



**Annual Meeting of Members**  
June 18, 2018

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BE IT RESOLVED THAT the Canadian Nurses Association (CNA) recognizes the value of the Clinical Nurse Specialist (CNS) and promotes the CNS role as part of the solution to assist in the management of complex care in the health-care system through the inclusion of the CNS in the staff mix being presented to health-care organizations, and to provincial and federal governments.

**Name of submitter**

Clinical Nurse Specialist Association of Canada (CNSAC)

**Rationale**

- The Clinical Nurse Specialist (CNS) role has been in existence in Canada since the 1960's and the CNS currently works in an advanced nursing practice (APN) role;
- As indicated, for example, by the Canadian Nurses Association (CNA) and provincial jurisdictions, the CNS is required to have a graduate degree in nursing, having completed a Master in nursing or a Doctorate in nursing with advanced clinical expertise in a nursing specialty, such as gerontology and mental health;
- The CNS provides expert input into the care of complex and/or vulnerable populations and/or challenging clinical situations and that the CNS contributes to the improvement of patient outcomes and decrease or reduction of mortality and morbidity;
- The RNs, LPNs/ RNP's and PSW's in long term care and in hospitals feel isolated in many instances from the lack of clinical support in providing a more complex type of care with elderly individuals;
- With rapidly changing health-care environments and complex patient care needs, the proposed solution appears to be an appropriate staff mix to meet the increasing needs of our complex and/or most vulnerable populations, e.g. elderly women and men. However, there appears to be a lack of inclusion of the Clinical Nurse Specialist (CNS) as a significant contributor in the staff mix being presented to health-care organizations and to the provincial and federal governments.

Clinical Nurse Specialists (CNSs) are significantly contributing to the Canadian health-care system as advanced practice nurses who integrate and apply a wide range of theoretical and evidence-based knowledge. Education of the CNS is a Masters' degree in Nursing or a doctorate in Nursing with a clinical nursing specialty. The three spheres of CNS influence are patient/client sphere, nurse and nursing practice sphere, and organization/system sphere. According to Lewandowski et al. (2009), the three categories of substantive areas of CNS clinical practice which have been identified are:

- a) to manage the care of complex and/or vulnerable populations,
- b) to educate and support interdisciplinary staff and
- c) to facilitate change and innovation within the health-care system.

With regards to the management of the care of complex and/or vulnerable populations, CNSs are experts in a specialized area of nursing practice, e.g. in gerontology, and can provide clinical consultation to assist care teams to develop and evaluate the plan of care for individual patients or groups of similar patients with complex health needs. CNSs act as change agents at the nurse-patient level by promoting evidence-based nursing practice, at every level of the organization by advocating for policy change, and at the broader health-care sector level to advocate for nursing and patient care needs. CNSs establish collaborative relationships with patients, families, health-care professionals, administrators and other health-care partners in order to positively impact nursing practice, patient care and policy. Furthermore, CNSs are nurse leaders who collaborate for optimal patient outcomes and who influence organizations to affect change and transformation of health care. For all of the above reasons, CNS should be explicitly included in the case mix as part of the solution in the management of care of complex and/or vulnerable populations in the health-care system in Canada.

With the support of the Clinical Nurse Specialist Association of Canada, CNSs have proven their value and continue to provide leadership to nursing colleagues, physicians, and other health-care professionals. They are educated to include research and Best Practice Guidelines, in improving the care provided and to address systemic problems to enable nurses and health-care professionals to provide a safer and more appropriate type of care in specific working environments with individuals facing a multitude of health problems.

### **Relevance to CNA's mission and goals**

In accordance with the mission, this resolution relates to its mandate as a national association, we need to strengthen the nursing leadership across the country; to promote nursing excellence; to advocate for a quality health system.

And this resolution is within the goals of CNA in continuing to demonstrate leadership in health care. For example, to promote and enhance the role of registered nurses to strengthen nursing and the Canadian health system; to advance nursing **leadership** for nursing and for health; to engage nurses in advancing nursing and health.

### **Key stakeholders**

*Clinical Nurse Specialist Association of Canada (CNS-C / ICS-C) and provincial CNS Associations, in collaboration with Provincial and Territorial Nursing Associations.*

### **Estimated resources required or expected Outcomes, results, lessons learned:**

*Audio conference meetings and letters.*

### **References**

- **Lewandowski, W., & Adamle, K.** (2009). Substantive Areas of Clinical Nurse Specialist Practice: A Comprehensive Review of the Literature. *Clinical Nurse Specialist Journal*, 23 (2), 73-90.
- **CNA.** (2009). Position Statement: Clinical Nurse Specialist. [http://www.cna-nurses.ca/CNA/documents/pdf/publications/PS104\\_Clinical\\_Nurse\\_Specialist\\_e.pdf](http://www.cna-nurses.ca/CNA/documents/pdf/publications/PS104_Clinical_Nurse_Specialist_e.pdf)
- **CNO.** (2010). Registration guide. [http://www.cno.org/reg/memb/pdf/amr\\_guide\\_2010.pdf](http://www.cno.org/reg/memb/pdf/amr_guide_2010.pdf)
- **Canadian Nurses Association (CNA)** in both official languages (EN / FR)
  - <https://cna-aiic.ca/professional-development/advanced-nursing-practice>
  - [https://cna-aiic.ca/~media/cna/files/en/who\\_is\\_the\\_cns\\_webinar\\_dec2013\\_e.pdf?la=en](https://cna-aiic.ca/~media/cna/files/en/who_is_the_cns_webinar_dec2013_e.pdf?la=en)
  - <https://cna-aiic.ca/en/professional-development/nurse-practitioner-and-clinical-specialists/clinical-nurse-specialists>
- **Competencies (EN)**
  - [http://cna-aiic.ca/~media/cna/files/en/clinical\\_nurse\\_specialists\\_convention\\_handout\\_e.pdf](http://cna-aiic.ca/~media/cna/files/en/clinical_nurse_specialists_convention_handout_e.pdf)
  - [http://cna-aiic.ca/~media/cna/files/en/clinical\\_nurse\\_specialist\\_role\\_roundtable\\_summary\\_e.pdf](http://cna-aiic.ca/~media/cna/files/en/clinical_nurse_specialist_role_roundtable_summary_e.pdf)
  - [http://cna-aiic.ca/~media/cna/files/en/strengthening\\_the\\_cns\\_role\\_background\\_paper\\_e.pdf](http://cna-aiic.ca/~media/cna/files/en/strengthening_the_cns_role_background_paper_e.pdf)
- **APN (CNS / NP)**
  - [https://cna-aiic.ca/~media/cna/page-content/pdf-en/anp\\_national\\_framework\\_e.pdf](https://cna-aiic.ca/~media/cna/page-content/pdf-en/anp_national_framework_e.pdf)
  - [https://cna-aiic.ca/~media/cna/page-content/pdf-en/clinical-nurse-specialist-position-statement\\_2016.pdf?la=en](https://cna-aiic.ca/~media/cna/page-content/pdf-en/clinical-nurse-specialist-position-statement_2016.pdf?la=en)

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) should increase its effort to support Canada's Rural and Remote Nursing Workforce by conducting a national study to understand the needs of rural nurses and developing a national framework that improves patient outcomes by increasing tools and supports for this specialized workforce.

**Name of submitter:**

Association of Registered Nurses of British Columbia (ARNBC)

**Rationale:**

Individuals living in rural and remote areas tend to have poorer health outcomes when compared to their urban counterparts. Those who choose to live in rural and remote communities experience geographic access issues which are key contributors to poorer health outcomes. As distance from health-care services increases, the use of services decreases.

Nurses provide the bulk of health care in many rural and remote communities, and are vital in working towards patient-centred care. Nurses today continue to fill the many gaps that exist when other members of the interprofessional team such as physicians, midwives, respiratory therapists, occupational therapists, physiotherapists, social workers, and technologists are unavailable or inaccessible.

Nurses must be provided with the necessary supports to build healthy communities, support informed decision making, and enable equitable access services. In some cases, this may include legislative changes required to appropriately advance the practice of rural and remote nurses.

There are significant changes that need to be made to improve the health and health care for British Columbians living in rural and remote communities. As the only care providers that exist in many rural and remote communities, nursing is well positioned to not only identify the issues that currently impact patient-centred care, but also the solutions that exist. In order to ensure that rural and remote health is delivered based on population health needs, shared responsibility, flexibility and innovation, team based approaches, and that services provide care culturally safe and close to home, greater investment in improving and enhancing nursing practice is required.

**Relevance to CNA's mission and goals:**

This resolution specifically addresses CNA's mission and goals which aim to:

- Advocate for healthy public policy and a quality health system
- Serve the public interest.

**Key stakeholders:**

- CNA's jurisdictional members and networks
- Canadian Association for Rural and Remote Nursing
- Rural and Remote Nurses

**Estimated resources required or expected outcomes:**

The expected outcome is the development of resources to support nurses working in rural and remote parts of Canada. Resources will include financial and human resources to support dialogue, research and the development of a framework and tools.

**References:**

- Mitura, V., & Bollman, R. D. (2003). *Health of rural Canadians: A rural-urban comparison of health indicators*. Statistics Canada.

- Canadian Institute of Health Information. (2006). How Healthy Are Rural Canadians? An assessment on their health status and health determinants. Canadian Population Health Initiative. Retrieved from [https://secure.cihi.ca/free\\_products/rural\\_canadians\\_2006\\_report\\_e.pdf](https://secure.cihi.ca/free_products/rural_canadians_2006_report_e.pdf)
- Provincial Health Services Authority. *Towards Reducing Health Inequities: A Health System Approach to Chronic Disease Prevention. A Discussion Paper*. Vancouver, B.C: Population & Public Health, Provincial Health Services Authority. Retrieved from <http://www.phsa.ca/population-public-health-site/Documents/TowardsReducingHealthInequitiesFinalDiscussionPape.pdf>
- Regan, S., & Wong, S. T. (2010). *Patient perspectives on primary healthcare in rural communities: effects of geography on access, continuity and efficiency* (Doctoral dissertation, University of British Columbia). Retrieved from <https://open.library.ubc.ca/cIRcle/collections/facultyresearchandpublications/52383/items/1.0084588>

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) support the development of patient navigator models more broadly throughout the health-care system. With the support of CNA, nursing would take a leading role in developing, leading and evaluating the impact of these roles.

**Name of submitter:**

Association of Registered Nurses of British Columbia (ARNBC)

**Rationale:**

Patient navigation is frequently used in cancer care, and in Canada has become somewhat regulated, with inconsistently defined roles and responsibilities. Patient navigators connect patients with the right doctors and ensure they have access to a host of available therapies and resources. Similar roles have been incorporated in other areas of chronic disease care such as renal and cardiac care. Patient Navigators promote continuity of care and ensure patients get answers to the questions they have.

Although the concept is not fully implemented throughout the health-care system, navigators have been appointed in virtually all provinces, with Nova Scotia leading the way. They are largely the product of patient demand with survivors and their families driving the need. They highlight health care as extremely complex and recognize that patients need assistance moving through the maze of services.

More and more patients are seeking navigators outside of the cancer care system. In particular, patients sensitive to stigma, those who are marginalized due to ethnicity, health status, sexuality or history, and patients who have multiple chronic diseases, are looking for compassionate and caring help throughout their health-care journey. While there is a rise in 'for profit' organizations offering this service, it is often this marginalized population which is unable to access this valuable resource. While it would be preferential for nursing to lead the charge to ensure that there is no need for patient navigators by simplifying the system and strengthening communication, until such a time as these gaps for patients can be filled, it is important that CNA and member jurisdictions support patient navigators as part of nursing service delivery.

**Relevance to CNA's mission and goals:**

This resolution specifically addresses CNA's mission and goals which aim to:

- Promote nursing excellence and a vibrant profession
- Serve the public interest.

**Key stakeholders:**

- CNA Jurisdictional Representatives
- Cancer Agencies and existing models

**Estimated resources required or expected outcomes:**

The expected outcome would be an overall effort to support patient navigator models and a toolkit that would include best practices, processes and procedures for setup, the role of the nurse, etc.

**References:**

- Walkinshaw, Erin. Patient Navigators becoming the norm in Canada. CMAJ. 2011 Oct 18; 183(15): e1109–e1110.
- Walkinshaw, Erin. Steering through the medical maze. CMAJ. October 18, 2011 183 (15) 1698-1699.

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) should support and advocate that naloxone and any other opioid overdose prevention supplies are available in publicly accessible locations.

**Name of submitter:**

Association of Registered Nurses of British Columbia (ARNBC)

**Rationale:**

Canada is currently in the midst of a significant opioid overdose crisis. According to the latest estimates produced by the Public Health Agency of Canada, 2,861 apparent opioid-related deaths occurred in Canada in 2016 and at least 1,460 occurred from January to June 2017. Increased harm reduction strategies that include availability of naloxone for everyone, are imperative for the management of this crisis.

In a recent Stats Can survey, most Canadians aged 18 years and older said they have some level of awareness about the opioid overdose issue in Canada and would call 9-1-1 if they suspected someone was experiencing an overdose. Only one-quarter (28%) reported that they would know the signs of an overdose. However, only 7 percent said they would know how to both obtain and administer naloxone.

Naloxone is a simple drug to administer, and if a person is not suffering from an overdose, it will not harm them. Training programs are widely available, both online and face to face. Further, naloxone kits include instructions on how to recognize an overdose and how to administer the drug. However, access to naloxone for those not working directly with high risk populations is limited, and messages are mixed as to whether 'anyone' can get a kit.

An example of medical equipment that is available in public spaces is an Automatic External Defibrillator which the Heart and Stroke Foundation makes widely available through the PAD program. CNA and its partners have the opportunity to advocate for a similar program for naloxone.

**Relevance to CNA's mission and goals:**

This resolution specifically addresses CNA's mission and goals which aim to:

- Strengthen nursing leadership.
- Promote nursing excellence and a vibrant profession.
- Advocate for healthy public policy and a quality health system.
- Serve the public interest.

**Key stakeholders:**

- CNA jurisdictional members
- Canadian Harm Reduction Nurses
- Community Health Nurses of Canada
- National and Provincial Ministries of Health
- Provincial Health Regions/Health Authorities
- Nurses & Nurse Practitioners
- Nurses with a specific focus in harm reduction
- The public

**Estimated resources required or expected outcomes:**

The expected outcomes of this resolution would be the development of a national plan to make naloxone kits available and clearly marked in public spaces.

**References:**

- Butler, Colin/CBC News. (2018). The debate over whether naloxone should be as common as defibrillators. Retrieved from <http://www.cbc.ca/news/canada/london/london-ontario-narcan-nasal-spray-naloxone-defibrillator-1.4516780> (April 10, 2018)
- Canadian Pharmacists Association. (2017). Environmental Scan: Access to Naloxone Across Canada. Retrieved from [https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/Environmental%20Scan%20-%20Access%20to%20Naloxone%20Across%20Canada\\_Final.pdf](https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/Environmental%20Scan%20-%20Access%20to%20Naloxone%20Across%20Canada_Final.pdf) (April 10, 2018)
- Toward the Heart. <http://www.towardtheheart.com/>



**RESOLUTION 5****Ensuring CNA and CCRNR Work Collaboratively to Develop a Continuing Professional Education Certification and Accreditation Program for All Nurses in Canada**

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) and the Canadian Council of Registered Nurse Regulators (CCRNR) work collaboratively with each other and key partners to develop continuing professional and accreditation programs for all nurses in Canada using a similar model to the Continuing Medical Education (CME) credits offered to physicians for attendance at educational events.

**Name of submitter:**

Association of Registered Nurses of British Columbia (ARNBC)

**Rationale:**

Nurses have an obligation to continue their education throughout their careers so that they are up-to-date on medical or scientific advancements or new research that can impact patient care. Science and medicine continue to evolve with evidence-based research, and nurses need to also continue to move forward to advance the profession. Whether they work in clinical care, research, education, management or in policy development, continuing education affords an opportunity for ongoing skill development. The ability to further their education may also afford nurses greater career opportunities.

The Canadian Nurses Association in its position statement entitled “Promoting continuing competence for Registered Nurses” posits that “Enhancing continuing competence through lifelong learning is essential to professional nursing practice because it contributes to the quality of patient outcomes and to the evidence base for nursing practice.”

Nurses frequently ask if there are certified conferences or events where they can receive a certificate or credentials to present to their employer or include in their continuing education dossier. When nurses are audited by their regulator, they must be prepared to show how they met their learning needs over the past year. Having a national Continuing Education Certification program for nurses would assist them with keeping track of their continuing education, as required by the regulator. CNA has an opportunity to work with CCRNR to develop a process for accrediting events or programs.

**Relevance to CNA’s mission and goals:**

This resolution specifically addresses CNA’s mission and goals which aim to:

- Promote and enhance the role of nurses to strengthen nursing in Canada
- Engage nurses in advancing nursing and health
- Serve the public interest

**Key stakeholders:**

- Canadian Council of Registered Nurse Regulators
- Individual Nursing Regulators
- Nursing Professional Associations
- Accreditation Canada
- Canadian Nursing Educational Institutions
- Nurses in Canada
- Employers

**Estimated resources required or expected outcomes:**

The expected outcome is the development of an accreditation program by which qualified conferences or events can provide continuing education certificates to attendees that are recognized as being at the highest level of nursing education. Decisions regarding the breadth, cost and ownership of this program would need to be made by CCRNR and CNA together. This would enable nurses to seek time off for

specific conferences, increase professionalism and leadership within the nursing workforce and increase the legitimacy of approved conferences.

**References:**

- Kopelow, Murray & Campbell, Craig. (2013) The benefits of accrediting institutions and organisations as providers of continuing professional education, *Journal of European CME*, 2:1, 10-14, DOI: [10.3109/21614083.2013.779580](https://doi.org/10.3109/21614083.2013.779580)
- *The Accreditation Council for Continuing Medical Education (US)*. The CME Accreditation Statement: What It Means for You. Retrieved from <http://www.accme.org/physicians-and-health-care-professionals/why-do-i-need-cme>. (April 10, 2018)
- *CRNBC Continuing Competence Program Audit (Sample Form)*. Retrieved from <https://www.crnbc.ca/Registration/Lists/RegistrationResources/Form14contgcompprogaudit.pdf#search=audit> (April 10, 2018)

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) advocate for improved follow-up and harm reduction services for individuals who have received naloxone due to overdose.

**Name of submitter:**

Association of Registered Nurses of British Columbia (ARNBC)

**Rationale:**

Canada is experiencing a serious and growing opioid crisis. Across the country, it is having devastating effects on families and communities.

Naloxone use has increased throughout Canada, although there are no clear statistics on who has received this training, who is carrying naloxone kits, or how often these are used (the 2017 Stats Canada survey indicated that only 7% of Canadians would know how to obtain and administer naloxone). However, while the use of naloxone can be an immediate resolution to an overdose, there is very little information on when naloxone has been used, what the outcome of the intervention has been, or how harm reduction services can then be used to work with the individual. What happens after naloxone? The reality is often nothing. Without harm reduction and recovery services, clients resume substance use and experience the same risk factors that led to the overdose. However, without any formal follow up services, there is no way for the system to ensure they receive appropriate harm reduction care.

The gap in care that happens after naloxone is administered, is a gap in the system that the nursing profession could fill. It is time to develop some innovative, ground-breaking steps to ensure that nursing knowledge and expertise in harm reduction can work to create a national follow up system to ensure individuals who have been treated with naloxone have access to the resources, recovery tools and care.

**Relevance to CNA's mission and goals:**

This resolution specifically addresses CNA's mission and goals which aim to:

- Advocate for healthy public policy and a quality health system
- Serve the public interest.
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**Key stakeholders:**

- CNA Jurisdictional Representatives
- Harm Reduction Nurses Association
- Government
- Pharmacy and Naloxone Distribution Networks
- Community Health Nurses of Canada
- All nurses (every designation)

**Estimated resources required or expected outcomes:**

The expected outcome would be a collaboration with partners to investigate the plausibility of developing a process for follow-up to gain better understanding of gaps that occur post naloxone use and put a program in place to provide tools and follow up after naloxone has been used. Nursing has an opportunity to lead a movement to ensure harm reduction practices are in place to try to prevent individuals from returning to the patterns which caused them to require intervention after an overdose.

**References:**

- Addiction Solutions of South Florida. What happens after Naloxone? Retrieved from <https://www.solutionsrehab.com/blog/what-happens-after-naloxone/> (April 10, 2018)
- Szalavitz, Maia. (2016). Opioid Overdose: Emergency Treatment Is Crucial, but It's Not Enough. Retrieved from <https://blogs.scientificamerican.com/guest-blog/opioid-overdose-emergency-treatment-is-crucial-but-it-s-not-enough/>. (April 10, 2018)

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) work with nurses of all government legislated designations to foster and promote a sense of professionalism and pride as a nurse.

**Name of submitter:**

Association of Registered Nurses of British Columbia (ARNBC)

**Rationale:**

Over many decades there have been campaigns throughout Canada, to promote the unique role of the Registered Nurse. However, there are three other legislated designations that are titled as “nurse”; nurse practitioner (NP), registered/licensed practical nurse (RPN/LPN), registered psychiatric nurse (RPN). With recent advances toward inclusion, collaboration and teamwork amongst all nurses emerging across Canada, it’s time for CNA and all jurisdictional representatives to promote pride in professional nursing — of any designation — and demonstrate leadership and collegiality within the profession. Nursing has a unique opportunity to clarify how and why each nurse designation increases access, expertise and unique nursing care to patients, the public and other health professions. However, it is imperative that nurses continue to ensure that we always uphold the responsibilities and accountabilities that enable us to be called a “profession” and demonstrate that we are proud to be a nurse.

CNA can build on the strength of the current national movement toward collegiality and work with partners and nursing organizations to once and for all stand with pride as professional nurses.

**Relevance to CNA’s mission and goals:**

This resolution specifically addresses CNA’s mission and goals which aim to:

- Unify the voices of ALL NURSES REGARDLESS OF DESIGNATION.
- Strengthen nursing leadership.
- Promote nursing excellence and a vibrant profession.

**Key stakeholders:**

- CNA Jurisdictional Representatives
- All nurses, regardless of designation
- Patients/the Public
- Media
- The world

**Estimated resources required or expected outcomes:**

The expected outcome would be a demonstration of unity, collaboration, trust and collegiality and an opportunity for nursing to demonstrate that the title “nurse” is important and should be valued and spoken of with pride.

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) should work with the Canadian Association of Schools of Nursing (CASN) and its jurisdictional partners to develop a national new graduate transition strategy.

BE IT FURTHER RESOLVED THAT CNA supports these strategies to be established and altered as needed to support nurses in each province.

**Name of submitter:**

Association of Registered Nurses of British Columbia (ARNBC)

**Rationale:**

New nursing graduates (defined as those nurses with less than five years in the profession) are the future of the profession yet they face barriers as they move into the workplace (e.g., high attrition rates, lack of leadership opportunities and inconsistent and inadequate transition supports). According to the Canadian Institute for Health Information, the profile of the nursing workforce is shifting to younger nurses as a larger number of nurses are approaching retirement.

While new graduate nurses are replacing those who are retiring, these new graduates are also leaving the profession at high rates. It's estimated that anywhere between 18 and 30 per cent leave within their first year of practice and between 37 to 57 per cent leaving within the second year. There are many factors contributing to a shortage of nurses, not the least of which is this high attrition rate.

Numerous studies highlight the benefits of new graduate transition programs. These programs increase competency, bolster confidence and lead to cost-savings for organizations by increasing retention and reducing high turn-over. If sufficient new graduate transition programs are not provided, patient outcomes, the nursing profession and the health-care workforce will suffer.

While most health authorities/regions throughout Canada provide some new graduate support for nurses, these programs are not cohesively unified from a national perspective, leading to uneven success rates of these programs.

**Relevance to CNA's mission and goals:**

This resolution specifically addresses CNA's mission and goals which aim to:

- Promote and enhance the role of nurses in strengthening nursing and the health-care system
- Advance nursing leadership for nursing and health

**Key stakeholders:**

- CNA's jurisdictional members and networks
- CASN
- New Graduate Nurses

**Estimated resources required or expected outcomes:**

The expected outcome is the development of resources to support new graduate nurses in Canada. Resources will include financial and human resources to support dialogue, research and the development of a framework and tools.

**References:**

- <https://www.arnbc.ca/pdfs/policies-and-advocacy/advisory-councils/NPAC/ARNBC-NPAC-New-Grad-Transition.pdf>

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) advocate to remove scope of practice barriers for all nursing designations.

**Name of submitter:**

Association of Registered Nurses of British Columbia (ARNBC)

**Rationale:**

There is significant healing potential that remains unrealized within nursing at a time when healing resources across the national health-care system are in limited supply. One of the most frequent concerns raised by nurses across Canada are the effects on their practice of impediments that prevent nurses from working to their optimal scope of practice. These impediments include confusion around overlapping scope, legislative and procedural barriers, regulatory delays, and intermittent lack of inter- and intra-professional cooperation. Frustration over scope of practice limitation affects the entire spectrum of the nursing family. For example, despite more than 10 years of nurse practitioners in British Columbia, there remains a long list of legislative changes that are required before they can work to optimal scope. This not only limits what currently practicing NPs can do, it also prevents RNs from considering taking the additional education in order to become NPs.

The act of healing is not owned by any one designation, nor is it a turf that has to be defended. Nurses who have demonstrated they possess the training and have the support to produce good outcomes should be encouraged to heal at the highest level allowed by law and regulation.

**Relevance to CNA's mission and goals:**

This resolution specifically addresses CNA's mission and goals which aim to:

- Promote nursing excellence and a vibrant profession
- Advocate for healthy public policy and a quality health system

**Key stakeholders:**

- CNA Jurisdictional Representatives
- Governments and Legislative branches

**Estimated resources required or expected outcomes:**

The expected outcome would be improved understanding among all nursing designations and other health professionals around scope of practice of each nursing designation; removal of the barriers preventing nurses from working to their optimal scope; increased interprofessional collaboration; and recognition of the importance of scope of practice in advancing best practices in health care.

**References:**

- Canadian Medical Association (2015). Best Practices and Federal Barriers: Practice and Training of Healthcare Professionals. Retrieved from <https://www.cma.ca/Assets/assets-library/document/en/advocacy/submissions/Scope-of-Practice-Study-Submission-Final-e.pdf> (April 10, 2018)
- RNAO. (2014). Full and expanded scope of practice. Retrieved from <http://rnao.ca/sites/rnao-ca/files/vision-docs/RNAO-Vision-Full-and-Expanded-Scope-of-Practice.pdf> (April 10, 2018)
- University of Ottawa. The Impacts of Changes in Scopes of Practice in Canada. Retrieved from <https://www.oecd.org/els/health-systems/Item-3b-Scopes-Practice-Changes-Canada-Bourgeault-University-Ottawa.pdf> (April 10, 2018)

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) work with the Canadian Association of Schools of Nursing (CASN) and the Canadian Nursing Students' Association (CSNA) to review and develop standards that ensure all graduates receive comprehensive education on preventing stigma in all aspects of health care.

**Name of submitter:**

Association of Registered Nurses of British Columbia (ARNBC)

**Rationale:**

Health-care providers are generally aware that they should not perpetuate stigma, yet people who are frequently stigmatized in broader society frequently report increased or exacerbated stigmatization when engaging with the health-care system (e.g., those who suffer from mental health disorders, individuals living with addiction, the trans community, etc.) Some of the most deeply felt stigma they experienced in our system comes from front-line health-care professionals. As a result, the desire to avoid stigma is one of the key reasons many of these individuals do not seek care.

Kristalyn Salters-Pedneault, Ph.D. defines stigma as, "A perceived negative attribute that causes someone to devalue or think less of the whole person."

While nursing schools touch on issues surrounding stigma, education programs vary widely when it comes to teaching future nurses how to identify, prevent or manage stigmatization throughout the entirety of their career. Education programs may need to enhance the component of training, particularly on reducing stigma in certain groups of students, with the intention of increasing knowledge and understanding during the formative years of a nurse's career.

In 2001, the World Health Organization declared stigma as the "single most important barrier to overcome." *Opening Minds*, one of the Mental Health Commission of Canada's major initiatives, was created in response to the knowledge that stigma is also a major barrier to people seeking help. Many describe stigma as more life-limiting and disabling than the illness itself. Building on the work done through *Opening Minds*, and working together with education partners, CNA could make significant inroads into reducing stigma in the nursing workforce.

**Relevance to CNA's mission and goals:**

This resolution specifically addresses CNA's mission and goals which aim to:

- Strengthen nursing leadership.
- Promote nursing excellence and a vibrant profession.
- Advocate for healthy public policy and a quality health system.
- Serve the public interest.

**Key stakeholders:**

- Canadian Association of Schools of Nursing
- Canadian Nursing Students' Association
- Mental Health Commission of Canada
- Canadian Mental Health Association
- Canadian Federation of Mental Health Nurses
- Association of Registered Psychiatric Nurses of BC

**Estimated resources required or expected outcomes:**

The expected outcomes of this resolution would be a progressive and widely accepted approach to teaching future nurses about stigma, and providing tools and resources for educators and nurses to mitigate stigma within their practice and health-care settings. It would also serve to highlight the



importance of reducing stigma within health care and serve as a demonstration of how nursing can be a role model for the population.

**References:**

- Langille, Jane. Reducing stigma in health-care settings. Canadian Nurse, January 2014.
- Mental Health Commission of Canada. Opening minds interim report. 2013. [http://www.mentalhealthcommission.ca/sites/default/files/opening\\_minds\\_interim\\_report\\_0.pdf](http://www.mentalhealthcommission.ca/sites/default/files/opening_minds_interim_report_0.pdf) (accessed 30 Mar 2017).
- The world health report 2001 - Mental Health: New Understanding, New Hope

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) work with the Canadian Indigenous Nurses Association (CINA), jurisdictional representatives and national stakeholders to develop a process for gathering information for and about Indigenous nurses and nursing.

**Name of submitter:**

Association of Registered Nurses of British Columbia (ARNBC)

**Rationale:**

Canada's Truth and Reconciliation Report calls for joint strategies to eliminate educational and employment gaps between Indigenous and non-Indigenous Canadians, calls for an increase in the number of Indigenous professionals working in the health-care field, and to ensure the retention of Indigenous health-care providers in Indigenous communities. At the same time, OCAP (ownership, control, access and possession), defines the rights of Indigenous Peoples to control, own and access data collection processes in and for their communities.

Currently, the nursing community does not have a culturally safe system in place for information gathering to gain a better understanding of the conditions and circumstances in which Indigenous nurses work across Canada. In addition, despite many past attempts, there is no collaborative approach to address the barriers for gathering information for and about Indigenous nurses and nursing. To uphold the accord between CINA and CNA, which was unanimously adopted in 2015, this resolution would reflect the mutually agreed upon responsibility to empower Indigenous nurses to improve health inequities.

A process for information gathering would support policies to improve the recruitment and retention of Indigenous nurses, address health inequities of Indigenous Peoples in Canada and support the Truth and Reconciliation's Commission (TRC) calls to action. A key recommendation to address barriers in accessing health care, systemic racism and health inequities experienced by Indigenous Peoples is to increase the number of Indigenous health-care providers in Canada through meaningful information gathering (Allan and Smylie, 2015; Richmond and Cook, 2016).

**Relevance to CNA's mission and goals:**

This resolution specifically addresses CNA's mission and goals which aim to:

- Promote nursing excellence and a vibrant profession
- Advocate for healthy public policy and a quality health system

**Key stakeholders:**

- Canadian Council of Registered Nurse Regulators
- CHIR
- CASN
- CFNU
- Government Ministry of Health
- CNSA
- Principal Nurses Advisory Task Force

**Estimated resources required or expected outcomes:**

The expected outcome will be to develop a system to support, develop and maintain meaningful information gathering for Indigenous nurses and nursing in Canada in collaboration with key stakeholders and led by the Canadian Indigenous Nurses Association.

**References:**

- Allan, B., & Smylie J. (2015). *First Peoples, Second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada*. Toronto: The Wellesley Institute. Retrieved from <http://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Summary-First-Peoples-Second-Class-Treatment-Final.pdf>
- Richmond, C.A., & Cook, C. (2016). Creating conditions for Canadian aboriginal health equity: the promise of healthy public policy. *Public Health Reviews*, 37(1):2. Retrieved from <https://publichealthreviews.biomedcentral.com/articles/10.1186/s40985-016-0016-5>
- OCAP. Retrieved April 12, 2018 from <http://fnigc.ca/ocap.html>
- Truth and Reconciliation Canada. (2015). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. Winnipeg: Truth and Reconciliation Commission of Canada.

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) should work collaboratively with the Canadian Indigenous Nurses Association (CINA) and its jurisdictional representatives to fully and formally commit to adopting and evaluate the nursing response to the Truth and Reconciliation Commission (TRC) calls to action and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

**Name of submitter:**

Association of Registered Nurses of British Columbia (ARNBC)

**Rationale:**

The TRC calls to action and UNDRIP are strong, guiding documents that have been developed to guide renewal and change for Indigenous Peoples around the world. Canada's TRC call to actions numbers 18-24 and 57 speak directly to required actions needed to improve health outcomes for Indigenous Canadians. UNDRIP articles numbers 23 and 15 speak to the need for member nations to support Indigenous Peoples in decision-making around health and other key indicators.

In response to these two guiding documents, the CRNBC has included entry-level competencies numbers 33 and 88, which state that nurses must have knowledge and awareness of global health issues and be able to advocate for healthy public policy and principles of social justice. CNA's own *Code of Ethics for Registered Nurses* (Promoting Justice [#2] and Ethical Endeavours [#11]) supports the acknowledgement of the current state of Indigenous health in Canada and refers to the TRC recommendation that governments must implement health-care rights and take actions with Indigenous Peoples to improve their health services.

In light of these documents, and as a result of systemic and institutional racism, reinforcement of colonial and assimilative policies, and intergenerational trauma associated with residential schools and Indian hospitals, significant health inequities have resulted for Indigenous Peoples.

The Truth and Reconciliation Commission has called upon Canadians to gain understanding into how the health of Canada's Indigenous Peoples has been compromised by years of disenfranchisement and abuse, and has provided opportunities for survivors to share stories enabling Canadians to learn the truth about the inequities Indigenous Peoples face in Canada. Nurses play a key role in upholding the TRC calls to action and UNDRIP to ensure cultural safety and humility is adopted at all levels of our profession. For many Indigenous Peoples in Canada, nurses are the primary point of contact to the health-care system and therefore are well positioned to ensure that the TRC recommendations and UNDRIP are upheld and remain on the political agenda of nursing and government. Additionally, nurses have an opportunity to take a strong stance in favor of change that will make significant inroads into improving Indigenous health outcomes.

However, to date there has been no evaluation of how nursing in Canada has responded to the TRC calls to action and UNDRIP. Evaluation would provide a starting point for the profession to address next steps in moving towards full commitment and improve Indigenous health.

**Relevance to CNA's mission and goals:**

This resolution specifically addresses CNA's mission and goals which aim to:

- Advocate for healthy public policy and a quality health system
- Broadly engage nurses in advancing nursing and health
- Advance nursing leadership
- Serve the public interest.

**Key stakeholders:**

- CNA's jurisdictional members and networks

**Estimated resources required or expected outcomes:**

The expected outcome is to evaluate the nursing response to the Truth and Reconciliation Commission (TRC) and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Resources will include financial and human resources to support dialogue, research and collaboration.

**References:**

- *CRNBC – Competencies in the Context of Entry-level Registered Nurse Practice in British Columbia.* Retrieved from <https://crnbc.ca/Registration/Lists/RegistrationResources/375CompetenciesEntrylevelRN.pdf>, April 18, 2018
- *CNA Code of Ethics.* Retrieved from [https://www.cna-aiic.ca/~/\\_media/cna/page-content/pdf-en/code-of-ethics-2017-edition-secure-interactive.pdf?la=en](https://www.cna-aiic.ca/~/_media/cna/page-content/pdf-en/code-of-ethics-2017-edition-secure-interactive.pdf?la=en), April 18, 2018
- *TRC – Retrieved from* [http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls\\_to\\_Action\\_English2.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf) April 18, 2018
- *UNDRIP – Retrieved from* [http://www.un.org/esa/socdev/unpfii/documents/DRIPS\\_en.pdf](http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf), April 18, 2018