>2,929,009</u>		<u>2,850,928</u>
Long-term debts			
Obligation under capital lease	26,800		42,464
	<u>26,800</u>		<u>42,464</u>
Fund Balances			
Invested in capital assets	1,517,148		1,550,677
Unrestricted	475,591		475,285
	<u>1,992,739</u>		<u>2,025,962</u>
	<u>\$ 4,948,548</u>	\$	<u>4,919,354</u>

Approved by the Executive Director





## **Nurses Association of New Brunswick**

165 Regent Street  
Fredericton, NB E3B 7B4  
Canada

Tel: (506) 458-8731  
Fax: (506) 459-2838  
Email: [nanb@nanb.nb.ca](mailto:nanb@nanb.nb.ca)

## **2006 Annual Report**



# PEOPLE, PLACES & THINGS

## Seeking graduates of the Miss A.J. MacMaster School of Nursing

Are you a graduate of the Miss A.J. MacMaster School of Nursing, Moncton, Class of 1977? Organizers of a 30th year Class Reunion to be held the weekend of August 10, 2007 would like to hear from you. Please share this information with your classmates and contact Elizabeth-Ann (Stordy) Bartlett, 37 Bartlett Dr., Friendship, ME 04547; tel.: 207-354-7224; E-mail: [eann@bbwire.com](mailto:eann@bbwire.com). Details to follow.

As well, if you know or were an instructor at the School from 1975-77, please contact Elizabeth-Ann Bartlett.

## Burn Care 2007

The 10th biennial conference of the Canadian Association of Burn Care Nursing will take place September 19-22, 2007 at the Fairmont Palliser Hotel, Calgary, Alberta. This year's theme is "20 Years of Burn Care: Committed to Excellence."

For more information, please contact the conference planning leader: [courtney.culham@calgaryhealthregion.ca](mailto:courtney.culham@calgaryhealthregion.ca).

## ICN executive director to receive honorary doctorate from UdeM

Judith Oulton, a former New Brunswick nurse and current executive director of the International Council of Nurses based in Geneva, will be awarded an honorary doctorate of science in nursing from the Université de Moncton, Edmundston Campus, at the spring convocation to be held May 19, 2007 in Edmundston.

Mrs. Oulton is well known to New Brunswick nurses. She served as Nurses Association of New Brunswick president from 1977-79. She is a former educator who later worked for the Department of Health and Wellness, planning and evaluation. Prior to accepting her current position with the International Council of Nurses in 1996, Mrs. Oulton was the executive director of the Canadian Nurses Association in the late 80s and early 90s. □

## Professional conduct review decisions

### Registration revoked

The Nurses Association of New Brunswick hereby gives notice under Section 45.1 of the *Nurses Act* of the following decision:

On March 21, 2007, the review committee of NANB found Mélanie Jane Chiasson, registration number 024707, to be suffering from an ailment or condition rendering her unfit, incapable and unsafe to practise nursing. Furthermore, the review committee found that the member demonstrated professional misconduct in her nursing practice.

The review committee ordered that the member's registration be revoked and that she be prohibited from practicing nursing or representing herself as a nurse. She shall be eligible to apply for reinstatement two (2) years from the date of the committee's order. The review committee further ordered that the member pay costs to NANB in the amount of \$2000.

### Registration suspended

On March 28, 2007, the NANB complaints committee suspended the registration of registrant number 024024 pending the outcome of a hearing before the discipline committee.

### Registration suspended

On April 4, 2007, the NANB complaints committee suspended the registration of registrant number 022917 pending the outcome of a hearing before the discipline committee.

## NANB Consultation Services

Did you know that NANB offers individual, one-on-one, consultation services?

This confidential service is offered to support New Brunswick nurses and to encourage safe, ethical, and competent practice.

Consultation is offered on a wide variety of issues such as the interpretation of Association documents and government legislation, scope of practice issues, ethical behaviours and standards, issues of safety and appropriate action, conflict resolution, and the management of procedural and practice issues.

If you would like to access NANB Consultation Services, please contact Virgil Guitard, nursing practice advisor, tel.: (506) 783-8745; toll-free 1-800-442-4417; or E-mail: [vguitard@nanb.nb.ca](mailto:vguitard@nanb.nb.ca).

# Proposed Fee Increase

## For Sustaining NANB Fiscal Integrity

By Monique Cormier-Daigle, president-elect and chairperson, long range fiscal planning committee

The maintenance of the financial integrity and stability of the Nurses Association of New Brunswick (NANB) is the responsibility of the board of directors. With the privilege of self-regulation comes the responsibility of self-financing.

In May 1998, the NANB membership approved a three-year financial plan to support the Association's mandate which included a three-step fee increase: 1999 \$20; 2000 \$10 and 2001 \$10. Additionally, in 2003 members supported a fee increase in 2004 and 2005 of \$3, specifically to cover planned CNA fee increases. At the same time, members approved an automatic adjustment of fees to a maximum of \$5 in any one year, to accommodate future CNA fee increases and preserve NANB operating funds.

Since the last increase of NANB fees in 2001, the Association has enhanced its programs and services to members, increased its outreach activities, improved support to chapters and members and increased the visibility of the organization. During this same period, NANB costs have increased by 16% overall, with an average annual increase of 3%. The NANB has proved itself to be fiscally responsible by delivering the above without an increase to its operating finances.

In October 2006, the board of directors appointed a long range fiscal planning (LRFP) committee, comprised of the following members:

- Monique Cormier-Daigle, president-elect, chairperson;
- Margaret (Peggy) Corrigan, director (Region 5);
- Cheryl Drisdelle, director, (Region 1);
- Wayne Trail, director, (public member);
- Roxanne Tarjan, executive director; and
- Shelly Rickard, manager, finance/administrative services.

The LRFP committee reviewed and analyzed the NANB's:

- current financial position,
- predicted future revenue (membership and "non-dues" revenue),
- predicted expenses,
- inflation,
- programs and services to meet regulatory mandate,
- enhancements to chapter and member support, and
- enhancements to educational programs.

Following a recommendation of the LRFP committee, the board approved a four-year financial plan and a proposed increase in registration fees for consideration of membership by resolution to the 2007 annual general meeting.

The proposed registration fee increases for the four-year plan are as follows:

Option 1
2008 - \$15 (\$360.24)
2009 - \$15 (\$377.35)
2010 - \$15 (\$394.45)
2011 - \$15 (\$411.55)
<b>Total Increase - \$60</b>

or, if Option 1 is not approved:

Option 2
2008 - \$15 (\$360.24)
2009 - \$15 (\$377.35)
2010 - \$10 (\$388.74)
2011 - \$10 (\$400.14)
<b>Total Increase - \$50</b>

**Note:** Difference in Option 1 and Option 2 would be the investment in support to chapters and members and educational programs which would impact the quantity or volume of work that could be accomplished.

During April and May the executive director and members of the board of directors have been attending chapter meetings to review the findings of the LRFP committee with members and respond to questions. If you have questions after reading this article please contact the association: tel.: 1-800-442-4417 (toll-free in N.B.); E-mail: [nanb@nanb.nb.ca](mailto:nanb@nanb.nb.ca). □

# Resolution

To be voted on at 2007 annual meeting

## Resolution 1

Submitted by the NANB Board of Directors

Whereas the Association is a professional regulatory body that exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice and by advocating for healthy public policy;

Whereas the Association last had a fee increase in 2001 of \$10.00 and the Association has been affected by externally driven cost increases and inflation;

Whereas the financial integrity of the organization must be insured, the NANB Board of Directors has proposed two options for consideration;

Be it resolved that the NANB registration fee be increased by the following amounts:

Option # 1

- 2008 - \$15.00
- 2009 - \$15.00
- 2010 - \$15.00
- 2011 - \$15.00

(or, if option # 1 is not accepted)

Option # 2

- 2008 - \$15.00
- 2009 - \$15.00
- 2010 - \$10.00
- 2011 - \$10.00



### Need Help With NurseOne

If you are having problems accessing NurseOne, please call the Nurses Association of New Brunswick, tel.: 1-800-442-4417 (toll free in N.B.) or (506) 458-8731; E-mail: nanb@nanb.nb.ca.

### Employment opportunity

The Moncton Private Duty Nurses Registry is seeking nurses to do private duty nursing in the greater Moncton area. Starting salary is \$26.50 an hour. Call 852-5281 if interested.

Did you know that you can access NANB publications at any time?

Visit [www.nanb.nb.ca](http://www.nanb.nb.ca) to download.

Call (506) 458-8731 or 1 800 442-4417 to have them mailed to you.

E-mail: [nanb@nanb.nb.ca](mailto:nanb@nanb.nb.ca) to have them electronically delivered to you.



## Can Nurses Be Sued? Yes.

The Canadian Nurses Protective Society is here for you!

Visit the new CNPS website

- learn how to manage your legal risks
- read informative articles on nursing and the law
- download popular legal bulletins and much more . . .

[www.cnps.ca](http://www.cnps.ca)



CNPS is for You!

A website for nurses by nurses, and it's FREE

1-800-267-3390

## Have you recently moved?

If so, be sure to contact the Association and let us know. It's easy.

**Mail:** Attn: Registration Services: Change of address  
Nurses Association of New Brunswick  
165 Regent Street  
Fredericton, NB E3B 7B4

**Call:** Toll free: 1-800-442-4417 Ext. 60  
Tel: (506) 459-2860

**Or E-mail:** [svail@nanb.nb.ca](mailto:svail@nanb.nb.ca)

Be sure to include your name, old and current address and your registration number.

## Support Needed For Saint John Chapter NANB Bursary

Did you know that as a nurse you can direct your UNB Saint John donations to support your future nurses? The Saint John Chapter Nurses Association of New Brunswick Bursary is in need of support. This bursary is awarded on the basis of financial need to a Saint John student enrolled in the BN program at the Saint John campus. In order to maintain this award, your continued contribution to this fund is essential.

It's simple and everyone can contribute. Make your next memorial donation to this bursary or direct your annual gift to this fund. Supporting nursing students is a fitting tribute for fellow nurses. Under the current New Brunswick University Opportunities Fund matching program, your donation may be eligible for a 50 % match. When you make your donations to UNB Saint John, please indicate that your donation is to be directed to The Saint John Chapter Nurses Association of New Brunswick Bursary; it really is that simple. You would be amazed how quickly the fund will grow if each of us contributes. For more information regarding donations, please contact Marion Williams Senior Development Officer at UNB Saint John, tel.: (506) 648-5989; E-mail: [mwilliam@unbsj.ca](mailto:mwilliam@unbsj.ca).



## Have you subscribed to NB Women's News?

Stay informed about issues concerning women in New Brunswick – events, statistics, studies, quotes and more.

This weekly e-newsletter on issues and policies has over 2,500 subscribers and still growing!

Subscribe free: send an email with subject *Subscribe* to [acswwccf@gnb.ca](mailto:acswwccf@gnb.ca).

Or have it faxed every week: call **1-800-332-3087**

# Register Now

## NB Critical Care Nursing Program

In collaboration with the University of New Brunswick (UNB), Université de Moncton (U de M) and the regional health authorities, the Department of Health is proud to contribute to the professional development of nurses in New Brunswick. The N.B. Critical Care Nursing Program initiative is a standardized critical care certificate program, approved by the Nurses Association of New Brunswick, that includes theory, practice as well as a supported, online learning environment. The program began with a specific focus on the intensive care unit, and has grown to include key concepts for nurses who function within an emergency care setting.

Courses may be offered to as many as eight sites depending on participants' location and are offered in both official languages.

Since the program's first offering in September 2002, 179 nurses have graduated with representation from all eight regional health authorities. The number of graduates from each region are as follows: Region 1, South East – 36; Region 1 Beauséjour – 23; Region 2 – 44; Region 3 – 20; Region 4 – 21; Region 5 – 13; Region 6 – 14; and Region 7 – 8.

In 2007 the tenth offering of the NBCCNP/PSICNB Program will take place in September 2007. Application deadline is May 30th 2007.

### Contact information

NBCCNP, College of Extended Learning, University of New Brunswick, 6 Duffie Drive, Fredericton, NB E3B 5A3. Tel: 506-458-7726; fax: 506-453-3572; E-mail: [ahogan@unb.ca](mailto:ahogan@unb.ca); Web: [http://extend.unb.ca/prof\\_dev/programs/nbccnp.php](http://extend.unb.ca/prof_dev/programs/nbccnp.php).

PSICNB, Éducation permanente, Université de Moncton, Salle 340, Edifice Léopold-Taillon, Moncton, (N.-B.) E1A 3E9. Tél.: 1-800-567-3236 (toll free); tél: 506-858-4121; télécop.: 506-858-4489; Courriel: [edperm@umoncton.ca](mailto:edperm@umoncton.ca).



# NOTES

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# NOTES

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# The right opportunity. The perfect time to take it.

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