YOUNG at Heart
Nursing at Alberta Children’s Hospital

Proposed LPN Regulation Amendment
Protecting Patients from Sexual Misconduct
A Clinical Look at...
Supplements & Alternative Therapies

EDMONTON, September 23, 2019 • CALGARY, October 1, 2019
0830 to 1600 hrs
BARB BANCROFT, RN, MSN, PNP

Barb Bancroft is a widely acclaimed nursing teacher who has taught courses on Advanced Pathophysiology, Pharmacology, and Physical Assessment to both graduate and undergraduate students. Also certified as a Pediatric Nurse Practitioner, she has held faculty positions at the University of Virginia, the University of Arkansas, Loyola University of Chicago, and St. Xavier University of Chicago. Barb is known for her extensive knowledge of pathophysiology and as one of the most dynamic nursing speakers in North America today. Delivering her material with equal parts of evidence-based practice, practical application, and humour, she has taught numerous seminars on clinical and health maintenance topics to healthcare professionals, including the Association for Practitioners for Infection Control, The Emergency Nurses Association, the American Academy of Nurse Practitioners, and more.

WHO SHOULD ATTEND?
• All Regulated Health Personnel in Direct Care Roles
• RN’s NPs, RPN’s LPNs in Acute Care, Critical Care & Special Care Areas
• Professional Staff in Geriatric, Home, Community and Primary Care settings
• Dietitians, Physiotherapists, Pharmacy Staff etc.

The use of dietary supplements, such as vitamins, minerals or herbs, and alternative therapies has become a routine part of the Canadian lifestyle. Nurses and Allied Health Care Professionals are relied on by patients and clients to have accurate information about the uses and effects of these products. But often, these items are marketed as having benefits that are unsubstantiated; do not carry adequate warnings when they interfere with lab tests, and may be misused by the client because they are “natural”. Using evidenced-based research, Barb will present the current clinical findings and safety of the numerous OTC products used for various medical and psychological conditions.

** Brand New Workshop!! **

Challenging Geriatric Behaviours

EDMONTON, Thurs. October 3, 2019 • CALGARY, Thurs. October 17, 2019
0830 to 1600 hrs
STEVEN ATKINSON, PA-C, MS

Steven Atkinson, PA-C, MS, is a Board-Certified Physician Assistant specializing in Geriatric Internal Medicine. He practices medicine in the greater Minneapolis area. In addition to his private practice, he has been on the faculty at the University of Utah since 1994 and involved in medicine for over 30 years. Steven is the co-founder and co-owner of Twin Cities Physicians, which serves older adults in nearly all levels of their care. He has presented internationally for over 15 years, primarily speaking about geriatric-related syndromes. Steven is a published author and sits on several boards whose purpose is to elevate the level of care in medicine for the patients they serve. Steven has been described as a “dynamic” educator and one of the most engaging presenters around. Don’t miss him!

WHO SHOULD ATTEND?
• Nurses Who Work With Geriatric Clients in Acute, Long Term, Ambulatory, & Community Settings
• Home Health Care Staff, Geriatric Day Staff
• Physical Therapists, Occupational Therapists, Recreational Therapists
• Social Workers, Dieticians, Pharmacists

Even experienced healthcare professionals can be challenged working with cognitively-impaired geriatric patients. This one-day workshop will give you proven strategies to manage behaviours such as: dementia, aggression, anxiety, depression, refusal of food and fluids, inappropriate sexual advances, and refusal to go up driving when unsafe. If older adults are routinely under your care, this program will help minimize the risks of problems associated with these problems, often irrational, but a common characteristic of challenging geriatric behaviours and learn innovative and practical intervention strategies to improve the care you provide. Leave this seminar with practical techniques that you can apply the next day!
REGULATORY SPOTLIGHT
Proposed LPN Regulation Amendment

POLICIES
Guideline Clarifies Aesthetic Nursing & Medical Cannabis

COVER STORY
Young...at Heart: Nursing at ACH
At Alberta Children’s Hospital, LPNs work as a team to build trust, and reduce pain for their vulnerable patients.

TECHNOLOGY
Connect Care: eHealth Competence Program

New Drugs, New Risks: DrugCocktails.ca

TECHNOLOGY
Improving Alberta’s Referrals Experience

SERIES
Marni Panas - What AHS is Doing to Create Safe & Inclusive Environments

RESEARCH
Enhancing LPN-Family Communication to Reduce Avoidable Transfers of LTC/AL Residents to the ED

2019 CLPNA AGM & Conference Recap

2019 LPN Awards of Excellence

Alberta LPN News
Protecting the Public Interest
The College of Licensed Practical Nurses of Alberta (CLPNA) is undertaking a comprehensive review and update of the LPN Profession Regulation (LPN Regulation). This process began in 2016, when LPNs were asked for their feedback on proposed changes to the list of restricted activities in the LPN Regulation. The CLPNA was grateful to hear from LPNs and other partners on topics such as authorizing the administration of blood and blood products, parenteral nutrition, bladder scanning, medication dispensing and more. These responses helped shape the proposed amendments, on which the CLPNA continues to work with government.

Now the CLPNA is reviewing the rest of the LPN Regulation, and membership feedback is a key part of this process. In April, LPNs were asked to review and provide comments on a variety of proposed changes. Areas under consideration include changes...
to registration requirements, fitness to practice expectations, liability insurance and more. LPN engagement is a valuable step in this complex process!

Let’s take a closer look at some of the proposed amendments:

**Proposed change:** CLPNA is planning to change the register categories to general register, provisional register and courtesy register.

**Why?** This change would modernize the wording of the LPN Regulation and make it consistent with other regulated health professions. This would remove the limited practice register (limitations on practice would now be noted as conditions on the general register) and specialized practice register (specializations would now be listed on the general register), and replace the temporary register with the new ‘provisional register’.

**Proposed change:** All first-time applicants must complete a jurisprudence requirement.

**Why?** Knowledge of Alberta laws that apply to practical nursing is essential to safe, professional practice. Those currently on the general register will not have to complete this jurisprudence requirement, but are encouraged to do so as part of continuing competence.

**Proposed change:** The Registrar will be given authority to request evidence of liability insurance.

**Why?** While the majority of LPNs are likely covered by their employers’ liability insurance, this change would allow the CLPNA to request proof of insurance with self-employed LPNs (and some others) to establish if they are suitably insured.

**Proposed change:** The Registrar can require an applicant to provide evidence of fitness to practice.

**Why?** Public safety demands that the CLPNA be able to determine whether an LPN is fit to provide safe, competent and ethical care. In doing this, the CLPNA may require an applicant to provide proof of being fit to practice, which may include a physical or psychological assessment as agreed upon by the applicant and the Registrar.

**Proposed change:** LPNs will need to meet the CLPNA’s requirements for being actively engaged in practice upon renewal.

**Why?** To protect the public, LPNs must maintain currency in practice, be of good character and be fit to practice, along with other requirements. Renewal applications will ask for LPNs to make a declaration that will indicate active engagement, as well as provide a learning plan.

The participation of LPN membership in reviewing these suggested changes is an important step in the complex process of amending the LPN Regulation. Thank you to the LPNs who participated in this consultation.
The CLPNA released the Practice Guideline: Medication Management last summer. The guide provides LPNs in all practice settings with information to ensure the safe, ethical and proficient management of medication. It’s designed to help LPNs make informed decisions using the best available evidence. This is the last in a three-part series designed to increase LPNs’ familiarity with topics addressed in the guideline.

Aesthetic Nursing Services

In some practice settings, Licensed Practical Nurses provide aesthetic nursing services for the purposes of cosmetic enhancement or treatment. These services may include: the injection of dermal fillers, volume enhancers, collagen stimulators, lipolysis and neuromodulators.

These types of procedures are not taught as part of entry-to-practice nursing programs. LPNs who intend to provide aesthetic nursing services as part of their scope of practice require additional education and experience. Once the related post-basic competencies are achieved, it’s necessary for LPNs to be supervised on site (either directly or indirectly) by a physician trained in dermatology authorized to perform these procedures.

LPNs who provide aesthetic nursing services must have the knowledge and ability to assess, monitor and evaluate the effectiveness of any medications administered. They also need to know its effects on a client and be able to manage, monitor and document as appropriate.

Managing Medical Cannabis

When the Cannabis Act and Cannabis Regulations came into effect in October 2018, legalizing recreational cannabis in Canada, this legislation also affected the governance of medical cannabis.

Cannabis may be used for medical purposes to help manage the symptoms of a variety of disorders and conditions. LPNs are
responsible for following medication administration procedures when administering medical cannabis, including completing appropriate assessments and documentation.

The LPN role was formerly limited to assisting the client with self-administration in non-hospital settings. Now, LPNs can assist and/or administer medical cannabis in all practice settings, if the following requirements are met:

- the client has a medical document and client-specific order.
- the medical cannabis is appropriately packaged and clearly labeled.
- the LPN’s employer has authorized the use of medical cannabis within the practice setting, and
- the individual LPN has the competencies required to administer medical cannabis (i.e., the indications for use, routes of administration, dosing, adverse effects and contraindications).

As with the administration of any medication, LPNs must demonstrate the competencies outlined in the Competency Profile, follow the rights and checks of medication administration and follow employer policy regarding medical cannabis.

Please refer to the updated section on medical cannabis in the Practice Guideline: Medication Management for more in-depth information on these topics.

We also encourage LPNs to take the accompanying free online Medication Administration Self-Study Course at www.studywithCLPNA.com.
Then there are the scrubs that licensed practical nurses (LPNs) Danielle Chimenti, Alysha Sopp, Kaitlin Francis, and Jenny Trudgeon are wearing as they talk in an animated way about Unit 2 at Alberta Children’s Hospital (ACH). A dash of minions. An avalanche of superheroes.

“We wear whatever the kids like and that elevates the mood,” Alysha says. Jenny laughs as she mentions it creates unusual looking closets and a hesitancy trying to figure out what to wear outside hospital hours.

Lightness of being is needed to help kids make their
“There can be no keener revelation of a society’s soul than the way in which it treats its children.”

Nelson Mandela, former president of South Africa

way through a hospital environment. Most have highly acute conditions or congenital disabilities in this cardiac respiratory, and gastroenterology-focused unit.

Hypoplastic left heart syndrome. Short bowel syndrome. Necrotizing enterocolitis. Stomach infections like gastritis. The ‘Yellow Hallway’ with medically fragile patients who may be on ventilators, have tracheostomies, or be supported by oxygen, or patients with congenital conditions who need two-to-one nurse-to-patient care. Premature babies who ‘graduate’ from the NICU but still need medical support. Conditions often touch and go. Many who respond well due to the assistance of technology and an exceptional level of care.

The diversity and acuity of the environment results in a significant role for the LPN in Unit 2. A workday can include:

• Post-op care for respiratory concerns, managing surgical incisions and sterile dressing changes.
• Administering and monitoring of IV fluids, fluid levels and hydration status assessment.
• Post-transfusion monitoring.
Teamwork is strong on the unit, adding up to a sum greater than its parts. Kaitlin mentions a nurse never feels alone; there is always support. Patient assignments can feel fluid as the team moves around in an ‘I’ve got your back’ way – like a symphony of moving parts. Danielle mentions being busy with another patient recently, and urgently walking into the room of one of her other patients only to find Jenny holding the baby. “The baby was just crying and hungry and I couldn’t resist,” Jenny says. Danielle looks at Jenny and says, “You’re an angel.”

A Unit 2 Social Committee helps lighten spirits. Kaitlin acknowledges that all nurses appreciate the power of snacks and bake sale food. Movie outings create deeper bonds between unit staff. Jenny mentions the group recently went to see *Five Feet Apart*, a movie about cystic fibrosis (most CF patients come to Unit 2) and “all cried together.”

Patients at ACH range from newborn to age 18; the majority are infants. There are many long-term or frequently-admitted patients who become familiar with nursing staff and develop strong relationships. Nurses here watch everything from babies taking their first steps to high school graduation night.

Nurses experience the highest highs – the miracle kids not expected to thrive but who ultimately do, and the lowest lows – palliative care, and surgeries that don’t successfully change outcomes. Nurses ensure that dying children have someone to hold them.

“A hug each day keeps the monsters away

- Chest tube drainage assessment, monitoring of lung and respiratory status.
- Pain management, and level of consciousness monitoring.
- Monitoring of central lines and caring for patients on high flow oxygen circuit.
- Trach vent monitoring and providing suctioning as needed.
- Troubleshooting decline in respiratory status.
- Inserting nasogastric (NG) tubes.
- Ostomy care and re-feeds.
- Parent education.
- Feeding and comforting the babies.

Advanced and continuous skill development is an important aspect of the role. A simulation lab at the hospital enables nurses to participate in patient condition scenarios. There’s an on-call outreach team (STEP) who provide support and advice to the nurses from a critical care lens, as well as an Early Warning System focused on early detection of deteriorating patients that is frequently used by nurses as an advisory tool and advocate for the unit. ACH nursing and allied health conferences attract healthcare professionals from around Alberta. A new, one-day PEARs (Pediatric Emergency Assessment, Recognition and Stabilization) certification is offered.

“I get to witness first-hand the strength and courage these tiny humans and their families display every day. Our Unit 2 team is the greatest group of cheerleaders for our patients, and getting to share in their triumphs and wins is so rewarding and truly makes this job the best one”

Kaitlin Francis
That’s the clinical role. BUT it’s also about playing with the kids and nurturing their psychological well-being. There’s time to do this. You may tackle block-tower building or playing dolls in the playroom on occasion. A treasure box of donated toys provides comfort. Kids get excited by the fridge full of their favourite-flavour popsicles. Child Life Specialists and ever-present volunteers work hard to make life as normal as it can be, including bingo nights, pet nights in the auditorium, a book cart, story reading, and art, horticulture and music programs. Sometimes a well-timed nurse cuddle hits the spot.

Asked if kids understand how serious their situations are, Danielle responds, “One of the awesome things about working here is just how resilient kids are in the face of adversity. There are still smiles here.”

It’s something you immediately notice talking to Danielle, Alysha, Kaitlin, and Jenny. They are quick to smile. They are vibrant and alive. They care to their core about ‘their kids.’

And a big focus of the unit is to make comprehensive inroads on providing a care goal of reducing pain and distress.

“We used to think, ‘Oh, just give them the needle and they won’t remember it’ but research draws a link between pain and trauma, and how it shapes kids’ brains,” Danielle says.

Danielle sat on the hospital’s Quality Education Safety Committee (made up of two LPNs, six registered nurses (RNs) and an educator) for three years, where pain reduction has been a holistic and integrated focal point that has resulted in a number of pain reduction practices on Unit 2 in the last 18 months. LPNs on the unit are central to progress. Better communication between the lab and physicians has reduced the number of blood draws. Numbing cream is often used to reduce pain associated with needle pokes. There’s Buzzy Bee, a vibrating device for children aged two and up, including teens with needle fears, that influences neural pathways to distract from needle and IV pokes. Nurses perform, and educate families about, holds that provide comfort during procedures. iPads are actively used as a distraction tool. Techniques as simple as touching a face and rubbing cheeks are employed so that a tube insert isn’t always perceived as a negative. Danielle says she often teaches these calming techniques to families.

“In one word, our unit is ‘family.’ Everyone who works here relies on each other, encourages one another and goes through emotional highs and lows together. We prioritize ‘family’ with our patients and that starts from the moment they walk on the unit, and continues after they leave. We recognize and support the entire family, not just the patient, because having a child in the hospital affects everyone. And the sweetest part is getting to be woven in to their stories and memories, whether that’s for a few days or for years. We get to witness all the milestones and be there for the family through it all. Family supports one another, and that’s what Unit 2 does.”

Danielle Chimenti
The hospital’s two-foot tall, high-fiving, multi-language-speaking and even dancing MEDi robot is occasionally used by the unit’s Child Life Specialists for older children to act as a pain coach and friendly distraction. The robot is programmed with sets of behaviours that match the steps of medical procedures.

Family education ensures that there is a broad awareness of options and no hesitation to ask for pain reduction measures if needed. More progress is anticipated on this unit where patient safety and continuous improvement are the mantra, and where LPNs are actively involved in this process.

Pain reduction techniques demonstrate that the little things matter, and life in a hospital can be made better.

The LPN role on Unit 2 is demanding. Balancing its practical and emotional realities can be adrenalinizing, in the way that having a life purpose can be, while also asking much in the setting of emotional boundaries.

“The nursing role on Unit 2 is all about trust building between nurses, and their patients and families given the age of our patients,” says Lily Ragan, Unit 2 Manager. “It’s not a nursing role for everyone. Eight and 12-hour shifts are demanding. It’s a high-expectation, high-performance environment that comes with solid supports. There’s a very high level of acuity. If you have your own kids, it’s possible to project situations which can make things tougher.”

Lily mentions that, as a result, nurses on Unit 2 tend to be younger than average. Competition is strong to be able to work on the unit. Final preceptorships that used to be three weeks are now eight weeks long, and the unit mostly hires nurses with previous pediatric experience. “We are privileged to hire the best of the best,” Lily notes.

Can you be too empathetic on Unit 2? Lily responds that nurses on Unit 2 need to be constantly aware and consider professional boundaries and personal values.
“There’s nothing better than getting to work with kids. I get to witness incredible things, and be a part of the bonds formed with patients, their families, and my co-workers. … Being in the hospital is hard on families, and it’s a special thing to get to help patients and their families through these difficult situations. Kids are so resilient, and it’s inspiring how well they handle their illnesses. I always say working with kids is where it’s at. They’re magical little people!”

Alysha Sopp

“Situations can cause emotional and even moral distress. You need to have strong self-reflective capacity. You can’t take the job home.”

Is working with children at tender ages - amidst struggle to have the sun rise on a long life ahead – a calling? Lily offers a nuanced answer. “Children have a lifetime in front of them. Families are trusting you as a healthcare provider with their pride and joy. In this environment, it’s very natural to feel deeply invested and connected.”

The group laughs when Danielle mentions that liking kids is a prerequisite for working on Unit 2. Jenny adds that being a kid at heart is the magic ingredient in the nursing recipe. “You find yourself walking into a room to do an assessment with a ‘Hi, my name’s Jenny’ as you talk to a three-day-old newborn,” Jenny says with a smile. “You have to know all the new kid’s songs, Disney movies and characters, music and video games,” Alysha adds. All agree you don’t have to be a sublime singer, just engaged in a way that builds all-important trust with the young ‘uns.

A large phrase on a wall in Unit 2 says ‘Make each day a story worth telling.’ It’s a nice fit with this team of nurses, allied professionals, patients, and families all working together, from the depth of their souls, to create a healthcare journey that will create sunshine amidst the clouds.

About Unit 2, Alberta Children’s Hospital

26 bed combined medical/surgical inpatient unit.
Ages: Newborn to age 18
Focus: Cardiac, respiratory, gastroenterology
Unit Shift: 3 LPNs, 8 RNs
LPN Shift assignment: 3 patients
Connect Care is coming to Alberta, and changing how we work and communicate in healthcare. With Connect Care, healthcare teams will have access to a single clinical information system (CIS) across the province which contains all of their patients’ information in one place. Connect Care will allow providers access to standardized clinical information and tools to make decisions about the best possible care for Albertans.

Across Alberta, there is significant variation in the types of digital health or “eHealth” tools (electronic medical records, for example) that LPNs are required to use to carry out clinical work. Depending on the geography or clinical domain where a nurse works, a nurse may demonstrate experience, comfort and confidence in using digital health tools, or may have no experience in using an electronic CIS at all. To continue the provision of safe, competent healthcare, Alberta Health Services and its partner organizations, academic institutions, and professional regulators must empower and enable health professionals to develop their capabilities related to using digital health tools in preparation for the new ways of working introduced by Connect Care.

eHealth competencies include specific concepts related to how the work and communication involved in providing healthcare changes when information and communication technologies are introduced. The skills, knowledge and attitudes included in eHealth literacy highlight specific considerations to bear in mind when using technology in the provision of health services. For example, how does a nurse maintain empathy and focus on the patient while accessing electronic clinical resources or documentation from a computer or tablet at the point of care? eHealth competencies provide nurses with knowledge to take steps to make patients comfortable with clinicians’ use of an electronic CIS.

While the use of information and communication technologies may be new, the science and practice involved in demonstrating these competencies as nurses is familiar. The skills, attitudes and knowledge required to use digital health tools are expressions of the nursing competencies that are inherent in LPN practice. LPN professional competencies currently require LPNs to demonstrate understanding of the roles of the inter-professional team related to pharmacology. With the introduction of electronic prescribing of medications, for example, the definition of a prescriber will expand to include considerations specific to electronic systems, such as understanding the minimum data needed for prescribing medications, and clinical decision support tools embedded into electronic health records.

LPN professional competencies also require nurses to demonstrate effective communication strategies for engaging individuals, groups and communities. Online and electronic tools for teaching patients and families will introduce new ways of engaging families in their own health management. Advocacy for health promotion by nurses will grow to include advocating for access to digital health tools such as access to health information or telehealth technology for virtual provider visits.

The ability to safely and effectively use and understand information and communication technologies to communicate and share information about and with patients and families is foundational to nursing practice. In order to ensure the realization of benefits that digital health tools and electronic health records can provide, new graduate LPNs and those already in the nursing workforce should pursue the attainment of eHealth competencies. Alberta Health Services eHealth Competence program is one of the supports available to LPNs for their continuing professional development in this area. Stay tuned to CARE to learn more about this program in the coming months!

This is the first in a series of articles about eHealth Competence for licensed practical nurses.
DrugCocktails.ca is a website developed at BC Children’s Hospital that helps youth and professionals get the facts about the risk of mixing medications with alcohol and substances of abuse. The site launched in 2013, and a major content update was recently completed. This is a valuable resource for LPNs who work with youth, as the site has both a professional version sharing detailed medical information, and a version for youth with plain language information and warnings. Project Leader, Dean Elbe, PharmD, BCPP, has details.

Can you tell us more about the recent DrugCocktails.ca update?

The update included a full review of the 220 medications already in the database, and added 50 new medications like sumatriptan (for migraine), lacosamide (for epilepsy) and brexpiprazole (for schizophrenia/bipolar disorder). Substance information was updated with assistance from HeretoHelp BC (a group of leading mental health and addictions non-profit agencies) and students from the UBC Faculty of Pharmaceutical Sciences.

There are also some substance use facts that people can learn when they visit the site.

Yes, when searching the DrugCocktails.ca database, you are randomly served a fact about how to make the risks of substance use less harmful. For example, try to stick to using one substance at a time and don’t use alone; always stay in the company of trusted friends!

Now that cannabis has been legalized in Canada for adults, how can DrugCocktails.ca be a useful resource?

Many medications interact with cannabis. Following legalization, concurrent use will likely increase. Cannabis can add to the dizziness and sedation with some medications, and components in cannabis can alter metabolism of some prescription medications. Check out the risks before you use, to make a safe choice.
Ms. Thompson’s referral was sent via fax to a nearby specialist. However, the power went out at the specialist’s office during the time the fax was sent. When the Referral Coordinator in your workplace phoned to check on its status, they determined the referral had never been received. Because the referral never made it, a new referral has to be sent and Ms. Thompson’s care is delayed.

Situations like these can occur with traditional methods of referral, causing unnecessary patient delays and potentially impacting a patient’s health outcome. With approximately 38,400* referrals sent each week in Alberta, ensuring referrals land where they are supposed to is paramount.

So how do we make referral management better?

“Try eReferral,” says Jodi Glassford, Alberta Health Services’ Provincial Director of Access Improvement. “It’s Alberta Health Services’ first paperless referral system that allows physicians and clinical support staff to create, submit, track and manage referrals completely online through Alberta Netcare.”

eReferral started in 2014 as a limited production rollout and has been working with clinicians ever since to offer Advice Requests or Consult Requests.

“Advice Request is all about supporting patient care in the community,” says Jodi. “Physicians can ask non-urgent questions through Advice Request and get a response from a specialist within five calendar days. Our data has shown that approximately 40 per cent of Advice Requests submitted can be managed in the patient’s medical home, preventing them from travelling to a specialist appointment. This makes space for the specialists to see the patients that really need to be seen.”

Consult Requests, on the other hand, are requests for in-person appointments with specialists, and are available for 11 specialties across the province. Just recently, eReferral worked with TELUS MedAccess and Accuro, two community-based electronic medical record (EMR) providers, to offer the QuRE consultation/referral request and response template to their users (soon to be offered by EMR providers TELUS Practice Solutions and TELUS Wolf as well). Clinicians can now use this template when creating their referral letters and attach the completed letters within eReferral or fax/mail them to specialists. The QuRE consultation/referral request and response template supports leveraging the information already in primary care EMRs and includes a clear clinical question to support triage.

“eReferral was created by clinicians for clinicians,” says Jodi. “It’s a tool to help improve how referrals are managed in Alberta, ensuring the right patients can be seen at the right time.”

To start using eReferral, go to www.albertanetcare.ca/ereferral.htm. For training support, go to the Alberta Netcare Learning Centre at http://www.albertanetcare.ca/learningcentre/ereferral.htm for Quick References or contact the eHealth Support Services team at 1-855-643-8649 or ehealthsupport@cgi.com.

Alberta Health Services (AHS) is working on dozens of different initiatives and projects related to creating safe and inclusive environments. Through her role as Program Manager, Diversity and Inclusion for AHS, Marni Panas leads the development and implementation of a provincial diversity and inclusion plan aimed at creating safe, welcoming and inclusive environments for AHS staff, patients and families.

What initiatives is AHS working on to create safe and inclusive environments?
We have a Diversity and Inclusion Centre of Expertise that’s really focused on creating safer and more inclusive environments for everybody who interacts with AHS. We work with colleagues and networks throughout the province to develop resources and education materials. We are looking at our policy development through a diversity and inclusion lens to start to break down some of the systemic barriers. We’re working through the clinical information systems to look at how we use language and how we track things like sex, sex at birth and gender, and how that impacts our decision-making and the experience for patients and families.

We also support employees who are transitioning in the workplace to help guide them and their manager and teams through that journey in a way that is as positive as possible. We launched a website to provide tools and information to help patients navigate their journey, and help care providers increase their ability to provide culturally safe and sensitive care to LGBTQ2S+* people.

AHS is launching a provincial advisory committee for sexual and gender minority people in the province so that people in this community can help inform a lot of the really big picture things that are happening in the delivery of care and services to LGBTQ2S+ people across the province.

For the first time this year (2018), AHS celebrated an official Pride event in one of their facilities. We had staff, leaders, executive leaders, public and patients all gathered together to celebrate Pride at the Royal Alexandra Hospital in Edmonton. That sends a big message that all are welcome here and belong here.

What is AHS doing to address the gaps in recordkeeping being inclusive and diverse?
I’m part of various committees which are reviewing and addressing how we collect information on forms and enter it into clinical information systems to ensure it is inclusive and reflective of all identities. It could be about gender or any other information we’re asking for on those forms. It’s particularly important now that the Alberta government has moved towards third gender options on birth certificates and drivers’ licenses.

Which one of the initiatives at AHS are you most excited about?
I can’t pick one because there’s not any one thing that we can do as an organization that will change the world. It’s all of these things working together that starts to shift the trajectory to create safer and more inclusive environments.

What do you love most about your work at AHS?
I get to be involved in so many things that will really have a broad impact. There is no magic pill to any of this, but I’m gratified any time I can work with leaders who are really passionate about making that change happen. What I’ve really appreciated in an organization the size of AHS is how we are ready and open to making these changes and being seen as leaders well beyond the walls of our hospitals and the borders of our province.

*Lesbian, gay, bisexual, transgender, queer, questioning, and 2-Spirit. The + indicates other sexual and gender minority people who may not be included in the identified terms. This acronym has changed over time and is an example of how language is constantly evolving as cultural and societal understanding grows.
A round twenty percent of transfers of long-term care (LTC) residents to emergency departments (ED) via 911 calls are avoidable (Trahan, Spiers, & Cummings, 2016). Often, the resident’s clinical situation is ambiguous and a range of factors influences the decision to transfer. Licensed practical nurses (LPNs) are in a key position to prevent avoidable transfers (AT) in community facilities, including LTC and Assisted/Supportive Living (AL).

Transfer decision making (DM) is complex because stakeholders, resources, and the clinical environment influence the decision. Working with families was identified in a previous study to be a key modifiable factor. In this study, we explored experiences and perceptions of LPNs who work with families in the AT context. We then developed and tested simulation scenarios to enhance LPNs’ confidence and skills in these challenging interactions.

The study had two phases. First, we recruited LPNs who self-identified as having experience with at least one AT with dominant family challenges. We conducted nine focus groups and one interview with 26 LPNs.

The LPN participants immediately recognised the concept of AT. In the example below, the resident’s chronic disease trajectory is evident while the nurse questions the risk/benefit balance of a transfer:

- You have people where… they’re 90 — [They] have all these conditions… it could be at any time — these people are very fragile. But they would bounce back, so you don’t know. They get these second, third chances, but one of these times, it will be their time. So you’re guessing sometimes, because the family will say, “Well, last time they treated her UTI and she was fine,”...So this is going to happen again. We’re going to rally and give her everything we can...and...we’ll - hydrate. You get that a lot from family — even though in your gut, you know their odds are not great...and the resident is often, “Just let me die. Just let me die, I’m ready.” And the family’s like, “No! Not going to happen.” So I think that’s a huge obstacle a lot of times... you know, they have that hope. They’re not ready.
Participants thought that a family’s challenges in accepting a loved one’s declining condition complicated an AT decision. Families were described as being unaware of the current or developing situation, reacting with shock, grief, denial, and having unrealistic hope. Conflict in family dynamics, whether or not one member is the legal decision maker, were common. A prevalent assumption that the ED has superior staff, equipment, and treatment tended to underlie family insistence on AT.

Goals of Care Designations (GCDs) and Advanced Care Planning (ACP) are areas of confusion and tension. While few participants had formal roles in GCD discussions, LPNs commonly engaged in these conversations at time of transfer. Helping families understand implications of GCD and to ensure there is a timely review of GCD following a change of condition are important advocacy roles for LPNs.

LPNs spoke about the importance of a comprehensive clinical assessment to differentiate between a reversible condition and the start of end of life. However, a pervasive concern among participants was perceived liability and risks from complaints about making a decision that later had adverse outcomes, including family, physician or management complaints. One strategy to reduce this risk is to interpret a GCD that prioritizes the location of care rather than the goal of care:

- It – it goes back to the legalities, right? It’s that MI. No matter how much we talk about person-centred care and all these feelings, it’s what’s written on paper. If it says, “Send to hospital for treatment,” that’s where they’re going. It seems very difficult to change that. … And I find that nobody wants to take that responsibility of saying, “You know what, let’s not send him. Let’s keep him comfortable here.” You know, we are so afraid of being sued, or being charged with neglect that… that we are afraid to be nurses. I find that we have lost our common sense. We have lost the way to handle people. You know, we are so scared of laws and… families.

The participants used many strategies to align values, expectations, and goals. They stressed the importance of hearing families’ concerns and of giving voice to the residents’ preferences. They emphasized the need to ensure all health professionals are “all on the same page” so that information is consistent, and feuding family members cannot “play one nurse against another.” Having others present, including peers or other staff, was also a useful strategy in presenting information in different ways, to help the family understand the clinical recommendations.

LPNs who said they have AT experiences spoke about the importance of entering any conversation with a professional aura of competence, concern, openness, and a plan. LPNs spoke about ways to communicate what is known, what is happening, and what is likely to happen, including how they can keep the resident comfortable at the facility. Dispelling myths about the quality of care in overcrowded EDs is important so family can start to understand advantages of staying in the facility where the resident is known. The approach to working through decision-making reflects principles of person-centred care, but when family needs dominate the discussion, LPNs worry that the resident’s voice is overwhelmed.

Based on Phase 1 findings, we then created a workshop with three standardized patient (SP) scenarios in Phase 2 with actors portraying residents and/or family members. We first discussed the nature of AT, overview of ACP/GCD, and communication principles. Pairs of participants then participated in each scenario for 15 minutes followed by debriefing discussion with the SP and researchers. We concluded with a group discussion of how the workshop might/would influence their future family communications. 26 LPNs participated in one of four workshops with equal representation from LTC and AL.

We used two measurement tools: self-reported confidence in communication measured by the Health Professional Communication Skill Scale (HP ComSkill) (Leal-Costa, Tirado-González, Rodríguez-Marín, & vander-Hofstad-Román, 2016) and a Visual Analogue Scale, which
were administered pre-scenario, post-scenario, and one month later. 17 LPNs returned the one-month survey. There was a significant increase of confidence in communication skills between pre-workshop (x̄=58.6, 95% CI=54.7 - 62.6) and immediate post-scenario surveys (x̄=65.3, 95% CI=63.6 - 67.0). Confidence had not significantly declined between the post-scenario measure and one month later. Participants stated the scenarios were realistic, and helped to practice family communication skills in a safe environment where they could see the effects of different strategies and receive feedback from Standardized Patients. As LPNs and registered nurses (RNs) often work closely together, the workshop was regarded as applicable to RNs.

In summary, challenging conversations are inevitable experiences in LTC for all nurses. Person-centred care becomes substantially more complex when needs and emotions of families overshadow the residents’ needs and preferences. LPNs demonstrated greater communication confidence in our simulation-based workshops.

Acknowledgements

This project was funded by a grant from CLPNA-Alberta Innovates (AB Innovat CLPNAKPNR201610789). The project was approved by the University of Alberta HREB (Pro00079438). We thank CLPNA for their partnership and assistance in recruiting participants and holding focus groups. We would like to acknowledge and thank all of the LPNs who willingly shared their experience and expertise in this study.

References


Under-researched, Under-diagnosed and Over-dying

- Heart disease and stroke are the leading cause of premature death for women in Canada.

- Every 17 minutes, a woman in Canada dies from heart disease or stroke.

- Women are 6 times more likely to die from heart disease or stroke than from breast cancer.

- Stroke is more deadly for women than men.

Make Heart-Healthy Changes in your Life

Heart disease and stroke kill 31,000 women in Canada annually, but most women are unaware of the threat.

In fact, most Canadian women have at least one risk factor for heart disease and stroke. Women who have diabetes, come from certain ethnic backgrounds or are menopausal are even more at risk.

A woman’s overall risk of heart disease or stroke is determined by all of her risk factors. You can control some of these risk factors, but not all of them.

**Risk factors that you can control** include smoking, high blood pressure, high blood cholesterol, diabetes, physical inactivity and obesity.

**Risk factors that you cannot control** include age, gender, family history and ethnicity.

One-third more women die of stroke than men.

Early heart attack signs were missed in 53% of women.

Women’s heart health:

- Under-researched
- Under-diagnosed & treated
- Under-supported
- Under-aware

This information reprinted courtesy of Heart & Stroke Foundation.
All the elements of nursing professionalism gathered together in one room at the CLPNA’s annual AGM & Conference on May 6-7 in Edmonton. Over 400 attendees spent two days getting charged up for the coming year.

Serious regulatory topics were infused through the event. President and CEO of Alberta Health Services, Dr. Verna Yiu, described her vision of a healthcare system that belongs to all Albertans. She cited former US President Barack Obama’s perspective, “We are the ones we’ve been waiting for. We are the change that we seek.”

Dr. Douglas Faulder, Medical Director at Alberta Health Services, shared knowledge arising from two years of Medical Assistance in Dying (MAID).

Explaining Bill 21, a law protecting patients from sexual misconduct by health professionals, and the top causes of unprofessional conduct was the job of lawyer James Casey, QC. He brought decades of experience to help LPNs understand their responsibilities and how to protect themselves from complaints.

“The energy is infectious!”
- Catherine E.
Tears were shed. They came after watching “Greg’s Story”, a movie about an Albertan man whose cancer treatment was significantly delayed due to health system gaps. There was no doubt the awareness his father, Dave Price, sought was achieved among the receptive nurses.

When Sabrina Robin, a member of Patients for Patient Safety Canada and a fellow LPN, shared her personal tragedy of the sudden illness and loss of her infant, it’s unlikely there was a dry eye in the room. Her plea will not be forgotten: Listen to the concerns of your patient’s loved ones, those who know them best.

There was laughter as well. The conference’s MC, Lyall Samaroden, frequently caused a chain-reaction of giggles as he tied the theme of alchemy into literal live chemistry experiments. Entertainer Matt Day encouraged everyone to play during a silly song medley. His innovative presentation showed, rather than told, how to increase personal effectiveness at work and play.

“Met some amazing role models, learned a tonne, had an amazing dinner, got some cool swag and got to celebrate some fellow nurses’ successes! Even got to catch up with some awesome professors from school! #FirstTimeAttendee”
- Tamara S.

“Has anyone posted ‘Ice Twice Daily’ on Instagram yet?”
- Brett F.
Passion for their clients' health and their colleagues' education defines this year's Awards of Excellence winners. The winners and nominees were celebrated on May 6 during the Awards Dinner at the CLPNA’s 2019 AGM & Conference. LPN winners received a $1000 cash award.

RITA MCGREGOR EXCELLENCE IN NURSING EDUCATION AWARD

Honouring an LPN nursing educator or a designated preceptor in a clinical setting who consistently demonstrates excellence in providing education in the workplace.

Winner: Angela Small, LPN
Presented by: Rita McGregor

Angela is the Clinical Educator at Christenson Communities, providing a wide variety of creative and interactive training sessions and supporting the success of the nursing team as a whole. She uses fun, informative and easy to remember techniques in her teaching, with short, direct and creative presentations. Always well-prepared and organized, she is consistently open, poised and responsive to questions and discussion.

Angie is also a strong advocate for student learning and, in her role, has created numerous innovative education programs for the staff as well as supporting student learning through a Preceptorship Program.

She is an exceptional nurse who is truly passionate about excellence in nursing. She provides a safe, enjoyable learning environment, and is dedicated to creating more engaging teaching methods to help her students' knowledge and confidence grow, ensuring they have the tools for success.
PAT FREDRICKSON EXCELLENCE IN LEADERSHIP AWARD

Honouring LPNs who consistently demonstrate excellence in leadership, advocacy, communication and a passion for the profession.

Winner: Shirley Kichton, LPN
Presented by: Pat Fredrickson

An avid learner, Shirley Kichton started her career with a Bachelor of Arts degree then completed her Practical Nursing diploma. Later she attained a two-year diploma in Equine Massage Therapy, certification as a riding instructor, and courses toward earning a private pilot license. Now Shirley has set her sights on more education in Health Administration or Business, with current enrollment in the Site Manager Certificate Program at Red Deer College.

As the Assistant Health Care Manager, Shirley’s open door policy and positive approach to managing staff has resulted in a high staff satisfaction rate at West Country Hearth. She is an advocate for her patients and their right to maintain their dignity — and her goal is to treat every resident the way she would like her parents to be treated.

Shirley is a proud licensed practical nurse with a commitment to lifelong learning and an absolute passion for her work in seniors’ care. She strives to create a positive environment for those who live, work and volunteer at her place of work, supporting dignity and choice whenever possible.

NOMINEES:
Paula Barber
Jenny Lyne Ison
Jithu James
Shirley Kichton
Krystal Ligon
Sarah Payne
Angela Schedlosky
Tammy Tarkowski

Award and evening conference photography by Leroy Shultz
LAURA CRAWFORD EXCELLENCE IN NURSING PRACTICE AWARD

Honouring LPNs who display exemplary nursing knowledge, promote an atmosphere of teamwork, mentor team members, and show pride in the profession.

Winner: Christy Watson, LPN
Presented by: Marilyn Plante, Assistant Head Nurse, Peace River Correctional Centre

With 30-plus years of nursing expertise, Christy is one of the first and longest-employed LPNs with the Peace River Correctional Centre, an upbeat, enthusiastic and positive presence, a shining star in what can be a challenging workplace.

Beginning her career in long-term and palliative care, her experience has led her to be well known as a compassionate caregiver. She is respectful towards all her patients, even under difficult conditions, and helps them to maintain their dignity despite their circumstances.

As a natural leader, she models being a great nurse, with enthusiasm and open, approachable manner. Christy teaches first aid and basic life support to the correctional officers and healthcare team, and is a medic in her home community for the local fire department. Despite her busy life as a single mother with grown children, she always finds a way to engage with her coworkers and her patients in an exceptional manner.

Her nominator shares, “…Watching as she cares for patients respectfully and honestly, I both admire her qualities and wish I am as lucky to receive the care she gives when I am a patient.”

NOMINEES:
Apolonia Cudiamat
Nanette Gardner
Parvjit Johal
Deepa Magar
Judith Malel
Tina Marsh-Woodcock
Elaine Moquite
Ashni Narayan
Melissa Oake
Braden Paul
Raissa Lynn Pausanos
Jen Poier
Christine Racine
Deanne Stillie
Christy Watson
INTERPROFESSIONAL DEVELOPMENT AWARD

Recognizing non-LPN healthcare leaders who are instrumental in building quality practice environments.

Winner: Rosie Avery, RN
Presented by: Valerie Paice

Rosie Avery is a registered nurse at the East Calgary Health Centre, working in Public Health as the vaccine coordinator. The school vaccine teams include an RN and an LPN, as well as clerks who work together to collect and assess vaccination records, obtain consents, give immunizations and document. In her role, Rosie encourages and supports the entire team to improve their practice while fostering a safe space where all the members of the team can be heard.

Her nominator states, “In Public Health, there are only a few LPNs working with the RNs and clerks, but at no time has Rosie ever made anyone feel that they are different or not part of the team. She encourages the RNs, LPNs and clerks to work together to make sure all our clients are vaccinated in a safe manner.”

Rosie is described as being an exceptional leader and an advocate for LPNs and their integral part in a healthcare team.

NOMINEES:
Rosie Avery
Ellen Rose Calago
Carmel Dolot
Dennis Feria
Alyssa Gardner
Todd Ketteringham
Zhi Li
Ma Lourdes Mag-atas
Elisea Mori-Torres
Laarnie Oracion
Darlene Selig
Brody Williams

DAVID KING EDUCATIONAL BURSARY
Recipients: Amy Kennedy, Thea McDougall, Nicole Stewart

Congratulations to all nominees & recipients!
Connect Medical Legal Experts is proud to present...

Documentation - Your Best Defence

Calgary
Oct 25, 2019
Calgary Plaza

Lethbridge
Oct 30, 2019
Coast Hotel

Red Deer
Nov 27, 2019
Radisson

Edmonton
Nov 28, 2019
Radisson South

Don’t miss this course! For ALL nurses!

The medical record is known as "the one witness that never lies and never dies". Nursing negligence lawsuits are often lost because the nursing documentation fails to show that the nurse met the standard of care. Learn strategies for documentation that will protect and defend you in a lawsuit AND promote safe patient care.

Objectives:

✧ Effectively improve your documentation AND patient care
✧ Examine attitudes and beliefs vs. facts and knowledge
✧ Discuss landmark legal cases affecting the medical record
✧ Learn what lawyers look for in the medical record
✧ Examine documentation from real medical legal case studies

Speakers:

Chris Rokosh RN, PNC(C), President of Connect Medical Legal Experts, has reviewed thousands of medical malpractice cases in her successful career as a Legal Nurse Consultant. Her course 'Legal Issues in Nursing' is one of Canada's highest rated and most attended nursing education courses. She brings a wealth of knowledge and experience in medical legal issues and nursing education. Chris is a warm engaging speaker who connects with audiences on a truly personal level.

A top medical malpractice lawyer will be presenting the legal perspective - a rare and valuable opportunity!

Also available

"Shift. Change! Empowering Nurses With Medical Legal Knowledge"

This amazing new book offers practical insights to healthcare professionals on how to protect themselves and patients through patient centered care.

Pre-purchase book at registration to get a discounted price!

To register visit www.ConnectMLX.com Email Info@ConnectMLX.com
The College of Licensed Practical Nurses of Alberta (CLPNA) released new Standards of Practice specific to Bill 21 to address protecting patients from sexual abuse and sexual misconduct as well as other types of boundary violations. Standards of Practice are part of the overall legislative framework that governs the LPN profession in Alberta and provide the minimum standard of behaviour that LPNs are expected to meet in their nursing practice. Performance below the standard could result in disciplinary action through the CLPNA's complaints process.

A key philosophy guiding protection of the public is explained in the document's introduction:

“Due to the position of power and trust over the patient, a consensual sexual relationship is never possible. A complaint raised about sexual relations with a patient will be treated and prosecuted as a complaint about sexual abuse or sexual misconduct by the CLPNA regardless of whether the patient had agreed to such a relationship.”

_HIGHLIGHTS_

_Prohibited Sexual Conduct:_ A finding of sexual abuse will result in permanent cancellation of the LPN’s registration and practice permit. A finding of sexual misconduct will result in a minimum of suspension of the LPN’s practice permit.

_The LPN-Patient Relationship:_ Under the definition of a patient, an individual will continue to be the LPN’s patient for a minimum of one year from the last day nursing services were provided; however, in some circumstances, there are exceptions to this time frame which extend the LPN-Patient relationship indefinitely.

_Sexual Relations with Former Patients and/or Individuals Closely Associated with the Patient:_ LPNs must always consider the appropriateness of ever entering into a sexual relationship regardless of how much time has passed.

_Mandatory Reporting Requirements:_ An LPN must report the conduct of other health professionals if there are reasonable grounds to believe that the conduct constitutes sexual abuse or sexual misconduct whether this occurs in or outside of the work setting.

Additionally, the CLPNA will establish a Patient Relations Program to educate LPNs on preventing and addressing sexual abuse and sexual misconduct towards patients.

Questions? Contact the CLPNA’s Practice Department at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
Protecting the Public: 2018 Annual Report & Latest Strategic Plan

Significant regulatory collaborations. Dozens of research, practice and policy projects. Substantial participation in professional development.

The College of Licensed Practical Nurses of Alberta is pleased to report on the work of its Council, committees and staff in the 2018 Annual Report and looks forward to the future in the Strategic Plan for 2019-2022.

A summary of the CLPNA’s work was presented at the Annual General Meeting on May 6 at the start of the annual Conference.

The 2019-2022 Strategic Plan explains the organization’s goals in seven core areas: registration, conduct, competence, research, policy, communication, and organizational culture.

Both documents are available on www.CLPNA.com under Governance, Publications.

Voting in Council Elections ends June 30

Results from the CLPNA’s District Elections to Council in June will be released in July on www.clpna.com.

LPNs living in the following Districts are eligible to vote if an election is called: **DISTRICT 1: SOUTH** (Lethbridge & area), **DISTRICT 3: SOUTH CENTRAL** (Red Deer & area), and **DISTRICT 5: NORTH CENTRAL** (Jasper, Slave Lake, Cold Lake & area). At least two Districts will hold elections, as of this article’s writing. If a District only receives a single nomination, the nominee will become a Council member by acclamation.

The Council is responsible for providing the overall general direction of the CLPNA through Policy Governance.
Measuring Competence through Self-Assessment

Through a process of self-assessment, Licensed Practical Nurses can identify areas of their nursing practice that require maintenance or increase in skill or level of competence. Self-assessment is an act or process where the LPN evaluates their current skill or level of competence and where they need to make improvements or want to see their practice grow in the future. LPNs are accountable for their practice and to ensure their own competence meets both the standards of the profession and legislative requirements.

Ongoing self-assessment is an important part of professional practice. Through reflection on clinical knowledge, skills, attitudes and judgments the LPN currently demonstrates, areas of strength as well as practice areas that require further learning can be identified. By recognizing their own practice limitations, it is easier to seek additional education in order to achieve a level of competence expected within the LPN's role and responsibilities.

Another reason it is important for LPNs to continuously self-assess is to fully understand how the learning is being integrated into their practice and the impact learning may have on their professional development. When a course or education session is completed, the learner should be assessing new knowledge, practical skills and professional development through the application of new learning to achieve competent nursing practice.

LPNs are also encouraged to complete a self-assessment prior to developing their learning plan for the upcoming year, as the learning plan must be declared as part of the registration renewal application. Self-assessment will direct the nurse’s need to keep up to date in knowledge and expertise and recognize limits in personal knowledge and skill throughout their career.

For further information about Self-Assessment, see the Continuing Competence Program Guide, 2019 under Education, Continuing Competence Program at www.clpna.com or email ccp@clpna.com.

CLPNA Bylaw Amendments

The Council of the College of Licensed Practical Nurses of Alberta approved changes to the Bylaws in March 2019.

A number of bylaw amendments were made to meet the requirements of Bill 21: An Act to Protect Patients. Specifically, Bill 21 requires that college bylaws list specific types of information that may be published on the CLPNA website.

Other changes were made to better reflect current registration practices and policies. All CLPNA members are encouraged to review the revised bylaws.

Questions? Contact the CLPNA’s Practice Department at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).
**POLICY UPDATE**

**Temporary Registration**

All practicing members of the CLPNA in Alberta are held to the same professional standards regardless of the registration category. An updated Practice Policy outlines practice parameters for new Alberta nursing graduates and internationally educated nurses who have not yet passed the Canadian Practical Nurse Registration Exam. Limits are set to allow temporary registrants to continue to use their nursing skills and grow their knowledge and skills through supervision and mentorship by experienced practitioners and reflective practice.

These limits also ensure that public protection is maintained. Specific information about the supervision requirement as well as the key differences between a temporary practice permit and an active practice permit is described in the CLPNA's Practice Policy on “Temporary Registration”.

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**CLPNA’s Fee Adjustments Approved for July 1**

A variety of fee changes were approved by the Council of the College of Licensed Practical Nurses of Alberta starting July 1, 2019. Adjustments include some general and specialty application fees, and a new registration levy.

**There was no change made to the annual Registration Renewal fee due by December 1. This fee will remain the same at $350.**

The Specialty Application Fee is a one-time fee for those applying after July 1, 2019 to receive authorization for an LPN Specialization: Immunization, Renal Dialysis, Orthopedics, Perioperative Nursing or Advanced Foot Care. Members who already hold a specialization will not be impacted by this fee.

Questions? Contact the CLPNA at info@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).

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**Time to Spread the News!**

**CARE Magazine is seeking stories on:**

- new practices enhancing patient safety
- LPNs in interesting roles, leading best practices
- team synergy creating amazing results in patient care

Pitch your idea to Sarah at care@clpna.com

Maybe your submission will be a future feature story!
Quizzes & Visits; Giveaways & PSAs:
National Nursing Week

During National Nursing Week in May, the College of Licensed Practical Nurses of Alberta helped LPNs celebrate by running a contest for fantastic swag, partnered with a Calgary radio station, and broadcast public service announcements on CTV.

NATIONAL NURSING WEEK QUIZ
Clever LPNs across the province were tested by the #RegulatorySmarts Quiz which resulted in 200 prize packages being awarded to selected participants. Congratulations to all that won a prize!

VISITS BY WILD 95.3 WITH CLPNA SWAG
Thanks to Calgary Radio Station Wild 95.3 for partnering with the CLPNA during National Nursing Week. Bo and Jess from Wild 95.3 visited nursing units at local hospitals to drop off some goodies and show their gratitude for all LPNs do. Visits were made to many units including Peter Lougheed Centre, the NICU at the Alberta Children’s Hospital, the gynecology crew at the Tom Baker Cancer Centre, the Foothills Hospital, and the Calgary & Area Child Advocacy Centre. As a former LPN, Jess has special appreciation for LPNs and their commitment to caring for their patients.

PUBLIC AWARENESS RADIO
Calgary’s Wild 95.3 and Kool FM aired commercials featuring Alberta LPNs as a part of the CLPNA’s public awareness campaign throughout nursing week.

Broadcasts on CFWE Radio helped raise awareness about National Nursing week and the vital role that LPNs play in healthcare teams across Alberta. CFWE broadcasts to over 85 communities across Alberta, and are the only broadcast link to the Aboriginal market in Alberta.

LPNs ON CTV
And finally, as a part of this spring campaign, both video and visual advertisements were displayed on the CTV News Edmonton & Calgary websites as well as on the CTV News Go App.

The CLPNA will be running further public awareness campaigns again in the fall on CFWE radio, on CTV’s websites and the CTV News Go App, across Central Alberta with Rogers and with Global Edmonton & Calgary, so keep an eye and an ear out online and on radio.

NATIONAL NURSING WEEK QUIZ ANSWERS
This #RegulatorySmarts Quiz helped LPNs learn more about their profession, practice, history, code of ethics, regulation and more. For the curious, here’s the quiz with the correct answers:

Which policy was released by CLPNA in December 2018?
A. Specialized Practice Areas.

Select the article published on page 4 of the Spring 2019 issue of CARE magazine.
A. Building Awareness, Protecting Patients: Bill 21.

What year did LPNs become a self-regulating profession in Alberta?

Select the components of the Continuing Competence Program.
A. All of the above (Learning plan; Self-assessment; Audit).

According to a recent change, how many hours does an LPN have to work in order to be registered in Alberta?
A. 1000 in past 4 years.

What newly-released tool can be found on the CLPNA website to help LPNs and employers with scope of practice questions?
A. LPN Practice Decision-Making Tool.

In which section of the Competency Profile for LPNs will you find phlebotomy?
A. E - Nursing Practice.

What is the CLPNA Mandate?
A. “To regulate and lead the profession in a manner that protects and serves the public through excellence in Practical Nursing”.

As per the new Immunization Regulation (October 2018), who is required to report adverse events following immunization?
A. All LPNs are required to report adverse events following immunization whether or not they administered the vaccine.

What are the supervision requirements for LPNs providing aesthetic nursing services?
A. Indirect supervision by a physician trained in dermatology.

What specialty must the LPN hold and have listed on their practice permit in order to apply a cast?
A. Orthopedic Specialty.
You never know how strong you are until being strong is the only choice you have.

- Unknown -
Physical Assessment Pearls

RED DEER, October 29, 2019 • Holiday Inn Gasoline Alley
0830 to 1600 hrs.

BARB BANCROFT, RN, MSN, PNP

Barb Bancroft is a widely acclaimed nursing teacher who has taught courses on Advanced Pathophysiology, Pharmacology, and Physical Assessment to both graduate and undergraduate students. Also certified as a Pediatric Nurse Practitioner, she has held faculty positions at the University of Virginia, the University of Arkansas, Loyola University of Chicago, and St. Xavier University of Chicago. Barb is known for her extensive knowledge of pathophysiology and as one of the most dynamic nursing speakers in North America today. Delivering her material with equal parts of evidence based practise, practical application, and humour, she has taught numerous seminars on clinical and health maintenance topics to healthcare professionals, including the Association for Practitioners for Infection Control, The Emergency Nurses’ Association, the American Academy of Nurse Practitioners, and more.

WHO SHOULD ATTEND?

- Med-Surg & Acute Care Nurses wishing to Refresh Their Skills
- Nurses New to Acute Care or Med-Surg Areas; Float Nurses
- Home Care, Continuing Care, or Geriatric Nurses
- Tele-Health and Occupational Health Nurses
- Nurses wishing to Refresh Their Physical Assessment Skills

* This workshop may be too basic for critical care nurses *
* This workshop is not a “hands-on” physical assessment course *

Join Barb Bancroft and learn to master Physical Assessment of your patient! In taking the history, learn to characterize the chief complaint by asking the right questions the “PQRST + AAA” way; Barb provides examples of how to use this mnemonic to get the most important information in the least amount of time. Barb will then guide you through assessment basics: where to “listen”, where to “look”, and where to “feel” if you only have a minute. Barb correlates anatomy, physiology, and pathophysiology for each major system discussed. Refresh your knowledge on all the info you can glean from a basic vital signs evaluation. Barb will also discuss various drug classes and the side effects that can confound a physical exam. Join us!

Liver Logic
Fifty Ways to Love Your Liver

CALGARY, December 2, 2019 • EDMONTON, December 3, 2019
0830 to 1600 hrs.

BARB BANCROFT, RN, MSN, PNP

A 3.5 pound Football-Shaped powerhouse

- Quick review of A&P of the Liver: Yes it can regenerate

Synthesizing & Metabolic Magic Tricks of the Liver
- Role in Metabolizing Drugs, Alcohol, Hormones
- Synthesis of Proteins & clotting factors
- Role in cholesterol & fat metabolism
- Role in storage of blood, vitamins, and iron

Signs and Symptoms of acute and chronic liver failure
- Portal hypertension: diagnosis & management
- How to interpret lab tests related to liver and biliary function
- Hepatocellular enzymes – AST, ALT, and the AST/ALT ratio
- Hepatobiliary enzymes – Alkaline phosphatase, GGT
- Bilirubin – direct and indirect

Hepatitis
- Viral Causes: Hepatitis A, B, C, D, E, and G; EBV and CMV
- Alcoholic Hepatitis – an inflammatory response to toxins
- Autoimmune Hepatitis – AIH - Type I & II

The three main causes of cirrhosis of the liver
- Why alcohol makes the liver fail, compounding factors
- Viral causes – what types of cirrhosis are caused by viruses?
- Biliary Causes – biliary cholangitis & sclerosing cholangitis
- Drug induced liver injury and the most common causes

New advances in the treatment and management of liver disease
- Latest in treating non-alcoholic fatty liver disease (NAFLD, NASH)
- New “game changers” in the treatment of Hepatitis C

Did you know that the liver has 500 functions and that it can regenerate itself within 30 days? Listen to Barb’s fascinating lecture on the liver in all of its glory. Barb takes you for a journey through an amazing organ that we tend to take for granted. She will review the metabolic and the synthesis functions; she’ll discuss the signs and symptoms of liver disease and the most important lab tests. She’ll also discuss all the types of hepatitis and cirrhosis, acute and chronic liver failure and NAFLD and discuss the newest advances in the treatment of liver disease. You will not only gain a new respect for this 3.5 pound football-sized organ, you will also realize that it is just as important as the more celebrated organ systems of the heart, lungs, brain, and kidney. You “goose” love your liver!

WHO SHOULD ATTEND?

- Medical, Surgical, Perioperative and Critical Care Nurses
- Nurse Practitioners, Primary Care Nurses, TeleHealth Nurses
- Nurses in Blood Services, Infection Control, & Public Health
- Home Care & Long Term Care Nurses; Occupational Health Nurses
- Dietitians, Pharmacists, Nurses in Diagnostic Imaging

BARB BANCROFT is a widely acclaimed nursing teacher who has taught courses on Advanced Pathophysiology, Pharmacology, and Physical Assessment to both graduate and undergraduate students. Also certified as a Pediatric Nurse Practitioner, she has held faculty positions at the University of Virginia, the University of Arkansas, Loyola University of Chicago, and St. Xavier University of Chicago. Barb is known for her extensive knowledge of pathophysiology and as one of the most dynamic nursing speakers in North America today. Delivering her material with equal parts of evidence based practice, practical application, and humour, she has taught numerous seminars on clinical and health maintenance topics to healthcare professionals, including the Association for Practitioners for Infection Control, The Emergency Nurses’ Association, the American Academy of Nurse Practitioners, and more.

To register: Call toll-free 1.866.738.4823 or visit NursingLinks.ca