ONTARIO CORRECTIONAL NURSES' Interest Group

Speaking out for correctional nursing.

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Summer Edition 2015

A Message from the President

I hope that you are enjoying your summer and are finding time to enjoy the warm weather and the longer days of sunshine!

The 2015 RNAO AGM held in May in Toronto was a huge success. Attendance was high for this 90th anniversary and I had the honour of representing OCNIG as a voting delegate. Our kiosk gave us an opportunity to interact with many nurses who were curious about correctional and forensic nursing. In June your executive had a face to face meeting at the RNAO home office. Our discussion focused on the challenges of getting nurses more involved with OCNIG, the need for stronger liaison with nurses in their workplace, fall elections and planning for the 2015 OCNIG AGM. Watch for an email detailing date and location! Many thanks to the large percentage of our membership who completed our on line survey. The results of the survey will inform us in how to move forward. Our fall publication will have details on the results of the survey.

I enjoyed the articles in this summer edition of our newsletter and I hope you do too! The Diabetes Primer for the Correctional Nurse is a good review and may supply you with new information that is directly applicable to your practice. RN prescribing has been a hot topic for many months and the article on RNAO's legal support for nurses should help readers understand the difference between the Legal Assistance Program and Liability Protection. We are proud of our practice profile mentioned in this newsletter and I am sure that "A Day in the Life of Tim" will ring very familiar to many of you. Enjoy the read easily accessed through the hyperlink. Take time to peruse all of the information in our newsletter; maybe during a quiet moment in a lawn chair with a tall frosty glass of your favourite summer time beverage.

Make the most of the rest of your summer and please contact us with any accomplishments, interesting articles or questions at: ontariocorrectionalnurses@gmail.com

Evelyn Wilson

OCNIG President

Diabetes Primer for the Correctional Nurse

by Lorry Schoenly

Lori Roscoe, PhD, MSN, CCHP-RN, is a Nurse Practitioner and Correctional Health Consultant in Atlanta, GA. This post is based on her session **"Diabetes Primer for the Correctional Nurse"** taking place at the Spring 2015 NCCHC Spring Conference on Correctional Health Care in New Orleans, April 11-14, 2015.

If you have been in correctional nursing for a while, you may have noticed an increase in the number of diabetic patients you are managing. That means it is more important than ever to understand this chronic condition and the various treatment modalities available. Consider this nursing sick call situation.

A 42 year old female inmate submits a request about her ankle. She thinks she sprained it when she stumbled while walking to the exercise yard one morning a couple days ago. A chart review indicates she is a Type II diabetic and is on a combination of metformin and glipizide. She was recently treated for a vaginal yeast infection with fluconazole (Monostat). She has no other acute or chronic conditions of note. Her ankle is only slightly swollen and painful when she bears weight.

What Type Is It?

As nurses we learned long ago about Type I and Type II Diabetes. However, we may have an outdated mental shorthand about the differences. For example, you may categorize diabetes by those who need insulin and those who do not. You might also, then, categorize your diabetic patients by those that could be hypoglycemic because of too much insulin and those that couldn't because they don't take insulin. But, these categories can be unhelpful. Better is a differentiation based on physiology.

Type I Diabetes – No or Low Insulin Production. In Type I DM the body either stops making insulin or makes too little to effectively manage glucose. Therefore, it is a lack of insulin production.

Type II Diabetes – Inability to Use Insulin. In Type II DM the body loses the ability to use insulin to manage glucose. In this case, insulin is being produced by the body but is not metabolizing the glucose. There also may be inadequate insulin production over time.

Med Madness

Understanding insulin production and use in the body is one part of diabetes management. Another part is understanding the complexity of medication options. Over the past few years, new types of insulin and new medication classes have made the treatment of diabetes complex. Our patients may now be entering the correctional system with unusual insulin regimens and unfamiliar oral medications or medication combinations for maintaining a glucose equilibrium.

Although correctional nurses do not prescribe medications, an understanding of their effect/side effect is necessary to administer these newer preparations. In addition, we may be called upon to interpret a regimen change to a patient; this can be especially true in settings where a limited formulary requires that generic substitution be made to standard treatment while the patient is incarcerated.

Besides effects and side effects, nurses need to be aware of any interactions among medications or with food. Medication timing with or between meals can affect drug absorption and can be difficult to manage in the secure setting where our patients do not have control over when they eat or the type of food available.

Then, there are the combination anti-diabetic medications. These combination pills are often non-formulary for a correctional setting and must be switched to the singular medications once the patient is incarcerated. The patient in the above-mentioned situation was originally taking Metaglip©, which is a combination pill containing both metformin and glipizide. After incarceration, she was switched to the equivalent medications as generic single-medication pills. Confused? The Joslin Diabetes Center provides a handy table of antidiabetic drug classes and combination pills. You might want to print one out and post on your unit (hint, hint).

Go to the Head of the Class

Categorizing medications by therapeutic class provides an organizing framework for better recall of important information in a clinical situation. A therapeutic class is determined by the drug's mechanism of action and resulting effects/side effects, and interactions. While Biguanides (like Metformin/Glucophage©) and Sulfonylureas (like Glipizide/Glucotrol©) are common therapeutic classes of antidiabetics, you may be seeing other, newer, classes arrive with patients on intake or being added to the standard formulary. Meglitinides (Repaglinide/Prandin©), D-Phenylalanine Derivatives (Nateglinide/Starlix©), Thiazolidinediones (Pioglitazone/Actos©), DDP-4 Inhibitors (Sitagliptin/Januvia©), Alpha-Glucosidase Inhibitors (Acarbose/Precose©), and Bile Acid Sequestrants (Colesevelam/Welchol©) are being prescribed more frequently in our setting.

How to Get Up to Speed

So, how do you stay up-to-date on diabetes treatment, or, for that matter any of the myriad of new medications and therapies becoming available? Here are a few ideas to incorporate into your professional development plan.

Think diabetes (and hypertension) as both these conditions seem to be on the increase in our patient population. Our patients may be on new medication regimens or may be suffering from lack of treatment or, even, have undiagnosed conditions.

- Have a current and easy-to-read drug book handy in medication administration areas. No one can keep all that information in active memory.
- Look up new medications when you first hear of them or begin seeing them on the MAR.
- Categorize medication knowledge into drug classes and add new classes or new medications to your current mental structure as they become prevalent in your setting.
- Ask prescribers to provide information about new medications coming into use in your setting. You may want to have an informal education session or have someone from the medical staff speak at a monthly staff meeting.

Chronic Disease and Evaluation

Back to that patient with a swollen ankle. The astute nurse, after reviewing the chart and examining the ankle, asked the patient these follow-up questions:

- Have you been feeling dizzy at all?
- When does it usually happen?
- What do you do about it?
- Have the episodes increased since you started treating the yeast infection?

Once asked, the patient offered that she occasionally feels dizzy but just eats a honeybun from the commissary when that happens. Once she thought about it, she realized that her tumble coincided with just such a dizzy spell and that, yes, she has been getting dizzy more frequently of late. Based on a full assessment of both the acute ankle injury and her diabetes management, this patient had her ankle wrapped and was set up for a provider visit later that day to have her medications adjusted. Glipizide is one Type II oral antidiabetic that can cause hypoglycemia and this side effect is potentiated when taken in combination with fluconazole (Monostat).

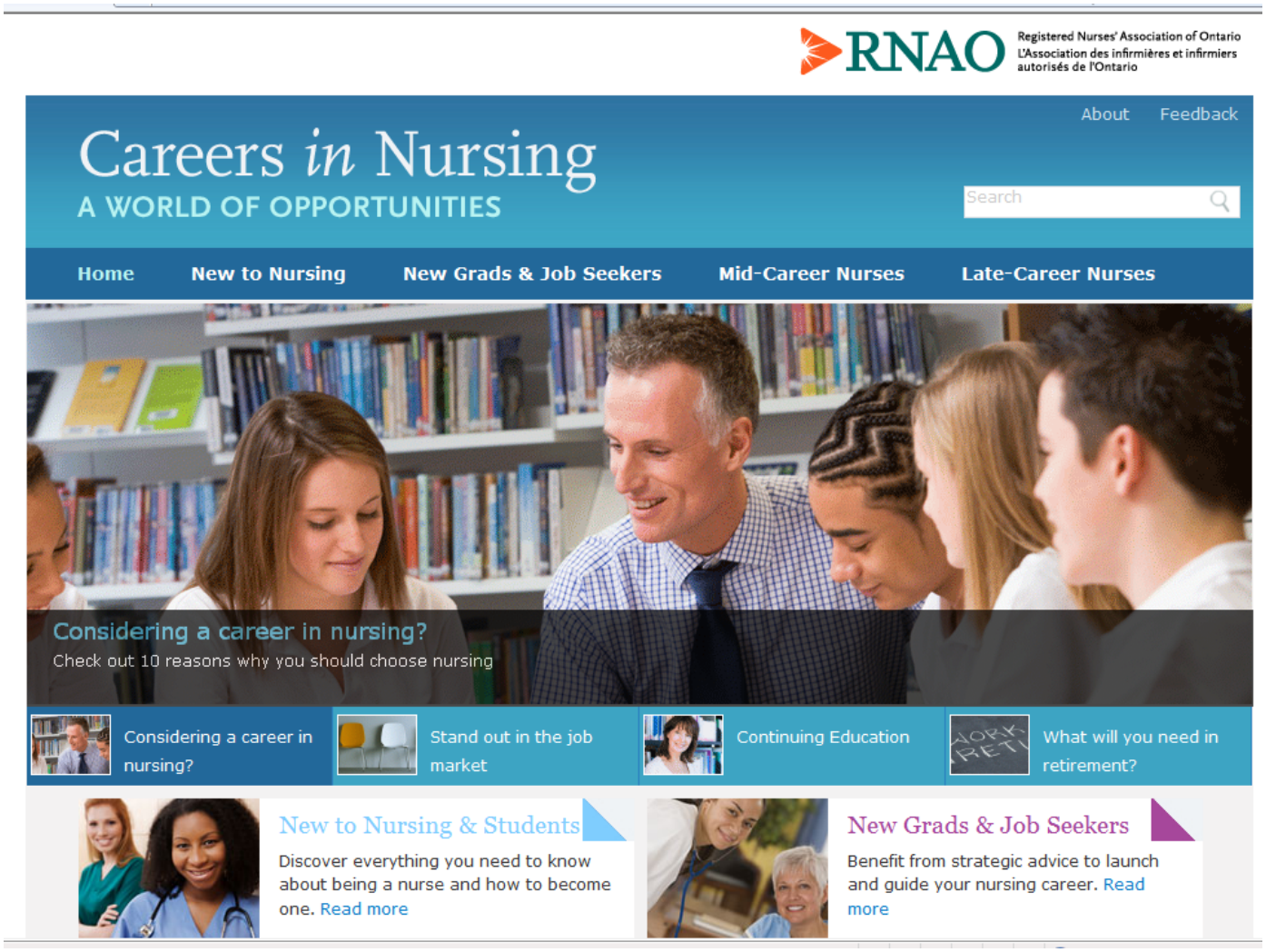
Correctional Nursing Profile

Registered Nurses (RNs) work in more than 50 different areas of practice in Ontario and correctional nursing is just one of those practice environments. RNAO's *Careers in Nursing* site has posted 'practice profiles" that give a glimpse of "a day in the life of a nurse", outline what education is needed to work in the field, and provide information about the scope of practice.

Correctional nurses enjoy working to their full scope of practice with a great deal of autonomy, bringing expertise in clinical practice, health teaching and interviewing. Our unique field employs about 700 nurses across Ontario.

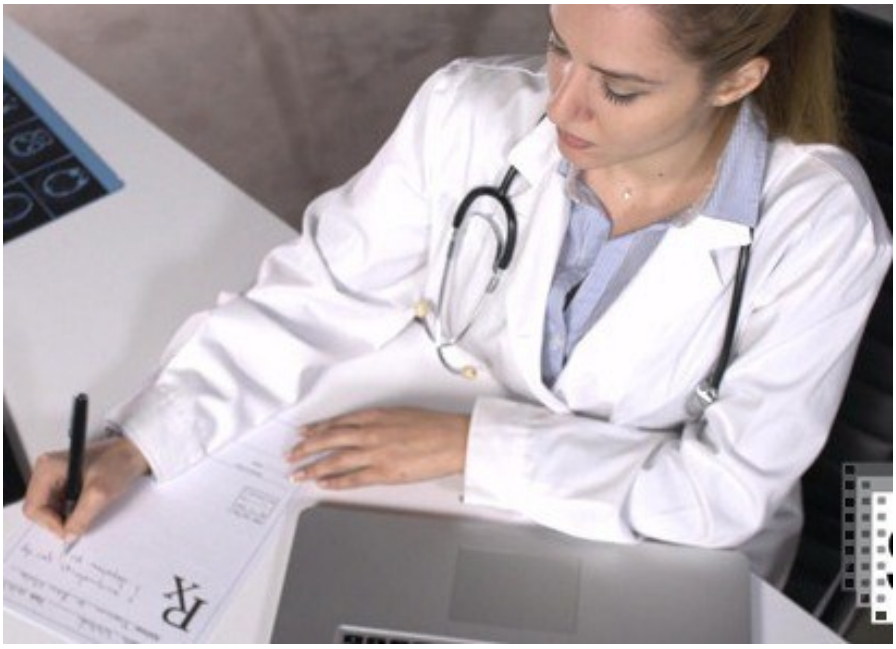
OCNIG was pleased when asked to create a practice profile for correctional nursing and we are excited to announce that it is now published and posted on RNAO's website. We hope this profile encourages nurse to explore correctional nursing as a career.

To view, the Correctional Nursing Profile please go to: http://careersinnursing.ca/new-nursing-and-students/career-options/nursing-practice-profiles/correctional-nursing



RN Prescribing

To better meet population health needs, and improve access to care in the spirit of the right provider at the right time and right place, a number of jurisdictions across Canada have implemented or are considering implementing some level of registered nurse (RN) prescribing. In Ontario, the Minister of Health and Long Term Care Dr. Eric Hoskins has committed to move forward with RN prescribing and the task of creating regulations to support RN prescribing have begun.



The Canadian Nurses' Association has published an "RN Prescribing Framework" based on the understanding that the process for RN prescribing across the country would benefit from having a common framework supported by national, provincial and territorial collaboration.

CNA has undertaken significant activities to support RN prescribing, which include::

- a study tour of England and Ireland in 2009;
- a 2010 board motion to explore RN prescribing;
- consultations with our nursing specialty groups and jurisdictions, following the National Expert Commission's recommendation to expand the RN scope of practice;
- a national roundtable on RN prescribing in response to the National Expert Commission's action plan; and
- an update on RN prescribing activities to the board in June 2014.

During the June 2014 board dialogue, a motion was approved for CNA to develop an enabling framework and action plan for RN prescribing over a period of three months. In a subsequent meeting, CNA staff and the Canadian Council of Registered Nurse Regulators agreed that a framework which government decision-makers could use whenever a jurisdiction was considering the implementation of RN prescribing would be the most useful. The resulting framework is organized around the three key elements of structure, competence and practice as well as 10 related strategic areas.

The full document can be read at: http://www.cna-aiic.ca/en/professional-development/rn-prescribing-framework

LEGAL SUPPOR

RNAO offers two types of legal support for members. Liability insurance which is included in your membership fee and the legal assistance plan which is included only when you pay an additional fee. The difference between the two programs is explained below.

Legal Assistance Program (LAP)

Legal risk is an inevitable part of nursing practice.

Ask yourself: Who will protect you, your professional reputation and your registration with the College of Nurses of Ontario (CNO) if a complaint is made against you?

Will you need legal advice if you lose your job? Lawyers' fees can range from $250 to $500 per hour or more for legal advice and representation. Participation in RNAO's Legal Assistance Program (LAP) provides RNAO members with security and peace of mind at the incredibly low cost of $64.57 (in addition to your annual RNAO membership fee).

The voluntary LAP was established by RNAO in 1986 to assist RNAO members with certain legal problems, on a case-by-case basis, related to the professional practice of nursing (as recognized by CNO). The program provides financial support for access to legal counsel in a number of circumstances, including:

- College of Nurses of Ontario (CNO) investigations and proceedings in relation to a member's professional practice as a result of a letter of complaint, report/self-report or other investigation;
- Members required to appear as a witness in a legal proceeding or involvement in a Coroner's Inquest, in relation to an incident(s) which occurred in the course of nursing practice;
- Employment contract review prior to accepting a non-unionized, administrative or managerial nursing position; and
- Other individual employment-related matters, such as termination, WSIB claims and Human Rights claims.

In addition to access to legal counsel, LAP also provides participants with employment relations advice, free information materials, educational presentations on legal issues relevant to nursing practice, as well as referral to RNAO and external resources which may be of assistance to members in their particular circumstances.

Over 19,000 RNAO members currently subscribe to LAP.

To join LAP now contact the RNAO membership department or call 1-800-567-4527 or 416-599-1925.

If you would like more information about the Program or if you are already a LAP member and have legal concerns related to your nursing practice, please contact Mara Haase, LAP Administrator, at 416-599-1457 or toll free at 1-800-268-7199 x 223.

**To be eligible for assistance from LAP, a member must have been enrolled in LAP at the time of the incident(s) giving rise to the need for assistance and remain a participant in LAP continuously and without interruption from that time, up until their case is resolved. The Program is under no obligation to reimburse LAP members for legal expenses incurred where a lawyer has been engaged or retained prior to contacting the LAP Administrator. In addition, requests for assistance will only be considered for assistance which is not covered by a union or other provider or plan. See "RNAO Legal Assistance Program Policies" below or contact the LAP Administrator for more information.*

RT FROM RNAO

Liability Protection

Membership in RNAO satisfies the CNO's professional liability protection (PLP) requirement. RNAO members are automatically eligible for the professional liability protection and services of the Canadian Nurses Protective Society. (Undergraduate Nursing Students who are not yet registered with the CNO are excluded).

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

RN and RN(EC) members of RNAO who hold a valid registration from the College of Nurses of Ontario are eligible for CNPS assistance for up to $10,000,000 per claim to a maximum of $10,000,000 per year in respect of claims or legal actions for professional negligence arising from the provision of a professional nursing service in Canada. CNPS assistance includes the payment of any settlement or any court-imposed damages, costs, legal expenses and fees.

RN and RN(EC) members of RNAO who hold a valid registration from the College of Nurses of Ontario are also eligible for CNPS assistance to a maximum of $3,000,000 per year in respect of:

- Claims or legal actions for professional negligence arising from nursing care provided outside Canada;
- Criminal investigations/successfully defended criminal charges;
- Alleged breach of statute (other than professional discipline or labour relations);
- Coroners' inquests; and
- Applications for production of client records in a criminal sexual assault case

In all cases, the proceedings or litigation must take place in Canada.

RNAO members can also contact the CNPS for advice regarding their professional and legal obligations in relation to their nursing practice, professional liability issues and risk management strategies. All consultations are strictly confidential.

CNPS protection is occurrence-based, which means registered nurses can seek assistance from CNPS for any incident arising from nursing practice that occurred while they were members of the RNAO, irrespective of when a claim arising from this incident is made or a civil action is commenced.

For more information, call CNPS at 1-800-267-3390 or visit its website at www.cnps.ca

Read more about CNO's Professional Liability Protection Requirement at: http://rnao.ca/news/cnos-professional-liability-protection-requirement

Watch RNAO's webcast: Understanding the CNO's PLP requirement and legal protections through RNAO membership at: http://mediasite.otn.ca/Mediasite/Play/dcc4b8a35a144cccb0baab5f6c5709381d?catalog=fd668812-d87c-47f9-b1ba-6d979fed9af4

Nursing Inside

Time Crunch: What to Do When Med Pass is Cancelled

By Lorry Schoenly

Consider this scenario: Just as you are preparing for morning med pass at a large city jail a man-down alarm is sounded. Your partner is assigned to emergencies today and she grabs the emergency bag and heads to the announced floor. You continue your preparations, making note that you may be handling both passes this morning if your partner is tied up for very long. A few minutes later, as you are rolling the cart out of the medication room, a call comes in. The man-down is an officer assault, the entire facility is in lockdown, and morning medication rounds are cancelled. Now what?

In traditional health care settings, emergencies may delay some services but accommodations are made to overcome resource limitations to keep care delivery on schedule. Delivering health care is the prime mission of these organizations so plans for emergency need are ever present. In a correctional setting, health care is a support service and not the primary organizational mission. Safety trumps health care needs at all times. Yet, nurses working in secure settings have an obligation to make sure needed medical care, including medication, is provided in a timely manner. It definitely takes determination and creativity to pull this off.

To be effective, many medications must be delivered during specific times related to meals or blood levels of prior doses. Yet, medication timing may be affected by any number of security needs in a correctional setting. Security administration does not often consider the implications of delays or cancellation of medication administration processes when making security decisions. It is often left to health care staff to determine ways to provide the required medication in a timely manner to remain effective in treating the patient condition.

Making Choices

Therefore, it is important to establish a working relationship with security administration and develop a mutual understanding of the therapeutic nature of medication administration and the implication of timing in that therapy. Often a mutually agreeable solution can be reached when medication administration must be delayed or cancelled for a security reason. Here are steps to take when normal medication administration processes are halted.

- Review medications for the particular timing delay/cancellation to determine if any are time-critical (see table on next page);
- Shifting non-time critical medications to the next administration time frame. For example, daily or weekly medication can be moved to a later medication administration time;
- Consult with prescribers for any gray areas. For example, a stable patient on an anticoagulant may be able to have their medication moved to the evening administration time while a patient with fluctuating INR levels may not be able to delay a dose;
- Negotiating a method for delivering time-critical medications. some settings also allow officer-delivered medication.

In all cases, the process for response to medication administration delay should be written into a policy and procedure that is approved by both security and health care leadership. That way there will be no surprises when an emergency situation like the scenario above arises.

Time Critical and Non-Time Critical Medications

The following listing provided by the Institute of Safe Medication Practice (ISMP) http://www.ismp.org/tools/guidelines/acutecare/tasm.pdf is a helpful guide for making determinations when normal medication administration processes are interrupted.

Time Critical Medications

- Antibiotics
- Anticoagulants
- Insulin
- Anticonvulsants
- Immunosuppressive agents
- Pain medication
- Medications prescribed to be administered within a specific time period
- Medications that must be administered apart from other medications for optimal therapeutic effect
- Medications prescribed more frequently than every 4 hours
- Medications that require administration related to before, after, or with meals

Non Time Critical Medications

- Daily, weekly, or monthly medications
- Medications prescribed more frequently than daily but less than every 4 hours (bid, tid) if not in the time critical listing

A Nurse To Know

Angelique Benois, a mental health nurse with the Roy McMurtry Youth Centre (RMYC) is featured in the April 2015 Edition of *Canadian Nurse*!

Angelique started at RMYC in 2010, becoming the first mental health nurse in Ontario to work in a youth custody facility.

Check out the full article at:

http://www.canadian-nurse.com/en/articles/issues/2015/april-2015/on-being-present-and-aware

Congratulations Angelique!

CALENDAR OF EVENTS

September 14, 2015 **Physical Assessment Pearls (London)**
To register go to: http://www.nursinglinks.ca

September 21, 2015 **12 Lead ECG Analysis**
To register go to: http://www.nursinglinks.ca

October 19, 2015 (Toronto) -October 20, 2015 (Ottawa) - October 26, 2015 (London)
Interpretation of Lab Tests
To register go to: http://www.nursinglinks.ca

October 4 – 7, 2015 **Canadian Association of Nurses in Oncology National Conference** (Toronto) - Registration details to follow.

October 21 – 23, 2015 **Canadian Federation of Mental Health Nurses National Conference** (Niagara Falls) Registration details to follow.

October 24 – 27, 2015 **Canadian Council of Cardiovascular Nurses Fall Conference** (Toronto) Registration details to follow.

ANYTIME COURSES OFFERED BY RNAO!

Addictions eLearning Series. To register, go to: http://addictions.rnao.ca/login.php

Nursing and Mobile Technology Register at: http://rnao.ca/bpg/courses/nursing-and-mobile-technology

Caring For Your Patients Receiving Intravenous Therapy. Register at: http://rnao.ca/bpg/courses/caring-your-patients-receiving-intravenous-therapy

Engaging Clients with Substance Use Disorders. Register at: http://rnao.ca/bpg/courses/engaging-clients-substance-use-disorders

Engaging Youth Who Use Substances - Register at: http://rnao.ca/bpg/courses/engaging-youth-who-use-substances

Nursing Management of Hypertension - Register at: http://rnao.ca/bpg/courses/nursing-management-hypertension

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