

## Quality Professional Practice Environment (QPPE) Update

The Association of Registered Nurses of Newfoundland and Labrador and the College of Licensed Practical Nurses of Newfoundland and Labrador are pleased to welcome the newest participating members to the QPPE Program, the surgical units, James Paton Memorial Hospital in Gander. The QPPE program has been introduced in eight (8) sites to date. Through analysis of the QPPE questionnaire, each site has identified and ranked nurses' concerns based upon the QPPE Standards and then selected priority issues to address.

Participating nurses also rated a perceived level of overall improvement in the quality of their workplaces as a result of participating in a QPPE Program. At least two thirds of respondents to date indicated some level of improvement in:

- Their ability to make positive changes in the workplace and the quality of their work life
- The willingness to preceptor/mentor
- Their ability to resolve work place issues
- The effectiveness of interdisciplinary teams
- Their ability to manage workload and
- Their motivation to act as a patient advocate.

QPPE programs are making a difference and are assisting nurses create better workplaces throughout the eight various practice settings across the province. To find out more about the QPPE Program, please visit [www.clpnnl.ca](http://www.clpnnl.ca) or [www.arnnl.nf.ca](http://www.arnnl.nf.ca)

## Season's Greetings

### Christmas Closure:

The office of the CLPNNL will close Monday December 24<sup>th</sup> 2007 to January 1<sup>st</sup>, 2008. During this period, telephone messages will be checked on a daily basis and urgent messages will receive attention.

### College Election Results:

Zone 2 - Gloria Barrett, LPN Elected for a three year term January 1, 2008 - December 31, 2010

Zone 5 - Anna Filippi, LPN Elected for a three year term, January 1, 2008 - December 31, 2010

## Reminder:

*For your security and protection of your privacy, measures are being taken by the office of the CLPNNL not to release any information via telephone, e-mail or in person without your full name, license number and complete mailing address. Please keep this information close by when contacting the office to request information!*



COLLEGE OF  
LICENSED  
PRACTICAL  
NURSES  
OF NEWFOUNDLAND  
& LABRADOR

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COLLEGE OF  
LICENSED  
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& LABRADOR



December 2007

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Reminder...

## Annual Licensure Renewal Notice for 2008/09



It is your legislated and professional responsibility to obtain a new 2008 license to practice before your 2007 license expires! Ensure your 2008 Licensure Renewal Form is received by the CLPNNL on or before March 31st, 2008.

- Licensure renewal forms will be mailed to all Licensed Practical Nurses the last week of January 2008. Licensure renewal deadline is **March 31st, 2008**. Please notify the office of CLPNNL ASAP with any changes of address to ensure you receive your renewal form.

- **LPNs on the Payroll Payment Plan are still required to submit a completed 2008 Licensure Renewal Form to your employer, not to the office of CLPNNL.**

- Licenses cannot be issued to members who submit incomplete forms. You are reminded to date and sign the form and remember to answer questions 16, 17 and 18. Incomplete forms will be returned to the licensee by mail and will therefore result in a delay in processing until a correctly completed form is received.

- A reinstatement fee of \$27.75 will be charged to all renewal forms that are received after March 31st or if your cheque is dated after March 31st, 2008.

Tips to avoid submitting an incomplete registration licensure renewal form:

- Read the licensure renewal form carefully. Confirm your address and employment information and make the necessary changes.

- If you are retiring, going on maternity leave, changing careers or on long term disability, please complete and submit your licensure renewal form so that our records are accurate.

- Your licensure renewal form is a legal document. By signing the form you are declaring that all the information is true and correct.

### College Clip

At the CLPNNL Board meeting on October 26th, 2007, a decision was made not to hold the annual professional development workshops in June of 2008. The decision was made in an effort to support LPNs attending the provincial Nursing Leadership Conference on April 10th and 11th, 2008 in St. John's.

The annual general business meeting will occur in June of 2008 at an evening session in St. John's at a date to be determined.

The next annual professional development workshops will be held in Corner Brook from June 13 - 15, 2009.

## PUBLIC INFORMATION

The PULSE is the official Publication of the College of Licensed Practical Nurses of Newfoundland and Labrador

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Janice O'Neill

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Ms. Elizabeth Crawford	<i>Chairperson, Public Representative</i>
Ms. Connie Winter	<i>Zone 1, Licensed Practical Nurse</i>
Ms. Denise Knight	<i>Zone 1, Licensed Practical Nurse</i>
Ms. Gloria Barrett	<i>Zone 2, Licensed Practical Nurse</i>
Ms. Pearl Blake	<i>Zone 3, Licensed Practical Nurse</i>
Ms. Mimajoan Saunders	<i>Zone 4, Licensed Practical Nurse</i>
Mr. Darwin McGee	<i>Zone 5, Licensed Practical Nurse</i>
Ms. Helen Nugent	<i>Public Representative</i>
Mr. Joseph Duggan	<i>Public Representative</i>
Ms. Wanda Wadman	<i>Centre for Nursing Studies</i>
Mr. Paul Fisher	<i>Executive Director/Registrar</i>

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Usual editions are April, August and December. The editor welcomes feedback and suggestions from readers on this newsletter.

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## **Continuing Competency Program (CCP)**

*Janice O'Neill, LPN Practice Consultant*

Appreciation is extended to all LPNs and their employers across the province of Newfoundland and Labrador who participated in the two day CCP workshops in St. John's and Corner Brook. Appreciation is also extended to Dr. Bill DuPerron, Alberta Health and Wellness; Mr. Russell Sawchuck, Stepping Stones Partnership Inc. and Ms. Rita McGregor, retired Director Professional Practice, CLPNA for all their assistance and support of this project.

This new document will be a valuable tool for promoting the scope of practice for Licensed Practical Nurses in Newfoundland and Labrador. Intended uses for this profile include:

- Outlining LPN competencies in Newfoundland and Labrador
- Serving as a guideline for developing continuing competency validation tools and LPN job descriptions
- Providing a reference for individual self assessment
- Providing direction to CLPNNL relating to essential curriculum components
- Serving as a reference for employers and stakeholders
- Providing baseline information for health human resource planning.

LPN Competencies are more than just tasks and skills. Competency includes theoretical knowledge, clinical judgement, critical thinking and technical ability. LPNs abilities are acquired through:

- Basic Education
- Post Basic Education
- On the job inservicing and education

The Competency Profile is a complete description of the knowledge, skills, attitudes and judgments of LPNs in Newfoundland and Labrador. The Profile states which competencies are expected of the new graduate and also indicate the competencies of the LPN who has acquired advanced education and experience. The Continuing Competency Profile will be used to support your professional practice throughout your LPN career. It can be used for a new job interview, to access a new area of practice or to brush up on your understanding of practice.

In the coming months, the first draft of this document will be available for review by the office of CLPNNL to ensure it is in line with our current standards and scope of practice. After this review is completed, the draft document will be reviewed and validated by faculty members of the Practical Nursing Program at the Centre for Nursing Studies and College of the North Atlantic and finally, when these two reviews have been completed, the CLPNNL will require the assistance of LPNs once again to provide feedback and validate the document .

If you are interested in participating in Phase II of the Continuing Competency Profile development and validation, please contact Janice O'Neill at the office of CLPNNL by email: [joneill@clpnnl.ca](mailto:joneill@clpnnl.ca) or by telephone: 709-579-3843, or toll free 1-888-579-2576, Ext. 27

**NurseONE**

*The Canadian Nurses Portal*

**NURSEONE**

### **What is NurseONE?**

NurseONE is a personalized interactive web-based resource providing nurses in Canada – this country's health care knowledge workers – with access to current and reliable information to support their nursing practice through enhancing their evidence-based decision-making process, managing their careers, and connecting with colleagues and health-care experts.

### **How can I access NurseONE?**

All LPN members of CLPNNL are eligible to register to NurseONE at no cost to the individual user. LPNs with an active e-mail with the CLPNNL have been given the information on how to register. If you do not have an e-mail account with us, you can still access NurseONE and register by going to <http://www.nurseone-infusion.ca>

**VERY IMPORTANT INFORMATION TO LOGIN ONTO THE PORTAL:**

1. The "Register" button is found on the left hand side of the screen.
2. Your name must be entered exactly as it appears on your registration card.
3. Your user name and password will be sent to you by e-mail.
4. Please note that, because of the unique interface between NurseONE and the CLPNNL database, the system might have difficulty verifying your name. If you do not receive the above email within 24hrs, contact NurseONE directly at [registration@nurseone.ca](mailto:registration@nurseone.ca) or [info@nurseone.ca](mailto:info@nurseone.ca). CLPNNL does not have computer access to the portal.
5. Once you receive the email, please follow the directions outlined in it to activate your account.
6. During your first visit to the portal, take the opportunity to change your password to something that is easy to remember. To do so, click on "My Profile" on the left-hand side of the page. The change of password is half-way down the page.

### **What can NurseONE offer me?**

You can access up-to-date, accurate information on a wide range of topics fully vetted and reviewed by the Canadian Nurses Association (C.N.A.) and its Editorial Panel.

Information from a trusted source – NurseONE is your online colleague.

*Professional Links:* offers you a set of resources, clinical and profes-

### **College Clip**

#### *2008 Spring Leadership Conference*

April 10th & 11th, 2008 at the Holiday Inn in St. John's. Come join us this spring to share an exciting two days! Keep watching the web-site and your workplace bulletin boards for the poster and brochure to see: Keynote Speaker – Dr. Tim Porter O'Grady, and information on the exciting and innovative sessions and more!

sional from across the world that will enrich your knowledge through evidence-based information, clinical references, disease-specific information, nursing policy statements, and much more.

*Online Libraries:* The e-Library provides you access to electronic books, full-text journals, and evidence-based resources in the EBSCO databases (including CINAHL & Medline), Cochrane Collection, e-CPS (Electronic drug manual), e-Therapeutics, STAT!Ref Electronic Health Library (including drug manuals, medical surgical manuals, etc.) and much more.

*Professional Development:* This section of the portal focuses on the three elements of professional development: Continuing Competence, Career Development, and Continuing Education. In this section, you have the opportunity to complete a self assessment and learning plan for your continuing competence requirements; access a career coach for questions about your career path; and access on-line learning modules and courses to meet your continuing education needs.

*NurseConnect:* is the on-line professional forum and community section.

As well, you have *My Account*, a personalized section of the site visible to you at all times while you are working in NurseONE and where you can save links, documents, web addresses and other important items such as a professional portfolio.

### **How and why was NurseONE created?**

Delivering health care in Canada's diverse communities – from large urban centres to small northern inlets – is a challenge. But it is a challenge that Health Canada and First Nations and Inuit Health Branch of Health Canada knew could be overcome with technology. Health Canada & FNIHB partnered with the C.N.A. and provided three years of funding to create NurseONE, a unique personalized and interactive Web-based resource to support Canada's nurses.

To ensure NurseONE's relevance to you, we tested it with nurses throughout its development. The results have influenced the portal's navigation and will continue to impact the information that is developed for the site.

NurseONE is constantly updating and upgrading its content and technology. Nurses will notice a change in the functionalities and look and feel of the portal over the next two months as it is moved onto a more user-friendly and stable platform. Please make sure you drop them a line to let them know how well they are doing and any suggestions you might have for improvements.

## Pandemic Influenza

### What is a pandemic?

A pandemic is the worldwide spread of a specific disease to which people have little or no immunity.

### What is an influenza pandemic?

An influenza pandemic occurs when a radical change takes place in an influenza virus causing a new strain against which people have little or no immunity. If this new strain has the ability to spread easily from person to person, many people around the world will become ill and possibly die.

### How is influenza or the flu different from an influenza pandemic?

Human influenza, or the flu, is a respiratory infection caused by the influenza virus. Influenza will circulate every year and causes mild to severe illness in outbreaks. Influenza pandemics occur approximately two or three times per century when a new influenza virus is created to which humans have no immunity. This results in widespread disease, increased hospitalization and high mortality.

### Will the annual flu shot provide protection from pandemic influenza?

No. The annual influenza vaccine includes the influenza strains expected to be in circulation during that year's flu season. While

annual immunization is the most effective way to avoid getting seasonal flu, it will not provide protection from a new influenza strain that emerges and results in a pandemic.

### How is influenza spread?

The influenza virus spreads through droplets that have been coughed or sneezed into the air by someone who has the flu. You can get the flu by breathing in these droplets through your nose or mouth, or by the droplets landing directly on your eyes. You can also contact the virus by shaking hands with infected people or by touching contaminated surfaces then transferring the viruses to your own eyes, nose or mouth.

### What are the symptoms of influenza?

Influenza symptoms typically include the rapid onset of fever, headache, chills, cough, muscle aches, fatigue, watery eyes and a sore throat. Vomiting and diarrhea may also occur, especially in children.

*Reprinted with permission from the Government of Newfoundland and Labrador Health and Community Services web-site*

For more information, please visit [www.health.gov.nl.ca/health/pandemic/information.html](http://www.health.gov.nl.ca/health/pandemic/information.html)

## Meet the Board:

### Wanda Wadman



Wanda graduated from the Grace General Hospital School of Nursing (1983). She obtained a Bachelor of Applied Arts (Nursing) Degree from Ryerson Polytechnic University, and a Masters of Nursing from Memorial University.

Wanda has been a nurse educator since 1993. Currently she is the clinical placement coordinator for the BN (Collaborative) and Practical Nursing Programs at the Centre for Nursing Studies.

Wanda has been a CLPNNL Board member for the past 6 years. She was reappointed in the Fall of 2006 for a 3 year term as the representative for the Centre for Nursing Studies.

### Gloria Barrett, LPN



Gloria was elected to the CLPNNL Board as LPN representative for Zone II in 2006 for a one year term and in 2007 for a three year term. Gloria graduated from the Grace General Hospital in 1970 and began her nursing career at the Waterford Hospital in St. John's for a three year period where she successfully completed the Mental Health Course.

Gloria then moved to St. Anthony for a three year period where she was employed as a LPN in Obstetrics and Gynecology. Gloria returned to the Conception Bay area and was employed in acute care for a couple of years and then decided she wanted to practice in long term care and accepted a position at the Harbour Lodge Nursing Home where she successfully completed the Gerontology Course.

Gloria successfully completed a two year program as a PT/OT assistant from Humber College in Ontario and the College of the North Atlantic in NL. Gloria also successfully completed the post basic Medication Administration course and the Health Assessment Course in 2003. Gloria is currently employed as a Licensed Practical Nurse and Physiotherapy Assistant at the Harbour Lodge in Carbonear.

## Message from the Executive Director/Registrar

As I write this message, it is hard to believe it is the last one for 2007. I am amazed by how quickly time has passed. Looking back over the last year, the CLPNNL has made a difference for the public and for Licensed Practical Nurses in the province.



A new Strategic Plan was developed and introduced for 2007 – 2009 to continue with our collective growth and development and to continue with achieving positive strategies aimed at protecting the public and enhancing and promoting the LPN profession.

Under the regime of the new legislation introduced in December 2005 that established self regulation status, a new Board of Directors was in place in March 2007. Six Licensed Practical Nurses (LPNs) were elected to the new Board and three public representatives were appointed by the Minister of Health and Community Services and one representative from the Centre for Nursing Studies.

Tremendous progress has been made both in shaping the education of LPNs and in actively partnering in projects and other initiatives aimed at fostering a collaborative practice environment: one where LPNs can fully utilize their Scope of Practice. However, there is still much work to be done in 2008.

The CLPNNL is fortunate to have health care leaders as both colleagues and stakeholders. These leaders are committed to shaping the future direction of health services delivery system in the province in a way that is conducive to positive practice environments. These changes are occurring with the support of a number of provincial strategies, including Primary Health Care, Wellness, Healthy Aging and Chronic Disease Management. In addition, the CLPNNL continues to enjoy strong relationships with its provincial and national partners, such as the Centre for Nursing Studies, the Department of Health and Community Services, the Association of Registered Nurses of Newfoundland and Labrador (ARNNL), the Canadian Council for Practical

Nurse Regulators, the Canadian Institute for Health Information and Assessment Strategies Incorporated. A significant and positive development provincially is the appointment of the Provincial Chief Nursing Officer. This role has proved to be instrumental in bringing focus to nursing workforce issues and for highlighting professional practice issues.

Many practicing LPNs are proficient in all competencies that are within their scope of practice, while others are not. Nursing leaders are reporting difficulty in assigning

LPNs to ensure continuity of care and safe nursing staffing levels in this "mixed skill" environment. It is a challenge for the CLPNNL to ensure that all LPNs providing nursing services are at the current education level. To overcome these challenges in the workplace, a defined timeline for LPNs to possess minimum education requirement was introduced by the CLPNNL Board, so that by April 1st, 2012, all LPNs providing nursing services will possess the full set of competencies.

In October of this year, the development of the Continuing Competency Profile document began. This document will be instrumental for understanding, guiding and directing scope of practice for nurses, nursing leaders, employers and stakeholders. I encourage you to participate in the development of this document. It's an opportunity to play a leading and rewarding role in your profession and to ensure the public is well served by a dynamic nursing profession as LPNs continue to evolve in 2008!

Merry Christmas and Happy New Year to you and yours,

Paul D. Fisher, LPN

Executive Director/Registrar

*Paul D. Fisher, LPN, Executive Director/Registrar*

### College Clip

**Assessment of post basic courses (health assessment and medication administration) fee:**  
Effective January 1st, 2008, all LPNs requesting to have their Adult Physical Health Assessment Course or Medication Administration Course assessed for equivalency will be charged an administrative fee of \$50.00 by the Centre for Nursing Studies.

### Liaison LPNs are needed for the following sites:

Eastern Health – Agnes Pratt Nursing Home and Central Health – Fogo Island Health Centre  
If you are interested in taking on this role, please contact Janice O'Neill at the CLPNNL office, 1-888-579-2576 or e-mail [joneill@clpnnl.ca](mailto:joneill@clpnnl.ca)

# Canadian Institute for Health Information (CIHI) Report

October 23, 2007—The number of regulated nurses employed in nursing in Canada grew by more than 15,000 in the four years between 2003 and 2006, reaching 325,299. This represents a growth of 5% in the number of nurses compared to a 3% growth in the Canadian population over the same time period, according to a new report released today by the Canadian Institute for Health Information (CIHI). When broken down by nursing group, the latest numbers show that in 2006 there were 772 registered nurses (RNs) per 100,000 Canadians, 205 licensed practical nurses (LPNs) and 51 registered psychiatric nurses (RPNs). RPNs are educated and regulated only in the four Western provinces. The report, *Highlights From the Regulated Nursing Workforce in Canada, 2006*, offers a comprehensive look at the workforce trends of the largest group of regulated health care providers in the country.

“Every year, for the past four years, we’ve seen a slow rise in the number of regulated nurses in Canada,” said Francine Anne Roy, Director of Health Resources Information at CIHI. “New information on where these nurses are across the country, who they are caring for and how long they plan to remain in the workforce can help those in the system prepare for the changes anticipated in coming years, as the population ages and the health system evolves.”

Increase in new graduates entering the workforce; average age up slightly

The latest information shows that in 2006, there were over 50,000 regulated nurses employed in nursing who had graduated from nursing school in the previous five years. This is an increase of 28% over the last four years. “While new grads are continuing to enter the profession, the average age of a regulated nurse is rising and is now close to 45,” says Geoff Ballinger, CIHI’s Manager of Health Resources Information. “The age of the workforce is important to monitor; these reports can be very useful to those in the system in terms of planning for future staffing needs, based on the resources available to them.”

In 2006, the average age of a nurse in Canada was 44.8, up slightly from 44.5 in 2003. Registered psychiatric nurses were a little older than their peers, at 47.2, and licensed practical nurses were the youngest, at 44.1. The average age of a registered nurse in 2006 was 45.

Other highlights from the regulated nursing workforce in Canada in 2006

- Among the nursing professions, 5.6% of the RN workforce, 7.0% of the LPN workforce and 22.5% of the RPN workforce is male.
- Internationally educated nurses accounted for 7.0% of the regulated nursing workforce in 2006, a slight increase from 6.7% in 2003. The most common countries of graduation were the Philippines (29.3% of all internationally educated regulated nurses), the United Kingdom (19.8%) and the United States (6.6%).

For the second year in a row, the annual report highlights data at the regional level, showing differences between the health regions. For example, looking at health regions within Canada’s urban centres shows a range from 384 to a high of 1,042 nurses per 100,000 population. There are similar differences found when you compare Canada’s rural northern regions where the range is between 479 and 1,284 nurses per 100,000 population.

In addition to *Highlights From the Regulated Nursing Workforce in Canada, 2006*, CIHI is also releasing three other reports—*Workforce Trends of Licensed Practical Nurses in Canada, 2006*; *Workforce Trends of Registered Nurses in Canada, 2006*; and *Workforce Trends of Registered Psychiatric Nurses in Canada, 2006*—which offer a comprehensive perspective on the largest group of regulated health care providers in the country.

## Figures and tables

Table 1a

Total Number of Nursing Registrations by Province/Territory of Registration, Canada, 2006 (from Summary Table A in the report)

	N.L.	P.E.I.	N.S.	N.S.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T	N.W.T.	Nun.	Canada
	(Counts)													
<b>RN</b>	<b>5,559</b>	<b>1,444</b>	<b>9,098</b>	<b>7,998</b>	<b>66,148</b>	<b>102,461</b>	<b>11,268</b>	<b>8,631</b>	<b>27,308</b>	<b>29,557</b>	<b>327</b>	<b>1,046</b>	^	<b>270,845</b>
Employed in Registered Nursing	5,515	1,428	8,790	7,680	64,014	90,061	10,902	8,480	25,881	28,840	324	1,033	^	252,948
Employed in Other Than Reg'd Nsg	**	*	42	13	49	4,533	0	12	48	70	*	0	^	4,776
Not Employed	**	**	96	230	330	7,075	0	71	430	265	*	*	^	8,551
Not Stated	0	*	170	75	1,755	792	366	68	949	382	0	**	^	4,570
<b>LPN</b>	<b>2,686</b>	<b>656</b>	<b>3,361</b>	<b>2,796</b>	<b>18,727</b>	<b>29,575</b>	<b>2,729</b>	<b>2,251</b>	<b>6,247</b>	<b>5,782</b>	<b>61</b>	<b>97</b>	..	<b>74,968</b>
Employed in Practical Nursing	2,639	599	3,174	2,646	7,104	25,084	2,652	2,224	5,614	5,412	60	92	..	67,300
Not Employed in Practical Nsg	47	43	32	55	257	4,230	27	21	633	155	0	5	..	5,505
Not Stated	0	14	155	95	1,366	261	50	6	0	215	1	0	..	2,163
<b>RPN</b>	-	-	-	-	-	-	<b>969</b>	<b>912</b>	<b>1,193</b>	<b>2,161</b>	-	-	-	<b>5,235</b>
Employed in Psych. Nursing	-	-	-	-	-	-	956	900	1,144	2,051	-	-	-	5,051
Not Employed in Psych. Nsg	-	-	-	-	-	-	**	*	6	31	-	-	-	50
Not Stated	-	-	-	-	-	-	*	**	43	79	-	-	-	134
<b>Total Registrations</b>	<b>8,245</b>	<b>2,100</b>	<b>12,459</b>	<b>10,794</b>	<b>84,875</b>	<b>132,036</b>	<b>14,966</b>	<b>11,794</b>	<b>34,748</b>	<b>37,500</b>	<b>388</b>	<b>1,143</b>	-	<b>351,048</b>

• Notes:

\* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.

\*\* Value suppressed to ensure confidentiality; cell value is 5 or greater.

^ Northwest Territories and Nunavut data combined for 2006.

.. Data not currently collected by CIHI.

- Data do not exist, or are not applicable.

CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology.

Additional methodological information is available upon request to nursing@cihi.ca.

• Source: Canadian Regulated Nursing Professions Database, Canadian Institute for Health Information.

Table 1b

Percentage of Nursing Registrations by Province/Territory of Registration, Canada, 2006 (from Summary Table A in the report)

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T	N.W.T.	Nun.	Canada
	(percentage distribution)													
<b>RN</b>	<b>67.4</b>	<b>68.8</b>	<b>73.0</b>	<b>74.1</b>	<b>77.9</b>	<b>77.6</b>	<b>75.3</b>	<b>73.2</b>	<b>78.6</b>	<b>78.8</b>	<b>84.3</b>	<b>91.5</b>	^	<b>77.2</b>
Employed in Registered Nursing	66.9	68.0	70.6	71.2	75.4	68.2	72.8	71.9	74.5	76.9	83.5	90.4	^	
Employed in Other Than Reg'd	**	*	0.3	0.1	0.1	3.4	0.0	0.1	0.1	0.2	*	0.0	^	
Not Employed	**	**	0.8	2.1	0.4	5.4	0.0	0.6	1.2	0.7	*	*	^	
Not Stated	0.0	*	1.4	0.7	2.1	0.6	2.4	0.6	2.7	1.0	0.0	**	^	
<b>LPN</b>	<b>32.6</b>	<b>31.2</b>	<b>27.0</b>	<b>25.9</b>	<b>22.1</b>	<b>22.4</b>	<b>18.2</b>	<b>19.1</b>	<b>18.0</b>	<b>15.4</b>	<b>15.7</b>	<b>8.5</b>	..	<b>21.4</b>
Employed in Practical Nursing	32.0	28.5	25.5	24.5	20.2	19.0	17.7	18.09	16.2	14.4	15.50	8.0	..	
Not Employed in Practical Nsg	0.6	2.0	0.3	0.5	0.3	3.2	0.2	0.2	1.8	0.4	0.0	0.4	..	
Not Stated	0.0	0.7	1.2	0.9	1.6	0.2	0.3	0.1	0.0	0.6	0.3	0.0	..	
<b>RPN</b>	-	-	-	-	-	-	-	<b>6.5</b>	<b>7.7</b>	<b>3.4</b>	<b>5.8</b>	-	-	-
Employed in Psych. Nursing	-	-	-	-	-	-	-	6.4	7.6	3.3	5.5	-	-	-
Not Employed in Psych. Nsg	-	-	-	-	-	-	-	**	*	<0.1	0.1	-	-	-
Not Stated	-	-	-	-	-	-	-	*	**	0.1	0.2	-	-	-
<b>Total Registrations</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	-	<b>100.0</b>

• Notes:

\* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.

\*\* Value suppressed to ensure confidentiality; cell value is 5 or greater.

^ Northwest Territories and Nunavut data combined for 2006.

.. Data not currently collected by CIHI.

- Data do not exist, or are not applicable.

<0.1 value is less than 0.05%; value is replaced to prevent displaying cells of 0.0 that are not true zero values.

Totals may not sum to 100 percent due to rounding.

CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology.

Additional methodological information is available upon request to nursing@cihi.ca.

• Source: Canadian Regulated Nursing Professions Database, Canadian Institute for Health Information.

## In Memory:

Daisy Loretta Sheppard, LPN January 21st, 1947 – October 1st, 2006

On October 1st, 2006, we said good bye to our dear friend and co-worker, Daisy Sheppard (Parrott). Daisy worked at Lakeside Homes for over twenty years. Daisy was a wonderful nurse, coworker and friend. She was also an adoring wife, mother, daughter, sister and grandmother. Her presence and advice will be dearly missed but never forgotten.

Lakeside Homes Nursing Staff

Pearl Marie Smith, LPN December 15th, 1960 – August 19th, 2007

Pearl Marie Smith (Burton) was a well known and respected nurse of Valley Vista Senior Citizen's Home in Springdale. On August 19th, 2007 she passed away at the QE II Hospital in Halifax. Pearl showed her special love of nursing and caring attitude to each and everyone she cared for. Pearl is sadly missed by her husband Graham and her son Bradley. Pearl will always be remembered most importantly for her smile and secondly for her love of life. Pearl will be missed by her friends and co-workers in Springdale.