

College of Registered Psychiatric Nurses of British Columbia

Patient Relations and Professional Practice Committee Annual Report

May 2008

The report from the Patient Relations and Professional Practice Committee highlights the major initiatives and activities undertaken in 2007/2008.

Professional Practice Concerns

Professional practice concerns continue to be received from diverse settings including psychiatric units in general hospitals, community mental health centres, adolescent units, small rural communities, emergency mental health services and intermediate and residential care facilities. Issues raised by Registered Psychiatric Nurses include: risks to client/patient safety; mental health and addiction clients and the increase in drug induced psychosis (crystal meth); admissions to acute care hospitals and patient/client increased acuity levels; rising numbers in community mental health referrals and case loads; inappropriate or lack of discharge information between hospital and community and reporting dishonesty to other jurisdictions. Other professional practice concerns include: shortage of nurses and inadequate staffing complements; increased staff sick time and stress leaves; unsafe work environments resulting from increased violence and the use of weapons in both hospital and community mental health practice settings; the utilization of Licensed Practice Nurses in acute mental health settings where patient/client populations are not stable; the use of Nicotine Replacement Therapy; poor narcotic and controlled drug practices; supervision of RPN, RN and LPN students in clinical settings; family and consumer concerns related to a lack of advocacy services and reduced services.

Labour Mobility

The Canadian governments have undertaken to eliminate all remaining labour mobility barriers in Canada by April 2009. The challenge to labour mobility results from the fact that while the Federal Agreement on Internal Trade puts an obligation on governments to provide access to employment it does not have the right to decide what occupations will be recognized and regulated. Registered Psychiatric Nurses mobility into Eastern Canada, the Atlantic Provinces and the Yukon is among the issues that have been identified as needing to be resolved. This has not previously been addressed because of the difficulty and reluctance of governments, the degree of support or opposition and the extent to which there is a compelling obligation to reach resolution.

As a generality all governments will have to do three (3) things to resolve the Registered Psychiatric Nurse mobility issue: acknowledge that Psychiatric Nursing is a distinct health profession and officially recognize that in the respective jurisdictions; establish a standard for Psychiatric Nursing and ensure that there is an acceptable regulatory mechanism.

An inter-provincial Labour Mobility Working Group, comprised of the four (4) regulatory Psychiatric Nursing bodies in Alberta, British Columbia, Manitoba and Saskatchewan are

continuing to actively address the issues of labour mobility for Registered Psychiatric Nurses. Consultants to the Working Group are advisors and experts on internal trade.

A recent advance in the pursuit of labour mobility for Registered Psychiatric Nurses is that a regulation in psychiatric nursing has been prepared by the Yukon government and is currently under review. The Labour Mobility Working Group is following up on the Yukon legislation, exploring the regulatory structures of other northern regions and how these structures might be formalized; identifying strategic contacts and resources and looking at opportunities for agreements with other provinces that have shown an interest in discussions of this nature. There is continued liaison with the provincial labour mobility coordinators as key contacts to explore further opportunities for labour mobility in other jurisdictions in Canada.

Professional Practice Guidelines

The Patient Relations and Professional Practice Committee have completed three (3) professional practice guidelines over the past year. These include Guidelines for a High Quality Practice Environment for Registered Psychiatric Nurses, a Position Statement on the Use of Physical Restraint and Seclusion as Psychiatric Nursing Interventions and Guidelines for Registered Psychiatric Nurses in Independent Practice. These documents have been posted on the CRPNBC Website.

The preparation of a position statement on The Registered Psychiatric Nurses Role in Family and Consumer Advocacy has been identified as a new initiative for 2008.

Document Reviews

A review of the CRPNBC Standards of Practice and Code of Ethics, Colleagues Demonstrating Substance Abuse/Chemical Dependency and the Competency Profile for the Profession of Psychiatric Nursing will be undertaken in 2008. These documents have not recently been reviewed and were determined to be three (3) reviews that should be addressed as priorities.

Registered Psychiatric Nurses in Independent Practice

The CRPNBC Guidelines for Registered Psychiatric Nurses in Independent Practice were submitted to, and approved by the CRPNBC Patient Relations and Professional Practice Committee and the CRPNBC Board of Directors in March 2008. These Guidelines have been posted on the CRPNBC Website and have been distributed to all RPNs in independent practice in British Columbia.

Patient/Client Safety in Mental Health Practice Settings

The CRPNBC continues to engage with, and be active in initiatives related to the work of the Canadian Institute on Patient Safety in matters affecting the profession of psychiatric nursing, mental health service delivery and patient/client and staff safety.

Workplace Representative Program

The CRPNBC Workplace Representative Program falls under the auspices of the Patient Relations and Professional Practice Committee. The Program utilizes Registered

Psychiatric Nurses in diverse practice settings throughout British Columbia to act as CRPNBC authorized workplace representatives to identify and address professional practice concerns and issues in the settings in which they are employed and in the communities in which they live.

There are approximately twenty six (26) CRPNBC workplace representatives who come from practice settings that include, but that are not exclusive of the community, acute general hospitals, forensic services, correctional services, tertiary facilities, educational facilities, regional treatment centres, mental health teams, adolescent psychiatry, geriatrics and independent practice. Workplace representatives are in all of the Health Authorities throughout British Columbia and represent urban, rural and remote areas where Registered Psychiatric Nurses are employed.

Significant professional practice issues have been identified in many work place settings in both general hospital in-patient psychiatric units as well as in community mental health settings. The CRPNBC continues to work with the workplace representatives, Registered Psychiatric Nurses impacted by the issues and with senior management to resolve outstanding issues, address professional practice concerns and improve practice settings for Registered Psychiatric Nurses. Key themes related to concerns and issues expressed include nursing shortages, security in the work place, drug induced psychosis, increased acuity levels of clients/patients, labour mobility, increased caseloads in the community and patient/client safety issues.

Workplace representatives will be looking to increase communication opportunities with each other and with their respective memberships through the use of the CRPNBC Website, practice networks, quarterly meetings, inserts in the CRPNBC Brochure, work place bulletin boards and regular columns in the CRPNBC's Newsletter.

Acknowledgements

In conclusion of this report, I would like to take the opportunity to publicly acknowledge, thank and commend the members of the Patient Relations and Professional Practice Committee, the Workplace Representatives, the CRPNBC Executive Director/Registrar and her administrative and professional staff for their continued commitment and dedication in supporting the many initiatives that are undertaken. It is these people who are the critical elements to ensure that professional practice concerns and issues are addressed, that there is accountability back to the public for the mental health services and programs with which we are entrusted and that ethical levels of psychiatric nursing practice are maintained.

Respectfully Submitted
Dorothy Jennings
Chair, CRPNBC Patient Relations and Professional Practice Committee