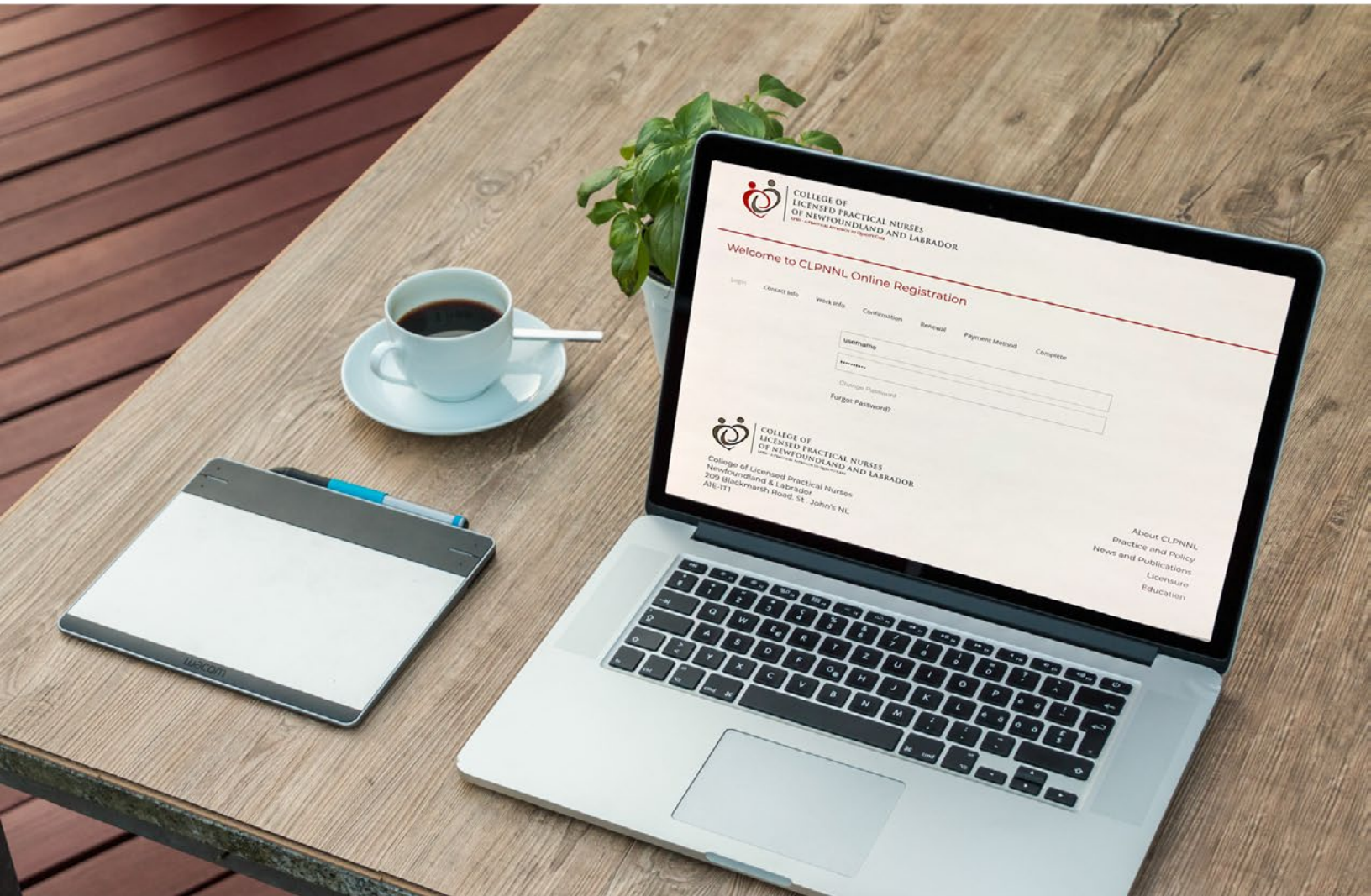


PRACTICE



Licensure Renewal Now Open, Just a Click Away

See page 4



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

Volume 4, Issue 1 – January 2019

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.

209 Blackmarsh Road, St. John's, NL A1E 1T1

Telephone: (709) 579-3843 or

Toll Free: 1-888-579-2576

Fax: (709) 579-8268

E-Mail: info@clpnnl.ca

Website: www.clpnnl.ca

COLLEGE BOARD MEMBERS

Jane Pardy	Chairperson, Public Representative *
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Kerrese Mitchell	Zone 1 Licensed Practical Nurse Eastern Region
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*Appointed by Government

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Policy Consultant

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Administrative Assistant

Glenda Hayward

PRACTICE, presented by CLPNNL

Design & Layout: Kimberly Puddester

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MANDATE

The mandate of the CLPNNL is to promote safety and protection of the general public through the provision of safe, competent, compassionate, and ethical nursing care.

VISION

Excellence in regulating licensed practical nurses.

VALUES

Collaboration	Partner with others to protect the public
Excellence	Commit to the highest standard of nursing care
Accountability	Be responsible for what we do and don't do
Fairness	Treat others with respect and without bias
Innovation	Create positive outcomes

MISSION

Protect the public by actively promoting safe, competent, and ethical nursing care.



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

CLPNNL Excellence Awards

The CLPNNL is seeking nominations for the 2019 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 10th 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_2019.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_2019.pdf



LICENSURE RENEWAL 2019

The annual licensure renewal has begun. Recently, you should have received an email containing an invitation to register for the 2019-2020 licensure year. The licensure fee is unchanged since 2015 and remains at \$287.62 (fee) plus \$43.13 (HST) = \$330.75.

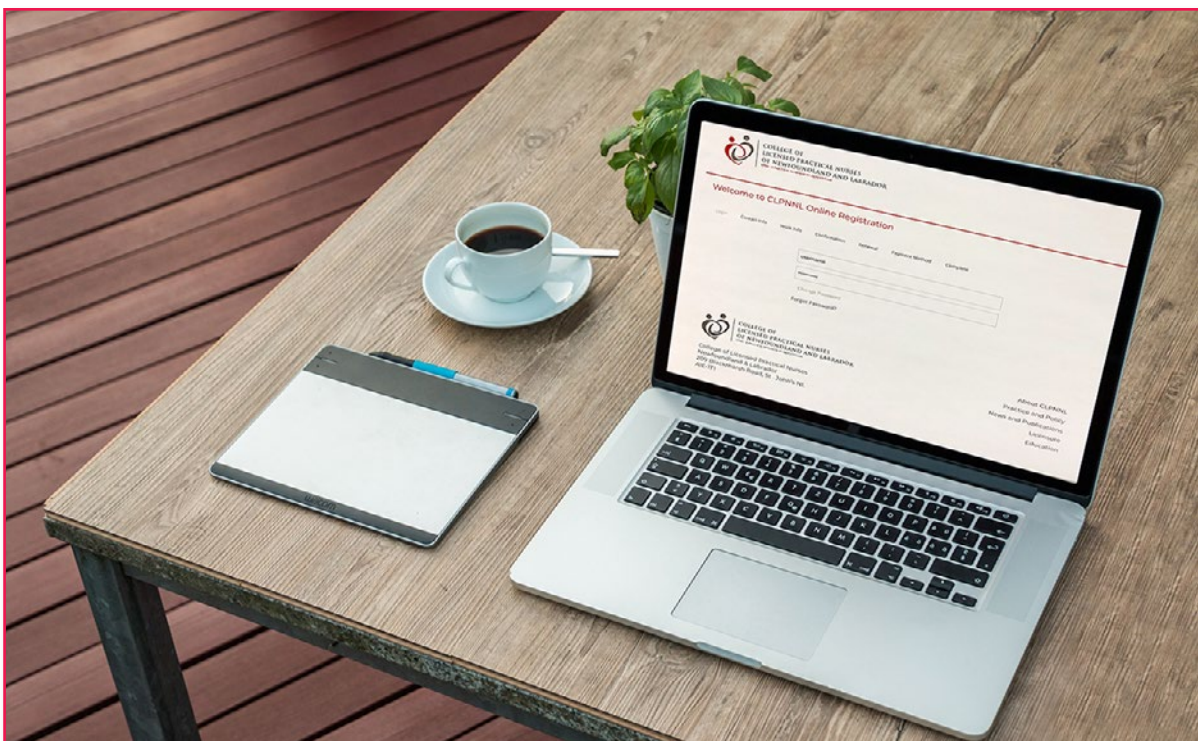
The revenue collected from licensure fees is used to cover all operating expenses associated with the regulatory functions of CLPNNL. As set out in the Licensed Practical Nurses Act and Regulations, the CLPNNL Board has a legislated duty to regulate LPN practice in the public interest and to ensure that its programs and operations are fully funded to meet its responsibilities.

Fee Structure 2020

Recent years have seen evolving public expectations and increased regulatory activity at CLPNNL, including the following:

- Increased number and complexity of allegations to be dealt with through the Conduct Review Process;
- Implementation, ongoing education, and auditing of the Continuing Competency Program;
- The increasing scope of practice of LPNs necessitating additional regulatory processes to ensure safe, quality practice, including policy development, practice guidelines, and ongoing implementation, revision, and enforcement of Standards of Practice and Code of Ethics; and
- Increased need for practice support and education to ensure LPNs provide safe, competent care.

These factors led the Board of CLPNNL in December 2018 to approve a fee structure that set the licensure renewal fee for April 1, 2020, at \$326.09 (fee) plus \$48.91 (HST) = \$375.00.



Practicing Without A License

LPNs have a professional responsibility to renew their license on time each year. This requirement is outlined in the *LPN Act (2005)* and the *LPN Regulations (2011)*. <https://www.clpnnl.ca/about#block-aboutlegislationheader>

CLPNNL has established an administrative deadline of February 28 each year. This administrative deadline provides CLPNNL staff time to verify eligibility for licensure and to approve licenses. LPNs that fail to meet this deadline are subject to an administrative late fee of \$57.50.

The LPN licensing year begins on April 1 each year and ends on March 31 the following year. LPNs who fail to renew their license to practice by the March 31 licensure expiry date are considered to be non-licensed and are subject to a reinstatement fee of \$76.33 in addition to the administrative late fee of \$57.50. <https://www.clpnnl.ca/licensure>

Any LPN who does not renew by March 31 and continues to practice is at risk of being found in contravention of the *LPN Act (2005)*. These actions will result in a daily fine for working without a license and could result in an allegation of professional misconduct. In addition, LPNs who practice without a license will not have liability insurance. <https://www.clpnnl.ca/about#block-aboutlegislationheader>

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



LPNs now use online registration to complete their annual licensure renewal application. LPNs are required to provide their most up-to-date email address to the CLPNNL as this is essential for online registration. For more information, please contact the CLPNNL office at 709-579-3843.

Licensed Practical Nurses Insurance Programs

Lloyd Sadd Insurance Brokers Ltd. is pleased to continue providing insurance programs to Licensed Practical Nurses who are members of the provincial LPN regulatory body. Below are a few bulletins of interest about the program.

General Liability Program

Commercial General Liability (CGL) is imperative if you are self-employed and/or contract your professional services to hospitals, clinics, other community care providers or render services to clients in their home or other locations including your own home or workplace. A CGL program including coverage for Bodily Injury, Property Damage and Tenants Legal Liability is available through Lloyd Sadd Insurance Brokers Ltd. \$2,000,000 and \$5,000,000 options are available. For more information on this program please contact any of the Lloyd Sadd team members.

International Coverage

Coverage is available for Licensed Practical Nurses travelling outside of Canada on a short-term contract or humanitarian work. There are no additional premiums or charges associated with this coverage. The only requirement is individuals need to notify their LPN regulatory body and/or Lloyd Sadd Insurance Brokers Ltd. with respect to destination and duration of the work for international coverage to apply.

Incident Reporting

Coverage under Medical Malpractice Liability policies is on a Claims Made and Reported basis. This means the policy responds to allegations made during the policy period regardless of when the incident in question actually took place. However; the policy stipulates incidents/claims must be reported to Lloyd Sadd Insurance Brokers Ltd. as soon as individuals first learn of an allegation or claim or the potential of one. This is extremely important as coverage could be denied if the individual does not advise in a timely manner or jeopardizes the potential of an early defence, should it be required.

For additional information, please contact a member of your service team.

January 2019

CONTACT INFORMATION

*Terra Matter
Account Manager
(D) 780.930.3883
tmatter@lloydsadd.com*

*Andrea Wilkinson
Account Assistant
(D) 780.930.3841
awilkinson@lloydsadd.com*

*Magdalena Cammidge
Account Executive
(D) 780.930.3884
mcammidge@lloydsadd.com*

*Suite 700, 10240 - 124 Street
Edmonton, AB T5N 3W6
(TF) 1.800.665.5243
www.lloydsadd.com*

WE LISTEN. WE THINK. WE DELIVER.



Professional Conduct Review Process

What is Professional Conduct Review?

Professional Conduct Review is the process used to address allegations received by the CLPNNL regarding the practice and/or conduct of LPNs that may:

- affect the safety of the public;
- damage the public's trust in the profession;
- negatively impact the integrity of the profession

The source of the allegation may be: a client; family member of a client; co-worker; employer; member of the public; or the Registrar of the CLPNNL.

How to Submit an Allegation

1. Put it in writing.
2. Include the LPN's name.
3. Indicate the issue/reason for the allegation.
4. Answer the questions who, what, when, where, why and how.
5. Include as much detail as possible.
6. Sign it and include your contact information.
7. Send to the Registrar, CLPNNL.

An Allegation is Filed

The *LPN Act (2005)*, sections 13-27, outlines the process used by the CLPNNL to address an allegation. All allegations must be written and signed. The person making the allegation (“Complainant”) and the LPN who the allegation is against (“Respondent”) are notified in writing that an allegation has been received by the CLPNNL. Within 30 days the Respondent will receive a copy of the complaint as well as a copy of the *LPN Act (2005)*, *LPN Regulations (2011)* and the Standards of Practice and Code of Ethics for LPNs.

The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) has the legislated responsibility, in accordance with the *Licensed Practical Nurses Act (2005)*, to regulate the practice of Licensed Practical Nurses (LPNs) in Newfoundland and Labrador. The mission of CLPNNL is to protect the public by actively promoting safe, competent, and ethical nursing care.

- The respondent has 30 days to submit a written response to the CLPNNL.
- Under section 16 of the Act, the Registrar may attempt to resolve an allegation through Alternative Dispute Resolution.

Alternative Dispute Resolution (ADR)

If the Registrar determines that there is evidence of conduct deserving of sanction and the Complainant and Respondent are agreeable, he/she may decide to resolve the matter through ADR.

If the Registrar determines that the matter cannot be resolved in this manner, he/she may bring the matter before the Complaints Authorization Committee (CAC). The CAC is composed of at least three CLPNNL Board members, including a LPN and a public representative.

What are possible outcomes if an allegation is filed?

1. Dismiss the allegation
2. Resolve through ADR
3. Refer the allegation for further investigation
4. Refer the allegation to a Disciplinary Hearing which may result in disciplinary action if professional misconduct is determined.
5. Sanctions (including fines, or recovery of cost of investigation and hearing).

Frequently Asked Questions

Q. Can the member being investigated continue to practice as a LPN?

Generally, if the member holds a license to practice during the conduct review process they may continue to practice as a LPN. However, when it is in the best interest of public safety, during the investigative process a member’s license may be suspended or have conditions imposed upon it.

Q. How long does the Professional Conduct Review process take?

CLPNNL is committed to timely resolution of all allegations. The formal conduct review process may take 4 – 6 months or may extend beyond 12 months from the time the allegation is received to when a decision is made. Timelines are dependent upon the complexity of the issues involved in the allegation, the volume of material to be collected and the number of individuals involved and their availability for interviews.

Q. Does the allegation remain on the member’s registration file?

Unless the allegation is dismissed, the history of the disciplinary action will remain on the registration record.

Q. Is the LPN required to take part in the Professional Conduct Review process?

As stated in the *LPN Regulations (2011)*, once a LPN is notified that an allegation has been filed with the CLPNNL, the LPN is required to provide a written response within 30 days. Failure to respond may result in a second allegation being filed by the Registrar.

The 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 new Board member **Kerrese Mitchell**, LPN - Zone 1.

CLPNNL would also like to welcome back to the Board, **Christopher Janes**, LPN - Zone 3.

Both members have been elected for a 3-year term which begins January 1, 2019 and ends December 31, 2021.

CLPNNL would like to thank outgoing Board member **Tanjit Kaur**, LPN - Zone 1 for the contributions she has made to support the mandate of public protection.



PARTICIPATE IN CLPNNL COMMITTEES, WORKING GROUPS AND LIAISON PROGRAM

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

CLPNNL's LPN Liaison Program

LPN Liaisons volunteer their time to provide regulatory information to colleagues in the practice setting. For more information about becoming a LPN Liaison, click the following link <https://www.clpnnl.ca/about#block-aboutlpnliaisonheader>.

The CLPNNL is currently seeking LPN Liaisons for the following sites:

- Dr. Charles A. Janeway Centre
- Agnes Pratt Nursing Home
- Presentation Convent
- St. Luke's Home
- Kenny's Pond Retirement Home
- Waterford Hospital
- Caregivers
- Lions Manor / Placentia Health Centre
- Carbonear Long Term Care Facility (1 of 2 positions presently filled)

CLPNNL is currently seeking LPNs to participate on the Discipline Committee.

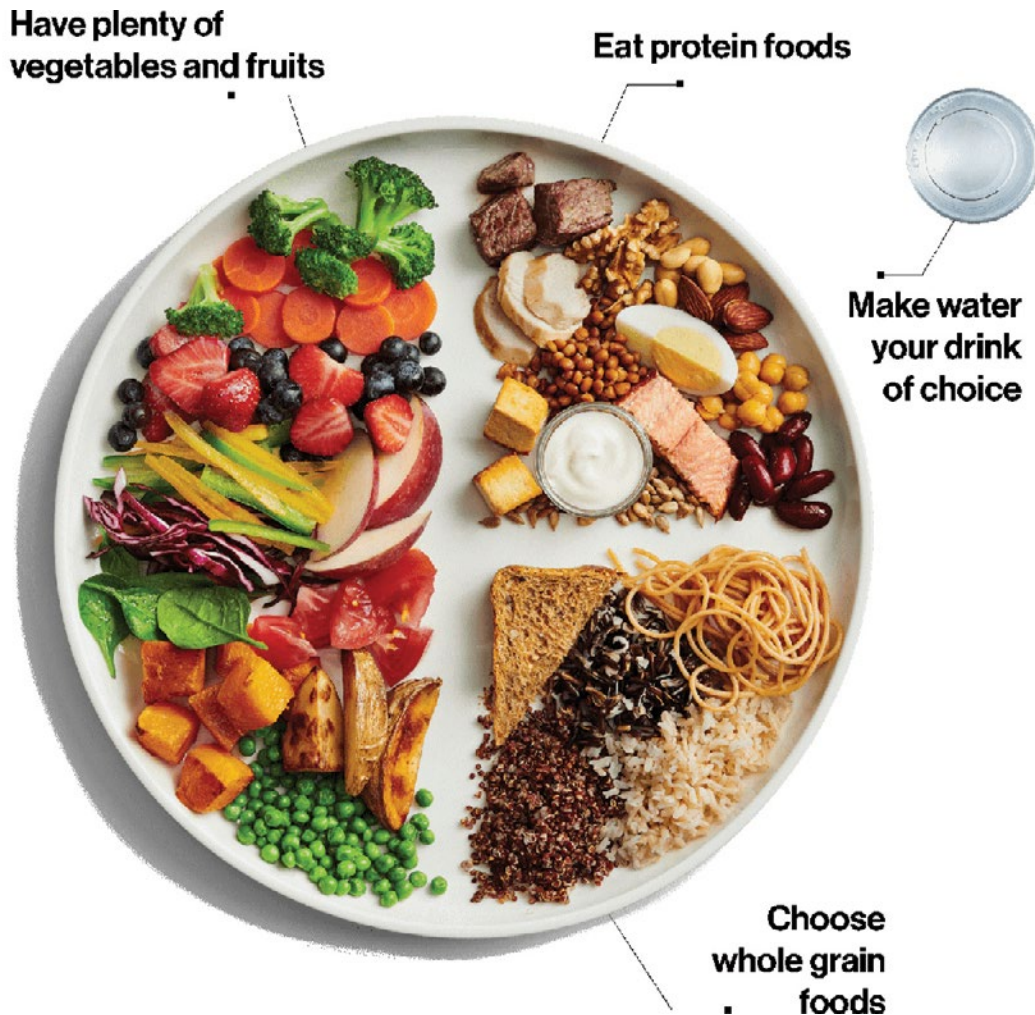
If you would like to contribute to your profession by participating in the work of the CLPNNL, send your name confidentially to Wanda Squires LPN, Practice Consultant, at wsquires@clpnnl.ca or by phone at 709-579-3843 ext. 206.

GRADUATES OF THE 2018 PRACTICAL NURSING PROGRAM

The College of Licensed Practical Nurses of Newfoundland and Labrador would like to take this opportunity to congratulate the 178 graduates of the 2018 Practical Nursing Program. We welcome you to the nursing profession and wish you much success in your nursing career. Hats off to you!



Health Canada Releases 2019 Canada's Food Guide



Canada's first food guide, the Official Food Rules, was introduced to the public in July 1942. This guide acknowledged wartime food rationing, while endeavoring to prevent nutritional deficiencies and to improve the health of Canadians. Since 1942, the food guide has been transformed many times - it has adopted new names, new looks, and new messages, yet has never wavered from its original purpose of guiding food selection and promoting the nutritional health of Canadians.

January 2019, Health Canada updated the [Canada's Food Guide](#). Having plenty of vegetables and fruits, eating protein, choosing whole grain foods and making water your drink of choice rounds out the recommended dinner plate. Plant based proteins and foods containing healthy fats is recommended. As well, Health Canada suggests limiting highly processed foods and choosing healthier menu options when dining out. Sugary drinks, such as fruit juices and soft and sport drinks, should be replaced with water.

ORIGINAL		NEW	
Nutrition Facts Valeur nutritive		Nutrition Facts Valeur nutritive	
Per 250 mL / par 250 mL		Per 1 cup (250 mL) pour 1 tasse (250 mL)	
Amount Teneur	% Daily Value % valeur quotidienne	Amount Teneur	% Daily Value* % valeur quotidienne*
Calories / Calories 110		Calories 110	
Fat / Lipides 0 g	0 %	Fat / Lipides 0 g	0 %
Saturated / saturés 0 g + Trans / trans 0 g	0 %	Saturated / saturés 0 g + Trans / trans 0 g	0 %
Cholesterol / Cholestérol 0 mg		Cholesterol / Cholestérol 0 mg	
Sodium / Sodium 0 mg	0 %	Sodium 0 mg	0 %
Carbohydrate / Glucides 26 g	9 %	Carbohydrate / Glucides 26 g	9 %
Fibre / Fibres 0 g	0 %	Fibre / Fibres 0 g	0 %
Sugars / Sucres 22 g		Sugars / Sucres 22 g	22 %
Protein / Protéines 2 g		Protein / Protéines 2 g	
Vitamin A / Vitamine A	0 %	Potassium 450 mg	10 %
Vitamin C / Vitamine C	120 %	Calcium 30 mg	2 %
Calcium / Calcium	2 %	Iron / Fer 0 mg	0 %
Iron / Fer	0 %		

Food labels provide information you can use to make informed choices about foods and drinks at the grocery store and at home. Health Canada is making improvements to the [nutrition facts table](#) and list of ingredients on food labels.

Canadians are reminded that healthy eating is more than the foods you eat. Recommended strategies towards eating and living well include:

- Being mindful of your eating habits;
- Cooking more often;
- Enjoying your food;
- Eating meals with others;
- Using food labels;
- Limiting foods high in sodium, sugars or saturated fat, and
- Being aware of food marketing.

Health Canada has also released [Canada's Dietary Guidelines for Health Professionals and Policy Makers](#), a resource for developing nutrition policies, programs, and educational resources for members of the Canadian population two years of age and older. This evidence-based report is presented in four sections. Section 1 focuses on nutritious foods and beverages that are the foundation for healthy eating. Section 2 describes the types of foods and beverages that can have a negative impact on health when consumed on a regular basis. Section 3 highlights the importance of food skills as a practical way to support healthy eating. Section 4 describes the importance of creating supportive environments for healthy eating. The considerations within each section provide complementary guidance on issues of public health importance, while recognizing the context within which Canadians live, learn, work and play.

The Health Canada website (<https://food-guide.canada.ca/en/tips-for-healthy-eating/>) provides information around food and nutrition, food safety, food recalls and risks, and easy access to Canada's Food Guide, tips for healthy eating and other resources for consumers and professionals.



Continuing Competency Program (CCP) Update

Prior to licensure renewal each year, LPNs are required to comply with the CCP requirements.

As the end of the 2018-19 licensing year approaches, CCP documentation should also be concluding in preparation for the CCP Audit. (LPNs have until March 31 to complete this documentation, even though LPNs may have already completed licensure renewal.)

The Audit Process

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

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. **Learning Plan** for the previous year (send a **copy** of your learning plan; do not send original);
2. **Record of Learning Activities** completed in the previous year (send a **copy** of your record; do not send original);
3. **Supporting documentation** of formal learning activities, such as certificates, letters of attendance, transcripts, conference agenda(s), including date of learning and hours involved, education tracking forms, etc.

The documents submitted are reviewed by the Auditing Committee. The committee's role is to review the documents 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 after receipt of documents).

To obtain more information on CCP, please visit the CCP Toolkit using this link:

https://www.clpnnl.ca/sites/default/files/2018-11/CCP_Toolkit_Aug_2018.pdf

Questions, comments or concerns can be directed to Wanda Squires, LPN Practice Consultant, at wsquires@clpnnl.ca or 709-579-3843, ext. 206.



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

CLPNNL's UPCOMING WEBINARS FEBRUARY – APRIL 2019

February 6/19	2-3pm	Continuing Competency Program (CCP)
February 20/19	2-3pm	CLPNNL Discipline Process
March 14/19	7-8pm	Continuing Competency Program (CCP)
March 21/19	7-8pm	LPN Scope of Practice
April 3/19	2-3pm	Continuing Competency Program (CCP)
April 17/19	2-3pm	Continuing Competency Program (CCP)

If you are interested in participating in any of the CLPNNL webinars, please contact Wanda Squires (wsquires@clpnnl.ca) to register and the new registration link will be emailed to you.



Diversity and Inclusion: Fostering Cultural Competence in Practice

- *What does cultural competence mean in practice?*
- *What are some of the cultural considerations within our provincial context?*
- *What should health professionals consider in their assessments and interventions?*
- *What initiatives are organizations taking to foster cultural competence?*
- *What standards or resources exist?*

TUESDAY, FEBRUARY 12, 2019

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 requiring CCP verification can email wsquires@clpnnl.ca.

RSWs claim CPE hours as per NLASW CPE Policy.

Panel Presenters:

Mollie Butler RN, PhD, BScN, MPA, Regional Director Professional Practice and Indigenous Health, Eastern Health

Jim Oldford MSW, RSW, Social Worker, Janeway Family Centre, Child and Adolescent Mental Health

Rob Sinnott MSW, RSW, Social Worker, Mental Health & Addictions, Eastern Health

Katie Dicker, Senior Aboriginal Patient Navigator, Eastern Health

Moderators:

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

Peggy Rauman RN, BN, MN, Nursing Consultant, Policy & Practice, Association of Registered Nurses Newfoundland and Labrador





Nursing Education and Research Council

Nursing Grand Rounds

2018-2019



Date	Topic	Presenter	Location
Jan. 31	How to Present: Oral or Poster https://attendee.gotowebinar.com/register/165917797512849666	Valda Duke RN MN NP	Harbor Room, 1st floor LAMC
Feb. 28	The Impact of Nurse Practitioner-Led Clinics on Chronic Disease Management https://attendee.gotowebinar.com/register/3193293322221994754	Lindsey Cassell RN MN NP DNP(c)	Harbor Room, 1st floor LAMC
Mar. 28	Ageism in Health Care https://attendee.gotowebinar.com/register/7613385041462911234	Sue Ann Mandville-Anstey RN PhD Joanne Chafe RN MN	Harbor Room, 1st floor LAMC
Apr. 25	Contextualizing Genetics: Where does Nursing Fit? https://attendee.gotowebinar.com/register/3427089076705786626	April Manuel RN PhD	Harbor Room, 1st floor LAMC
May 30	Compassion Fatigue https://attendee.gotowebinar.com/register/7007966451418889218	Shannon Edison PhD RPsych.	Harbor Room, 1st floor LAMC
Jun. 20	Enhanced Recovery after Surgery (ERAS) https://attendee.gotowebinar.com/register/886563007124840962	Jennifer Sutton BN RN MN	Harbor 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:

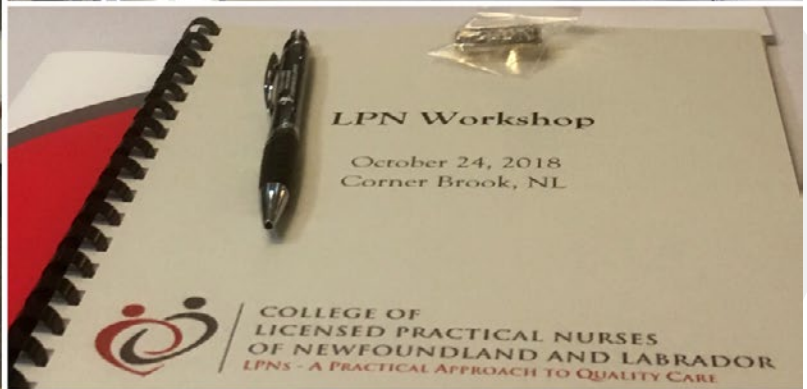
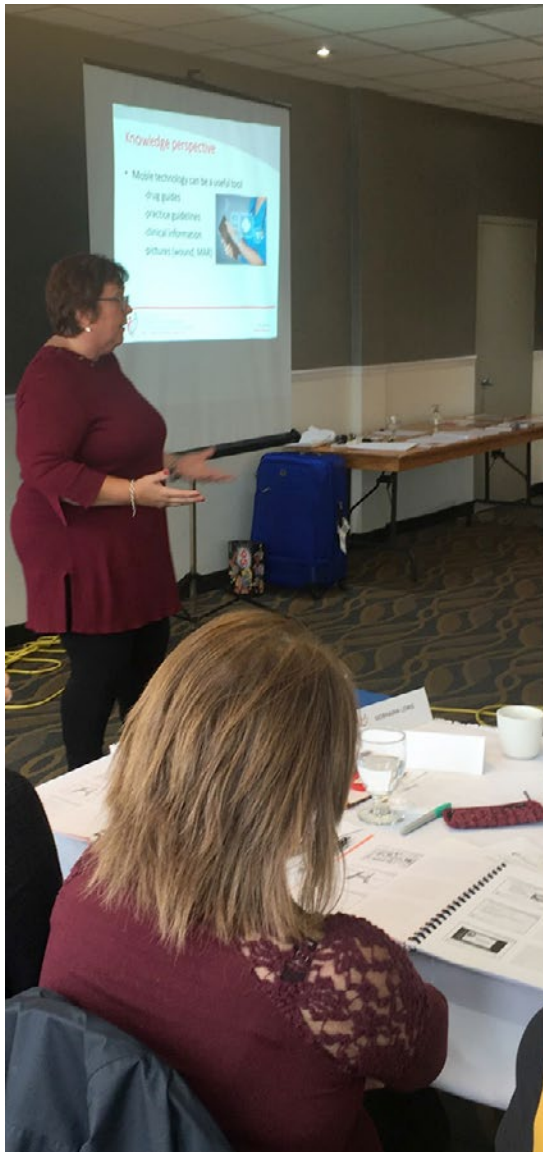
Attendance at Nursing Grand Rounds can be used as credit towards the ARNNL & CLPNNL Continuing Competency Program.

CLPNNL Leadership Workshops

In Fall 2018, CLPNNL held a series of day-long workshops for LPNs in the Western and Eastern Health regions. A total of 90 LPNs attended the sessions held in Corner Brook, Carbonear and St. John's. The interactive, energetic workshops included activities related to standards of practice, scope of practice, communication, and leadership. The workshops also provided an opportunity for LPNs to network and connect with colleagues in different practice areas and to share resources around resolving professional practice issues.

With a waitlist of registrants for the St. John's workshop, a repeat session is planned for February 2019. Thank you to Professional Practice Nursing at Western Health and Eastern Health for supporting CLPNNL's presentation of this workshop - and a rousing thanks to all the LPNs who enthusiastically participated, demonstrating that learning can also be fun!

CLPNNL plans to continue the workshop offerings in 2019. Stay tuned for details.



THE LPN'S ROLE IN THE ADMINISTERING AND DISTRIBUTION OF MEDICAL CANNABIS

LPNs may engage in activities related to the care of clients receiving medical cannabis, which may include the administration or distribution of medical cannabis if the following conditions are met:

The LPN must:

- be knowledgeable of applicable federal legislation, e.g., *Cannabis Act* and *Cannabis Regulations*; and provincial legislation, e.g., *Cannabis Control Act*, that came into force on October 17, 2018;
- have the individual competence (be educated and authorized) to administer or distribute medical cannabis:
 - › have the necessary knowledge, skill, judgment and individual competence to administer or distribute medical cannabis safely, evaluate its effectiveness, and identify and manage adverse effects following administration or distribution (e.g. including, but not limited to, proper understanding of the substance in its various forms and how the form may impact dosage, knowledge of possible drug interactions, risks of usage, side effects, contraindications, the risks to children and pets, etc.);
 - › have employer authorization through policy, guidelines, etc. Administration and distribution **can only** be undertaken if the **hospital¹ permits** it. LPNs should also refer to their regulatory body for requirements for medication management. It is important for LPNs to know their organizational policy and, if no policy exists, to advocate with their employer for the development of a policy;
- verify that the client has a medical document or written order to authorize administration or distribution. Within a hospital setting, there is generally a requirement for a client specific order. LPNs should review the written order authorizing medical cannabis for a patient to ensure it meets all required elements, including the daily quantity that the health care practitioner authorizes;
- have a reliable means of authenticating the substance and determining the dosage (i.e., it has been received from a licensed producer and the nurse has a means to determine if cannabis is from a reliable source. Patients who receive medical cannabis from a licensed producer are expected to present to the nurse the substance in a container that will generally include a description of the content);
- ensure that informed consent is obtained from the client. LPNs should consider if they require special consent for the administration or distribution of medical cannabis to a youth; and
- document their assessment of the client, discussions regarding consent, procedures, collaboration and communication with the health care team, and any other pertinent information in accordance with legislative and regulatory requirements, documentation standards and employer policy.

LPNs can conscientiously object to the administration or distribution of medical cannabis. They should reflect on their Code of Ethics and determine if they are willing to participate when faced with this

¹ Under the *Cannabis Regulations (2018)*, a “hospital” is defined as “a facility that is licensed, approved or designated by a province under the laws of the province to provide care or treatment to individuals suffering from any form of disease or illness; or that is owned or operated by the Government of Canada or the government of a province and that provides health services”. LPNs should consult with their employer to determine which facilities within the province of Newfoundland and Labrador would satisfy the definition of “hospital” within the *Cannabis Regulations*.

ethical dilemma. If nursing care is requested that conflicts with the nurse's moral beliefs and values but is in keeping with professional practice, the nurse is expected to provide safe, compassionate, competent and ethical care until alternate care arrangements are in place to meet the person's needs or desires. If nurses can anticipate a conflict with their conscience, they have an obligation to notify their employers in advance so that alternate care arrangements can be made.

If LPNs have specific questions related to medical cannabis, they can contact their regulatory body. LPNs may also wish to seek legal advice to better understand the relevant provisions of the *Cannabis Act* and the *Cannabis Regulations*.

CANNABIS LEGALIZATION AND PRACTICE EXPECTATIONS FOR LICENSED PRACTICAL NURSES IN NEWFOUNDLAND AND LABRADOR

On October 17, 2018, the Government of Canada legalized recreational cannabis use. While the law has changed, the accountabilities of Licensed Practical Nurses (LPNs) in Newfoundland and Labrador have not. As self-regulating professionals, LPNs are required to ensure their practice and conduct adhere to their requirement to provide safe, competent, and ethical care. Each nursing professional is accountable for assessing their fitness to practice. Fitness to practice refers to the physical, mental and emotional health necessary to provide care that meets the Standards of Practice and Code of Ethics. LPNs must be able to apply critical thinking, critical inquiry and clinical judgment to provide safe, competent and ethical nursing care.

Mood-altering substances such as cannabis can impair the judgment and ability of nurses, which can put clients at risk. Working while impaired by any substance (e.g., opiates, alcohol, and/or cannabis) can affect the LPN's cognitive function, physical health and fitness to practice and may constitute a breach of the Standards of Practice, which may result in an allegation of conduct deserving of sanction and thus a professional conduct review by CLPNNL.

LPNs are also responsible to report to their employer when they believe a colleague is impaired and may compromise client safety. It is important for each LPN to know relevant employer policies in the practice area as well as possible signs and symptoms of impairment. LPNs should also familiarize themselves with federal and provincial laws regarding the use of recreational and medicinal cannabis for their own practice considerations.

See the following additional resources on the CLPNNL website to learn more:

CLPNNL/ARNNL memo on Cannabis https://www.clpnnl.ca/sites/default/files/2018-12/Direction_on_Role_of_RNs%2C_NPs_and_LPNs_in_Administering_and_Distribution_of_Medical_Cannabis.pdf

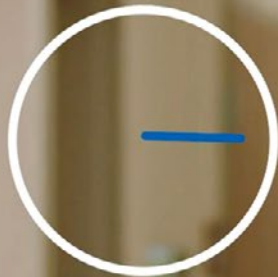
CLPNNL definitions of Conduct Deserving of Sanction https://www.clpnnl.ca/sites/default/files/2016-10/StandandsofPracticeandCodeofEthicsforLPNs_0.pdf

CLPNNL Interpretive Document Duty to Report https://www.clpnnl.ca/sites/default/files/2018-07/Duty_to_Report_Approved_June_2018.pdf

Standards of Practice and Code of Ethics for Licensed Practical Nurses in Canada https://www.clpnnl.ca/sites/default/files/2016-10/StandandsofPracticeandCodeofEthicsforLPNs_0.pdf

CHOOSING WISELY NL - QUALITY OF CARE NL

You only get one shot to act F.A.S.T.- A QCNL/CWNL campaign on Stroke Awareness



4.5 hours



Newfoundland and Labrador has a [higher rate of stroke](#) than any other province. There are 1,200-1,400 strokes annually in Newfoundland and Labrador. It's the third highest cause of death in Canada.

However, Dr. Greg Browne says many strokes can be prevented if patients learn to [recognize the signs](#) and get to a hospital immediately for treatment.

"If you recognize that you're having a stroke, you need to get to an emergency room as fast as possible," warns Dr. Browne, a vascular specialist in St. John's. "One shot of a drug called Alteplase can stop or even reverse the harmful effects of a stroke, but it has to be given within four and a half hours from the start of a stroke."

Alteplase is a tissue plasminogen activator: it works by breaking down the blood clots that cause some kinds of strokes and heart attacks.



Dr. Browne notes that in this province, stroke patients are treated at rates far behind those elsewhere across the country. Only 10 per cent of patients here receive a shot of Alteplase in time for it to be effective. The national target for treatment is closer to 25 per cent.

If you think you or someone you love is having a stroke, Dr. Browne recommends to act FAST. “If your Face is drooping, your Arm is weak, and your Speech is slurred, it’s Time to get to the emergency room right away.”

“Remember, you only get one shot to act FAST.” With his partners at Quality of Care NL/Choosing Wisely NL, Dr. Browne recently released a [public service announcement](#) reminding viewers of the warning signs of stroke, and the importance of Alteplase treatment within four and a half hours.

On January 22nd, Quality of Care NL/Choosing Wisely NL launched their “Stroke Awareness” Campaign which is aimed to promote proper stroke care. The campaign includes a webinar on current management of Hyperacute Stroke with guest speakers Dr. Browne and Cassie Chisholm (Manager, Primary Healthcare) along with the release of a powerful animated video on recognizing the signs and symptoms of a stroke from the perspective of a [patient](#).

Quality of Care NL/ Choosing Wisely NL

Quality of Care NL/Choosing Wisely NL is a program to help improve the quality of care patients receive in our province by ensuring that the right treatments get to the right patients at the right time. It is an educational initiative seeking to more efficiently match a patient’s medical needs with the most appropriate type of care that is safest for the patient. For each initiative and outreach program, Quality of Care NL/Choosing Wisely NL has identified key areas of risk and will work towards improving, through the supply of educational resources, the appropriate use of testing and treatment in these areas. The program officially launched in October 2016.



You can find all of our information about stroke, including Dr. Browne’s video, here: qcnl.ca/stroke



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Online Registration is Now Open

LPNs, check your inbox and follow the directions to renew your LPN license online.

CADTH – THE PRESSURE’S ON: SEEKING BETTER OPTIONS FOR BED SORE PREVENTION

By Barbara Greenwood Dufour, Knowledge Mobilization Officer, CADTH

Most of us don’t have to worry about pressure ulcers, or “bed sores.” But for people who stay in the same position for long periods of time without shifting their weight or repositioning themselves — such as wheelchair users and those confined to bed due to an injury or surgery — they’re a very serious concern. In Canada, the prevalence of pressure ulcers is estimated to be 25.1% in acute care hospitals and 29.9% in long-term care facilities. In Newfoundland and Labrador, the prevalence of worsened pressure ulcers in long-term care is below the Canadian average, based on [2017-2018 data from the Canadian Institute for Health Information](#) (CIHI).



Once pressure ulcers form, they can be hard to treat and can lead to severe medical complications, including infection, sepsis, and death. Therefore, health care providers try to prevent them from developing in the first place by regularly repositioning their patients, choosing support surfaces (beds and chairs) that might reduce or redistribute pressure on areas of the body most susceptible to skin and tissue damage, and inspecting skin regularly for signs of damage.

However, despite these measures, pressure ulcers remain common in at-risk individuals, leading health care providers to seek better ways to prevent them. Over the years, CADTH has looked at what the evidence says about the effectiveness of some of the preventive technologies. CADTH is an independent agency that finds, assesses, and summarizes the research on drugs, medical devices, and procedures to help Canadian health care decision-makers.

In 2015, CADTH looked for evidence specifically related to people who use wheelchairs. One review, focused on [wheelchair selection](#), found evidence that points to the importance of a formal assessment of a patient’s unique physical attributes and lifestyle when choosing a wheelchair. The [second review](#), which looked at evidence-based guidelines for pressure ulcer prevention, found that, in addition to individualized assessments, measures related to education and self-management; weight management and nutrition; pressure mapping; proper bed positioning and patient repositioning; and mobility, activity, and conditioning are recommended.

For patients with limited mobility confined to beds, repositioning is an important aspect of pressure ulcer prevention. Repositioning can be performed manually, but special turning devices are available to help health care providers reposition patients more easily and more regularly. Similarly, “positioning chairs” are available that allow for frequent repositioning of seated patients and can be either designed as wheelchairs or, for more mobile individuals who sit for long periods of time, stationary chairs. CADTH looked for evidence of the effectiveness of [turning devices](#) in 2013 and of [positioning chairs](#) in 2017 but found that no studies had yet been published.

Materials such as incontinence underpads (also called soaker pads) and natural sheepskins are sometimes placed on top of a patient’s bed or other support surface in an attempt to prevent pressure ulcers. CADTH looked into both these interventions in 2017. No evidence was found on the effectiveness of [incontinence](#)

[underpads](#); however, if they are to be used, [disposable underpads](#) might result in significantly fewer pressure ulcers than the reusable variety, according to a CADTH review of the evidence comparing the two. CADTH's review of [natural sheepskins](#) found low-quality evidence suggesting that they might reduce the risk of pressure ulcers although some patients might find the woolly sheepskins too warm. In addition to the established methods for preventing pressure ulcers, there are some newer interventions. Used in patients with spinal cord injuries, electrical muscle stimulation delivers periodic electrical pulses to the buttock muscles in an attempt to simulate the subconscious fidgeting and shifts in body position that those without mobility issues make. A 2016 CADTH [review](#) found that it isn't yet clear if this technology is effective.

Wound dressings are typically used to treat pressure ulcers after they've developed but are sometimes used to protect areas of the body vulnerable to pressure ulcers due to friction and shear, such as the base of the spine and the heels. In 2016, when CADTH looked at the effectiveness of newer [polyurethane film dressings](#), some evidence was found to suggest that they might be an effective for preventing pressure ulcers. [Polyurethane foam dressings](#) are another newer option. Like film dressings, they protect the skin from friction and shear; however, they also provide cushioning, which may help redistribute pressure and manage moisture levels to keep skin healthy. A 2017 CADTH review of found that, for at-risk adults in most settings, they may be an effective option for preventing pressure ulcers.

Several other new innovations have come on the market, including advanced support surfaces that control skin temperature and moisture, sensors that monitor how often patients move, and smart textiles that can sense when pressure ulcers may be forming. Finding better ways to prevent pressure ulcers is and will continue to be important to improving patient care, and research evidence is needed to determine what the best practices should be and which new technologies live up to their promise. CADTH is, therefore, considering a Health Technology Assessment project on this topic. To further explore the potential of the topic, CADTH is currently conducting an [Environmental Scan](#) that will identify which non-drug interventions are currently being used or being considered for use in Canada for the prevention of pressure ulcers, the health care settings in which and patient populations for which they are being used, and the related key issues that need to be addressed.

If you'd like to read any of the CADTH reviews mentioned in this article — or those on a variety of drugs, devices, or procedures — they are freely available at www.cadth.ca/reports. To learn more about CADTH, visit www.cadth.ca, follow us on Twitter: @CADTH_ACMTS, or contact Sheila Tucker, Liaison Officer for Newfoundland and Labrador at: Sheilat@cadth.ca or at the coordinates provided on CADTH's website: www.cadth.ca/contact-us/liaison-officers.

LPNs are autonomous practitioners who practice independently and collaboratively to assess, plan and deliver quality nursing care.



COLLEGE OF
LICENSED PRACTICAL NURSES
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209 Blackmarsh Road, St. John's, NL A1E 1T1
709.579.3843 • Toll Free 1.888.579.2576 • info@clpnnl.ca