



ANNUAL REPORT 2018



**Canadian Nurses
Protective Society**

WHO WE ARE



The Canadian Nurses Protective Society (CNPS) is a not-for-profit Society created by nurses for nurses in 1988. The CNPS provides individual professional liability protection, legal assistance, and risk-management services to more than 130,000 eligible Canadian nurses.

OUR MISSION

The CNPS exists so that Canadian nurses are enabled to effectively manage their professional legal risks and are appropriately assisted when in professional legal jeopardy.

THE CANADIAN NURSES PROTECTIVE SOCIETY – 30 YEARS OF SUPPORTING NURSES (1988-2018)

In 2018, the Canadian Nurses Protective Society (CNPS) celebrated 30 years of providing professional liability protection and support to nurses across Canada.

The Society was created by a group of visionary nurses from the Canadian Nurses Association, nursing regulators and provincial or territorial nursing associations, who envisioned creating a different system of liability protection – one that would protect them as well as their patients.



On March 29, 1988, the CNPS officially opened its doors as a federal, not-for-profit Society, established by nurses for

nurses. The nursing leaders who founded the CNPS created a self-funded, self-managed organization to respond to the professional liability needs of Canadian nurses, which would also maintain the ability to provide appropriate compensation to patients who had been harmed through negligent nursing care.

Thirty years later, the CNPS has grown to become a respected national provider of professional liability protection, serving over 130,000 nurses in all professional designations from coast to coast. Through the years, the CNPS has responded to the changing needs of nurses, offering new services and products to meet their ever-evolving practice environment.



The CNPS is proud of its legacy and is honoured to support nurses in the important work they do every day. As nurses provide care through the continuum of life, the CNPS is there to support them throughout their professional careers.



Created by nurses for nurses.

CNPS. More than liability protection

CEO & PRESIDENT'S MESSAGE

“ We are each other's harvest; we are each other's business; we are each other's magnitude and bond.”

— Gwendolyn Brooks

Our 30th Anniversary: A Year to Remember

In 2018, the CNPS undertook several initiatives that will shape its direction for years to come.

1. Together we stand

In June 2015, the former president of the CNPS Board of Directors, Mary Ferguson-Paré, closed the annual meeting with a fervent wish of unity: that the CNPS could serve equally all members of the family of nursing, of all professional designations in all provinces and territories of Canada.

In the period that followed, in lockstep with some of our member organizations, we engaged in a comprehensive analysis and fulsome consultations on the possible expansion of our mandate to all nursing professionals. As this progressed, it became the shared vision of the Board and the membership. We are proud to say that with your support, in our 30th year, we have achieved unity.

On June 19, 2018, CNPS member organizations unanimously adopted a bylaw to expand access to CNPS services beyond registered nurses and nurse practitioners to include licensed/registered practical nurses (LPNs) and registered psychiatric nurses (RPNs). All nurses of Canada now have access to a comprehensive legal support system developed by nurses for nurses with built-in adaptability to support new opportunities in nursing practice while also responding to the new challenges of our evolving health-care system. For the CNPS, the resulting growth means an even greater capacity to deliver state-of-the-art legal services and to provide access to support in keeping with the ethics that are the trademark of the nursing profession.

On November 1, 2018, the CNPS was pleased to welcome the registered psychiatric nurses (RPN) of British Columbia as the first nurses of the RPN designation to join the CNPS since the expansion of its mandate.

The following January, the CNPS welcomed as new beneficiaries individual RPN and LPN registrants from different provinces and territories. Discussions with other nursing organizations continue. We look forward to extending legal support to new LPN and RPN beneficiaries in the coming months and years.

2. CNPS services highlights

While this milestone was an important focus of concerted efforts of the Board and staff in 2018, we continued to shape our existing services with a series of important client-service initiatives:

- **Changes to the extent of CNPS assistance**

The CNPS follows a discretionary model guided by its board of directors. In the exercise of discretion, we must be at once (i) measured, to ensure the adequacy and fair allocation of resources, (ii) flexible, to be responsive to our beneficiaries' needs and (iii) consistent, so that similar circumstances are treated alike. In 2018, in keeping with those objectives, the CNPS revised its principles of assistance in the following areas:

- a) Limits of assistance in civil matters (professional liability protection): Effective January 1, 2019, fees paid for a beneficiary's legal representation will generally be in excess of the financial limits of assistance.
- b) Claims commenced outside of Canada: As nurses, in the normal course of their duties, may provide care in Canada to non-Canadian residents, the Board of Directors identified circumstances in which assistance could be provided to have a foreign jurisdiction declared a *forum non conveniens*, to prevent a beneficiary from being the subject of a ruling by a court of foreign jurisdiction.
- c) Assistance with regulatory matters: To maintain the integrity of the program, the Board modified the eligibility requirements to provide that assistance will generally extend

INSPIRING NURSE

Beth Cowper-Fung was busy making dinner when she received a telephone call from Lisa Joyce, her colleague at the Georgina Nurse Practitioner-Led Clinic, where Beth serves as the clinic's director. The clinic's live security system had gone off indicating a fire in the building. Beth's colleague arrived at the scene and was met by firefighters who were battling a three-alarm fire at the clinic building.

Upon hearing this news, Beth activated her clinic's emergency plan and contacted the other nurse practitioners to initiate the telephone fan-out call list. It was the evening of Sunday, January 14, 2018, and by 9 p.m. that night Beth's administrative staff had contacted all patients with appointments the following day (Monday). Patients with upcoming appointments were contacted by Tuesday, and a temporary clinic was in place by Wednesday. In all, Beth and her staff had contacted over 3,000 displaced patients through direct contact or social media to ensure that they had care in place.

Beth's early training as a Canadian Armed Forces Reserve Medic had prepared her well. As a medic, she discovered her love for providing "hands-on care." It motivated her to leave her bank job and apply as a mature student at Ryerson University's undergraduate nursing program. After Ryerson, she pursued her master's degree at the University of Toronto while working as an emergency department nurse at Southlake Regional Health Centre in Newmarket. In 2006, after working as an In-patient Unit Manager at North York General Hospital, she returned to school to become a nurse practitioner so she could focus on providing direct patient care.

In 2010, Beth and two colleagues applied to the Ontario Ministry of Health to open a nurse practitioner-led clinic in Georgina. Beth was serving on the board of the Nurse Practitioner's Association of Ontario (NPAO) at the time and heard that the ministry was removing restrictions for such clinics in the Central Local Health Integration Network (LHIN). She worked quickly with her two colleagues to fill out the application. A call to the community for letters of support resulted in over 200 letters in two weeks. When the clinic was

awarded to Georgina in September 2010, Beth drafted a business plan and worked with a board of directors to set up the financing, bylaws and HR policies for the clinic. By the summer of 2011, the Georgina Nurse Practitioner-Led Clinic opened its doors, with Beth as its clinic director.

In 2018, Beth received the Jerry Gerow Nurse Practitioner Leadership Award from the NPAO. This Inspiring Nurse has also been invited to sit on the Primary Care Working Group of the Ontario Premier's Council on Improving Healthcare and Ending Hallway Medicine. She is also the President of the Board of the Association of Family Health Teams of Ontario.

"I'm hoping that I can influence and show the ministry the real importance of team-based care, which is a huge benefit for patients," said Beth. No doubt the Georgina community is benefitting from the exceptional leadership and care that Beth and her NP-led clinic are providing to their catchment area.



Beth Cowper-Fung

NEW INITIATIVES

In 2018, the CNPS implemented a number of new initiatives designed to support and inform nurses in different nursing specialties and through different stages in their careers.

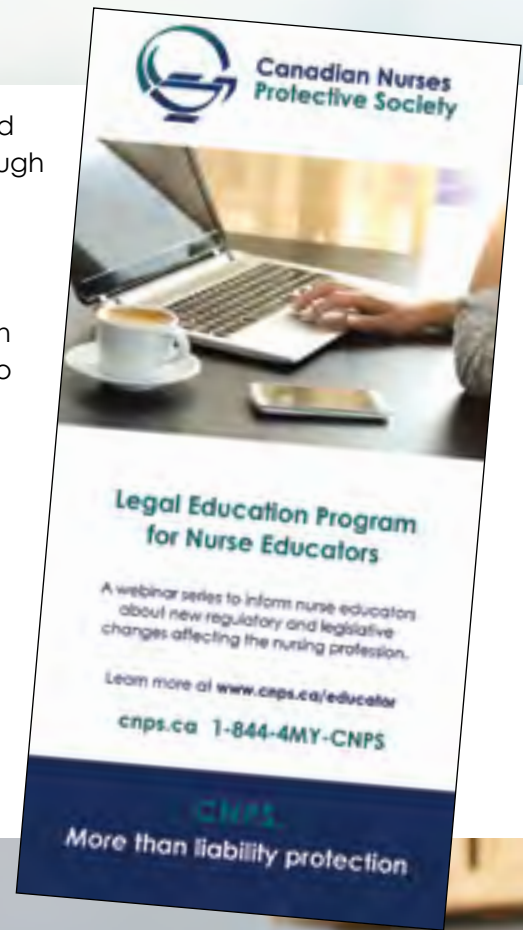
The **Legal Education Program for Nurse Educators** was designed specifically for nurse educators in their unique role of shaping the development of future nursing professionals. A pilot series was held in winter 2018 featuring three webinars. These webinars, provided at no charge to CNPS beneficiaries, were attended by over 400 sites:

2017-2018 Academic Period:

- Social Media in Professional Practice – the Courts' Perspective
- Cosmetic Nursing – Facing the Risks
- Charting by Exception – Getting it Write

2018-2019 Academic Period:

- Liability issues for Nurse Educators
- Medical Cannabis: What Every Nurse Should Know
- Standards, Policies and Guidelines (2019)
- Delegation of Responsibilities (2019)



CNPS Student Services

In 2018, the CNPS expanded access to a number of free resources for nursing students, providing them with legal risk-management information to assist them in their nursing studies. Students now have access to free webinars, helpful articles and interactive case studies and quizzes. The students' web page continues to grow in popularity among students and nurse educators across Canada.



Nurse Practitioner Resources

The *NP Corner*, a customized web page created specifically for nurse practitioners, was introduced by CNPS in 2018. This web page features timely and relevant articles and information to help nurse practitioners identify risk in their practice, with the ultimate goal of providing safe care.

A nurse practitioner webinar series was also launched to provide nurse practitioners with up-to-date risk-management information on several trending issues:

- Ordering Diagnostic Tests and Follow-up
- Legal Considerations in Independent Practice
- Legal Considerations in Prescribing Controlled Drugs (2019)

SUPPORTING NURSES IN THEIR PRACTICE: RISK MANAGEMENT EDUCATION AND RESOURCES

The CNPS supports nurses in their practice by providing beneficiaries with a wide range of knowledge resources to help them stay current with the changing issues within their practice environment.

The CNPS provides articles and publications as well as in-person presentations and webinars on a broad range of health-care issues of importance to nurses in their practice.

CNPS PRESENTATIONS AND WEBINARS

Top 10 CNPS webinar topics from 2018:

- Medical Cannabis: What Every Nurse Needs to Know
- Documentation (The Nurse, the Chart and the Law)
- Social Media and Technology
- MAID: An Update on New Mandatory Reporting Regulations
- Legal Risk Management for Nurses Practicing in Mental Health Environments
- Dealing with Patient Conflict and Safety
- Liability Considerations in Collaborative Care
- Communicating with the Police
- Protecting your Patients' Privacy
- Consent and the Treatment of Adults with Diminished Capacity



45
IN-PERSON PRESENTATIONS




40
CNPS-HOSTED WEBINARS




38
PRIVATE WEBINARS AND TELECONFERENCES





Information to Navigate the Changing Environment

The CNPS delivered a series of submissions on the proposed approach for the regulation of medical cannabis as it specifically relates to nursing practice, including a submission to the Standing Senate Committee on Legal and Constitutional Affairs with respect to Bill C-45 (*Cannabis Act*).

To help nurses understand the new regulations and the possible impact on their practice, the CNPS prepared a comprehensive document entitled “Access to Cannabis for Medical Purposes: What Every Nurse Should Know.” This online document explains the major differences between the *Cannabis Act* and the *Cannabis Regulations*. It also provides specific information on the possession and distribution of cannabis for medical purposes for each professional nursing designation.

cnps.ca

The CNPS website continues to be a rich source of information for nurses and students seeking risk-management information and resources to assist them in providing safe care. In 2018, there were over **556,000 page views** on cnps.ca and over **180,000 sessions**.

Top Publications on cnps.ca: What People are Reading

- Legal Case Study: Distraction by Cell Phone
- Medication Errors
- Administration of Medications Not Approved by Health Canada
- Medical Assistance in Dying: What Every Nurse Should Know
- Quality Documentation: Your Best Defence
- Considerations for Providing Cosmetic Services
- Nurse Practitioner Series: Are You Aware of the Implications of Completing a Patient Form?
- Confidentiality of Health Information
- Access to Cannabis for Medical Purposes: What Every Nurse Should Know
- Consent to Treatment: The Role of the Nurse



TRENDING LEGAL ISSUES IN 2018

INDEPENDENT PRACTICE National Update

For many years, some nurses chose to enter into independent practice, whether as a part-time venture or as their primary source of income. Entrepreneurial nurses have embraced areas of practice such as foot care, home care, lactation consulting, or complementary therapies. The CNPS has recently seen a significant increase in nurses being self-employed in fields with higher potential liability, including cosmetic and aesthetic nursing, telehealth and primary care. Nurse practitioners (NPs) are also increasingly going into self-employment in these fields as well as conducting assessments for medical assistance in dying and prescribing medical cannabis.

Nurses in independent practice face unique challenges. They don't have the benefit of an established infrastructure, employer guidance or support from a union. The choice of a secure, reliable charting system is vitally important for nurses in independent practice, as they are the trustees or custodians of personal health information, and must follow applicable health privacy legislation. If they deliver services with the assistance of employees, they will be expected to prepare policies and procedures to guide them, oversee their performance in accordance with applicable standards and comply with applicable employment legislation. Managing client expectations may also be more difficult for nurses in independent practice, particularly if the client is paying for the services out of pocket. A dissatisfied patient might post critical reviews of the nurse's business, complain to the nurse's regulator, or initiate a civil action.



Nurses in independent practice are solely accountable to their clients. As such, they would generally be required to personally respond to a complaint or a claim. Their business may also be the subject of a claim, based on the business structure. As a result, it is important that the nurse's business have its own liability protection, separate from the professional liability protection (PLP) offered by the CNPS. If the nurse practises as part of a team, it would be prudent for them to ensure that other members of the team have adequate PLP to ensure that each has the ability to address his or her share of liability.

Regional Changes

Most regulators have guidelines for nurses in independent practice and some require nurses to obtain authorization or approval of their independent practice. The guidelines commonly address scope-of-practice issues, practice hours, conflict of interest, and advertising limitations.

CNPS in Action

Nurses in independent practice are eligible for the same personal PLP as employed nurses. Additionally, CNPS beneficiaries can purchase business insurance through CNPS Business Plus, a separate and distinct product brokered by BMS, designed to provide business protection for nursing business owners as a complement to the individual protection available to them as CNPS beneficiaries.

A newer service offered by the CNPS is the pre-contractual review of professional service agreements (contract reviews). In 2018, there was a 50% increase in requests for CNPS legal opinions, largely for the benefit of nurses beginning self-employment contracts.

The CNPS has several resources for nurses in independent practice on its website, provides individual advice to nurses who are considering independent practice, offers webinars on independent practice, and in 2018, delivered several presentations on this topic.



NPs who were expressly “permitted to prescribe dried marijuana in the province in which they practice” could authorize medical cannabis;⁴ the former regulations also did not specify that a health-care practitioner could only prepare a medical document if cannabis was “required” for the individual’s condition.

The *Cannabis Regulations* also authorize other nurses, including registered nurses, licensed practical nurses and registered psychiatric nurses, to possess and distribute cannabis for medical purposes, subject to the amount of restrictions contemplated in the federal or provincial legislation. Nurses who are not NPs may not provide a medical document to a patient, but may administer medical cannabis within a hospital setting. The regulations define a hospital as “a facility that is licensed, approved or designated by a province under the laws of the province to provide care or treatment to individuals suffering from any form of disease or illness; or that is owned or operated by the Government of Canada or the government of a province and that provides health services”⁵ and may therefore extend to facilities such as long-term care facilities that would not otherwise meet the definition of a hospital. Furthermore, subject to any restriction in the federal or provincial legislation, nurses working outside of a “hospital” may also generally administer medical cannabis to patients, as the regulations extend to administration and possession in a “public place” and authorize adults to assist in the administration of medical cannabis.⁶

Regional Changes

Prior to the *Cannabis Act* and *Cannabis Regulations* being enacted, the only jurisdiction that expressly authorized nurse practitioners to prescribe medical cannabis was Ontario. By the end of 2018, NPs in Manitoba, New Brunswick, Nova Scotia, Prince

Edward Island and Saskatchewan also had the explicit authority to prescribe medical cannabis, with other jurisdictions following in early 2019.

As noted above, the new regulations indicate NPs may prescribe cannabis when they are not restricted from doing so. Thus, except for the jurisdictions where NPs are restricted from prescribing cannabis (as of April 2019, British Columbia, Alberta and Quebec) or where an individual NP may be restricted until the completion of coursework or other requirements, NPs are authorized to prescribe cannabis within the limitations of the *Cannabis Regulations* or provincial legislation.

Additionally, most nursing regulators have developed medical cannabis guidelines for their registrants.

CNPS in Action

The CNPS made recommendations to the Cannabis Legalization and Regulation Secretariat and to the Standing Senate Committee on Legal and Constitutional Affairs regarding medical cannabis to clarify uncertainties in the legislation. A number of CNPS’ recommendations were adopted, including the recommendation that medical cannabis remain a distinct regulatory scheme and the recommendation that all nurses may be authorized to possess

and administer cannabis for a medical purpose in accordance with the authorizing document in all settings and in adequate amounts to fulfill their professional responsibilities.

The CNPS developed a comprehensive document on medical cannabis for nurses, “Access to Cannabis for Medical Purposes: What Every Nurse Should Know”⁷ and also hosted numerous webinars on this topic.



4 *Access to Cannabis for Medical Purposes Regulations*, s. 1(1).

5 *Cannabis Regulations*, s. 1.

6 *Ibid.*, s 266(1).

7 Available at <http://cnps.ca/cannabis>.

Social Media and Advocacy National Update

Social media use and prevalence among health professionals and the general public continues to grow and evolve. Social media is everywhere: most mobile devices come preloaded with social media apps, most businesses maintain a presence on social media, and individuals are increasingly being requested to provide their social media usernames to connect to other websites, obtain employment, travel across a border, or obtain security clearance. Social media, used with often little reprisal, has even proven effective as an instrument of change.

At the same time, the nursing *Code of Ethics* reminds nurses of their duty to advocate on behalf of their patients in support of quality practice environments

and in support of evidence-based best practices. The *Code of Ethics* defines advocacy as “the act of supporting or recommending a cause or course of action, undertaken on behalf of persons or issues. It relates to the need to improve systems and societal structures to create greater equity and better health for all. Nurses endeavour, individually and collectively, to advocate for and work toward eliminating social inequities.”⁸

Nurses may well wonder whether they may (or even have a duty to) turn to social media to effect what they staunchly believe to be in the best interest of their patients or their health-care system.

When considering whether social media can or should be used for advocacy, there are a number of risks to take into account, namely whether the information to

8 Canadian Nurses Association, 2017 Edition, *Code of Ethics for Registered Nurses*.





be disclosed is protected by confidentiality, whether the information could be detrimental to someone's reputation, whether the information is reliable, whether the information should arguably have been reported earlier, and finally, whether the information could be reported more securely through proper channels.

Regional Changes

The Saskatchewan court⁹ recently confirmed a decision by a disciplinary body to impose a fine on a nurse who posted concerns about a family member's care, after finding that she did not ascertain the accuracy of information prior to posting or did not follow proper channels to express concerns about the care. In doing so, the court affirmed the disciplinary committee's authority to determine whether specific behavior is unprofessional, as long as the conclusion is not unreasonable or beyond its scope. The court further held that while the disciplinary decision constituted an infringement of the nurse's freedom of expression, this was not an unreasonable limit, and

therefore an acceptable one under the *Canadian Charter of Rights and Freedoms*.

CNPS in Action

The CNPS continues to advise nurses on the benefits and risks of using social media to advocate on behalf of patients. In the May-June 2018 issue of *Canadian Nurse*, the CNPS authored an article entitled "Freedom of expression, patient advocacy and social media." Additionally, the CNPS presented on social media and patient advocacy at the Canadian Nurses Association's 2018 convention.

Social media and technology continues to be among the most popular webinar and presentation topics offered by the CNPS. In 2018, this topic was offered three times as a public webinar. This topic was also presented to nurse educators, students and nurses working in the operating room, primary care, indigenous communities, neonatal settings, and nursing informatics.

⁹ The nurse appealed the Queen's Bench decision to the Saskatchewan Court of Appeal. The appeal will be held in June 2019.

INSPIRING NURSE

Marlee Cossette learned about leadership and resilience at a young age. As a child growing up with a chronically ill parent on Vancouver Island, Marlee wanted to become a nurse so that she could "relieve people's suffering through their worst times." She believes that these early experiences helped her to build character and gave her the resilience she needed to pursue her nursing dreams.

At 35, Marlee Cossette has already achieved significant milestones in her young career. In May 2018, she was recognized by the Saskatchewan Registered Nurses Association (SRNA) for "excellence in direct patient care" with the Granger Campbell Award for leading the development of Canada's first Medical Surveillance Unit (MSU), an intermediate care unit at the Saskatchewan Health Authority's Pasqua Hospital in Regina that serves complex medical and surgical patients. In addition to creating an intermediate care unit, MSU alongside the family medicine unit at Pasqua Hospital implemented the Accountable Care framework. Marlee refers to intermediate care as the level of care provided in the MSU, and Accountable care as the manner in which the care is delivered.

Marlee attained her bachelor of nursing at the University of Lethbridge. Fresh out of school, she moved to Calgary

to work as a staff nurse on the Nephrology and Transplant Unit at Calgary's Foothills Hospital. After moving to Regina, she began working at the General Hospital Orthopedics and Urology unit as a staff nurse advancing through informal leadership roles. Marlee's first experience in a formal leadership capacity came when she managed the Oncology Unit at the Pasqua Hospital. Her success in this role led to her next challenge: opening (and now managing) the Medical Surveillance Unit.

The concept of Structured Interdisciplinary Bedside Rounds (SIBR) is the central tenet of Accountable Care, which is a model of care focused around the patient. SIBR itself was developed at Atlanta's Emory University Hospital and involves a patient's entire care team gathering at their bedside every day, 7 days a week to discuss their care. Marlee and the hospitalists at Pasqua Hospital believed that SIBR could work well in their medical surveillance unit.

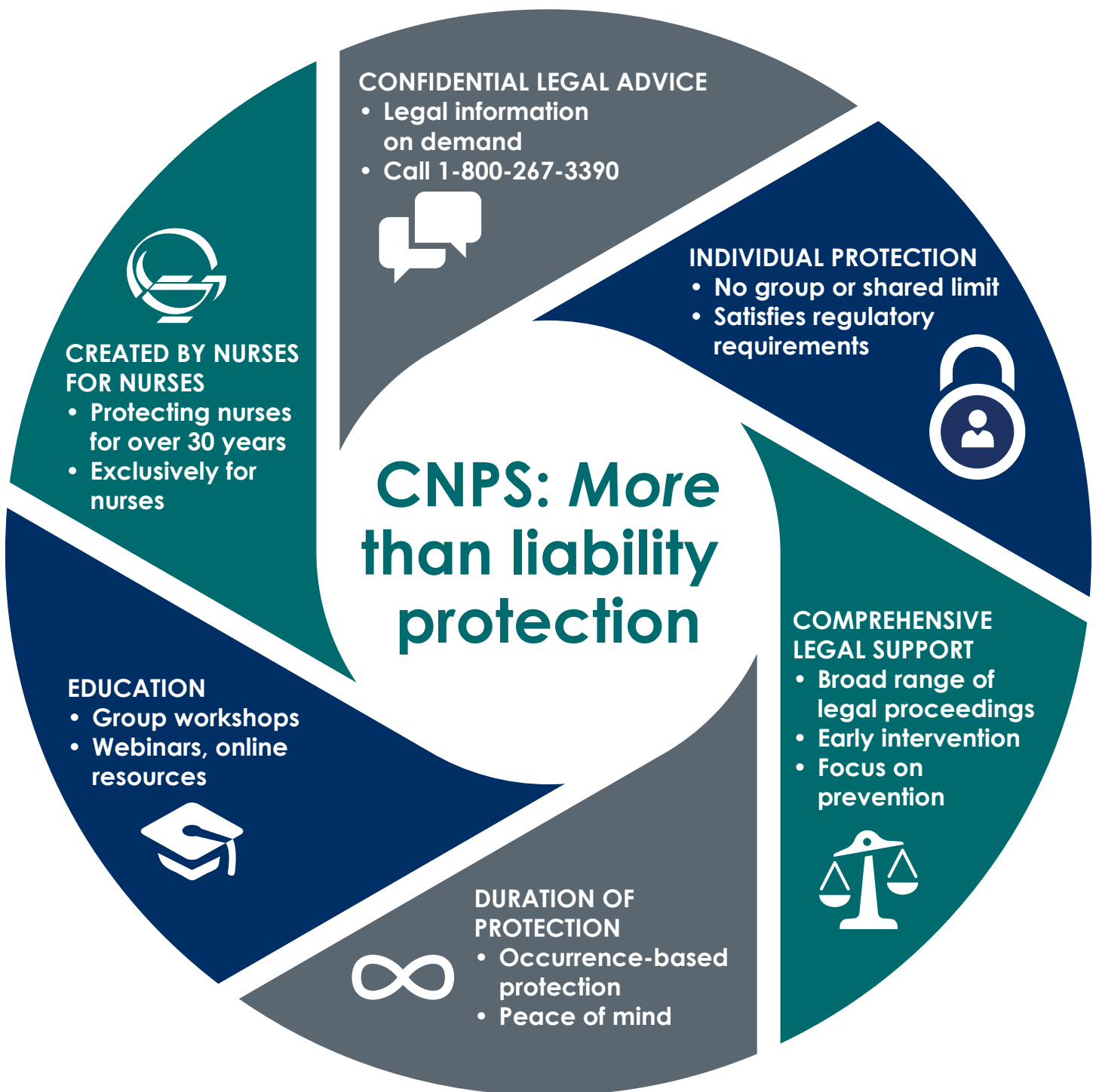
"Our goal is to improve patient care and do things like answering a patient's million-dollar questions, like 'when is the doctor going to be here?'" said Marlee. "Well, I can tell them for sure every day that the doctor's going to be here at 2:00 p.m." She added, "Patients don't always realize the whole team that is caring for them. With SIBR, the team stands at their bedside, all together, every day."

The Accountable Care model has been successfully tried on both the MSU and the Family Medicine Unit at the Pasqua Hospital. From a care perspective, the model has resulted in decreases in mortality, pressure ulcers, falls and length of stay. From a management perspective, Marlee has seen reductions in staff turnover, sick leave, injuries and overtime.

Marlee's version of intermediate care in the MSU is currently being replicated in Saskatoon along with Accountable Care across many of their units, and interest in both has grown across Canada. For her next achievement, this Inspiring Nurse plans to complete her master's degree. "As long as I can continue to affect change and make a difference in people's lives, then I think I'm happy where I am." No doubt her mother would be proud.



Marlee Cossette



BOARD OF DIRECTORS

As of the 2018 Annual General Meeting



Mary Ellen Gurnham
President
Nova Scotia



David Kline
Vice-President
Saskatchewan



Brianne Timpson
Northwest Territories
and Nunavut



Robin Finney
Manitoba



Colleen Zimmel
Alberta



Monique Cormier-Daigle
New Brunswick



Marilyn Barrett
Prince Edward Island



Denise Durfy Sheppard
Newfoundland and
Labrador



Patricia McGarr
Yukon



Julie Fraser
British Columbia



Vaska Jones
Ontario



Chantal Léonard
CEO, Canadian Nurses
Protective Society

The Board of Directors and the CNPS staff wish to pay tribute to Mary Ellen Gurnham for her invaluable contributions as she nears her final term as president in June 2019. Mary Ellen has guided, cajoled, challenged and inspired us to reach the full spirit and potential of our mission, while staying true to the principles that guide us. She has fostered and nurtured a bond amongst us that will endure well beyond our time on this Board. May her days continue to be filled with invigorating workouts, good food, soul-nurturing friendships and inspiring reads for many years to come.

CNPS MEMBER ORGANIZATIONS

Association of Registered Nurses of Manitoba (ARNM)

Association of Registered Nurses of Newfoundland & Labrador (ARNNL)

British Columbia College of Nursing Professionals (BCCNP, formerly CRNBC)

College and Association of Registered Nurses of Alberta (CARNA)

College of Registered Nurses of Nova Scotia (CRNNS)

College of Registered Nurses of Prince Edward Island (CRNPEI, formerly ARNPEI)

Nurses Association of New Brunswick (NANB)

Registered Nurses Association of the Northwest Territories and Nunavut
(RNANT/NU)

Saskatchewan Registered Nurses Association (SRNA)

Yukon Registered Nurses Association (YRNA)



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