



# Nurses' Notes

November 2008

Newsletter of the Yukon Registered Nurses Association

## MESSAGE FROM THE PRESIDENT

Peggy Heynen, RN

On September 19th, YRNA held a celebration to honour our three Centennial Award recipients: Gaye Hanson, Lee Holliday, and Patricia McClelland. Each of our recipients received a framed copy of the newly released commemorative stamp featuring a picture of a nurse, in honour of CNA's 100th anniversary. Congratulations to all of you and thank you to all those who came out to help us celebrate.

Patricia McGarr and I will be meeting with our new Minister of Health, Glenn Hart, on November 13th. Feel free to contact me at [president@yrna.ca](mailto:president@yrna.ca) if you would like any feedback from this meeting.

We are now in the active stages of planning for our upcoming spring AGM. A big item on the agenda will be filling board positions, such as President Elect, Secretary and Member-at-Large. I strongly encourage you to become involved. From a personal perspective, being President-Elect/President has been an inspiration, an honour and a lot of fun. I highly recommend it. It doesn't require an unreasonable amount of time, being a mom and having a full-time job (between chemo and medical ward), I have not found the position to be intrusive or

overwhelming. I would even consider doing another term if I could, but alas, I can't hog all the fun. So step up to the challenge, take on something new and enjoy the ride. I promise you won't be disappointed.

On a broader note, I was in Ottawa in October for CNA board meetings. The announcement of the new CEO for CNA was made—Rachel Bard. We welcome Rachel

and wish her well in her new position. (For more information on Rachel and her extensive nursing history you can visit the CNA website at [www.cna-aiic.ca](http://www.cna-aiic.ca).)

While on the CNA website you may also want to check out the two papers released by CNA on October 8, 2008: *Signposts for Nursing: The CNA Looks Ahead* and *CNA's Preferred Future: Health Care for All*.

In closing, I would like to inform you of an upcoming leadership conference in Toronto on February 8-10, 2009. Information on the conference can be obtained at the CNA website or at the YRNA office. With guest speakers like Gloria Steinem and opening keynote speaker Suzanne Gordon, it promises to be an exciting conference. Hope to see you there!

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... and more

## NOTICE OF AGM

The 2009 Annual General Meeting will be held on Saturday, April 25th at the High Country Inn. The business meeting will be held in the morning. An education session will be scheduled for the afternoon. A social event will be planned for Friday evening, April 24th. Details will follow in the next newsletter.

Circle the dates on your calendar NOW---April 24-25.

Important  
DATE!



*At the end of a shift, the focus of our responsibilities moves from professional to personal.*

## YRNA Office Hours---Who Were We Kidding?

Until recently, operating hours at the YRNA office were posted as "Tuesday to Friday from 9:00 to noon." In fact, as many of you may know, the office has been staffed Monday mornings as well and, very often, there is someone on-site long past noon. In recognition of this, YRNA office hours are now officially posted as "Monday to Friday from 9:00 to noon." These are our minimum hours---you may often find someone in the office in the early afternoon as well.

Over the Christmas period, the YRNA office will be closed beginning at noon on Friday, December 19th. The office will re-open for normal business on Monday, January 5th, 2009.

[www.yrna.ca](http://www.yrna.ca)

**Check us out!**

The YRNA newsletter is published four times a year. Publication dates are February 28th, May 31st, August 31st and November 30th. Deadline for submissions is the 1st day of the month of publication.

Articles and letters are welcome and should be addressed to the Editor. Inclusion of items in the newsletter does not imply endorsement or approval by the YRNA.

Yukon Registered Nurses Association  
204—4133—4th Avenue, Whitehorse, Yukon, Y1A 1H8  
Phone: 867-667-4062 Fax: 867-668-5123  
E-mail: [yrna@yknnet.ca](mailto:yrna@yknnet.ca) Web: [www.yrna.ca](http://www.yrna.ca)

### YRNA BOARD MEMBERS

<b>President</b>	<b>Peggy Heynen</b>
<b>Past President</b>	<b>Paula Bilton</b>
<b>Secretary</b>	<b>Antonia Manolis</b>
<b>Treasurer</b>	<b>Andrea Mainer</b>
<b>Members-at-Large:</b>	<b>Maureen Crill</b>
	<b>Diane Kirchgatter</b>
	<b>Susanne Nageli</b>
<b>Public Representative:</b>	<b>Genevieve Clark</b>

**If you would like to receive e-mail notification of YRNA events (Coffee Talks, etc.) please let YRNA know: [admin@yrna.ca](mailto:admin@yrna.ca).**

## Using the Standards of Practice

On the one hand, I am concerned by the increase of enquiries that YRNA is receiving from members concerned about difficulties they are encountering in meeting their professional standards of practice and on issues about patient safety. On the other hand, I am encouraged that, given the circumstances they find themselves in, they are turning to the *Code of Ethics* and *Standards of Practice* to find some answers – or at least some guidance.

I just attended a telehealth session held by the College of Registered Nurses of British Columbia (CRNBC) where participants discussed the topic of “Duty to Provide Care.” There were five Yukon sites signed into this session as well as numerous BC sites. As the Practice Consultant from CRNBC said, “CRNBC does not have jurisdiction for regulation in the Yukon, however the principles guiding practice are the same.” YRNA has adopted the *Standards for Registered Nursing Practice* from CRNBC so indeed the principles are the same and the information and discussion were pertinent.

Yukon participants in the telehealth session felt that it would be beneficial to hold a follow-up meeting and include any other interested parties or individuals. Please look out for communication within your agency for news about this – early January we hope.

We need to situate this issue within a bigger picture that is emerging across the country. There have been calls to develop policy statements on *hallway nursing*. How many of you had the same reaction to that as I did? However, in other parts of the country, nurses are telling us that’s where they provide a lot of their care. The Canadian Nurses Association (CNA) has decided to address this in terms of *over-capacity protocols*, and has initiated some work in this area. YRNA will keep you informed on the results.

Across the country, nursing regulatory bodies have also identified that *nurses and fatigue* is an issue that we must address. We are hearing more and more that nurses are being asked to stay in the workplace for a second shift, or for a few extra hours. It is proven that an individual who has been awake for 17 hours operates at the same level as someone who has had two alcoholic beverages. Why would we let a nurse (or any other health care provider) provide care to us 5 hours into their second shift?

YRNA would like to follow up on these issues with interested individuals groups or workplaces. Our workshop on *Standards of Practice* (see below) is a good starting point and can be adapted to meet specific situations or concerns. YRNA is always available to consult on practice issues with individuals or groups.

### WORKSHOP:

### Standards for Registered Nursing Practice in the Yukon

How can these **STANDARDS** which are embodied in law help registered nurses and employers fulfill their ethical and legal responsibilities?

YRNA has developed a **WORKSHOP** which can assist members and employers to explore some of the complex practice situations we are facing in the world of health care today. This workshop can be adapted to best suit your particular workplace situation.

For more information, call the YRNA office at 667-4062  
or email us at [admin@yrna.ca](mailto:admin@yrna.ca).

# Call for Nominations for YRNA Board

Board positions available this coming year include **President-Elect**, **Secretary** and **Member-at-Large (Rural)**. Nominations for any of these positions may be received until February 1, 2009.

If you or any of your colleagues are interested in serving on the Board of YRNA or if you would like more information about any of these positions, please contact Yvette Berquist or Lynne Harris, YRNA Nominations Committee, c/o YRNA or call the office at 867-667-4062. [Editor's Note: A nomination form has been included as page 11 of this newsletter.]

## Leadership Committee WE NEED YOU!

This is a **second call** to members who are interested in (concerned about) nursing leadership and planning for the future of nursing leadership in the Yukon.

There's no need to quote the age of senior nurses in the territory – we know we are getting old. We know that we have not given enough thought to how we replace formal leaders who are set to retire in the near future.

We know that the presence of professional nursing leaders in a workplace has a significant impact on patient safety and health outcomes.

What are we doing to ensure that we will have appropriate nurse leaders in place to support quality and safe patient care?

We also acknowledge that leadership exists at all levels and would like to explore ways of supporting those who are providing constructive leadership in more informal roles.

If you are interested in participating in leadership development in the broad context of the Yukon health environment, please contact the YRNA office at 667-4062.

## Got a Room to Spare?

At the 2008 AGM, there was some discussion about ways to facilitate attendance at YRNA meetings by nurses working and living outside Whitehorse. One suggestion was for YRNA to develop a list of members in Whitehorse who would be willing to billet rural members when they attend the Annual General Meeting.

How about you? Do you live in Whitehorse and have a spare room? Want to meet one of your colleagues from the communities? Do you live outside Whitehorse and want to attend the AGM without the burden of accommodation costs?

Contact the YRNA office at [admin@yrna.ca](mailto:admin@yrna.ca) or 867-667-4062. We'll start a list and put you in touch with each other.

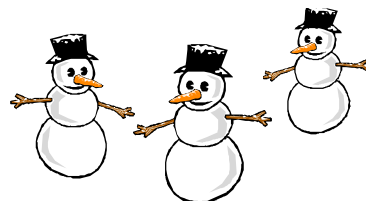
## Honourary Membership CALL FOR NOMINATIONS

Honourary membership is the highest honour which can be conferred on an individual by the Yukon Registered Nurses Association. This honour recognizes outstanding contribution to the advancement of nursing profession at the territorial, national and/or international level.

YRNA currently has seven Honourary Members. They are Eileen Heynen, Ida Duriez, Kay Campbell, Linda Pringle, Kathryn Secord, Dorothy Sorensen and Lorraine Hoyt.

Nominations for Honourary Membership are invited by the YRNA Board. The deadline for receipt of this year's nominations is December 31st. Nomination forms and criteria may be printed from the YRNA website ([www.yrna.ca](http://www.yrna.ca)) or call the office (867-667-4062) for more information.

Successful candidates for YRNA Honourary Membership will be selected based on a majority vote of the YRNA Board. Presentations will be made at the 2009 Annual General Meeting.



# Tell Your Story - Show What You Know! The Continuing Competence Process

The Nursing Practice Committee has continued enthusiastic work to develop the YRNA approach to a Continuing Competence Process (CCP) for registered nurses.

Across Canada, all RN regulatory bodies now require engagement in a CCP in order for nurses to renew annual licensure. This trend reflects public demand for assurance that those who provide care in the increasingly complex health care environment are current in knowledge and skills. Yukon registered nurses demonstrate to us that they are already life-long learners – the uptake on the education funds leaves little doubt that many of our members are eager to renew their knowledge and expertise.

The Committee has designed a template for each of us to use for their CCP process. The steps are:

1. Self assessment, based on the Standards for Registered Nursing Practice in the Yukon
2. Identification of strengths and opportunities for further learning
3. Development of a learning plan to meet an identified learning goal
4. Implementation of your plan over a registration year, and
5. Demonstrated integration of the acquired knowledge into practice.

Some YRNA members have had a chance to review the drafted format. Those familiar with programs in other provinces and territories found it straightforward and described it as appropriate in what it asks of members.

It is our plan to distribute the draft Continuing Competence Process template to all members early in 2009. This will give all of you the opportunity to have a run through of all documents and to complete a self-assessment and learning plan to see how the process format works for you. You are then very much encouraged to provide feedback that will inform the final design and implementation of the program.

We hope to then distribute the CCP program folder with registration renewal for the 2010 registration year, with members required to carry out their individual process and submit documents for license renewal in 2011.

The future of the program involves some intriguing possibilities, as research illuminates best practices in ongoing competence assessment. We hope to explore any potential for linking processes like workplace performance evaluations and the CCP, to strengthen each. We look forward to an ongoing dialogue with members and stakeholders as we fine tune this dynamic process in the next several years.

## THANK YOU to . . .

*Maureen Crill for organizing the social evening in September to honour Yukon's three CNA Centennial Award Recipients.*

*Peggy Heynen, YRNA President, for attending the Remembrance Day ceremony in Whitehorse and laying the wreath on behalf of all Yukon registered nurses.*

*Our committee members for volunteering their time and expertise:*

*Mary Beth Sennett*

*Andrea Mainer*

*Kathryn Hansen*

*Susan Walton*

*Wanda Aschacher*

*Lori Strudwick*

*Dianne Binns*

*Kevin Easton*

*Maureen Crill*

*Donna Rowland*

*Joanne Pare*

*Cynthia Armstrong*

*Dwayne Macdonald*

*John Wright*

*Sharon Specht*

*Dawn Lammer*

*Linda Woodhouse*

*Nancy Kidd*

*Koreen Rix*

*Yvette Berquist*

*Lynne Harris*

our many VOLUNTEERS!

# Exploring Our Code of Ethics

Part 1 in a series of articles which will look at the Code of Ethics for Registered Nurses.

This year the Canadian Nurses Association (CNA), the voice of registered nurses of Canada, published the revised *2008 Code of Ethics for Registered Nurses*. After review, YRNA endorsed and adopted the Code, making it a foundational element governing nursing practice in the Yukon.

To help members integrate this important document into practice, over the next several newsletters we will be including parts of the Code and some discussion questions reflecting on each segment. In this edition, we start with the introductory sections, which lay out the purpose and overriding principles of the Code.

As you read through this section, you might ask yourself:

- Did I know the Code of Ethics was there to support my practice?
- Have I used previous versions of the Code? For what purpose? How did it help me?
- How do I see myself utilizing this Code? Can I apply it to my everyday practice?
- Can the Code help me to identify and then to articulate factors in my workplace that jeopardize our ability to achieve safe, competent and ethical practice?

## PREAMBLE

The Canadian Nurses Association's *Code of Ethics for Registered Nurses*<sup>1</sup> is a statement of the ethical<sup>2</sup> **values**<sup>3</sup> of **nurses** and of nurses' commitments to persons with health-care needs and **persons receiving care**. It is intended for nurses in all contexts and domains of nursing practice<sup>4</sup> and at all levels of decision-making. It is developed by nurses for nurses and can assist nurses in practising ethically and working through ethical challenges that arise in their practice with individuals, **families**, communities and public health systems.

The societal context in which nurses work is constantly changing and can be a significant influence on their practice. The quality of the work environment in which nurses practise is also fundamental to their ability to practise ethically. The code of ethics is revised periodically (see Appendix A) to ensure that it is attuned

to the needs of nurses by reflecting changes in social values and conditions that affect the public, nurses and other **health-care providers**, and the health-care system (see Appendix B for a list of societal changes envisioned to affect nursing practice in the coming decade). Periodic revisions also promote lively dialogue and create greater awareness of and engagement with ethical issues among nurses in Canada.

## PURPOSE OF THE CODE

The *Code of Ethics for Registered Nurses* serves as a foundation for nurses' ethical practice. The specific values and ethical responsibilities expected of registered nurses in Canada are set out in part I. Endeavours that nurses may undertake to address social **inequities** as part of ethical practice are outlined in part II.

The code provides guidance for ethical relationships, responsibilities, behaviours

and decision-making, and it is to be used in conjunction with the professional standards, laws and regulations that guide practice.

It serves as a means of self-evaluation and self-reflection for ethical nursing practice and provides a basis for feedback and peer review. The code also serves as an ethical basis from which nurses can **advocate** for **quality work environments** that support the delivery of safe, **compassionate**, competent and ethical care.

Nurses recognize the privilege of being part of a self-regulating profession and have a responsibility to merit this privilege. The code informs other health-care professionals as well as members of the public about the ethical commitments of nurses and the responsibilities nurses accept as being part of a self-regulating profession.

## FOUNDATION OF THE CODE

Ethical nursing practice involves core ethical responsibilities that nurses are expected to uphold. Nurses are accountable for these ethical responsibilities in their professional relationships with individuals, families, groups, populations, communities and colleagues.

As well, nursing **ethics** is concerned with how broad societal issues affect **health** and **well-being**. This means that nurses endeavour to maintain awareness of aspects of **social justice** that affect health and well-being and to advocate for change. Although these endeavours are not part of nurses' core ethical responsibilities, they are part of ethical practice and serve as a helpful motivational and educational tool for all nurses.

The code is organized in two parts:

**PART I:** Part I, "Nursing Values and Ethical Responsibilities," describes the core responsibilities central to ethical nursing practice. These ethical responsibilities are articulated through seven primary values and accompanying responsibility statements, which are grounded in nurses' professional relationships with individuals, families, groups, populations and communities as well as with students, colleagues and other health-care professionals. The seven primary values are:

1. Providing safe, compassionate, competent and ethical care
2. Promoting health and well-being
3. Promoting and respecting informed decision-making
4. Preserving dignity
5. Maintaining **privacy** and **confidentiality**
6. Promoting **justice**
7. Being accountable

**PART II:** Ethical nursing practice involves endeavouring to address broad aspects of social justice that are associated with health and well-being. Part II, "Ethical Endeavours," describes endeavours that nurses can undertake to address social inequities.

## USING THE CODE IN NURSING PRACTICE

Values are related and overlapping. It is important to work toward keeping in mind all of the values in the code at all times for all persons in order to uphold the dignity of all. In health-care practice, values may be in conflict. Such value conflicts need to be considered carefully in relation to the practice situation. When such conflicts occur, or when nurses need to think through an ethical situation, many find it helpful to use an ethics model for guidance in ethical reflection, questioning and decision-making (see Appendix C).

Nursing practice involves both legal and ethical dimensions. Still, the law and ethics remain distinct. Ideally, a system of law would be completely compatible with the values in this code. However, there may be situations in which nurses need to **collaborate** with others to change a law or policy that is incompatible with ethical practice. When this occurs, the code can guide and support nurses in advocating for changes to law, policy or practice. The code can be a powerful political instrument for nurses when they are concerned about being able to practise ethically.

Nurses are responsible for the ethics of their practice. Given the complexity of ethical situations, the code can only outline nurses' ethical responsibilities and guide nurses in their reflection and decision-making. It cannot ensure ethical practice. For ethical practice, other elements are necessary, such as a commitment to do good; sensitivity and receptiveness to ethical matters; and a willingness to enter into relationships with persons receiving care and with groups, populations and communities that have health-care needs and problems. Practice environments have a significant influence on nurses' ability to be successful in upholding the ethics of their practice. In addition, nurses' self-reflection and dialogue with other nurses and health-care providers are essential components of

ethical nursing practice. The importance of the work environment and of reflective practice is highlighted below.

### Quality Work Environments

Nurses as individuals and as members of groups advocate for practice settings that maximize the quality of health outcomes for persons receiving care, the health and well-being of nurses, organizational performance and societal outcomes (Registered Nurses' Association of Ontario [RNAO], 2006). Such practice environments have the organizational structures and resources necessary to ensure safety, support and respect for all persons in the work setting. Other health-care providers, organizations and policy-makers at regional, provincial/territorial, national and international levels strongly influence ethical practice.

### Nurses' Self-Reflection and Dialogue

Quality work environments are crucial to ethical practice, but they are not enough. Nurses need to recognize that they are **moral agents** in providing care. This means that they have a responsibility to conduct themselves ethically in what they do and how they interact with persons receiving care. Nurses in all facets of the profession need to reflect on their practice, on the quality of their interactions with others and on the resources they need to maintain their own well-being. In particular, there is a pressing need for nurses to work with others (i.e., other nurses, other health-care professionals and the public) to create the **moral communities** that enable the provision of safe, compassionate, competent and ethical care.

Nursing ethics encompasses the breadth of issues involved in health-care ethics, but its primary focus is the ethics of the everyday. How nurses attend to ethics in carrying out their daily interactions, including how they approach their practice and reflect on their ethical commitment to the people they serve, is the substance of **everyday ethics**.

In their practice, nurses experience situations involving ethics. The values and responsibility statements in the code are intended to assist nurses in working through these experiences within the context of their unique practice situations.

### TYPES OF ETHICAL EXPERIENCES AND SITUATIONS

When nurses can name the type of ethical concern they are experiencing, they are better able to discuss it with colleagues and supervisors, take steps to address it at an early stage, and receive support and guidance in dealing with it. Identifying an ethical concern can often be a defining moment that allows positive outcomes to emerge from difficult experiences. There are a number of terms that can assist nurses in identifying and reflecting on their ethical experiences and discussing them with others:<sup>5</sup>

**Ethical problems** involve situations where there are conflicts between one or more values and uncertainty about the correct course of action. Ethical problems involve questions about what is right or good to do at individual, interpersonal, organizational and even societal levels.

**Ethical (or moral) uncertainty** occurs when a nurse feels indecision or a lack of clarity, or is unable to even know what the

moral problem is, while at the same time feeling uneasy or uncomfortable.

**Ethical dilemmas or questions** arise when there are equally compelling reasons for and against two or more possible courses of action, and where choosing one course of action means that something else is relinquished or let go. True dilemmas are infrequent in health care. More often, there are complex ethical problems with multiple courses of actions from which to choose.

**Ethical (or moral) distress** arises in situations where nurses know or believe they know the right thing to do, but for various reasons (including fear or circumstances beyond their control) do not or cannot take the right action or prevent a particular harm. When values and commitments are compromised in this way, nurses' identity and **integrity** as moral agents are affected and they feel moral distress.

**Ethical (or moral) residue** is what nurses experience when they seriously compromise themselves or allow themselves to be compromised. The moral residue that nurses carry forward from these kinds of situations can help them reflect on what they would do differently in similar situations in the future.

**Ethical (or moral) disengagement** can occur if nurses begin to see the disregard of their ethical commitments as normal. A nurse may then become apathetic or disengage to the point of being unkind, non-compassionate or even cruel to other health-care workers and to persons receiving care.

**Ethical violations** involve actions or failures to act that breach fundamental duties to the persons receiving care or to colleagues and other health-care providers.

**Ethical (or moral) courage** is exercised when a nurse stands firm on a point of moral principle or a particular decision about something in the face of overwhelming fear or threat to himself or herself.

- 1 In this document, the terms registered nurse and nurse include nurses who are registered or licensed in extended roles, such as nurse practitioners.
- 2 In this document, the terms moral and ethical are used interchangeably based upon consultation with nurse ethicists and philosophers. We acknowledge that not everyone concurs in this usage.
- 3 Words or phrases in bold print are found in the glossary. They are shown in bold only on first appearance.
- 4 In this document, nursing practice refers to all areas of nursing practice, including direct care (which includes community and public health), education, administration, research and policy development.
- 5 These situations are derived from CNA, 2004b; Fenton, 1988; Jameton, 1984; and Webster & Baylis, 2000.

Reprinted with the permission of the Canadian Nurses Association (CNA). The CNA *Code of Ethics for Registered Nurses* is available for download at [www.cna-aicc.ca](http://www.cna-aicc.ca).



## Library Lines

### What's New in the YRNA Library?

New publications are being added to the YRNA library all the time. Many of these are government and/or association publications on a variety of issues and topics. Some of the latest additions to the library include:

- *Conversations with Champions of Medicare*. Ann Silversides (CFNU, 2007)

- *Healthcare Papers: New Models for New Healthcare. Invited Essays and Commentaries on Healthy Workplaces*. Special Issue 2007. (Longwoods, 2007)
- *Fixing the Foundation: An Update on Primary Health Care and Home Care Renewal in Canada*. Health Council of Canada. (Health Council, 2008)
- *Toward 2020: Visions for Nursing*. DVD presentation. (CNA, 2008)

Members are welcome to borrow materials from the library free-of-charge. Come in and take a look!

# Registration Renewal

Individual registration renewal forms will be mailed to all YRNA members in late January. As approved at the 2007 Annual General Meeting, registration fees will increase 3% annually over the previous year's rates.

To ensure continuous registration beyond March 31st, RNs are asked to return completed renewal applications with a cheque or money order for fees to the YRNA office by March 1st.

If your address is changing, please be sure to let us know so that we can update our files prior to the mail-out.

## Hospice Yukon Lights of Life 2008

*Submitted by Susanne Nageli, Editor*

The opening ceremony for the 18th annual *Lights of Life* in Whitehorse will be held at 12:15 p.m. on Tuesday, December 16th in the foyer of the Elijah Smith Building. There will be 4 trees on which to hang tags in honour of loved ones who have died: 2 large trees for adults to hang tags on, a smaller children's tree, and a pet tree. All of the lights on all of the trees will be on.

The honouring process will involve writing on a tag, attaching the tag to a tree, and writing in the Memory Book. There will also be a Creative Expressions of Grief Display. Volunteer 'tree sitters' will be available to chat with visitors and/or to sit and listen.

The trees will be available to visit December 16-19 and from December 22-23 at the following times:

- Tuesday, Dec. 16<sup>th</sup> – 1 pm to 5 pm
- Wednesday, Dec. 17<sup>th</sup>–Friday, Dec 19<sup>th</sup>–8 am to 5 pm
- Monday, Dec. 22<sup>nd</sup>–Tuesday, Dec. 23<sup>rd</sup>–8 am to 5 pm

There will also be trees at Whitehorse General Hospital, Macaulay Lodge, Copper Ridge Place, Heritage North Funeral Home, Young Offender's Facility, and at the Blue Feather Youth Society.

For more information please contact any of the following:

Jennifer Groot, Hospice Project Coordinator:  
668-7304 (home), 633-8990 or 668-4484 (work)  
e-mail: [project@hospiceyukon.net](mailto:project@hospiceyukon.net)

Hospice House 667 – 7429  
(between 11:30 am and 3:00 pm)

Evelyn Kaltenbach at 660-4141  
e-mail: [basilea6@hotmail.com](mailto:basilea6@hotmail.com)



## Food Bank Project

Whitehorse, November 2008

*Submitted by Susanne Nageli, Editor*

According to Christiane Boisjoly, Chair of the Whitehorse Food Bank project, a 2001 National Survey showed Northerners reported 21% food insecurity as compared to 14.7% for the rest of Canada. In 2007 Yukon, NWT, and Nunavut experienced a 19% increase in food bank usage over the previous year.

The Social Determinants of Health come to mind with Boisjoly's statement that, "...it is well known that poor nutrition leads to health issues: body and mind." Boisjoly shared the food bank project's mission, "...to work with community stakeholders and partners in developing and operating a comprehensive, accessible, non-denominational, full-service food bank in the City of Whitehorse".

Boisjoly states that while the Food Bank project's objective "...is to become independent of government funding...for our initial start-up we are looking for help from every potential partner." To date the project has received support and donations from a number of organizations, including Northwestel, Yukon Energy, Pelly Construction, FSC Architects & Engineers, a number of schools and the Rotary Club.

Boisjoly reports that in the past nine months, the Food Bank project has established its board, developed a policy governance manual, strategic plan and fundraising strategy, incorporated as a non-profit society, and located a building to house the food bank project. Boisjoly states that the project is "...in a critical phase of implementation and we need to hire full-time staff and make renovations to the building to meet requirements for a food bank. In order to do this we need money." (Boisjoly, C. personal communication, November, 2008).

For more information contact:  
Christiane Boisjoly, Chair of the Food Bank  
Box 31072 Whitehorse, Yukon, Y1A 5P7  
Tel: 867-668-6794 Fax: 867-668-6795  
Email: [boisjoly@northwestel.net](mailto:boisjoly@northwestel.net)

# Supporting Decision-making for Diabetes

Submitted by Dawn Priestley  
Liaison Officer - Northwest Territories / Nunavut / Yukon  
Canadian Agency for Drugs and Technologies in Health (CADTH)

To mark Diabetes Awareness Month, the Canadian Agency for Drugs and Technologies in Health (CADTH) has launched a special section of their web site to provide a virtual library of products on the topic of diabetes ([www.cadth.ca/diabetes](http://www.cadth.ca/diabetes)). Products have been developed through CADTH's three core programs: Health Technology Assessment (HTA); the Common Drug Review (CDR) and the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS).

CADTH's HTA program has assessed a range of drugs, technologies and procedures used in the prevention and treatment of diabetes. Assessments examine how technologies affect the health of Canadians, how they com-

pare with alternatives, the return on investment and if there are other implications to consider. Final HTA reports provide high-quality information about the clinical effectiveness, cost-effectiveness, and broader impact of these technologies.

The CDR, through the Canadian Expert Drug Advisory Committee (CEDAC) has made formulary listing recommendations to Canada's publicly funded federal, provincial and territorial drug plans (except Québec) for new drugs to treat diabetes. CDR's clinical and cost-effectiveness reviews are evidence-based and provide the participating drug plans with equal access to timely evidence-based information and expert advice.

COMPUS, the newest program at CADTH, has developed through the COMPUS Expert Review Committee, draft recommendations for prescribing and use of insulin analogues. These recommendations, together with forthcoming strategies and tools encourage the use of evidence-based, clinical and cost-effectiveness information in decision making among

health care providers and consumers in the treatment of diabetes. Upcoming optimal therapy topics on diabetes management from COMPUS include blood glucose test strips and other diabetes treatments.

CADTH programs help health care professionals, policy makers, administrators, and consumers make informed decisions about diabetes care. By providing credible, impartial and evidence-based information about the most clinically beneficial and cost-effective drugs and technologies, CADTH identifies which options will deliver the best outcomes for both patients and the health care system.

Visit CADTH's special diabetes section of their website: [www.cadth.ca/diabetes](http://www.cadth.ca/diabetes).

*The Canadian Agency for Drugs and Technologies in Health (CADTH) is a national body that provides Canada's federal, provincial and territorial health care decision makers with credible, impartial advice and evidence-based information about the effectiveness and efficiency of drugs and other health technologies.*



## Clarification re: McMaster Survey

This Fall approximately 90 Yukon RNs were solicited to participate in a survey by researchers at McMaster University. The survey was entitled "*Strengthening the Quality of Community Health Nursing Practice: A Pan-Canadian Survey of Community Health Nurses Continuing Education Needs.*"

YRNA would like to clarify information which was included in the cover letter to survey participants. The letter stated that the researchers "*were able to obtain your contact information through your provincial nursing registration organization to invite your participation in this research.*" In fact, in accordance

with YRNA policy, **no contact information was provided to the researchers.** YRNA identified those members who met the study criteria and affixed mailing labels to the survey materials based on a number-to-name assignment which was known only to YRNA.

YRNA is often approached to assist with nursing research studies and, when we agree to do so, it is always with the understanding that membership contact information will not be shared. If you have any questions about this or other survey participation, please contact the YRNA office.



## ***Yukon Registered Nurses Association***

204 – 4133 – 4th Avenue, Whitehorse, Yukon Y1A 1H8

Phone: 867-667-4062 Fax: 867-668-5123 E-mail: [admin@yrna.ca](mailto:admin@yrna.ca) Web: [www.yrna.ca](http://www.yrna.ca)

# **NOMINATION FORM**

DATE: \_\_\_\_\_

I, \_\_\_\_\_, agree to run for the position of

Given Name

Surname

\_\_\_\_\_

### **NOMINEE:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

### **NOMINATED BY:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

### **ALL NOMINATIONS MUST:**

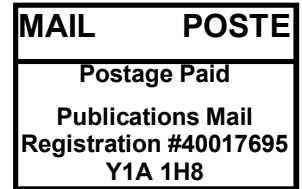
- be for a Registered Nurse resident in the Yukon
- be made by a Registered Nurse
- include the signature of both the nominee and the nominator
- be received at the YRNA office in writing no later than FEBRUARY 1st

### **PLEASE SEND THE COMPLETED FORM TO:**

YRNA Nominations Committee c/o the YRNA office at the address above.

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## **Coming Events . . .**

- Feb 8-10, 2009 Nursing Leadership Conference. *Leaders in Action: Mobilizing Nursing Leadership*. Toronto. Contact: [www.cna-aiic.ca](http://www.cna-aiic.ca).
- Feb 9-11, 2009 4th Annual Conference: Accelerating Primary Care 2009. Edmonton. Contact: [www.capitalhealth.ca/primarycare](http://www.capitalhealth.ca/primarycare)
- Mar 11-14, 2009 3rd Annual Conference on Fetal Alcohol Spectrum Disorder. *Integrating Research, Policy and Promising Practice Around the World: A Catalyst for Change*. Victoria. Contact: 877-328-7744; fax 604-822-4835; [www.interprofessional.ubc.ca](http://www.interprofessional.ubc.ca)
- Mar 25-27, 2009 4th Annual BC Nurse Practitioner Conference. Contact: BCNP website.
- Apr 23-25, 2009 Canadian Respiratory Conference. *A Breath of Fresh Air*. Toronto. Contact: 613-747-0262; Fax 613-745-1846; [general@taylorandassociates.ca](mailto:general@taylorandassociates.ca)
- Apr 26-29, 2009 32nd Annual Canadian Orthopaedic Nurses Association Conference. *A Medley of Orthopaedic Knowledge*. Kelowna, BC. Contact: Norma Stubbert 250-767-9648; [registration@cona2009.ca](mailto:registration@cona2009.ca)
- May 27-30, 2009 15th National Conference on Gerontological Nursing. *Making Moments Matter*. Banff, AB. Contact: Canadian Gerontological Nursing Association.
- Jun 5-6, 2009 5th Annual Nurse Practitioner Association of Alberta. *Practice and Politics: Moving Forward in 2009*. Edmonton. Contact: NPAA website.
- Jun 17-19, 2009 3rd National Community Health Nurses Conference. *Blazing our Trails ... Tools, Tactics & Taking Charge*. Calgary. Contact [www.chnac.ca](http://www.chnac.ca) or [www.chnalberta.org](http://www.chnalberta.org).
- Jun 27-Jul 4, 2009 ICN 24th Quadrennial Congress. Durban, South Africa. Contact: [www.icn.ch/congress2009.htm](http://www.icn.ch/congress2009.htm)