CAMSN Newsletter

The official newsletter for the Canadian Association of Medical & Surgical Nurses
August 2017

SPECIAL POINTS OF INTEREST:

- New to CAMSN? See page 2
- See page 3 for the most up-to-date information about the Biennial CAMSN Conference and the *Call for Abstracts*
- Considering getting your CNA Certification in Medical-Surgical Nursing? See page 4 for some important dates
- If you are CNA Certified and have questions about the renewal process, see page 5
- The Education Corner *(End of Life Care and Artificial Nutrition*) provided by Shelley Jolly, RN, B.A. (Hon), B.S.N., CHPCN(C), can be found on pages 6-7
- Learn about further continuous learning opportunities on page 8
- Pages 9-10 include Featured Research, *Sepsis Prevention: A Population Health Approach,* by 4th year nursing students from the University of Saskatchewan
- Interested in becoming more involved with CAMSN? See page 11

New CNA Code of Ethics for Registered Nurses

- New content addressing medical assistance in dying
- Updated ethics models including Oberle and Raffin Bouchal
- New content on advocating for quality work environments that support the delivery of safe, compassionate and ethical care
- Updated terminology and definitions such as advanced care planning, equity, primary health care, job action, medical assistance in dying, and workplace bullying.
- Updated references

Hard copies of the full 2017 edition of the *Code* and the pocket version will be available for purchase August 2017.

See more, including nine e-learning modules, at:
http://www.cna-aiic.ca/en/on-the-issues/best-nursing/nursing-ethics

Add your voice to help shape national cannabis policy!

Health Canada has asked the Canadian Nurses' Association (CNA) for nurses' feedback on the impending legalization of non-medical cannabis, as outlined in **Bill C-45, An Act Respecting Cannabis and to Amend the Controlled Drugs and Substances Act, the Criminal Code and Other Acts**.
Your input will inform CNA's response to the proposed law and provide advice to Health Canada on how to prepare for legalization.

Please visit:
http://cna.fluidsurveys.com/s/legalizationofcannabissurvey/langeng/
to complete the 15-minute survey by **August 14, 2017**.

As a Registered Nurse your input is invaluable.

Don't wait any longer!!
Apply for CNA Certification in Medical-Surgical Nursing by **September 1st**

CAMSN ACIIMC
Canadian Association of Medical and Surgical Nurses
Association Canadienne des Infirmières et Infirmiers en Médecine-Chirurgie

Canadian Association of Medical and Surgical Nurses

CAMSN is an associate member of the **Canadian Nurses' Association** (CNA)

Have you ever thought about joining our team?
The team of CAMSN Executives is currently in need of a new President Elect.

President Elect: Succeeds to the presidency upon expiration of the President's term. Exercises duties of the President in the President's absence. Works in partnership with the President, carrying out the work of the board and has duties assigned by the board.

Please forward your name, contact information, and a 250-word bio and information sheet on why you would like to join the CAMSN board to **Esther Rees, External Communications Coordinator (esther.rees@usask.ca)** by Nov. 1st, 2017 if you are interested.

Our Vision

To be the voice of medical and surgical nurses in Canada

Our Mission

Medical and surgical nurses provide nursing care to adults experiencing complex variations in health. They utilize diverse clinical knowledge and skills to care for multiple acutely ill adults and their families. They are leaders at organizing, prioritizing and coordinating care as well as working with interdisciplinary teams. The practice of medical-surgical nursing requires application of evidence-based knowledge and best practice standards to provide quality, safe and ethical care to clients across the continuum of care. The CAMSN nurse advocates, supports and promotes the integral role of medical and surgical nurses to the health care system.

Did You Know?

If you are CMSN certified, executive board membership contributes up to 25 CL hours towards your continuous learning activities. Get involved today!

EXECUTIVE CONTACT INFORMATION:

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CAMSN Conference 2018

The CAMSN Conference Committee is pleased to announce the next Biennial Conference…

Medical-Surgical Nursing: It's Getting Complicated

June 7th & 8th, 2018
Ottawa Conference and Event Centre
Ottawa, Ontario

It is CAMSN's desire to create two days filled with stimulating information relevant to the complex nature of medical-surgical nursing. Not only is CAMSN's goal to focus on the diverse health challenges seen on a daily basis, but also to provide education on some of the new controversial matters that are arising in the medical-surgical nursing world.

Call for Abstracts

- Are you a nurse educator, physician, clinical nurse manager, or an enterostomal therapist with a knowledge-based presentation relevant to the world of medical and surgical nursing that you would like to present at the conference?
- Are you a medical-surgical nurse with an interesting practice or research project that you would like to share at the conference in poster format?

Contact the CAMSN President, Brenda Lane, at brenda.lane@viu.ca.
Deadline for abstracts: January 15th, 2018

Develop connections. Make new friends. Join a community from across Canada that shares a passion for medical-surgical nursing.

Encourage your friends and colleagues to become CAMSN Members to ensure that they receive the discounted conference fee!

Thanks to feedback from our members, there will be numerous oral presenters, posters and topics including, but not limited to:

- Pathophysiology of Sepsis
- Pharmacology: pain management, sepsis, heart failure, medical marijuana
- Medical Assistance in Dying
- Splenic Injuries
- Pelvic Fractures
- EKG Interpretation
- Pathophysiology of Wound Healing: Wound Care Complications (Fistulas)
- Legal Documentation
- Post-op Complications
- Mental Health: Stress

Stay tuned for registration details. As further conference specifics are confirmed, they will be shared via:

- CAMSN's official website (www.medsurgnurse.ca)
- CAMSN's Newsletters
- Facebook (search: CAMSN)

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CNA Certification Program

In May 2017, 15 people obtained their initial medical-surgical certification & 6 people renewed by continual learning across Canada! Congratulations!

Initial Certification

➔ Minimum of 3,900 hours of experience as a RN in your specialty area over the past 5 years

➔ Written certification exam

See more, including the application process at:
https://nurseone.ca/en/certification/get-certified

FALL Registration is now open!!!

June 1st – Sept. 1st ➔ Application window to write exam & renew by exam

Nov. 1st-15th ➔ Certification exam window

Message from the President:

"I believe medical-surgical nurses have a wealth of knowledge, skills, and experience working with people experiencing many diverse health challenges; and that in itself is a specialty. Having worked my career in medical-surgical nursing I wanted to bring to the forefront that this is a specialty that demonstrates a commitment to excellence. I wanted to be a role model for other nurses to write the exam because I believe in the certification so passionately that I participate in the item-writing and competency development. I encourage medical-surgical nurses to feel the great satisfaction that comes with preparation for the exam; the excitement of writing the exam; and the thrill of success! Wear your CNA Certification pin and share your credentials with pride."
Brenda Lane, RN, MN, DipAdEd, CMSN(C)

Certification represents a commitment to the leading edge in health-care standards, and it gives national scope to continuing competence initiatives. When you achieve certification it ***shows your commitment to a national standard of professional expertise and an in-depth understanding in your area of nursing practice.***

In 2016, 44% of nurses who achieved their initial certification had less than 10 years experience.

The Canadian Nurses' Association shared a Literature Review outlining the positive impact that certification has had on patient outcomes:

- **Mortality Rates & Failure to Rescue –** Several studies found certified nurses were able to recognize and respond to a deteriorating patient quicker than non-certified nurses and that certification was associated with decreased mortality and failure to rescue rates (Cary, 2001; Martin, Arenas-Montoya & Barnetty, 2015; Kendall-Gallagher, Aiken, Sloane & Cimiotti, 201)
- **Infection Control –** Lower rates of central line associated bloodstream infections associated with higher rates of certified nurses (Boyle et al, 2014; William, Lopez & Lewis, 2013)
- **Falls –** Higher certification rates linked with lower total patient falls (Boltzet al, 2013; Kendall-Gallagher & Blegen (2009); Lange et al (2009)

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CNA Certification Renewal

Application window to renew by continuous learning is currently open!

Certification Renewal

➔ Minimum of 2,925 hours of experience as a RN in your specialty area during your current 5-year certification term

➔ Demonstrate advanced knowledge of your specialty area through either:

- Continuous Learning – 100 hours of continuous learning activities related to your nursing practice specialty over your 5-year certification term
- Re-writing the certification exam

Renewal By Continuous Learning

The CNA Certification Program offers a great deal of flexibility regarding the activities that you can count towards your continuous learning hours. The CNA has also created an easy to use form in which you can simply input your activities for submission.

Options for continuous learning activities include:

- Academic courses
- Conferences, teleconferences, seminars, workshops
- CNA certification exam development
- CNA Certification Mentorship Program
- Independent study
- Leading a study group to prepare for the certification exam
- Professional specialty committee/association membership or participation
- Presentations, lectures, posters
- Preceptorship
- Articles, book chapters, research projects

See more at:
https://nurseone.ca/en/certification/renewing-your-certification

If you are a certified nurse who is due to renew, but you are unable to meet the renewal requirements due to personal or professional reasons, you can apply for inactive status. This gives you a three-year window in which to pursue your certification renewal.

In 2016, 85% of nurses who renewed their certification had more than 16 years experience.

General Guidelines for Continuous Learning Activities:

- Each activity must relate to improving knowledge and skills in your nursing practice specialty (unfortunately this means that the primary duties in your job description do not count).
- Each activity must be completed within the five-year certification term.
- One continuous learning hour equates to one clock hour.
- You may only count continuous learning activities that are 30 minutes or longer.
- You do not need pre-approval from the CNA to count your activities.
- You may only count the same continuous learning activity once during the five-year term, unless it's at a higher level (i.e. you can only count "basic life support" once over the five years, even if you take it more than once – but if you also take "advanced life support" then it would count as a second activity).
- Activities completed outside of Canada may be counted.

https://nurseone.ca/en/certification/renewing-your-certification/renewal-by-continuous-learning

Education Corner

End of Life Care and Artificial Nutrition

By Shelley Jolly, RN, B.A. (Hon), B.S.N., CHPCN(C)

Palliative Care, as defined by the Canadian peer-reviewed referenced resource *The Pallium Palliative Pocketbook*, is "a philosophy of care that aims to relieve suffering and improve the quality of living and dying in those patients diagnosed with progressive incurable illness," (Pereira, 1-1). This includes addressing the physical, psychological, social and spiritual needs of both the patient and their family. "It involves optimizing living as fully as possible in the time remaining while preparing for dying," (Pereira, 1-1). As this author explains, Palliative Care is not an exclusive entity but an approach that can complement treatment used to control disease such as chemotherapy, surgery, parental nutrition and tube feeds. This article will identify the areas of concern over parental nutrition and tube feeds, examining quality of life for the patient as well as the benefits and burdens of this treatment during the last stages of their illness.

The questions that our consultation team at the Royal University Hospital often asks when reviewing a patient and their family unit are:

1. What potential benefits and burdens are known to the present treatment plan?
2. Are any of the burdens of the treatment leading to discomfort or distress to the patient?
3. How does the present treatment plan affect quality of life?
4. Are we able to recommend/modify the plan to meet the patient's and family's physical, psychological, social and spiritual needs?

A number of our consultations involve individuals diagnosed in the late stages of cancer and often the first symptom that these patients experience is weight loss. This weight loss is "chronic, progressive and involuntary," (Bozzetti, p. 445). This condition is called cachexia and is also present in late stage congestive heart failure as well as renal failure. It is accompanied by "anorexia (loss of appetite), early satiety, fatigue or weakness, chronic nausea, decreased performance status, and psychological distress from changes in body image," (Macdonald, p. 76). Cachexia is the result of numerous metabolic derangements and is defined by a negative protein and energy balance resulting in the loss of skeletal muscle mass.

Cachexia associated with late stage cancer or other non-malignant diseases CANNOT be fully reversed by conventional nutritional support. It is often unclear to the clinician as to the timeline to stop nutritional support in the terminally ill patients and the use of tube feeds or parental nutrition in these patients has long been an area of controversy for our population. At the very end stages of life however, the use of nutritional interventions may no longer support the treatment goal of providing energy and weight gain. At this point, the risk is that the intervention of nutritional support may weigh heavily on the side of burden, contributing to the patient's suffering due to increased nausea, vomiting, edema, pulmonary congestion and/or aspiration.

How do we provide a smooth transition for those patients where parental nutrition or tube feeds have gone from benefit to potential burden?

Firstly, as Patricia Fuhrman states, "the difficulty lies in the patient's desires. Conversations about end-of-life issues should be initiated early in the diagnostic and treatment stages rather than waiting until the dying process has begun," (p. 70). Special circumstances such as the wish to be present for a birth or anniversary must be considered if life can at all be extended using parental nutrition. The patient and family require clear communication both about realistic goals of care and the body's response to the dying process. As well, Fuhrman indicates that an advanced care directive should be filled out and reviewed often to ensure it is current and up-to-date.

End of Life Care and Artificial Nutrition (Continued)

Secondly, day-to-day evaluation by staff of the patient's functional status and lab work, including albumin, will indicate indirectly if the process of providing nutrition in this manner remains effective. If there is evidence that this therapy has become ineffective or harmful, information again must be shared between the medical staff and the patient or Medical Proxy. Comfort care should be offered in order to maximize quality of life for the patient. Ideally, at this point nutritional support can be withdrawn and the process of comfort care for end of life may begin.

Family members often worry that the patient will experience distress once all nutritional support and fluids are discontinued. In reality, most patients at the end of life do not experience hunger or thirst. In fact, the lack of food and fluids can lead to a mild euphoria, a sense of wellbeing and even analgesia due to an increased release of endogenous opiates. Parental nutrition, tube feeds and intravenous fluids can make edema, ascites, pulmonary and other secretions, as well as dyspnea worse. Discontinuation of medications with anticholinergic side effects and the administration of good oral care has shown to relieve any sense of a dry mouth. Ultimately, withholding hydration and artificial feeding at the end of life reduces the chances of fluid overload and leads us closer to providing a more comfortable death.

We can encourage families to participate in the care of the patient during last days. Suggestions for the family include: Allow the patient to eat what they want when they want if the patient is not at high risk of aspiration. Plan interactions that do not center around meals. Read, listen to music or watch TV together. Reminisce. Massage and/or cuddle. Lastly, if they are comfortable, allow the family to participate in some of the physical care such as mouth care.

In conclusion, discontinuation of artificial feeding can be a hard decision for patients, families or the Medical Proxy to consider. We must consider the patient's wishes balanced with a review of where the patient is in the trajectory of the disease in addition to a review of the benefits and burdens of treatment. Nurses can facilitate the change in goals of care by providing alternatives in family interactions that place less significance on food. Dying in a natural state can be a comfortable experience for the patient and avoids the burdens of fluid overload at the end of life.

Shelley Jolly, RN, B.A. (Hon), B.S.N., CHPCN(C), is a Palliative Care Nurse Coordinator for the Royal University Hospital and the Saskatoon City Hospital in Saskatoon, Saskatchewan. Shelley has been a part of the Palliative Care Team in Saskatoon for 27 years, first as a nurse on the Palliative Care Unit at St. Paul's Hospital and then as a Nurse Coordinator for Palliative Services.

References

- Bozzetti, F., Arends, J., Lundholm, K., Micklewright, A., Zurcher, G. & Muscaritoli, M., (2009). ESPEN Guidelines on Parental Nutrition: Non-surgical oncology. *Clinical Nutrition,* (28), 445-454.
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Education Corner

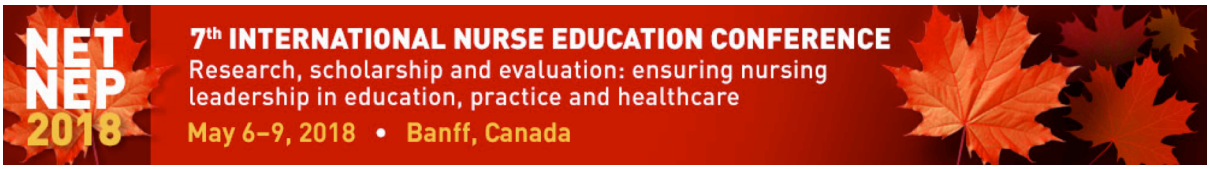
Continuous Learning Opportunities

Canadian Council of Cardiovascular Nurses / Conseil canadien des infirmières et infirmiers en soins cardiovasculaires

Canadian Cardiovascular Congress
October 21 -24, 2017
Vancouver, BC
www.cccn.ca

Canadian Nurses Protective Society

Legal Risks for New Grads
Thursday, September 14, 2017
11:00:00 AM CDT - 12:00:00 PM CDT
CNPS Webinar
www.cnps.ca



Deadline to submit abstracts: September 1st, 2017
www.elsevier.com/netnep-conference

cfmhn

Canadian Federation of Mental Health Nurses
Nov. 1-3, 2017
Niagara Falls, ON
www.cfmhn.ca

Nurse Specialists in Wound, Ostomy & Continence • Infirmières et infirmiers spécialisés en plaie, stomie et continence • CAET

37th National CAET Conference
Turn Knowledge into Action: Education in Specialized Wound, Ostomy & Continence Care
May 3-6, 2018
Victoria, BC
www.caet.ca

"LEADERSHIP and LEARNING are indispensible to each other."
– John F. Kennedy

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Featured Research

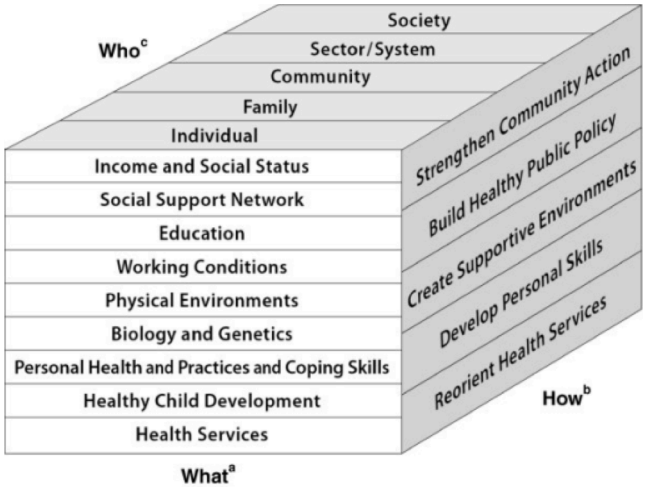
Sepsis Prevention: A Population Health Approach

Background:

Dakota Sander, Danielle Robertson and Nicole Boutin were part of a group of fourth year nursing students from the University of Saskatchewan completing a community health nursing placement at Parkridge Rehabilitation Centre (PRC), a rehabilitation and long term care facility. PRC has been experiencing an increase in sepsis amongst their resident population, resulting in the requirement of hospitalization for treatment. The Saskatchewan Ministry of Health challenged PRC to find ways to decrease the prevalence of sepsis in their facility. Due to health care budget constraints, this facility reached out to the clinical group of fourth year nursing students to minimize the educational gap amongst their multidisciplinary team. These three nursing students not only worked with the frontline care providers at PRC, but they also expanded their target audience to include care providers at other long-term care facilities throughout the Saskatoon Health Region. The goal of their research project and presentation was to help enhance the practice and knowledge of those caring for vulnerable residents, specifically related to the prevention and early recognition of sepsis. Through their work, they are hoping to ultimately decrease the prevalence of sepsis amongst their target population.

How the Population Health Promotion Model aided in the development of this project:

The Population Health Promotion Model was utilized in the development and implementation of the Sepsis Prevention Project. This model explains the relationship between population health and health promotion. The Population Health Promotion Model encompasses three aspects, the "who, what, and how," all of which were taken into account in the development of the Sepsis Prevention Project.



WHO – This project addressed the population at the community level, concentrating on Parkridge Rehabilitation Centre (PRC), a rehabilitation and long term care facility, as well as other long-term care communities within the Saskatoon Health Region.

WHAT – The Social Determinants of Health that were focused on included education, physical environments, and health services. The Sepsis Prevention Project aimed at altering these Social Determinants of Health by educating frontline care providers about sepsis prevention strategies such as infection control and clean technique as well as early identification of sepsis so that prompt diagnosis and intervention may occur.

HOW – The goal of this project was to strengthen community action and develop personal skills. Considering that the "base" of the Population Health Promotion Model refers to evidence based decision making, assumptions and values, the Sepsis Prevention Project placed an emphasis on the importance of collecting accurate, evidence based information regarding sepsis as a medical condition as well as sepsis within long-term care settings. A number of reliable sources were used, including peer-reviewed journals, interviews with ICU intensivists as well as both leaders and members of Sepsis Initiatives in various acute care settings.

Fact: 30% of people who develop sepsis will not survive and of those who do survive 30% will die within one year of developing sepsis.

In the span of four weeks, they reached over 260 frontline care providers, and created educational binders for the future use of the facilities.

Sepsis Prevention: A Population Health Approach (Continued)

What is Sepsis?
- Sepsis is a serious medical condition resulting from a systemic, overwhelming response to an infection. The immune system sets off a response that involves widespread inflammation, swelling and blood clotting.
- Sepsis is life threatening!
- It can lead to septic shock, multiple organ dysfunction syndrome (MODS) and death, especially if it is not recognized early and treated promptly.

Recognizing Sepsis:
- Altered mental status
- Temperature >38 degrees or <36 degrees Celsius (or deviation from baseline)
- Heart rate greater than 90 beats per minute
- WBC greater than 12 or less than 4
- Respiratory rate greater than 20 per minute
- Watch for signs of new edema

Barriers in long-term care environments:
- Physicians are not always on site and they see patients infrequently
- Quick prescribing of antibiotics and transferring to acute care is difficult
- More dependent on the communication between the RNs and the different levels of care providers regarding condition changes of the residents
- Lack of laboratory capabilities for appropriate and timely diagnostic tests

Signs and symptoms to monitor during morning/bedtime care:
- Changes in mental status
- Changes in urine colour/odor
- Using clean technique when changing catheter bags
- Proper hand hygiene
- Proper perineal care
- Personal Protective Equipment – preventing cross contamination

Fact: Urinary Tract Infections make up 40% of nosocomial infections and can lead to urosepsis.

Prevention is key in decreasing the prevalence and impact of sepsis!
- Proper hand hygiene & aseptic technique
- Use of personal protective equipment
- Changing gloves between different procedures
- Personal hygiene including
  - Oral care in the morning & at night (especially important at bedtime)
  - Perineal care
- Catheter Care
  - Keeping catheter bag below level of bladder
  - Maintain a closed drainage system
- Ventilator Care
  - Maintain head of bed at 20-45 degrees
  - Suction using aseptic technique
  - Provide clean tracheostomy care without touching inner cannula
- Preventing & Treating Pressure Ulcers
  - Turning & repositioning
  - Reduce shear, friction & moisture

Authors:
Dakota Sander, Danielle Robertson & Nicole Boutin – 4th Year Nursing Students, College of Nursing, University of Saskatchewan, Saskatoon, SK.

References:
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Ways to become more involved with CAMSN…

Education Corner

An Education Corner has been added to the Canadian Association of Medical and Surgical Nurses' official website, www.medsurgnurse.ca, as well as the quarterly newsletters.

CAMSN's goal is to provide educational pieces that best serve the interest and learning needs of medical-surgical nurses across Canada.

- **Do you have an idea for our Education Corner? Is there a medical-surgical topic you would like to know more about?**
- **Are you involved in nursing education? Would you like to contribute an educational piece? Have you done a research study relevant to medical-surgical nursing?**
- **Are you writing the Medical-Surgical Certification Exam and there's an area of nursing included in the competencies that you'd like to know more about? Tell us what it is! We can create an educational piece to support you in your exam preparation.**

Visit: https://medsurgnurse.ca/education-corner/ for access to all of the previous pieces included in the Educational Corner.

Feature Member

The Canadian Association of Medical and Surgical Nurses would like to feature innovative CAMSN members who are making a difference in medical-surgical nursing.

If you would like to be featured in a CAMSN newsletter and/or on the website, send us your work initiative (500-750 words).

If you would like to nominate someone to be featured, let us know and we can contact them!

Contact Us!

Do you have an idea for our newsletter? Do you have a question for CAMSN, or an upcoming workshop you would like shared with fellow members?

We would love your feedback and we encourage our members to share their expertise!

Please contact Esther Rees, External Communications Coordinator at esther.rees@usask.ca.

Visit the official CAMSN Website!
www.medsurgnurse.ca
Join the official Facebook group!
Search: **CAMSN**

Next Newsletter:

- Coming out November 2017
- More details about the CAMSN Biennial Conference
- Education Corner & Member Question

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