Celebrating Nursing
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The Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) is the professional registering body and professional association. Its purpose is to register nurses for practice for the benefit and protection of the public; and to promote standards of nursing practice and education.

**Mission**
To promote and ensure competent nursing practice for the people of the Northwest Territories and Nunavut.

The RNANT/NU newsletter is published three times a year by the Registered Nurses Association of the Northwest Territories and Nunavut. The publication dates are March 15th, July 15th and November 15th. Deadlines for submission of articles are January 30th for March 15th; May 30th for July 15th; September 30th for November 15th.

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President’s Message

Shawna Tohm assumed the role of President of RNANT/NU at the Annual General Meeting on May 14th, 2016. Below is a copy of her address to our members.

It is a great honor to accept the position of President with the Registered Nurses Association of the Northwest Territories and Nunavut. I want to begin by thanking Donna Stanley-Young for her encouragement to apply as the President Elect three years ago. I have truly loved my experience in this position, as I have found it to be both humbling and challenging.

I also want to thank Donna, the Executive Director of the Association; Rob, the Association’s former President; the members of the Association’s Board of Directors; as well as the Association’s staff members, for the continuous teaching, mentoring, and guidance they have given to me over the last few years and continue to give me as I move forward into the President’s position.

Last, I want to thank my family, my employer, and my many nursing mentors for their ongoing support as I proudly check this goal off of my nursing bucket list.

Healthcare today is an ever changing entity and our nursing associations are key in molding the future of nursing. As nurses, we must be constantly present to provide mentorship to our coworkers and nursing students and we must continue with our education throughout the years. These things are so important if we are to have a voice at all levels of nursing. Further, as nurses working in Canada’s North, we must ensure the North is represented in all aspects of nursing at the national level. And, as President of the RNANT/NU, it is my job to ensure your concerns and comments are brought forward.

The RNANT/NU aims to move forward with advocacy by ensuring our members are kept up-to-date on the important work the Association is doing. Such transparency is evident on our website with online verification and access to RNANT/NU Policies and Bylaws. As a member, you can become more involved with the operations of the RNANT/NU by applying to volunteer on one of our many committees or just keeping up to date on the latest news.

It is important for our members to be aware that our Association is about much more than just licensing nurses to work in the Northwest Territories and Nunavut. For example, the Association provides guidance
to its members in relation to nursing practice and professional conduct.

As a member, and as a nurse practicing in the Northwest Territories and Nunavut, it is important you are familiar with our Standards of Practice and the Code of Ethics.

As your Association, we are not able to help you if we are not aware of your needs and concerns. This is why I encourage each of you, as a member, to become more aware of what our Association is, the kind of services we deliver, and how we deliver those services to our members. I also encourage you to be aware of the Board’s Strategic Plan as these are our goals and objectives for our Association. We welcome any feedback from our members.

As the new President of the RNANT/NU, I encourage all of our members to become actively involved in the Association because without you we cannot make a difference in Nursing. Nursing for me is in my heart and it is who I am, not what I do. If you want to make a difference you have to become involved, whether it is locally, nationally, or within your own community. Be proud of Nursing and the work you do, not only for yourself but also for those we serve. Nursing is an art, and only you can paint the canvass through learning, education, and mentoring.

Shawna Tohm  
President

Safe nurse staffing is critical to the care we deliver to patients and the well-being, health and safety of nurses and other health-care providers. Effective safe staffing also helps the health-care system function better.

To help realize these benefits, CNA and the Canadian Federation of Nurses Unions have developed a new evidence-based, safe nurse staffing toolkit.

This online toolkit promotes safe nurse staffing practices as a key to quality and safety in patient care and to maximize positive outcomes for patients, nurses and organizations.

It’s designed to test your knowledge, introduce you to real stories from your fellow nurses and even help you make a case for evidence-based safe nurse staffing in your own workplace.

Safe Nurse Staffing Toolkit

Note: To access the toolkit, please use Internet Explorer or Google Chrome. It is not available on mobile devices.
AGM planning, the audit of continuing competency plans (CCPs), medical assistance in dying and the launch of RNANT/NU’s website are a few of the projects staff and volunteers have been working on during the first half of 2016.

The theme of this edition of the newsletter is “Celebrating Nursing”. This year, the RNANT/NU AGM was held during National Nursing Week. This provided the RNANT/NU Board of Directors the opportunity to celebrate nursing week with colleagues and nursing students in Iqaluit. I hope you enjoy reading about the AGM activities.

At this year’s AGM, the RNANT/NU voting delegates: accepted the 2015 Financial Report, approved the auditor for the 2016 financial year, approved amendments to bylaws 2 and 5 and new bylaws 22, 23 and 24. You can access RNANT/NU bylaws on the RNANT/NU website.

Per Bylaw 4, the RNANT/NU must conduct an audit of CCPs annually. This audit is done to monitor compliance with CCPs. Members are randomly selected by a computer program and given 60 days to submit after notification. Continuing competence is a requirement for registration and the development of a plan is required annually. If you find it challenging to complete your CCP, I encourage you to attend one of the teleconferences scheduled for September.

The RNANT/NU launched our new website in April. It should provide easier access to current news, RNANT/NU documents, registration verification, registration forms and links to relevant websites.

I encourage you to check the website frequently during the summer for updates on medical assistance in dying (MAID). A MAID page can be found under professional practice.

Finally, congratulations to the recent graduates of the Aurora College and Nunavut Arctic College BSN programs. We celebrate your success and wish you a long nursing career. Congratulations are also extended to the NP graduates who recently passed the CNPE exam.

I hope you have a safe and enjoyable summer.

Donna Stanley-Young
Executive Director
**MEDICAL ASSISTANCE IN DYING**

Bill C-14, an Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) received Royal Assent June 17th, 2016 after being passed by both the House of Commons and the Senate. These amendments allow nurse practitioners as well as physicians to provide medical assistance in dying to persons who meet a defined eligibility criterion. Registered nurses and other health-care providers are permitted to assist physicians or nurse practitioners in medical assistance in dying without risk of criminal charges. It is important you are aware of the eligibility criteria and required safeguards.

A “Medical Assistance in Dying” page with current information and support documents can be found on the RNANT/NU website under “Professional Practice”.

If you are asked to participate/assist with medical assistance in dying, you should contact the RNANT/NU @ 1-867-873-2745 or email info@rnantnu.ca.
CNA Membership Fees Update

The Canadian Nurses Association (CNA) membership fees will increase by:
$2.75 for 2018, $2.90 for 2019 and $3.05 for 2020.

The 2016 CNA membership fee is currently $54.95, and will stay the same for 2017.
Dianne Mercredi, Registered Nurse

Dianne Mercredi has a special place in the history of the Registered Nurses Association of the Northwest Territories and Nunavut. As the early months of 2016 rolled by, the word got out that Dianne Mercredi did not renew her registration this year marking her retirement from active nursing practice. A surprise brunch was held in her honour.

Dianne was the Executive Director/Registrar of the Northwest Territories Registered Nurses Association; including what is now Nunavut, from 1980-1983. The NWTRNA was 5 years old when she took the part time position. The Association’s office was in her house on Range Lake Court. Membership in the NWTRNA was voluntary. There were about 300 members from across the Northwest Territories. Registered nurses at Stanton Yellowknife Hospital joined the NWTRNA and every registration was reviewed by the Registration Committee. There were no professional conduct cases while she was Executive Director/Registrar. She recalls writing a business letter for the Association while breastfeeding her son and with her daughter climbing on her back. Moira Cameron and Pat Felhaver were Presidents of the NWTRNA during those years.

Dianne enjoyed attending the Executive Director and Registrar counterparts meetings; and the board meetings of the Canadian Nurses Association as they connected the NWTRNA with the professional nursing associations across Canada. Helen Musallem, a well-known Canadian nurse leader who had assisted in the formation of the NWTRNA, came to a general meeting as a guest speaker. Dianne recalls her saying that people would never know how much goes into the formation of a nurses’ association.

Dianne came to the Northwest Territories in 1971. It was her second nursing job after graduating from nursing school in Saskatoon. She worked for a year at the “old” Stanton Yellowknife Hospital where they did a bit of everything. Then in the spirit of the times she travelled to Europe for 9 months and did some private duty nursing while in Europe. Coming back North she went to the Yukon for 3 years where she worked on Pediatrics in Whitehorse and in health centres in smaller places such as Dawson City and Faro. She took the federal 3 month CTN course in Edmonton to develop advanced skills for nursing in places with no resident doctor.
Returning to Yellowknife in 1975, Dianne worked in public health with such well known Northern nurses as Jan Stirling and Audrey Woodget. The public health nurses at that time also did the medevacs for much of the Western Arctic. Her longest medevac was to Gjoa Haven to pick up a patient and then fly to Edmonton. As part of their public health work, Yellowknife public health nurses would fly into Lac La Martre (Wha Ti) and Rae Lakes (Gameti) for well-baby visits, immunizations, vision screening, lice checks and public health education because there was no resident nurse in the community. At that time, the houses were small and without running water. Sometimes they would wash the children in the 2 room trailer which served as the nursing station. In addition, a Yellowknife public health nurse went to Dettah weekly with a local physician, Dr. Ross Wheeler, and the community health representative, Mary Louise Drygeese, to see the older people in their homes. When a position opened for head nurse on Pediatrics at Stanton Yellowknife Hospital, Dianne took the position because she loved Pediatric nursing. Dr. Moisey was the pediatrician. There she met some of the nurses who attended the brunch including Gloria Rivera Reyes, LPN.

Dianne Mercredi, Bernie Robles, Estrelle Sumcad

Dianne then worked from 1992-1995 at the Detox where the Centre for Northern Families is now. This was not a medical detoxification program, but a safe place for people to sober up.

The next career opportunity for Dianne was the Long Term Care Consultant for Resident Care at the Department of Health from 1995-2002. During that time a territorial standard rate for room and board was established for long term care residents with the intention that people with an income from CPP and OAS would have about $150-$200 for personal spending money after paying for room and board at a long term care facility.

Dianne is a quiet, multi-faceted person. She studied art for 2 years in Red Deer from 2002 to
2004. She has shown her own paintings but also uses her art in healing with art programs for breast cancer survivors. She has used art therapy with many people. She was also an early practitioner of healing touch incorporating it into her daily nursing work at the wish of the client, teaching therapeutic touch and using therapeutic touch for private clients and friends. Dianne worked with the Workers Safety and Compensation Commission for 7 years until 2011. When semi-retired, Dianne worked casual at Aven Manor until this year.

Dianne knows that working as a nurse in the North gave her many opportunities. She was allowed to do what she knew as a nurse. Every area in which she worked has had its rewards. At times the nurses were busy but the nurses cared. No one was left without care. She gains satisfaction from knowing that people received good nursing care.

Respectfully submitted by Anna Tumchewics

Back Row: Sheila Humphrey, Tina Rivera, Chantal LaRoche, Nancy Cymbalisty, Kay Naidoo, Anna Tumchewicz, Pertice Moffitt, Loretta Abernethy, Donna Pich

Front Row: Bernie Robles, Lynda Koe, Dianne Mercredi, Estrelle Sumcad, Gloria Reyes
Registered Nurses Association of the Northwest Territories and Nunavut, P.O. Box 2757, Yellowknife, NT X1A 2R1

CNA Certification is Now Live!

This year brings many exciting changes to CNA’s certification program as they celebrate their 25th anniversary!

- Certification goes paperless! Online applications and computer-based exams offer benefits to nurses and employers, including maximum scheduling flexibility.
- Financial incentives for employers

Today, there are nearly 18,000 CNA-certified RNs. As you know certified nurses are:

- Recognized nationally for their practice excellence and commitment to lifelong learning
- Valued by many employers, because their certification demonstrates specialized knowledge
- Recognized for their clear commitment to lifelong learning
- Viewed as having enhanced professional credibility, because succeeding to obtain CNA certification shows that they Care to Be the Best!

Deadlines and important dates

- August 8, 2016 — Deadline for online applications for initial certification and renewal by exam
- September 19 to October 7, 2016 — Exam writing window
- November 30, 2016 — Deadline for online applications for renewals by continuous learning

Visit getcertified.cna-aiic.ca for more information, contact certification@cna-aiic.ca or call 1-800-361-8404.

RNANT/NU Members and CNA Certified Nurses

Deborah Viel, RN BScN, CCHN(c) is certified in Community Health Nursing (CCHN (c)) since 2015

Sheena Goudreau Senior Nursing Consultant COMHN (c) - Certified in Psychiatric and Mental Health Nursing

Kate Thompson, RN BScN, MSc, CCHN is certified in Community Health Nursing (CCHN (c)) since 2008

CNA Certified? Post-Grad Educated?

If you have completed a CNA Certification Program or post-graduate studies, let us know – we would like to acknowledge you in the next edition of the newsletter.
Jurisprudence: What you need to know (Part II)

As announced in our previous newsletter, demonstrating jurisprudence competence will soon be a mandatory part of the RNANT/NU Continuing Competence Program for all registered nurses and nurse practitioners licensed to practice in the Northwest Territories and Nunavut.

1. Why is jurisprudence now mandatory?

The Registered Nurses Association of the Northwest Territories and Nunavut wants to ensure that its members have an increased awareness and understanding of the laws, regulations, and standards that guide the practice of registered nurses and nurse practitioners in the Northwest Territories and Nunavut. Such an awareness will help nurses to practice within the boundaries of the law and help ensure client safety. Our practice as registered nurses and nurse practitioners is constantly evolving to reflect the changing needs of society. This means the laws, standards, and regulations that guide our practice also are constantly evolving.

2. What will demonstrating jurisprudence competence entail?

The RNANT/NU will implement a Jurisprudence Self-Learning Package as part of the RNANT/NU Continuing Competence Program. Once implemented, each member of the RNANT/NU will have to provide sufficient proof of completion of this Self-Learning Package before they can renew their active practicing certificate of registration as an RN or NP.

3. Who will be expected to complete the Jurisprudence Self-Learning Package?

a) All current RNANT/NU members (for certificate of registration renewal as RNs or NPs)
b) All initial applicants (RNs & NPs)
c) All reinstatements (RNs & NPs, if not completed previously)
d) All Temporary Certificate holders (GNs & GNP
se) All members changing from RN to NP (NP Jurisprudence only if RN already completed)
Do you know what the most common noncancerous tumour in women is? The answer is fibroids – growths that arise from the smooth muscle of the uterus. Many women are likely to experience them at some point during their reproductive lives; they are the most common pelvic tumour in women. Fortunately for some, fibroids come with only a few minor, if any, symptoms. But for others, they can cause an array of troubling problems from pressure and pain to heavy menstrual bleeding and even difficulties getting pregnant or miscarriage.

At one time, there were not a lot of options to treat symptomatic fibroids. A hysterectomy, or complete removal of the uterus, was the mainstay of fibroid management, and while it does ensure that fibroid symptoms will be resolved and won’t return, it is invasive surgery and prevents the possibility of any future pregnancies. As health technologies have advanced, the number of treatment options has increased, potentially allowing women to avoid surgery and preserve their fertility. But having so many options can make choosing a treatment difficult for both patients and their doctors.

If symptoms are absent or mild, a woman and her doctor might choose no treatment. Some women may choose drug treatment options, which often help with symptoms such as heavy bleeding but don’t directly treat the fibroids themselves. There is one medication available in Canada that specifically targets fibroids, called ulipristal acetate. It helps to improve fibroid-related symptoms such as heavy bleeding but is only used in women of reproductive age who are eligible for surgery, and the treatment is limited to three months. For many women with fibroids, a procedure that more directly addresses their fibroids as well as their symptoms will be needed. A hysterectomy is only one option; there are also a number of procedures now available that preserve the uterus. These include myomectomy (surgical removal of the fibroid but not the uterus), uterine artery embolization or occlusion (procedures that cut off the blood supply to the fibroid so that it shrinks and dies), myolysis (destruction of the fibroid and its blood supply with an electric current, laser, or radiofrequency), magnetic resonance-guided focused ultrasound (destruction of the fibroid with high-energy ultrasound, performed inside an MRI machine to precisely locate the fibroid), and endometrial ablation (destruction of the uterine lining using energy from an instrument inserted into the uterus, which reduces or eliminates menstrual bleeding). Each procedure has its own advantages and drawbacks. And many factors will need to be considered when choosing a treatment option, including the type, number and location of the fibroids; the desire for future pregnancies; the availability of the procedures; physician experience; the age of the patient; and which procedure is preferred by the patient.

To help guide decisions about the procedures to treat fibroids, the health care community turned to CADTH — an independent agency that finds, assesses, and summarizes the research on drugs, medical devices, tests, and procedures — to find out what the evidence
says. CADTH gathered the evidence from medical research and compared the different procedures for symptomatic fibroid treatment with hysterectomy and with each other. They looked for evidence on how well the procedures worked, their safety, and whether they offered good value for their cost.

Evidence was found on myomectomy, uterine artery embolization, uterine artery occlusion, magnetic resonance-guided focused ultrasound, and radiofrequency volumetric thermal ablation (a type of myolysis). In general, when compared with each other, all of the procedures for fibroids that preserved the uterus were successful in reducing fibroid symptoms and improving the women’s quality of life. However, there were some differences among the procedures — for example, uterine artery embolization reduces abnormal uterine bleeding better than myomectomy, but myomectomy improves “bulk” symptoms such as pain and pressure better than uterine artery embolization. When it comes to future fertility, the limited evidence shows that patients treated with myomectomy have better reproductive outcomes than uterine artery embolization, but more research on this is needed. Some other differences between the procedures in complication rates, length of hospital stay, and the need for future procedures for fibroids were also found.

When compared with conventional hysterectomy, the procedures to treat fibroids that preserve the uterus are associated with fewer complications, shorter hospital stay, and higher patient satisfaction. However, patients treated with hysterectomy report better quality of life related to their health. In the long term, procedures that preserve the uterus are linked to the possible need for future procedures or interventions to treat fibroids.

This makes sense since women who have had a hysterectomy cannot develop another fibroid. But in women who still have their uterus, future problems with fibroids are still possible.

Overall, the evidence suggests that there is no one best procedure for the treatment of fibroids – one size does not fit all. However, the evidence taken together with the many other important considerations that go into making the treatment decision can help women and their doctors choose the procedure that is best for them.

If you’d like to learn more about CADTH’s project on the treatment of fibroids, visit www.cadth.ca/fibroids.

Please note that this article was published in www.hospitalnews.com in February 2016.

And if you would like to learn more about the Canadian Agency for Drugs and Technologies in Health (CADTH) and the evidence it has to offer to help guide health care decisions in Canada, please connect with Dawn Priestley, CADTH Liaison Officer for NWT (located in Whitehorse). You can visit www.cadth.ca, follow her on Twitter: @Liaison_NTandYT, or talk to Dawn via email: dawnp@cadth.ca or phone (867)334-1602.
2016 Nurses Week

The Nursing Leadership Forum celebrates National Nurses Week! The Directors of Health Services in the Health and Social Services Authorities gathered in Yellowknife during National Nurses Week for their biannual face-to-face meeting with the Chief Nursing Officer and other staff from the Department of Health. Nurses Week cake was generously baked and decorated by Erin Currie.

Left to right: Leeanne Towgood, David Keselman, Cathy Patton, Catriona Molloy, Sheryl Courtoreille, Joanne Engram, Mireille Gionet, Kate Thompson, Jo-Anne Hubert, Kimberly Riles.

Not pictured: Erin Currie, Barbara Chaulk, Patricia Gillis.

Top: Lisa Balmer, Sasha Stanton, Elizabeth Thompson, Laila Nesbitt, Reigem Sabalboro
Bottom: Kristan Marion, Deidra Lee Roy-Delorme, Constance Afoakwah, Adoma Asiedu, Kelly Ann Whitehead

Not pictured: Sarah Pope

Congratulations to the 2016 BSN Graduates of Aurora College!
Faculty and students of the Aurora College Bachelor of Science in Nursing (BSN) program celebrated Nursing Week by honoring registered nurses who support our program through preceptorship. Fourth year BSN students were invited to submit a short narrative nominating their preceptor for the second annual Preceptor of the Year award. Criteria for the award includes the following:

- Going over and above expectations in promoting student learning and achievement
- Serving as an outstanding role model for registered nursing practice
- Promoting the preceptor role among colleagues in practice
- Demonstrating excellence in teaching/learning as a preceptor

This year’s recipient is Natasha Beaubien. Natasha was nominated by 2016 BSN graduate Sasha Stanton who worked with Natasha in the emergency department at Stanton Territorial Health Authority. Sasha captured Natasha’s contribution to nursing education in her nomination letter stating:

Natasha has demonstrated what it means to be an effective communicator to patients, physicians, colleagues, and inter-professional disciplines where she conveys a positive demeanor. She represents patient and family centered care by listening, honoring, and encouraging participation with patients and openly communicating and collaborating with all. She seeks solutions, rather than focusing on the problems. Most importantly, this preceptor has never lost sight that she too was once in my shoes, which made this nursing practicum a valuable and memorable learning experience for me and I only wish I can do the same for someone else in my future nursing practice.

The BSN program faculty and students are pleased to celebrate Natasha, a registered nurse who demonstrates the support and guidance required for student success. We would also like to thank all registered nurses who took the time to preceptor students this past year for their continued support of nursing education and for promoting the role of preceptor among colleagues in practice.
Professional Conduct Decisions

RNANT/NU Member # 3187

On October 10, 2014 the Chair of the Professional Conduct Committee approved a Settlement Agreement between RNANT/NU and Member # 3187. The member failed to thoroughly document client care in a timely manner on more than one occasion. The Member voluntarily entered into Alternate Dispute Resolution and was fully involved and co-operative with the process. As part of the Settlement Agreement, the Member completed a documentation course.

RNANT/NU Member # 6154

On April 22, 2016 the Chairpersons of the Professional Conduct Committee accepted a complaint of professional misconduct against the member who made multiple entries on a social media blog. In some entries the member made reference to clients assessed and treated. The member did not identify the clients however referenced the dates of treatment. In some of the entries the member made reference to clients assessed and treated. The member took full responsibility for her actions, was fully involved and cooperative in the process. The member voluntarily entered into the Alternate Dispute Resolution process. As part of the settlement agreement the member will write a reflective practice paper regarding the ethical and professional use of social media in nursing.

RNANT/NU Member # 2389

On January 30, 2016 the Chairpersons of the Professional Conduct Committee accepted a complaint of professional misconduct against the member who, in the role of nursing director, authorized the closure of a community health centre leaving one nurse alone to care for an acutely ill infant waiting a medevac. As the nursing director, the member, completed a risk assessment of a community health nurse making reference to the fact the community health nurse had reported unprofessional conduct of two nursing colleagues to RNANT/NU as per RNANT/NU’s Mandatory Reporting Bylaw 5. Also in the role of director the member failed to take appropriate management steps regarding the poor practice and professional conduct of another registered nurse under her supervision. In the role of director, the member promoted, permitted and allowed this same nurse to act as nurse in charge of a community health centre. On May 27, 2016 the member entered into Alternate Dispute Resolution and a settlement agreement. As part of the agreement the member will complete a university based ethics in nursing course. The member will write a reflective practice paper on the principles and importance of nursing leadership. A letter of reprimand will be placed on the member’s registration file and for a period of five years the member will not hold the position of nurse in charge, supervisor, or director of nursing.
CONNECTIONS
RNANT/NU NEWSLETTER

Registered Nurses Association of the Northwest Territories and Nunavut, P.O. Box 2757, Yellowknife, NT X1A 2R1

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Our Annual General Meeting was held May 14th and was well attended by members and nursing students from the Nunavut Arctic College BScN Program. Outgoing President, Rob Nevin provided an update of the Association’s activities for the year; newly selected President, Shawna Tohm shared her goals for her term as President; members approved bylaw changes; and Barb Shellian presented on CNA activities.

RNANT/NU’s members participated in AGM activities May 13-15 in Iqaluit. Activities began with a well-attended meet and greet session at Qikiqtani General Hospital. Nurses met and talked with the Board of Directors, RNANT/NU staff and Barb Shellian, CNA President-Elect.
Members enjoyed time with their nursing colleagues at the evening banquet. Nunavut Minister of Health, Monica Ell-Kanayuk offered greetings and outgoing Board members were thanked for their dedication and contributions to the Association. Entertainment for the evening was provided by the very talented Inuksuk High School Drum Dancers.

Nunavut Arctic College students and instructors at the 2016 Member’s Banquet.

Health Minister, Monica Ell-Kanayuk and members at the 2016 Member’s Banquet.

2016 Member’s Banquet
The AGM weekend ended with a presentation from Canadian Nurse Protective Society (CNPS) legal advisor, Alanna Lawson. The presentation provided relevant information on the scope of practice of individual members and medical assistance in dying.
NWTMA Award for Leadership Excellence in Healthcare

*Celine Pelletier, RN, BScN, CNCC (c), MN-ACNP* received the *2016 Northwest Territories Medical Association (NWTMA) Award for leadership Excellence in Healthcare*. The following nomination was submitted by Dr. Amy Hendricks.

December 17, 2014

Nomination for NWTMA Award for leadership Excellence in Healthcare Nominee: Celine Pelletier, RN, BScN, CNCC (c), MN-ACNP

Dear NWTMA colleagues,

I would like to nominate a Stanton Hospital ICU nurse practitioner, Celine Pelletier, for this new award intended for an individual who has demonstrated outstanding contributions to healthcare in the Northwest Territories. Celine has worked at Stanton for 23 years in several capacities, and has nurtured excellence in critical care through her knowledge, collaboration, leadership, and remarkable bedside skills.

Critical care can be a fragile resource in any community hospital, and in fact the Stanton ICU was closed during the first year of my active practice in Yellowknife (2002-2003) due to lack of adequate nursing resources. Since that time, Celine has developed a cohesive, highly skilled, and reliable team of critical care staff over many years of mentoring and quiet leadership. Despite working in very difficult circumstances - a single room with four beds and no real capacity for privacy or isolation - Celine has provided for not only medical needs but also the personal and human needs of patients with sensitivity, discretion and tremendous compassion. I would never go into a family meeting without her (if she is available); she radiates concern and good sense, and often translates medical issues into a discussion that is both heartfelt and understandable to family members.

Celine pursued advanced training in Toronto to become the first-ever critical care nurse practitioner in the NWT. She met many challenges along the way - personal, professional and administrative - with grace, good humour, and wisdom. I believe that the quality of the ICU team at Stanton is a direct reflection of her leadership and mentoring skills. The internists at Stanton have come to rely very heavily on Celine for hands-on bedside care including multiple procedures, as well as a level of continuity that very few ICU patients receive even in southern hospitals. We frequently seek her advice on sedation orders, comfort measures, and practical considerations of whether a patient can continue to receive care at Stanton or would benefit from transfer to a southern facility.
Perhaps Celine’s greatest impact - even on patients she never sees - has been in her continuous development and improvement of critical care standing order sets. She researches tools used in other institutions and constantly updates our order sets based on current guidelines, standards of care across Canada, and practical considerations at our own institution. Standing order sets have been demonstrated to improve patient safety and prevent complications, and Celine has demonstrated an undying commitment to patient safety by continually improving our standards of care on the basis of new guidelines and feedback from bedside nurses, RT's and physicians. This requires patience, persistence, and administrative finesse - and without Celine this essential work simply would not get done.

I believe that Celine is one of the unsung heroes of healthcare in the NWT - with that unique combination of practical skills, sensitivity to cultural and social issues, and leadership skills that make her perfectly suited to the north. On a practical level, she increases the productivity of the on-call internist by 50% on many days - allowing us to do what only the internist can do so that more patients receive timely care. On a personal level, she has inspired and mentored an entire generation of ICU nurses. But on a strategic level, she has brought the care of all critically ill patients up to higher level by supporting access to the best possible care by putting quality tools into the hands of every ICU and ER team looking after a critically ill patient.

Amy Hendricks

STHA General Internist

Congratulations to the NT Graduates who wrote the Canadian Nurses Practitioner Examination: Family/All Ages Exam

We had a 100% success rate!

We need to know - Drop us a quick line at info@rnantnu.ca with your new address!

Moving? New email address?
Awards of Excellence in Nursing

The award of excellence in nursing celebrates the dedication, initiative and excellence of nurses employed by First Nations communities, Health Canada and Inuit communities who work in partnership to improve the health of Canada’s Aboriginal peoples. It is presented every year during National Nursing Week and nurses are nominated for this award by their peers, to recognize the contribution of nurses to First Nations and Inuit communities.

Florence Wood was one of three registered nurses who work in First Nations and Inuit communities recognized during National Nursing Week for her dedication and commitment.

After receiving her nursing diploma from the Prince Edward Island School of Nursing in 1977, followed by a BScN from Dalhousie University in 1997, Florence Wood completed the Critical Care Nursing Program through the Queen Elizabeth II Health Science Centre in 1999. Prior to working as a Community Health Nurse, and later, Supervisor of Health Programs, at Pond Inlet, Florence had worked primarily in Labor and Delivery and critical care at various hospitals in Atlantic Canada. In 2012 she worked in Pangnirtung as acting Director of Health Programs for North Baffin, and returned to Pond Inlet until retiring in February 2016.

Florence was instrumental in the implementation of many health-related programs, such as the Canadian Prenatal Nutrition Program, school breakfast programs and numerous after school programs helping youth and adults make healthy lifestyle choices. As a member of the Nursing Recruitment and Retention Committee, Florence promoted Nunavut as a place for nurses to have an interesting and desirable career. From this committee a nurse practitioner pilot project was initiated resulting in the creation of numerous Nurse Practitioner positions in Nunavut.

Through her experiences, Florence has developed a great respect for the Inuit culture and way of life, which emphasizes family values as well as their respect for the land, based on their unique knowledge of the environment. As a strong advocate of family-centered care with respect for traditional values, Florence believes in engaging individuals to be active participants in their care and giving them the knowledge and empowerment that enables them to make informed, healthy choices.
Considerations for Providing Cosmetic Services

Cosmetic services and procedures have evolved in recent years. Since this is a relatively novel way to deliver nursing services, nurses should understand the unique liability risks when providing cosmetic services.

Regulation of Cosmetic Nursing

Nurses who provide cosmetic services are encouraged to confirm that they are working within their scope of practice as defined by their respective regulatory bodies. For example, as with the administration of any substance, registered nurses (RNs) in every jurisdiction can only administer Botox® and other fillers when the patient has been initially assessed by a physician or other authorized prescriber and when there is a client-specific order.

A few regulatory bodies have prepared guidelines to inform RNs of their roles and responsibilities in relation to cosmetic services. In some jurisdictions, RNs require additional education and experience to have the necessary competency for performing cosmetic procedures. In other jurisdictions, a physician must be present on site for the initial cosmetic injection, but subsequent injections can be administered by the RN via directive if a physician is readily available.

Regulatory bodies have also taken differing positions on nurse practitioners (NPs) providing cosmetic procedures as part of their practice. In Nova Scotia, NPs are able to prescribe Botox® and other fillers with additional education and experience, and with the approval of the CRNNS NP Committee. By contrast, the regulatory bodies in British Columbia and New Brunswick have stated that cosmetic procedures are not part of primary health care and therefore should not be ordered or performed as part of NP practice.

Nurses performing cosmetic services should be aware that some cosmetic services may not be considered to be nursing activities, particularly esthetic services that do not need to be performed by a regulated health professional (e.g. microdermabrasion). Therefore, they are encouraged to contact their regulatory body to confirm that their activities fall within the definition of nursing practice in order to correctly hold themselves out as nurses to clients and others, and that these activities qualify toward the required number of practice hours for maintaining licensure.

Informed Consent

Before providing any cosmetic service to a client, the health-care professional proposing the intervention must obtain valid consent. Performing a procedure on a client without consent is considered battery for which a court can award damages, even if the client does not suffer harm.
In order for consent to be considered valid, it must be voluntary. The client must have had the capacity to consent and must have been properly informed. For consent to be informed, the client must be provided with sufficient information about the nature of the procedure, its anticipated outcome and any material risks. In the context of cosmetic services, the duty of disclosure is even more onerous.

Given the subjective nature of cosmetic outcomes, those who deliver these types of services are more at risk of being subject to complaints and civil actions from their clients. In order to minimize this risk, it is prudent for nurses who perform cosmetic procedures to manage their clients’ expectations about the anticipated results of the procedure.

Consent discussions with the client should always be documented by the health-care professionals involved in providing the cosmetic service.

Record-keeping Requirements

As with nurses in other practice areas, nurses providing cosmetic services have legal and professional obligations to document their encounters with clients. All regulatory bodies have established documentation standards, which are equally applicable to cosmetic services when the nurse is acting in a professional nursing capacity. In some jurisdictions, client records must also be retained for a specified period. Failure to comply with these record-keeping requirements may result in disciplinary action.

Proper and thorough documentation is also likely to be a nurse’s best defence in a legal proceeding related to cosmetic services. Records can be used later to reconstruct events, refresh memory, and provide detailed evidence of the care, all of which may minimize legal risk.

We also remind nurses be mindful of their ethical and legal obligations to protect the confidentiality and privacy of their clients’ personal health information. As always, it is important to store all records in a secure manner. Nurses in independent practice providing cosmetic procedures will often be considered the custodian of their clients’ records and subject to the legal requirements imposed by the relevant privacy legislation.

Independent Practice

Nurses who are considering opening a clinic or operating their own independent nursing practice to provide cosmetic procedures face unique challenges because they are also responsible for business management. We encourage nurses in independent practice to consult with their own lawyer: (1) to determine the best business structure for the delivery of their services and (2) to discuss other business-related matters, such as appropriate billing of clients, compensation practices, taxation issues, advertising requirements, compliance with privacy legislation, etc.

Liability Protection

The Canadian Nurses Protective Society (CNPS)’s professional liability protection is structured to protect individual eligible nurses from claims for professional liability arising from the provision of professional nursing services. Performing procedures that are not considered professional nursing services may limit the ability of an otherwise eligible nurse
from relying upon CNPS professional liability protection. This is yet another reason for nurses providing cosmetic services to consult with their relevant regulatory body to ensure that their activities fall within the definition of nursing practice.

Nurses who are considering opening a clinic or operating their own independent nursing practice to provide cosmetic procedures may also need to consider liability protection for their business entity. CNPS protection does not extend to a business entity. However, the CNPS has partnered with BMS Group to offer CNPS Plus. This program is designed primarily to provide different business insurance products, such as general liability coverage, as a complement to the individual services offered by the CNPS.

Nurses who partner with a spa or a clinic to deliver cosmetic nursing services are encouraged to inquire about whether they will be covered under the spa or the clinic’s insurance policies and, if so, the amount of coverage. Alternatively, CNPS beneficiaries may also purchase business liability insurance from the commercial insurance market.

It is prudent for nurses who are working in collaboration with other health-care professionals to provide cosmetic procedures to confirm that each health-care professional has adequate individual professional liability protection.

CNPS beneficiaries with questions about performing cosmetic procedures are encouraged to contact the CNPS for advice.

1. For example, see the Nurses Association of New Brunswick position statement on “Cosmetic Medical Procedures” (October 2014); and College and Association of Registered Nurses of Alberta, Medication Guidelines, Guidelines 27 – Cosmetic Procedures (March 2015).
2. For example, see the College of Registered Nurses of Nova Scotia’s position statement on “The Role of Registered Nurses in Cosmetic Procedures: Botox and Dermal Fillers” (2013).
4. Nurses Association of New Brunswick position statement on “Cosmetic Medical Procedures” (October 2014); College of Registered Nurses of British Columbia, Scope of Practice for Nurse Practitioners, Cosmetic Treatments.
5. For example, the College of Nurses of Ontario recommends that records of nursing services be retained for a minimum of 10 years after the nurse-client relationship is terminated.
6. Eligible nurses are members in good standing with a CNPS member organization, or who have registered individually for beneficiary status with the CNPS. See cnps.ca/eligibility for details.

Related infoLAWs of interest: Consent to Treatment, Quality Documentation: Your Best Defence Available at cnps.ca
Safety Considerations with Newer Inhalation Devices

Over the past few years, several new devices for the administration of inhaled medications have been introduced in Canada. Some of these devices are used to administer newly marketed medications, whereas others contain previously available drugs in a different administration format. A reported concern about one of these devices prompted a review of all new inhalers from a safety perspective. This bulletin provides proactive consideration of the potential safety issues related to these devices for discussion during patient counselling, with the goal of preventing medication incidents.

Reported Concern

A concern about the inadvertent aspiration of a capsule when using the Seebri Breezhaler was reported to ISMP Canada. Administering a dose with the Seebri Breezhaler entails removing the capsule from its foil packaging, placing it in the inhaler chamber, and piercing the capsule by pressing the buttons on either side of the device so the powdered contents of the capsule can be then inhaled through the mouthpiece. First-time users may incorrectly place the capsule into the inhaler mouthpiece instead of the chamber that is designed to hold the capsule. When the capsule is placed in the mouthpiece the patient may swallow or aspirate the capsule in its entirety, resulting in erroneous route of administration or, more critically, creating a choking hazard.

Background

Inhaled medications are the cornerstone of managing asthma and chronic obstructive pulmonary disease (COPD). Typically, patients self-administer these medications using either metered-dose inhalers (MDIs; e.g., salbutamol inhaler) or dry powder inhalers (DPIs).1 Some DPIs are available preloaded with the medication already inside the device (e.g., Symbicort Turbuhaler), whereas others are supplied empty with a requirement for loading or insertion of the medication before each dose is inhaled (e.g., Spiriva Handihaler). With the introduction of several new formats of DPIs (i.e., Breezhaler, Ellipta, Genuair), along with a soft mist inhaler (SMI; e.g., Respimat), healthcare providers must familiarize themselves with the safe and effective use of all of these inhaler devices so that they can impart key information to patients and their caregivers.

Device Design Enhancements to Promote Safety

It has been reported that up to 94% of patients demonstrate incorrect inhaler technique, which can lead to underdosing and poor disease control.2 The new devices incorporate different design concepts intended to improve patients’ ability to use their devices correctly and safely:

- Presence of a dose counter: allows the patient to see when the supply of medication is low. This feature
was previously available on some DPIs, however not on MDIs.
- Longer duration of aerosol generation and low aerosol velocity: reducing dependence on the patient’s coordination and inspiratory flow (Respimat SMF).
- Inability to activate the device when all of the medication has been used: once the last preloaded dose has been taken and the device is empty, the mechanism to prepare another dose is locked, and the patient is prevented from administering “empty” doses.

**Strategies to Support Optimal Use of Inhalation Devices**

**Prescribers**
- Ensure that prescriptions for inhaled medications include the medication name and strength, the device name, and the desired dose, particularly if the medication is available in more than one device format.
- When prescribing any inhalation device, consider pertinent patient characteristics, such as inspiratory flow, cognition, and manual dexterity.
- Provide opportunities for patients to access videos on proper inhalation devices while in the office.

**Respiratory Educator/Nurse**
- Ensure that patient counselling includes a demonstration of how the inhalation device is to be used. The Ontario branch of the Canadian Lung Association has a series of helpful how-to videos: https://www.on.lung.ca/inhalationdevicevideos
- Ask the patient to demonstrate inhaler technique (using a placebo inhaler).
- Provide opportunities for patients to access videos on proper inhalation devices while in the office.

**Community Pharmacists**
- In addition to providing written instructions, reinforce proper and safe use of the inhalation devices.
- Ask the patient to demonstrate inhaler technique (using a placebo inhaler) both when filling new prescriptions and periodically when refilling existing prescriptions. Such demonstrations can create opportunities to correct improper technique, which may be a contributing factor for patients who continue to experience difficulty with symptoms of asthma or COPD. For devices using capsules, emphasize the need to place the capsule in the piercing chamber.

**Healthcare Organizations**
- Distribute this bulletin to healthcare providers to support awareness of the new inhalation devices.
- Post the summary chart included as the last page of this bulletin in patient care areas for reference and to help staff and physicians when they are providing instruction to patients. The chart provides an overview of the new inhalation devices, the medications they deliver, and selected safety considerations to be shared with patients. It supplements the information provided by the manufacturers.

**Acknowledgements**

ISMP Canada gratefully acknowledges the following individuals for their expert review of this bulletin (in alphabetical order):

Ann Bartlett RN MSc BScN CRE - Certified Respiratory Educator; Karen Brooks RN BScN CRE CTE, Certified Respiratory Educator/Certified Tobacco Educator, TEACH Certified Smoking Cessation Counsellor, CDM Patient Educator, Picton Doctors Group/Prince Edward Family Health Team, Picton, ON; Wendy Li, BScPhm, Pharmacist, Sobey's Pharmacy, Toronto, ON; Olivia Ng RPh BScPhm PharmD, Clinical Pharmacist, Thornicke/Respilogy, University Health Network.

The pictures in the summary chart are provided courtesy of (in the order in which they appear in the chart): Novartis Pharmaceuticals Canada Inc. (Breezhaler), AstraZeneca Canada Inc. (Geninair), and Boehringer Ingelheim (Canada) Ltd. (Respimat).
Safe Use of Newer Inhalation Devices

**Breezhaler (dry powder inhalers)**

*Usual Dose: Contents of 1 capsule inhaled daily*¹⁶

- **Ombrez Breezhaler**
  - indicaterol 75 mcg per capsule

- **Seebri Breezhaler**
  - glycopyronium 50 mcg per capsule

- **Ultibro Breezhaler**
  - indicaterol 110 mcg /
  - glycopyronium 50 mcg per capsule

**Safety Considerations and Counselling Tips:**

- Capsules are for inhalation only; they must not be swallowed.⁴⁻⁶ Capsules can mistakenly be placed into the inhaler mouthpiece, resulting in inadvertent swallowing and/or aspiration of the entire capsule.
- If swallowed by accident, skip the dose.
- Capsules are packaged separately from the inhaler and must be inserted into the capsule chamber.⁴⁻⁶ The mouthpiece must be opened to prompt capsule placement inside the capsule chamber.
- If the chamber is not immediately emptied after use, pieces of the capsule can remain inside and impede the free flow of product for the next dose.
- Discard the capsule directly into the garbage without touching. Wash hands.

**Ellipta (dry powder inhalers)**

*Usual Dose: 1 inhalation daily*¹⁰

- **Anoro Ellipta**
  - umeclidinium 62.5 mcg / vilanterol 25 mcg per actuation

- **Arnuity Ellipta**
  - fluticasone 100 or 200 mcg per actuation

- **Breo Ellipta**
  - fluticasone 100 or 200 mcg / vilanterol 25 mcg per actuation

- **Incruse Ellipta**
  - umeclidinium 62.5 mcg per actuation

**Safety Considerations and Counselling Tips:**

- The foil packaging and desiccant must be discarded immediately after opening.¹⁰
- The coloured cap should be opened before inhaling the dose. There is an audible “click” when the dose is ready to be inhaled.¹⁰
- If the device cover is opened and then closed without inhalation of the loaded dose, that dose will be lost.¹⁰ If a dose is lost, another dose can be loaded by opening the device cover again; double-dosing will not occur.
- If the device is tipped past horizontal, medication can fall out of the mouthpiece.
- When there are less than 10 doses remaining, the left half of the counter shows red.
Genuair (dry powder inhalers)

**Usual Dose:** 1 inhalation twice daily

- **Duakrir Genuair**
  - aclidinium 400 mcg / formoterol 12 mcg per actuation

- **Tudorza Genuair**
  - aclidinium 400 mcg per actuation

Safety Considerations and Counselling Tips:
- To prepare for inhalation, the coloured button should be pressed and then released. The coloured control window will change from red to green when the dose is ready to be inhaled. Do not hold down the button while inhaling.
- During dose inhalation, there is an audible “click”. Upon proper inhalation of the dose, the coloured control window will change back to red. Keep breathing in even after the “click” to ensure delivery of the full dose.
- When a red striped band appears in the dose window, obtain a new inhaler. The device will “lock” when the last dose has been loaded.
- Some patients experience an unpleasant taste - rinse mouth and swallow water.

Respimat (soft mist inhalers)

- **Combivent Respimat**
  - ipratropium 20 mcg / salbutamol 100 mcg per actuation
  - **Usual Dose:** 1 inhalation 4 times daily

- **Insiploto Respimat**
  - tiotropium 2.5 mcg / olodaterol 2.5 mcg per actuation
  - **Usual Dose:** 2 inhalations daily

- **Spiriva Respimat**
  - tiotropium 2.5 mcg per actuation
  - **Usual Dose:** 2 inhalations daily

Safety Considerations and Counselling Tips:
- Insertion of the cartridge before first use may require more force than expected; cartridges should be preloaded by the pharmacy before dispensing. Priming is required before first use.
- Before initiating the dose, the lips should be tightly closed over the mouthpiece without covering the air vents (on the sides of the mouthpiece).
- When approximately a 7-day supply of medication remains in the device, the red pointer will enter the red zone of the dose counter on the base.
- Spiriva is also available in a DPI format (Handihaler) that delivers a different dose.

Disclaimer: This summary chart is intended to be posted as a reference for healthcare professionals in their places of practice. It can also be used as a tool to educate healthcare providers about the safety of new inhalation devices. It supplements, but does not replace the information provided by the device manufacturers. © 2016 ISMP Canada Poster available at: http://ismp-canada.org/download/InhalationDevices-ReferencePoster.pdf
Safe Use of Newer Inhalation Devices - REFERENCE POSTER

Download the Safe Use of Newer Inhalation Devices Reference Poster.
- printable poster (8.5" x 14")

References


ISMP Canada Safety Bulletin – Volume 16 · Issue 3 · April 21, 2016
Call for Medication Incidents Involving Delayed First Doses

To better understand why first doses of prescribed medication are sometimes delayed, ISMP Canada will be conducting a multi-incident analysis on this type of medication error. To enrich the existing pool of data, you are invited to submit details about incidents involving delay of the first dose to ISMP Canada's Individual Practitioner Reporting Program at https://www.ismp-canada.org/err_ipr.htm. The deadline is May 12, 2016. If you require assistance, please contact info@ismp-canada.org.

Thanks to everyone who has already shared an incident and to those who will be submitting information in the coming weeks. Sharing and learning from incidents that have already occurred is one way that Canadian healthcare practitioners can collaborate to help prevent this type of situation from recurring.

CMIRPS & SCDPIM

The Canadian Medication Incident Reporting and Prevention System (CMIRPS) is a collaborative pan-Canadian program of Health Canada, the Canadian Institute for Health Information (CIHI), the Institute for Safe Medication Practices Canada (ISMP Canada) and the Canadian Patient Safety Institute (CPSI). The goal of CMIRPS is to reduce and prevent harmful medication incidents in Canada.

HIROC

The Healthcare Insurance Reciprocal of Canada (HIROC) provides support for the bulletin and is a member owned expert provider of professional and general liability coverage and risk management support.

ISMP

The Institute for Safe Medication Practices Canada (ISMP Canada) is an independent national not-for-profit organization committed to the advancement of medication safety in all healthcare settings. ISMP Canada's mandate includes analyzing medication incidents, making recommendations for the prevention of harmful medication incidents, and facilitating quality improvement initiatives.

Report Medication Incidents
(Including near misses)

Online: www.ismp-canada.org/err_index.htm
Phone: 1-866-544-7672

ISMP Canada strives to ensure confidentiality and security of information received, and respects the wishes of the reporter as to the level of detail to be included in publications. Medication Safety bulletins contribute to Global Patient Safety Alerts.

Stay Informed

To receive ISMP Canada Safety Bulletins and Newsletters visit:
www.ismp-canada.org/stayinformed/

This bulletin shares information about safe medication practices, is noncommercial, and is therefore exempt from Canadian anti-spam legislation.

Contact Us

Email: cmirps@ismp-canada.org
Phone: 1-866-544-7672

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Upcoming Webinars, Seminars and Conferences

**Music Care Certificate Program**
*When:* September 23-24, 2016
MCCP is suitable for allied health care providers, family and volunteer caregivers, musicians, teachers and any other community members who would like to increase their knowledge/practical applications of music in care.

**Event Details:** [http://www.room217.ca/music-care-certificate-program](http://www.room217.ca/music-care-certificate-program)

**Continuing Competence Teleconference**
*When:* This teleconference will be offered twice: Wednesday, September 7 and Friday, September 9

**Event Details:** [http://www.rnantnu.ca/supporting-your-practice/education](http://www.rnantnu.ca/supporting-your-practice/education)

**The 7th International Conference on Fetal Alcohol Spectrum Disorder Research: Results and Relevance 2017**
*When:* March 1-4, 2017

**Event Details:** [http://interprofessional.ubc.ca/FASD2017/](http://interprofessional.ubc.ca/FASD2017/)

**Upcoming CNPS Webinars and Events:**

**Fall 2016 Update on New Law of Medical Assistance in Dying**
*When:* Thursday, October 13, 2016 10:00:00 AM MDT – 11:00:00 AM MDT
Amendments to the Criminal Code to permit medical assistance in dying came into law on 17 June 2016. Attend this webinar to understand what the changes mean for you as a registered nurse or nurse practitioner.

**Legal Risks for New Grads**
*When:* September 14, 2016 10:00:00 AM MDT – 11:00:00 AM MDT
Have you graduated recently? Attend this webinar for a discussion on legal issues of interest to newly graduated nurses. Different issues will be presented by a CNPS lawyer, with the opportunity for you to ask your questions.

**Event Details:** http

**La technologie et les medias sociaux**
*When:* mercredi 7 septembre 2016 10 h 00 MDT - 11 h 00 MDT
Il y a de plus en plus d’infirmières qui utilisent les appareils mobiles et les applis dans leur pratique clinique quotidienne. L’utilisation des médias sociaux est également en croissance. Participez à ce webinaire pour en savoir plus sur les risques importants liés à l’utilisation de ces nouvelles technologies.

*More details available on our website at [http://www.rnantnu.ca/supporting-your-practice/education](http://www.rnantnu.ca/supporting-your-practice/education)*

*Items in the Newsletter do not imply endorsement or approval by the RNANT/NU.*