

PRACTICE

A New Year brings new beginnings – here's to a happy, healthy, positive YOU!



COLLEGE OF
LICENSED PRACTICAL NURSES
OF NEWFOUNDLAND AND LABRADOR
LPNS - A PRACTICAL APPROACH TO QUALITY CARE

Volume 3, Issue 1 – January 2018

PRACTICE

The College of Licensed Practical Nurses of Newfoundland and Labrador PRACTICE magazine includes a wide array of information on nursing regulation, nursing licensure, nursing practice and many other health related topics. PRACTICE is published electronically three times a year. CLPNNL welcomes feedback, suggestions and submissions from readers on this publication at wsquires@clpnnl.ca.

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COLLEGE BOARD MEMBERS

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PRACTICE, presented by CLPNNL

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CONTENTS

Mission, Vision, Values 2

College of Licensed Practical Nurses of
Newfoundland and Labrador Election Results . . . 3



Outgoing Board Members 3

New Process for Annual Licensure Renewal 4

Continuing Competency Program (CCP) 6

REMINDER: Keep Your Information Up-To-Date 7

CLPNL Launches Social Media 8



Graduates of the Practical Nursing Program
Class of 2017 8

Upcoming CLPNL Webinars 9

Nursing Education and Research Council Nursing
Grand Rounds 10

Navigating the Landscape of the Opioid Crisis in
Newfoundland & Labrador 11

January is Alzheimer’s Awareness Month 12

CLPNL Excellence Awards 14

Newfoundland and Labrador Association
of Optometrists 15

What is HEALING TOUCH? 16

Ask the Practice Consultant 18



Participate in CLPNL Committees, Working
Groups and Liaison Programs 19

Growth in Nursing Workforce Unlikely to Keep
Up with Demand for Seniors Care 20

Seeking a Career in the LPN Profession? 21

Delivering Quality of Care to your Door, Helping
you Choose Wisely: A Data-Driven Approach
to Improving Patient Care 22

Wound Management Quick Reference
Pocket Guide 24

A New Year – A healthy, happy, positive you! 26



MISSION

The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) protects the public through the promotion of efficient, ethical nursing care, regulation of licensed practical nursing practice, the licensure of Practical Nurses and setting the strategic direction for the organization.

VISION

To foster a professional environment where Licensed Practical Nurses (LPNs) are respected, valued as integral members of the nursing team and provide quality health care services in Newfoundland and Labrador.

VALUES

We Believe:

- Licensed Practical Nursing practice is founded on professionalism, compassion and caring;
- Licensed Practical Nurses are accountable for their actions;
- Licensed Practical Nurses take responsibility for lifelong learning aimed at building and maintaining professional competency; and
- Partnerships with key stakeholders are essential to enhancing the profession.

The CLPNNL has the legislative responsibility for regulating the practice of LPNs in Newfoundland and Labrador. In doing so, it serves to protect the public. It supports the Vision and promotes the Values of LPNs by providing leadership and supporting the integrity of the profession.



COLLEGE OF
LICENSED PRACTICAL NURSES
OF NEWFOUNDLAND AND LABRADOR
LPNS - A PRACTICAL APPROACH TO QUALITY CARE

College of Licensed Practical Nurses of Newfoundland and Labrador Election Results

The College of Licensed Practical Nurses of Newfoundland and Labrador would like to welcome the following new members to the Board of CLPNNL:

Susan Langin from Zone 1
and
Aimee Pennell from Zone 4

Both members have been elected for a 3-year term which begins January 1, 2018, and ends December 31, 2020.



Outgoing Board Members

The College of Licensed Practical Nurses of Newfoundland and Labrador thanks outgoing LPN Board members Ernest Green and Dacia Wallace for their service. As Board members, Ernest and Dacia have contributed to public protection and have supported the advancement of the LPN scope of practice in the province.



Ernest Green - January 1, 2015 – December 31, 2017



Dacia Wallace - April 12, 2016 – December 31, 2017

NEW PROCESS FOR ANNUAL LICENSURE RENEWAL

As has been previously communicated to LPNs, there will be no paper-based licensure renewal for the 2018-2019 licensure year. Licensure renewal will be an online process. On January 15, 2018, all LPNs who currently hold a license to practice in Newfoundland and Labrador, *and who have provided a valid email address to CLPNNL*, will receive an email from CLPNNL welcoming them to the CLPNNL Online Registration and providing instructions for setting up their online account.

Regardless of whether payment is through payroll deduction or other means, all LPNs must complete the online process. All of the information previously collected on the paper renewal application will now be collected/updated in an online form. One question must be answered before the system will allow progression to the next question. Once all questions have been answered, the payment screen will be presented.

For this transition year, there will be **3 payment options** to choose from:

1. Credit Card (Visa or MasterCard) – You will enter your credit card information and a payment receipt will be issued by the system.
2. Payroll Deduction – Only select this option if you have had payroll deduction from your employer in 2017 to pay for your 2018-2019 license.
3. Prepay – Select this option if you wish to pay by cheque or money order through the mail or with cash, cheque, money order or debit at the CLPNNL office.

For all payment methods, licenses will not be processed until payment has been received and eligibility for licensure has been verified. Once the license renewal has been processed by CLPNNL staff, LPNs will receive their license through email and their license expiry date will be updated on the CLPNNL website.

The online registration process includes the same renewal deadlines as the previous paper-based process.

CLPNNL has an administrative deadline of March 1st each year for the receipt of license renewal applications and fees. LPNs who fail to complete the online renewal process and submit their correct fee to CLPNNL by one of the 3 payment options outlined above by 1630 hours on February 28 will be subject to a late fee of \$57.50.

Furthermore, LPNs who fail to complete the online renewal process and submit their correct fee to CLPNNL by the **March 31st license expiry date** will be considered non-licensed and will be subject to a reinstatement fee of \$76.33 in addition to the \$57.50 late fee. (Please see Licensure Reinstatement on the CLPNNL website <https://www.clpnnl.ca/licensure#block-licensurereinstatementheader>.)

The annual license fee is non-refundable once the license becomes effective for the year for which it is issued.

Note to New Graduates: The administrative deadline of February 28 does not apply to LPNs who just graduated from the PN Program in December 2017. The new graduate license renewal deadline is March 31st.

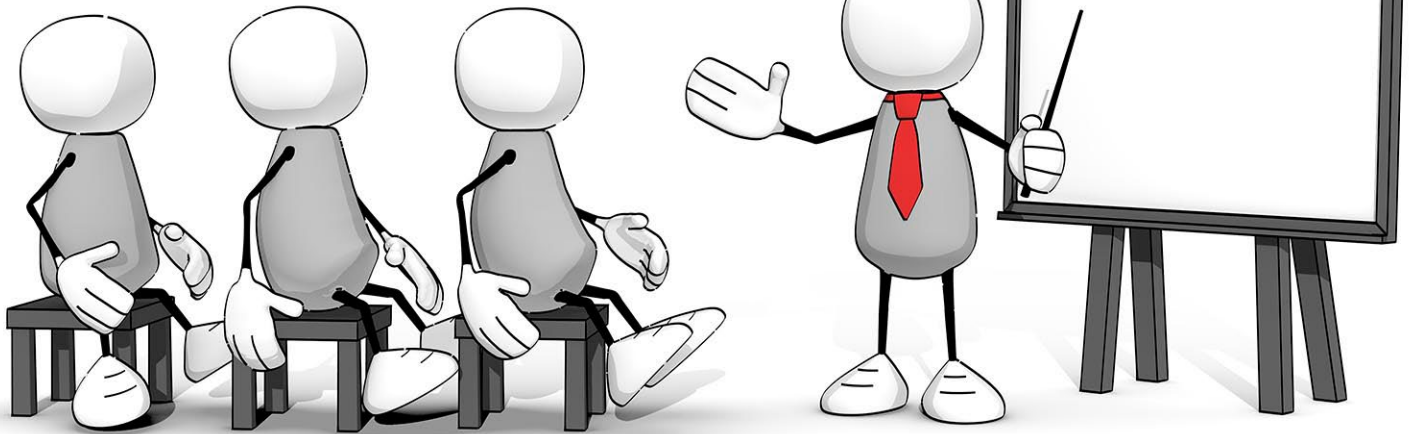
CRITERIA FOR LICENSE RENEWAL

In accordance with the LPN Act (2005), LPN Regulations 3,4,5, and CLPNNL By-laws, a license will be renewed if the following criteria are met:

1. The Judicial/Disciplinary questions on the online license renewal application have been answered and the applicant is not subject to any disciplinary findings which would prohibit the practice of nursing.
2. The CCP question on the online license renewal application has been answered and the LPN is in compliance with the CCP requirements.
3. If the applicant has not graduated from an approved practical nursing education program within the 5 years preceding this application, the following regulations must be met:
 - a) The applicant must have worked 1125 actual LPN hours in the 5 licensure years immediately preceding the application; or
 - b) The applicant must have worked 450 actual LPN hours in the 2 years immediately preceding the application; or
 - c) The applicant has provided confirmation of having successfully completed an approved PN Re-Entry/Refresher program in the 5 years immediately preceding application.
4. If notice of a complaint/disciplinary action from an employer or other jurisdiction is received for an applicant holding a current license in NL, a summary outlining the nature of the complaint will be obtained from the employer/jurisdiction and the applicant. Those summaries will be reviewed by the CLPNNL CEO/Registrar to determine if the complaint impedes the licensing process.



Continuing Competency Program (CCP)



The CCP came into effect for LPNs in Newfoundland and Labrador on April 1st, 2017. In addition to working the required number of practice hours, all LPNs in NL are required to participate in CCP every year to maintain their license.

CLPNNL has the legislated responsibility to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing care by LPNs. LPNs are accountable and responsible for their practice and actions at all times. LPNs have a professional obligation to attain and maintain competence relevant to their area(s) of practice.

As nursing professionals, LPNs have always learned new things in the workplace. Obtaining education is not something new to LPNs; it has been, and will always be, ongoing as nursing is a profession of lifelong learning. CCP is a formal process wherein the LPN identifies learning needs, keeps a record of their learning and later evaluates their learning.

LPNs are required to obtain 14 hours of learning each year, 7 of which must be formal learning. LPNs must keep in mind that some of the learning must relate to their learning plan.

AUDIT PROCESS

The CLPNNL will complete an annual audit of CCP. The audit is used to verify that LPNs are meeting the CCP requirements. The auditing process examines the extent to which learning has occurred and how that learning has been applied to nursing practice.

Each year LPNs will be chosen at random to provide documentation to confirm completion of the CCP for the previous year. LPNs who are selected to participate in the audit will be notified by letter that they are required to submit the following to CLPNNL within 30 days:

1. The Declaration of completion of the CCP;
2. Learning Plan for the previous year (Send a **copy** of your learning plan; do not send original.);
3. Record of Learning Activities completed in the previous year (Send a **copy** of your record; do not send original.);
4. Supporting documentation of formal learning activities, such as: certificates; letters of attendance; transcripts; and conference agenda(s), including date of learning and hours involved.

The documents submitted are reviewed by the Continuing Competency Committee. This committee is composed of practicing LPNs in Newfoundland and Labrador with support from CLPNNL staff. The committee's role is to review the documents submitted and determine if the learning plan contains adequate information to validate that appropriate learning has taken place. Following this review, LPNs will be notified of the results by mail (generally 30-60 days upon receipt of your documents).

Audit results will fall into 1 of the 3 following categories:

Category 1: The documents provided verify compliance with CCP and no further action is required.

Category 2: The documents provided do not fully verify compliance with CCP and more information or clarification is required. Depending on the nature of what is required, this may be done by phone or via regular/electronic mail.

Category 3: The documents provided do not indicate compliance with the CCP. The LPN will be given 90 days to gain compliance. If the LPN does not comply within 90 days, an allegation of professional misconduct may be filed by the Registrar of CLPNNL.

The LPN will not be eligible to renew the license for the upcoming year unless the LPN is compliant with the CCP requirements.

To obtain more information on CCP, please refer to the CCP Booklet using this link: <https://www.clpnnl.ca/sites/default/files/2017-07/CCP-Booklet-web%20site.pdf>.

If you have questions, comments or concerns, please call or email Wanda Squires, LPN Practice Consultant, at wsquires@clpnnl.ca or 709-579-3843, ext. 206.

REMINDER: KEEP YOUR INFORMATION UP-TO-DATE!

Under the College of Licensed Practical Nurses of Newfoundland and Labrador By-Laws (2014) Section 34 - Accuracy of Personal Information, all LPNs are required to keep their information on file with CLPNNL up-to date. This includes:

- Name change (copy of legal documentation required)
- Mailing address
- Email address
- Employment information
- Phone numbers

If you have recently changed any of the above information, please contact CLPNNL by phone or email to update your file.

This year, LPNs will be required to complete their licensure renewal application online regardless of the method of payment. Please ensure that CLPNNL has your most up to date information as this is essential for online registration. For more information, please contact the CLPNNL office at 709-579-3843.



CLPNNL Launches Social Media

The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) is happy to introduce another way to communicate with our members and the public. CLPNNL invites you to view our new Facebook page, <https://www.facebook.com/CollegeLPNNL/>.

As well as the CLPNNL website, this page will help LPNs stay current with Regulatory information.

Information shared on this page is for public viewing. Comments to the page should be made with adherence to the CLPNNL Standards of Practice and Code of Ethics.



GRADUATES OF THE PRACTICAL NURSING PROGRAM CLASS OF 2017

The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) congratulates the 2017 graduating classes of the Practical Nursing Program across the province. The CLPNNL Board and staff wish you much success in your nursing career. Hats off to you!



UPCOMING CLPNNL WEBINARS

CLPNNL posts educational opportunities to our website www.clpnnl.ca, our Facebook page <https://www.facebook.com/CollegeLPNNL/> and in PRACTICE magazine. CLPNNL encourages LPNs to visit these sites frequently to seek educational opportunities. For more information on how to participate in any of the following webinars please visit <https://www.clpnnl.ca/ccp>.

January 18, 2018	1030 - 1200	NL Centre for Health Information
January 24, 2018	1030 - 1200	CCP – no credit hours
January 31, 2018	1330 - 1500	Standards of Practice/Code of Ethics/Scope of Practice
February 12, 2018	1830 - 2000	CCP – no credit hours
February 14, 2018	1030-1200	Documentation
February 21, 2018	1330 - 1500	Dr Sarah Hutchens OD – Children’s Vision and Learning
March 7, 2018	1030-1200	CCP – no credit hours
March 14, 2018	1830 - 2000	CCP – no credit hours
March 21, 2018	1330 - 1500	Sheila Tucker – CADTH: Inpatient and Outpatient Treatment Program for Substance Use Disorder
April 4, 2018	1030 - 1200	CCP
April 18, 2018	1330 - 1500	Let’s Talk Scope of Practice





Nursing Education and Research Council

Nursing Grand Rounds

Winter 2018



Date	Topic	Presenter	Location
Jan. 25	Post-traumatic Stress Among Healthcare Providers: Using What We Know to Care For Ourselves https://attendee.gotowebinar.com/register/1746295328734217987	Megan Grant, Psy.D., R. Psych.	Harbour Room 1st Floor, LAMC
Feb. 22	Palliative Care: It's all about the living https://attendee.gotowebinar.com/register/9154729909898237443	Carmel Collins RN MN NP CHPCN(C)	Harbour Room 1st Floor, LAMC
Mar. 22	Opioid Crisis Update https://attendee.gotowebinar.com/register/1298570895368974595	Trena Snook RN NP GNC(C)	Harbour Room 1st Floor, LAMC
Apr. 26	Dementia, the person behind the diagnosis and You https://attendee.gotowebinar.com/register/3028542490511740419	Wilma Greene RN BN MN	Harbour Room 1st Floor, LAMC
May 31	Remote Patient Monitoring https://attendee.gotowebinar.com/register/8687242854535341571	Kim Ghaney	Harbour Room 1st Floor, LAMC
Jun. 21	To Be Announced https://attendee.gotowebinar.com/register/2933572173662604291		Harbour Room 1st Floor, LAMC

For additional information please contact Professional Practice - Nursing 777-7792

- Please note that all rounds will occur from 1400-1500 hours on the last Thursday of the month
- Nursing Grand Rounds will not be held during December, July & August due to the holiday seasons

Remember:

Attendance at Nursing Grand Rounds can be used as credit towards the ARNNL & CLPNNL Continuing Competency Program.

Navigating the Landscape of the Opioid Crisis in Newfoundland & Labrador

- *Is addiction a choice or is it a disease?*
- *What should health professionals consider in their assessments and interventions?*
- *What societal impacts and trends are we seeing as a result of addiction to opioids?*
- *How does harm reduction fit in the model of care?*
- *What initiatives are the province implementing to address the Opioid Crisis?*
- *What provincial resources are available?*

TUESDAY, FEBRUARY 6, 2018

2 p.m. - 4 p.m. (Island Time)

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

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

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

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

LPNs can use the [Education Tracking Form](#) for verification of attendance.

Panel Presenters:

Heather Hunt BSW, RSW, *Individual Support Coordinator, THRIVE, Street Reach;*

Sgt. Steve Knight *Team Leader, Combined Forces Special Enforcement Unit-NL;*

Colleen Simms MA, RN, *Director of Provincial Mental Health and Addictions, Government of Newfoundland and Labrador;* and

Trena Snook RN, NP, GNC(c), *Mental Health and Addictions, Eastern Health.*

Moderators:

Annette Johns MSW, RSW, *Associate Director of Policy and Practice, Newfoundland and Labrador Association of Social Workers*

Pam King-Jesso RN, BN, MN, *Nursing Consultant, Policy & Practice, Association of Registered Nurses Newfoundland and Labrador*



Newfoundland & Labrador Association of
Social Workers



January is Alzheimer's Awareness Month

Soci t  Alzheimer Society



Contact:

709-576-0608

1-877-776-0608



Your first steps to living well with Alzheimer's disease or related dementia

"I AM SO GLAD MY DAUGHTER PERSUADED ME TO CONTACT THE ALZHEIMER SOCIETY OF NEWFOUNDLAND AND LABRADOR. I FOUND MY CONTACT MOST USEFUL" ~ CAREGIVER

A diagnosis with dementia can be overwhelming.

Too often families struggle to cope with these challenges alone. Our First Link Program is designed to connect with people immediately upon diagnosis so we can provide them with the support and education along the journey.

First Link connects people to:

A 15-week Learning series offering information about diagnosis, day to day living, positive approaches to care, how to manage the challenges and prepare for the future.

The learning series are free and offered by webinar to improve accessibility across the province and to accommodate busy schedules.

15 Week Educational Learning Series

Offered three times a year by webinar

2018-19 Schedule

Series 1

Feb 28-June 6, 2018

Series 2

June 20-Sept 26, 2018

Series 3:

Oct 10, 2018-Jan 16, 2019

First Steps

- Memory Loss and the Brain
- Communication & Coping Strategies
- Navigating the System
- Legal & Financial Matters
- Resource Systems & Wellness

Options for Care

- When care needs are increasing
- The Long Term Care process
- The day of placement

Caregiver Essentials

- What to expect
- Understanding Behaviors
- Day to Day Care
- The Caregiver Journey

Care in the Late Stages

- Advanced dementia
- Pain & Distress
- Understanding grief

In 2016, 221 people completed the Learning Series in Newfoundland and Labrador.

First Link connects people to support groups, one on one support and additional community resources.

Referring Partners

Information Webinars held monthly

Our program has 177 health professionals who conduct direct referrals to the First Link Program to help individuals and their families cope with their individual journey of dementia. Every month we conduct information sessions on how to become a referring partner.

Register to become a referring partner today and the Alzheimer Society will forward you a Referring Partner kit which will include promotional materials on the First Link Program and a referral pad to start your referrals.

Steps to make a First Link® referral:

1. Ask the individual for permission to forward their name to the Alzheimer Society of Newfoundland and Labrador.
2. Forward the referral information by fax 1-709-576-0798 or email firstlink@alzheimernl.ca

Make a difference in your community and support those living with dementia in our province.

Contact us:

Alzheimer Society of Newfoundland and Labrador, Inc.

835 Topsail Road, Unit 107, Mount Pearl, NL A1N 3J6 - 709-576-0608- www.alzheimernl.ca

CLPNNL Excellence Awards

The CLPNNL is seeking nominations for the 2018 Awards of Excellence to be presented at the Annual General Meeting in June. If you would like to nominate a LPN, click on either of the links below. Ensure you have all of the required documents completed and sent to CLPNNL by the May 11th deadline.

Anne Keough Excellence in Leadership Award

The Anne Keough Excellence in Leadership Award in Nursing was specifically created to acknowledge and show appreciation to a Licensed Practical Nurse (LPN) who demonstrates excellence in leadership and commitment to the practical nursing profession. The award winner will receive a scholarship of \$500.00 towards continuing education and a framed commemorative certificate.



For detailed information to complete the nomination process, please click on the following link: https://www.clpnnl.ca/sites/default/files/inline-files/Anne_Keough_Leadership_Award_2018.pdf

Excellence in Practice Award

The Excellence in Practice Award is designed to acknowledge and show appreciation to a Licensed Practical Nurse (LPN) who consistently demonstrates excellence in nursing practice. The award winner will receive a scholarship of \$500.00 towards continuing education and a framed commemorative certificate.

For detailed information to complete the nomination process please click on the following link: https://www.clpnnl.ca/sites/default/files/inline-files/Excellence_in_Practice_Award_2018.pdf



The 2017 Excellence in Practice Award was presented to Shawna Haley-Sharpe, LPN, from Pleasant View Towers, St. John's.



The 2017 Anne Keough Excellence in Leadership Award was presented to Vicki Laing, LPN, from the Carbonear General Hospital.



eyewise

GetEyeWise.com

**ONE OF
THESE 3 KIDS
HAS A VISION
ISSUE THAT'S
AFFECTING
THEIR
LEARNING.**

**THEIR PARENTS DON'T KNOW,
BUT AN OPTOMETRIST WOULD.**



Newfoundland & Labrador
Association of Optometrists

www.nlao.org | nlao@bellaliant.net

The Newfoundland and Labrador Association of Optometrists would like to remind you about the importance of regular comprehensive examinations for children of all ages.

A healthy functioning visual system affects every aspect of a child's development and learning. A vision screening during a pre-school check-up is only able to identify a limited number of vision issues. There are many other visual impediments to learning that cannot be identified through a screening alone.

Routine eye care for children is important because undiagnosed vision conditions may negatively impact a child's development, education and quality of life.

The early detection of childhood vision problems is critical. Many serious eye conditions do not have obvious symptoms and some eye diseases only become apparent when the condition is advanced and difficult to treat. For some children, a vision condition is identified far too late and is no longer treatable at all, leaving the child with permanent visual impairment. This is often the case when older children are diagnosed with amblyopia (lazy eye).

Children with visual problems may pass a screening test but still struggle with vision. In addition to fully assessing a child's ability to see, Optometrists are primary eye healthcare professionals who are extensively trained in detecting and managing ocular disease. A comprehensive eye examination is not only an assessment of vision but a full exam of eye health.

One in four school-age children have visual problems and 60% of children with reading difficulties have undetected or uncorrected vision problems. When you consider that up to 80% of learning is dependent on vision, the importance of maintaining a healthy visual system becomes clear.

It is recommended that children have their first eye exam at the age of 6 months, at age three, age 4 (prior to entry to kindergarten) and annually thereafter.

For further information on comprehensive eye examinations or to find a Doctor of Optometry near you, please visit www.nlao.org.



What is HEALING TOUCH?

Healing Touch is a relaxing, nurturing energy therapy. Gentle touch assists in balancing your physical, mental, emotional, and spiritual well-being. Healing Touch works with your energy field to support your natural ability to heal. It is safe for all ages and works in harmony with standard medical care.

Janet Mentgen, RN

Healing Touch is used in a wide variety of settings including hospitals, long term care facilities, private practices, hospices, and spas. Janet Mentgen, RN, founded Healing Touch in 1989 as a continuing education program for nurses, massage therapists, other health care professionals, and lay persons. Today Healing Touch has spread internationally and is taught in universities, medical and nursing schools, and other settings.

SOME OF THE WAYS THAT HEALING TOUCH CAN BENEFIT YOU

- Calming anxiety, depression
- Decreasing pain
- Strengthening the immune system
- Enhancing recovery from surgery
- Complementary care for neck and back problems
- Deepening spiritual connection
- Supporting cancer care
- Creating a sense of well-being
- Easing acute and chronic conditions

Healing Touch research suggests that there are many benefits. Individual experiences will vary.

Healing Touch International, Inc., dba Healing Beyond Borders, Educating and Certifying the Healing Touch[®], is a non-profit organization with a mission of dedicated service to the public trust. A membership organization, we provide education and credentialing in Healing Touch. The organization educates and certifies Healing Touch Practitioners and Instructors, coordinates Healing Touch research, assists integration of Healing Touch into healthcare settings, and promotes the work of Healing Touch throughout the world.

In 2013, the organization's name was rebranded to **Healing Beyond Borders**, to better reflect its vision and mission.

VISION

Spread Healing, Light and Love, creating wholeness on Earth.

MISSION STATEMENT

Our mission is to spread healing and light worldwide through the heart-centered practice and teaching of Healing Touch. It is fulfilled by this non-profit membership and educational organization which:

- Administers the Certification process for Healing Touch Practitioners and Instructors
- Sets international standards of practice and international code of ethics for practitioners and instructors
- Supports Healing Touch Practitioners and Instructors as they develop, practice and serve communities worldwide
- Promotes and provides resources in health care integration and research in Healing Touch
- Provides opportunities for promotion of and education about Healing Touch.

WHAT HAPPENS IN A SESSION?

The first session involves a consultation as well as the energy session itself. The provider will ask a series of questions about the individual's physical, mental, and emotional situation, and will answer any questions. Then the individual will lie fully clothed on a massage table while the provider gently places their hands slightly above or on the individual. The session generally lasts 40 to 60 minutes, and people frequently report feeling deeply relaxed and peaceful during and after the session. There is a cumulative effect of using Healing Touch over time and regular sessions are recommended.

New areas are continually opening and requests are being received from the international community to continue to offer programs. Healing Touch is in harmony with people from all walks of life.

EDUCATION

The Healing Beyond Borders HTI Healing Touch Certificate Program is an exceptional, five-course certificate program that moves from introductory to advanced practice, preparing the participant for a critical role in the unfolding field of complementary and integrative health care. The course of study focuses not only upon professional caring for and serving of others, but also upon transformational self-development and caring for oneself.

Over 100 continuing education contact hours eligible towards certification are available for this certificate program. Participants receive a continuing education certificate of attendance upon completion of each course taught by a Certified Healing Touch Instructor and receive a Certificate of Course Completion issued through Healing Beyond Borders, upon meeting all necessary practicum requirements. The graduate of this certificate program is then eligible to apply for credentialing as a Certified Healing Touch Practitioner.

The Healing Beyond Borders HTI Healing Touch Certificate Program offers continuing education through the American Holistic Nurses Association ([AHNA](#)), the National Certification Board for Therapeutic Massage & Bodywork ([NCBTMB](#)), and the California Board of Registered Nursing ([CBRN](#)).

For further information about Healing Touch please see websites:

Healing Beyond Borders: www.healingbeyondborders.org

Healing Touch Association of Canada: www.htac-jm.org

Canadian Healing Touch Foundation: www.chtf.ca

Also contact:

Coordinator for Healing Touch in Newfoundland & Labrador
Florence Newman, RN, CHTP, Corner Brook NL
709-640-2579 or newbranchesnursing@gmail.com

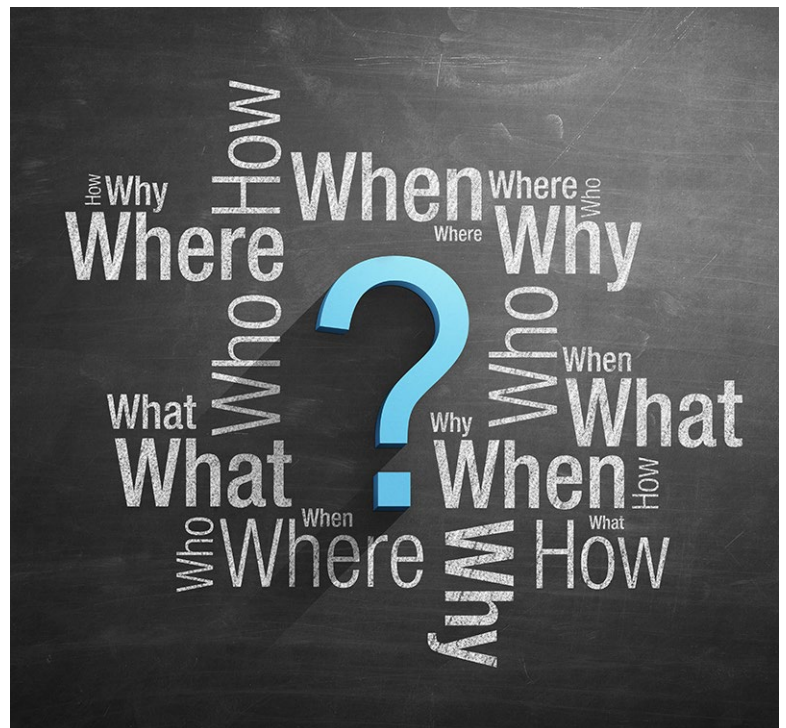
Compiled by Maggie Atkinson, PhD, HTI-PA

ASK THE PRACTICE CONSULTANT

Do you have questions regarding LPN scope of practice?

Do you ever ask yourself, “Can I do that here? Can I care for a client who has a particular need? Can I give this medication? How come I can provide care on Unit A and not Unit B? Why was I able to provide care in clinical as a student but not as an employee?”

If you are experiencing any of the above questions, please contact Wanda Squires LPN, CLPNNL Practice Consultant, at 709-579-3843 ext. 206 or email wsquires@clpnnl.ca.



PARTICIPATE IN CLPNNL COMMITTEES, WORKING GROUPS AND LIAISON PROGRAMS

The CLPNNL is continually seeking LPNs to provide valuable input into committees and working groups.

CLPNNL LPN Liaison Program

The CLPNNL Liaison Program was developed to provide Liaison LPNs the opportunity to work with the CLPNNL Board and staff through the sharing of information. Liaisons are volunteer LPNs who have agreed to provide information to their workplace colleagues and to provide the CLPNNL with communication from these colleagues. The Liaison LPNs provide a valuable service to the CLPNNL by posting important information in the workplace regarding elections, new documents, policies, position statements, education sessions, National Nursing Week, practice awards and CLPNNL services. These are just a few of the means by which Liaison LPNs assist the CLPNNL and its members. The CLPNNL would like to extend a warm thank you to all Liaisons for their commitment to the LPN profession.

The CLPNNL is currently seeking Liaison LPNs for the following sites:

- Dr. Charles A. Janeway Child Health and Rehabilitation Centre
- Presentation Convent
- Kenny's Pond Retirement Home
- Carbonear Long Term Care Facility (1 of 2 positions presently filled)
- Dr. A.M. Guy Memorial Health Centre
- Bonne Bay Health Centre
- Strait of Belle Isle Health Centre

CLPNNL CCP Auditing Committee

The CLPNNL is seeking LPNs who are interested in becoming a member of the CCP Auditing Committee. The committee's role is to review the documents submitted by LPNs and determine if the learning plan contains adequate information to validate that appropriate learning has taken place.

If you would like to contribute to your profession by participating in the work of the CLPNNL, please send your name confidentially to Wanda Squires LPN, Practice Consultant, at wsquires@clpnnl.ca or by phone at 709-579-3843 ext. 206.



GROWTH IN NURSING WORKFORCE UNLIKELY TO KEEP UP WITH DEMAND FOR SENIORS CARE

The demand for nursing services for seniors is expected to increase at a faster rate than the supply of regulated nurses as Canada's population ages. That's according to a recent Conference Board of Canada report, which was co-sponsored by CNA.

"Canada's aging population will cause a dramatic rise in demand for continuing care, and services provided by regulated nurses are an important component of that," said Louis Thériault, the Conference Board of Canada's vice-president of public policy.

As providers of direct clinical acute, chronic, rehabilitative and palliative care, RNs, nurse practitioners, licensed/registered practical nurses and registered psychiatric nurses are at the forefront of care and support for seniors. They also provide numerous other services and supports, including case management, care coordination, supervision, education and administration within the continuing care spectrum.

The report, *Future Care for Canadian Seniors: A Primer on Nursing Supply and Demand*, <http://www.conferenceboard.ca/e-library/abstract.aspx?did=8679>, provides an estimate of what demand for nurses in continuing care could look like as the population ages. Currently, more than 1.4 million Canadian seniors need and receive paid and unpaid continuing care supports. The Conference Board predicts this figure could increase by 71 per cent by 2026. Recent federal-provincial agreements to expand home- and community-based care services and implement dementia and palliative care strategies are part of what's driving the increased need for nursing services.

Under a status quo scenario, overall demand for nursing in providing continuing care to seniors in home, community and facility-living environments is projected to increase — from about 64,000 full-year (full-time, part-time and casual) jobs in 2011 to more than 142,000 full-year jobs by 2035. That's an annual growth rate of 3.4 per cent. In comparison, the regulated nursing workforce collectively had an average annual increase of two per cent between 2010 and 2015.

"Addressing the labour demands for nursing will be essential for Canada to successfully meet the care needs of its seniors," Thériault said.

That will include addressing numerous issues affecting the supply of nurses, including workload, isolation, wage gaps between institutional and home care settings, and safety.

The report indicates more nursing workforce data and research are needed for continuing care to support planning, regulation, management and policy development of community and home care health-systems reform.

The benchmark data is needed “to adequately address nurse recruitment and retention in continuing care settings, gerontology education and training, the use of technology and innovative models of care delivery,” CNA president Barb Shellian said.

The executive summary of the 60-page report explains:

As delivery models inform staff-mix decision-making, it is important to understand relationships between organizations, their approach to care delivery, and the associated staff mix. With shifts from acute care to community care settings, new delivery models, and initiatives such as a national dementia strategy, it will be important to understand the associated impacts on the nursing workforce.

In partnership with the College of Family Physicians of Canada and the Canadian Home Care Association, CNA has called for the development of proficiency and leadership skills for regulated health-care providers through standards in training, education and practice in *Better Home Care in Canada: A National Action Plan*, <https://www.cna-aiic.ca/en/news-room/news-releases/2016/national-health-care-collaborative-releases-better-home-care-in-canada-a-national-action-plan>.

“Optimizing the nursing scope of practice must become a national priority for our country in order to face these challenges,” Shellian said.

The Conference Board report is part of the Future Care for Canadian Seniors research series by the Canadian Alliance for Sustainable Health Care.

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Seeking a Career in the LPN Profession?

The Centre for Nursing Studies will be offering the Anatomy and Physiology I and Anatomy and Physiology II courses through distance learning in May 2018. If you are interested in the Practical Nursing Program (PNP), credit recognition is provided for both courses once accepted to the PNP. For more information, visit www.centrefornursingstudies.ca or contact Barbara Peters (Registrar) at barbara.peters@mun.ca or call 709-777-8174.



Delivering Quality of Care to your Door, Helping you Choose Wisely: A Data-Driven Approach to Improving Patient Care

They sound simple: get the right treatment to the right patient at the right time; more is not always better.

Like anything that sounds simple, there are a lot of complicating factors that make them easier said than done. It's hard for busy healthcare professionals to stay on top of the latest evidence, the latest guideline updates, or recommendations for best practices. It's harder still to know how you're measuring up against your peers, and whether your own practice is bucking a trend toward mismanaged health care resources and worse outcomes for your patients.

Much of the data and other information that could make it easier to address your own practice is locked away in health records and publications you may not be able to access; even if you can access the data, you may not have the time or training to best use or interpret it. In Newfoundland and Labrador, a new research and implementation initiative is working hard to address the issue by giving you access to information – such as ordering and prescribing patterns – in an easy-to-understand way, delivered straight to your inbox or the front door of your clinic.

Quality of Care/Choosing Wisely Newfoundland and Labrador (QCNL) is a partnership between all of the stakeholders with a vested interest in improving care for patients in the province, including researchers at Memorial University of Newfoundland, practicing health care professionals, and the patients themselves. Taking advantage of new IBM computing capacity at Memorial, QCNL interrogates large patient datasets for trends in test ordering and prescribing, figures out whether those trends align with evidence-based practice guidelines, and delivers personalized (and anonymized) reports to ordering practitioners to let them know how they're doing.



In a province where an [aging and unhealthy population](#) is distributed thinly across a large area, and timely access to quality health care is an ongoing challenge, making every effort to ensure that patients are getting the treatment they need when they need it is essential. QCNL is addressing a wide range of practice areas in over 60 different projects; recent and ongoing campaigns include:

- Antibiotic prescribing practices
- Antipsychotic prescribing practices
- Iron and ferritin test ordering
- Vascular test ordering for stroke and peripheral artery disease



Many of these projects are based around recommendations made by [Choosing Wisely Canada](#) (the local arm of the ABIM Foundation's wider [Choosing Wisely](#) initiative), though localized for practitioners in Newfoundland and Labrador; these projects exist under the aegis of Choosing Wisely Newfoundland and Labrador (CWNL).

Not every campaign is restricted to healthcare professionals. Where the data is in the public interest, and the issue is one where patients and practitioners can both have a hand in addressing a problem, QCNL goes wider than just delivering individualized reports.

For example, the antibiotics campaign is an annual event. Antibiotics overuse is an issue with global consequences - the rise of resistant strains of bacteria has been linked to over [23,000 deaths a year](#) in the United States alone - and in Newfoundland and Labrador the issue is compounded by a prescribing rate that is [significantly higher](#) than the rest of Canada. It's a problem that has two critical components: the patients who insist on antibiotics when they're not necessary; and the practitioners who can't always easily explain why they shouldn't prescribe them.

Each year, QCNL pairs anonymized reports with a public campaign: patients are reminded to talk to their doctors about whether or not they need antibiotics, informed that antibiotics won't work for viral infections, and told about the consequences of overuse. Messaging includes posters and videos and information sheets that exist to help practitioners have conversations with their patients about the care they need, and the care that they don't.

This year's campaign was marked by the release of four short animated YouTube Videos, which have garnered between them thousands of views:



Getting the right treatment to the right patient at the right time sounds simple, but it's not. QCNL is working hard to untangle the problems that prevent you from making sure your patients are getting the best care possible; you'll be hearing from us soon, whether that's on [YouTube](#), in a poster on a [clinic wall](#), in our twice-yearly [Practice Points](#) roundup, or straight to your email. But if you can't wait, all of our publicly-available information for patients and practitioners is easy to access straight from our website: www.qualityofcarenl.ca.

Wound Management Quick Reference Pocket Guide



Mary Beresford-Osborne MN, RN, IIWCC (08)
Donna Moralejo PhD, RN
Valery Goulding BN, RN, GNC (c)
Pam Morey MN, RN, NP, IIWCC (15)
Alicia Hennebury MN, RN, IIWCC (13)

Over the past several years Licensed Practical Nurses (LPNs) in Newfoundland and Labrador have become more actively involved in wound care. For example, depending on the setting and client population, LPNs may be involved with preventing and treating pressure injuries, skin tears, and incontinence associated dermatitis. While responsibilities in relation to wound care practices vary across the province, it is important for LPNs to be knowledgeable about the fundamental principles of wound care, which include wound assessment and appropriate product selection.

The Wound Management Quick Reference Pocket Guide (QRG) has been developed as a resource to help nurses access wound management best practices as close to the point of care as possible. The QRG summarizes key points in multiple different wound management topics. The topics include: arterial assessment; wound assessment; and treatment considerations for specific types of wounds including pressure injuries, and venous, arterial, and diabetic foot wounds. Pictures of wounds and definition of terms are added to assist the nurse with wound related assessments. The QRG offers the added benefit of educating the end user on associated wound care terminology which will assist in effective communication amongst all interprofessional team members. See Image 1 for the Incontinence-Associated Dermatitis (IAD) content located on Page 15 and Image 2 for the Arterial Wound algorithm located on Page 18 from the QRG.

The QRG was developed by wound care experts with the inclusion of the 2017 best practice guidelines. It has been evaluated by Registered Nurses and Licensed Practical Nurses and they reported it as a useful and user-friendly resource. The QRG will be made available in early 2018. To help support your wound care practice, please connect with a member of the provincial wound care working group or your local wound care specialist/consultant for details on how to access a copy of the QRG.

Members of the Provincial Working Group are:

Central Health:

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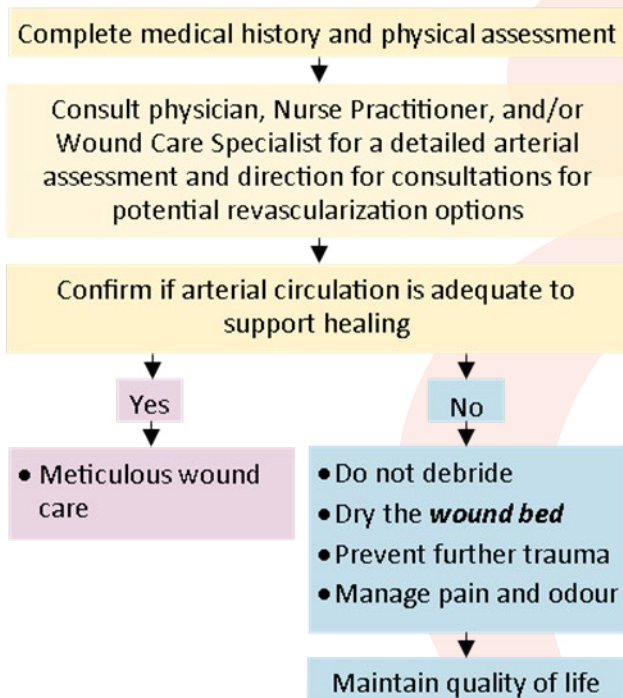
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ARTERIAL WOUND



For More Information:

- See page 2 for components of assessing arterial circulation
- See pages 3 and 4 for fundamentals of wound management
- See pages 21 and 22 for wound product related information

INCONTINENCE-ASSOCIATED DERMATITIS (IAD) ¹⁵

IAD is skin damage caused by prolonged exposure to urine and/or feces. IAD is not a pressure injury.

Incontinence Associated Dermatitis Usual Characteristics	
Cause	Skin irritation caused by contact with moisture from urine and/or feces
Surrounding Tissue	Warmer and/or firmer; pink or white tissue due to maceration
Necrotic Tissue	Not present
Location	Diffuse; can include skin folds; not usually over bony prominence
Depth	Superficial/partial thickness skin loss
Presentation of Injury	Bluish-purple or deep red; <i>blanchable</i> or non <i>blanchable</i> ; diffuse or irregular edges

Prevention of IAD

- Establish a continence program and minimize using incontinence absorbent products.
- Support good nutrition and fluid intake.
- Establish a gentle cleansing routine by using a pH balanced no-rinse cleanser. Do not scrub or rub the skin.
- Moisturize to replace natural oils. Use a moisturizer in combination with a protective barrier ointment to protect skin from irritants.
- Monitor and treat skin infections with prescribed antifungal, anti-yeast, or antibacterial creams, powders, or ointments. These medications can be applied and then covered with a protective barrier ointment.



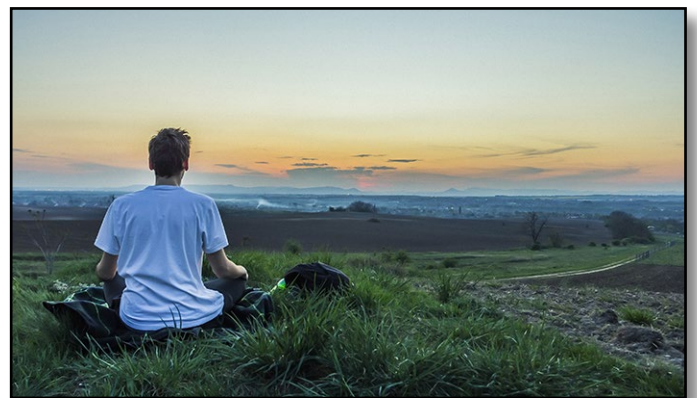
A New Year – A healthy, happy, positive you!

A New Year brings new beginnings. It's a time to reflect on past experiences and to move forward with a positive attitude. As health professionals, it is important to obtain a balanced diet with adequate nutrition, stay active and obtain the required amount of sleep. Maintain mental wellness by reading a book, doing a puzzle, playing a board game, laughing often and socializing.

By doing this, health professionals will be better prepared to provide the best possible care to their clients. Let's start 2018 by being healthy, happy, and positive.

You are never too old to set another goal or dream a new dream.

– C.S. Lewis



Nobody can go back and start a new beginning, but anyone can start today and make a new ending.

– Maria Robinson

You don't have to be great to start; you have to start to be great.

– Zig Ziglar



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