

SASKATCHEWAN

**RN**

ASSOCIATION

Saskatchewan Registered Nurses' Association

# Annual Report 2015





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# Highlights

“It is important for all residents of our community to receive the influenza vaccine. Having it available by RQHR at the Regina Open Door Society makes it more accessible for our newcomers so they can protect themselves and those around them from influenza,”

Karen Baily, RN, Public Health Nurse, RQHR

## In the Public Interest

### Education and Outreach

On October 21, 2015, nursing students delivered health education about influenza immunization, in collaboration with the Regina Open Door Society and Regina Qu'Appelle Health Region.

Getachew Woldyesus, manager of Regina Open Door Society's Settlement Family and Community Services Division stated “We are delighted that the collaborative nursing program has partnered with our Organization and the Regina Qu'Appelle Health Region for a second straight year, to provide this very necessary information and access to immunizations for newcomers to Regina.”

## Supporting Patients and Families

Improving mental health is a provincial priority in Saskatchewan. Recent amendments to the Mental Health Services Act enables Registered Nurses and Nurse Practitioners, in collaboration with the health care team, to better support people experiencing mental health issues. All members of the health care team continue to collaborate to improve access to treatment and enhance open dialogue about mental health.

## Prescription Review Program

In January 2015, RN(NP)s in Saskatchewan were given prescriptive authority to prescribe controlled drugs and substances. The SRNA participates in the Provincial Prescription Review Program. “This legislation removes barriers that previously existed, which means that nurse practitioners are able to work within their existing scope of practice to meet the health care needs of their patients, families and communities.” Signey Klebeck, RN

## leaRN Professional Development Program

A collaboration between the Northern Inter-Tribal Health Authority, the Canadian Nurses Protective Society, SRNA and several health regions offered two RN’s Leading Change workshops in October. Workshops were hosted in Prince Albert and North Battleford. The agenda included co-presentations by SRNA and CNPS staff on the topics of RN Scope of Practice and Assignment and Delegation and an interactive afternoon session on RN Specialty Practices.

**The total amount of RN experience in the room amounted to 751 years.**

# A Message from RN Leaders



Nurses need to take an active part in policy development and related decisions at all levels for the benefit of society. Health cannot be achieved without nurses and without our proactive contributions and participation at all levels of the healthcare system.

I encourage you all to take an active role in policy at the local, national and global level; to develop the skills and networks to influence the direction of change and the outcomes. There is no doubt in my mind that the nurses of Saskatchewan and of Canada are more than able to do so.

Judith Shamian, RN, PhD  
President, International Council of Nurses



CCRNR continues to promote excellence in professional nursing regulation and serves as the national forum and voice regarding regulatory matters. Canada's nurse regulators have a long history of working collaboratively to enhance the effectiveness and efficiency of nursing regulation across the country. CCRNR looks forward to continuing our work together with all of Canada's registered nurse regulators.

Anne L. Coghlan, RN, MScN  
President, Canadian Council of Nurse Regulators



CNA is counting on nurses' commitments to health, wellness and nursing excellence to drive a fundamental transformation in our country's health-care system. As part of that work, we are focused on advancing primary health care — an approach that is vital to increasing access to community-based care, improving chronic disease prevention and management, and supporting families to care for one another.

Karima Velji, RN, PhD, CHE  
President, Canadian Nurses Association

# A Message from the SRNA President



On behalf of the Saskatchewan Registered Nurses' Association (SRNA)'s Council, I extend appreciation for the countless contributions of our members within this year of change.

During this time, I have had the privilege to meet Registered Nurses, Nurse Practitioners, and student nurses in a variety of practice settings. I am inspired by the many examples of exceptional dedication and commitment.

From these discussions, I have reflected upon the importance of RNs and RN(NP)s in their capacity as key leaders within collaborative health care delivery teams. This is supported by an underpinning call for evidence-informed practice and role clarity so that the right care provider was delivering the right care, at the right time. We need to be forward thinking and innovative. This is particularly important in a time of new and increasingly complex health care interventions as well as the aging of our population.

As a regulator, the SRNA works hard to support the needs of our members. Over the past months and into the year ahead, we will work to meet our obligation as an accountable, effective, transparent and profession-led organization in the public interest. We have been and will continue to listen carefully to members, other professionals, health care organizations, employers, post-secondary institutions, decision-makers and colleagues then take action together to make positive change.

We will proudly uphold our professional history and lead change for the future.

Linda Wasko-Lacey, RN,  
President, SRNA



# SRNA Council



Glen-mary Christopher, RN,  
MAL Region 4  
to May 2015



Heather McAvoy,  
Public Representative  
to June 2015



James Leach,  
Public Representative  
to June 2015



Karen Gibbons,  
Public Representative  
to June 2015



Noreen Reed, RN,  
MAL Region 3  
to March 2016



Pamela Komonoski, RN(NP),  
MAL Region 6  
to May 2015



Shirley McKay, RN,  
SRNA Interim Executive Director  
to December 2015



Bernadette Wright, RN,  
MAL Region 2



Betty Metzler, RN,  
MAL Region 4



Warren Koch, RN,  
MAL Region 5





Joanna Alexander,  
Public Representative



Linda Wasko-Lacey, RN,  
SRNA President-Elect May 2015  
& SRNA President 2016



Joanne Petersen, RN,  
SRNA President-Elect



Lynne Eikel, RN,  
MAL Region 6



Nicole Gerein, RN,  
MAL Region 2



Robin Evans, RN,  
MAL Region 7



Jyotsna (Jo) Custead,  
Public Representative



Carolyn Hoffman, RN,  
SRNA Executive Director  
December



James Struthers,  
Public Representative



Karen Eisler, RN,  
SRNA Executive Director  
to May 2015

# A Message from the SRNA Executive Director



Are you an RN or RN(NP) leading change? In this unprecedented time of increasing healthcare complexity and demand, the answer is undoubtedly yes! No matter what domain you practice in, you are being asked to use your knowledge, skills and judgment to ensure the safe delivery of patient and family-centred care directly or indirectly. In many ways, you are also being asked to improve the quality of care being delivered. We cannot approach this work by maintaining the status quo – we must leverage what is uniquely RN and/or RN(NP) to successfully respond to this call to action.

I'm proud to return to my home province of Saskatchewan to become the new Executive Director of the SRNA. I know that it has been a year of change within and external to the Association. I embrace this opportunity and look forward to working with you to stabilize and advance the work of our profession-led regulatory body.

I've had the privilege to meet many RNs and RN(NP)s leading change in collaboration with patients, families and other team members. I've also welcomed formal and informal feedback suggesting that the SRNA more effectively engage the public and members to support our mandate of regulating RNs and RN(NP)s for the safety of the public. We are working under the governance of the SRNA Council to review and update our work processes for this and other outcomes in 2016.

Our annual report indicates that the number of RNs and RN(NP)s is increasing in Saskatchewan. There are also a wide variety of other highlights regarding our membership and the work of the SRNA volunteer committee members, staff and council. I'm grateful for the passion and commitment to registered nursing that is clearly evident across province and I look forward to leading change together!

Carolyn Hoffman, RN,  
Executive Director, SRNA

# VISION

RNs and RN(NP)s are leaders in healthy communities.

# MISSION

Better Health for all through nursing regulation, professional practice, and collaboration.

## 1 Better Regulation

**Accountable** profession- led regulation in the public interest through standards of practice, a code of ethics, competence assurance, education program approval, and continuous quality improvement.

## 2 Better Professional Practice

**Safe**, competent, ethical, and culturally appropriate individual and family-centred care.

**2.1** RNs and RN(NP)s understand and practice to their full legislated scope.

## 3 Better Collaboration

**Collaborative** relationships for excellence in regulation, citizen engagement, and health system transformation.

## In the Public Interest

Profession-led regulation is the regulation of a profession by its members. The regulatory body is accountable for ensuring members are competent in providing the services that society has entrusted to them. Individual members are personally accountable for their professional nursing practice through adherence to the code of ethics, practice standards and maintaining competence.

Effective January, 2015

# Better Regulation

**Accountable profession-led regulation in the public interest through standards of practice, a code of ethics, competence assurance, education program approval, and continuous quality improvement.**

“We need to be open to change; to embrace some of it, and to alter other aspects of it. We need to assert our charge of our destiny and determine our contribution to the world.”

Judith Shamian, RN, PhD  
President, International Council of Nurses

## RNs Leading Change

Work continued on this priority project that included addressing role clarity, and the dissolution of the Transfer of Medical Function (TMF) process, expected by the end of 2016. For the former, the SRNA continued to advocate for finalization and approval of the SRNA/RPNAS/SALPN Collaborative Decision-making Framework.

In anticipation of the dissolution of the TME, frequent and ongoing communication with members and their employers occurred on all phases of the project. A strong focus was placed on RNs working in primary care clinics in northern Saskatchewan as they embarked upon the Prior Learning and Assessment Recognition process.

The third survey of the external multiyear evaluative survey was completed gathering information from RNs and their employers on the transition to the RN with additional authorized practice; specifically their perceptions of client care, the process, and its impact on client care.

The Standards for RN Specialty Practices was approved by Council in February 2015. Work began on the SRNA's first online learning module for members to support their understanding of RN Specialty Practices and developmental work on employer RN Specialty Practices documents.

## Interprofessional Advisory Group (IPAG)

The IPAG reviews and recommends SRNA Clinical Decisions Tools (CDTs) to the SRNA Council. A total of 65 CDTs for the Limited Common Medical Disorders were completed and adopted by Council (June).

### Committee Members

Alida Holmes, RN, Pinehouse  
Heather Keith, RN(NP), Chair, Christopher Lake  
Dr. Leo Lanoie, Prince Albert  
Janet MacKasey, RN, Prince Albert  
Dr. Johan Malan, Saskatoon  
Heather McAvoy, Public Representative, Saskatoon (to June)  
Linda Muzio, RN, SRNA Staff Support  
Loren Regier, Pharmacist, Chair, Saskatoon (to May)  
Anita Nivala, SRNA Staff Support

## RN(NP) Advisory Working Group

This Committee provides advice for legislation, policy development, registration, licensure and practice, and administrative policy framework for registration and licensure of RN(NP)s. Committee discussions included: Controlled Drugs and Substances; Death Certificates; CCRNR NP Practice Analysis; Mental Health Act; Methadone; and Contrast dye.

### Committee Members

Mary Ellen Andrews, RN(NP), Chair, Saskatoon  
Joyce Bruce, RN(NP), White City  
Shelly Cal, RN(NP), Hudson Bay  
Donna Cooke, RN, SRNA Staff Support  
Leah Currie, Public Representative, Saskatoon  
Karen Hercina, RN(NP), Buffalo Narrows  
Heather Keith, RN(NP), Fort Qu'Appelle  
Moni Snell, RN(NP) Regina  
Laveena Tratch, RN, Regina

## National Nursing Assessment Service (NNAS)

In 2015, the NNAS coordinated applications for Internationally Educated Nurses (IENs). The purpose of NNAS is to coordinate a consistent national approach for IENs seeking registration in Canadian jurisdictions. In Saskatchewan this includes RNs, Registered Psychiatric Nurses, and Licenced Practical Nurses. In 2015 the SRNA received 62 applicants through the NNAS.

A total of 68 IEN applications received prior to implementation of NNAS were referred for a Substantially Equivalent Competency (SEC) Assessment from January 1, 2015 – December 31, 2015.

## Ad Hoc Jurisprudence Committee

In 2015, an SRNA Ad Hoc Jurisprudence Committee began developing a framework for implementation of a jurisprudence learning module. The committee met in March and May and held a focus group for member input at the SRNA Conference Day on May 7. Upcoming focus will be on the development of a pilot project with a learning module and then to introduce a bylaw to support it as a component of the Continuing Competence Program (CCP).

### Committee Members

Becky Campbell, RN(NP), Ile A La Crosse  
Marga Cugnet, RN, Weyburn  
Barbara Fitz-Gerald, RN, SRNA Staff Support  
Karen Gibbons, Public Representative, (June)  
Robin Harrington, RN, Saskatoon  
Colin Hein, RN, Saskatchewan Union of Nurses, Regina  
Janet Luimes, RN(NP), Saskatoon  
Val MacLeod, RN, Chair, Esterhazy  
Shirley McKay, RN, SRNA Staff Support

## Canadian Council of RN Regulators (CCRNR)

The CCRNR is an organization made up of representatives from Canada's 12 RN provincial/territorial bodies to promote excellence in nursing regulation and serve as a national forum regarding interprovincial/territorial, national, and global regulatory matters for nursing regulation.

Carolyn Hoffman, RN, Saskatchewan Board Member



# National Council Licensure Examination (NCLEX)

On January 1, 2015, the CCRNR, including the SRNA implemented the national licensure exam, the NCLEX-RN. The NCLEX is administered by the National Council of State Boards of Nursing (NCSBN) and delivered by computer based testing provider Pearson VUE.

## 2015 NCLEX-RN: Canadian Results

This summary includes graduates from Canadian nursing programs, who have applied for registration/licensure in Canada, and who wrote the NCLEX-RN in 2015.

The 549 Saskatchewan graduates who wrote the NCLEX-RN in 2015 represented 6.1% of graduates nationally. The ultimate pass rate for Saskatchewan graduates for 2015 is 79.4% and the national average is 84.1%.

The ultimate pass rate (UPR) is a percentage of how many exam writers passed the NCLEX-RN exam in a given year. It does not take into consideration how often a writer had to attempt the exam before passing or if they have attempts remaining on the exam. Only graduates from a Canadian RN education program who have applied for licensure in Canada are included in the calculation of the UPR.

The UPR is helpful when looking at health human resource planning. It reflects how many Canadian graduates who wrote the exam in a given year will be available to work in Canada once they receive their licenses/registration with the licensing body.

In 2015, the SRNA increased staff resources to assist graduates with preparing for NCLEX-RN writes.

## Results of the Canadian Nurse Practitioner Exam (CNPE)

A total of 24 candidates wrote the CNPE in 2015 with a Saskatchewan first time pass rate of 83.33%.

# Membership Total and Method of Registration

	2011	2012	2013	2014	2015
Registered by Examination	368	399	450	462	496
Registered by Endorsement	213	274	245	205	190
Renewal/ Re-registration	9923	10058	10347	10520	10599
<b>Total Practising</b>	10504	10731	11042	11187	11285
Graduate Nurses	458	476	552	509	562
Non-Practising	194	211	230	226	230
Retired	67	100	121	188	229
Life & Honorary	51	52	53	52	54
<b>Total Membership</b>	11274	11570	11998	12162	12358

## RN(NP)s by Specialty

	2011	2012	2013	2014	2015
Primary Care	130	150	168*	187*	202*
Pediatric	0	0	0	0	2
Neonatal	7	8	7	7	7
Adult	2	2	3*	3*	2*
Adult Women's Health	1	1	1	1	1
<b>Total</b>	140	161	178*	197*	214*

The number of RN(NP)s continues to increase. In 2004 there were only 42, of which all were in primary care. In 2015 that number has increased to 214.

\*One RN(NP) licensed in both specialties.

# Trends in Migration

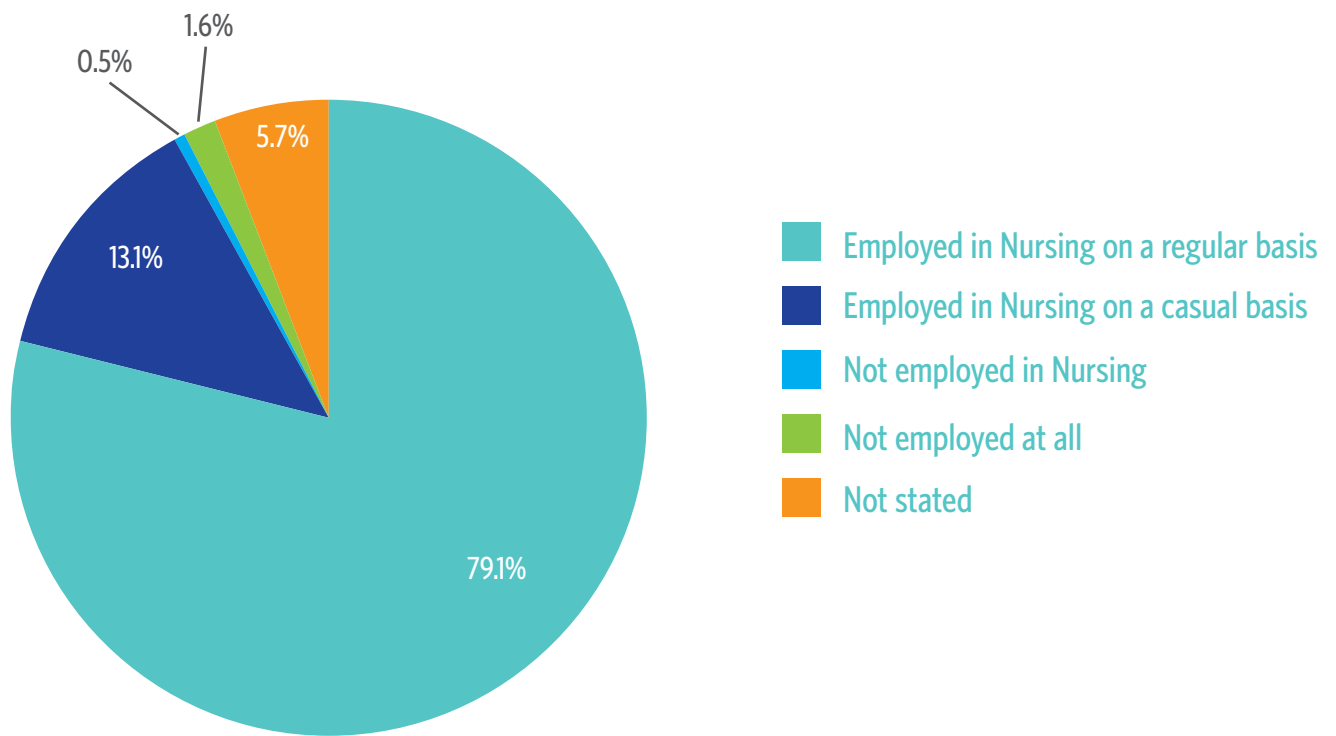
	2011	2012	2013	2014	2015
In-migration	245	297	290	246	361
Out-migration**	287	293	313	381	399

A total of 399 verifications were sent to other provinces or out of the country, with the most going to: Alberta (97); British Columbia (91); Out of country (43); Ontario (39); and Manitoba (34).

There were 361 incoming applicants with the most coming from: Ontario (78); Alberta (43); British Columbia (28); and North West Territories (14).

\*\* the number of requests made by out-of-province registering bodies for verification of registration status.

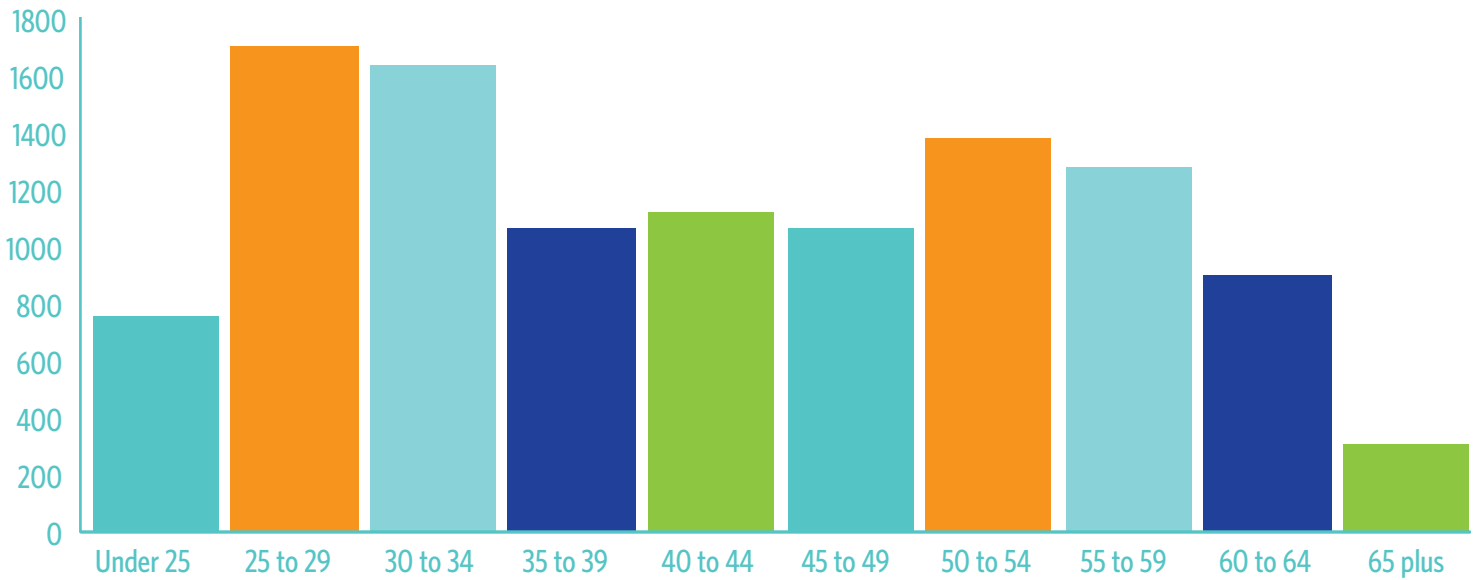
# Employed in Nursing



The majority (79.1%) of practising SRNA members are employed in nursing on a regular basis.

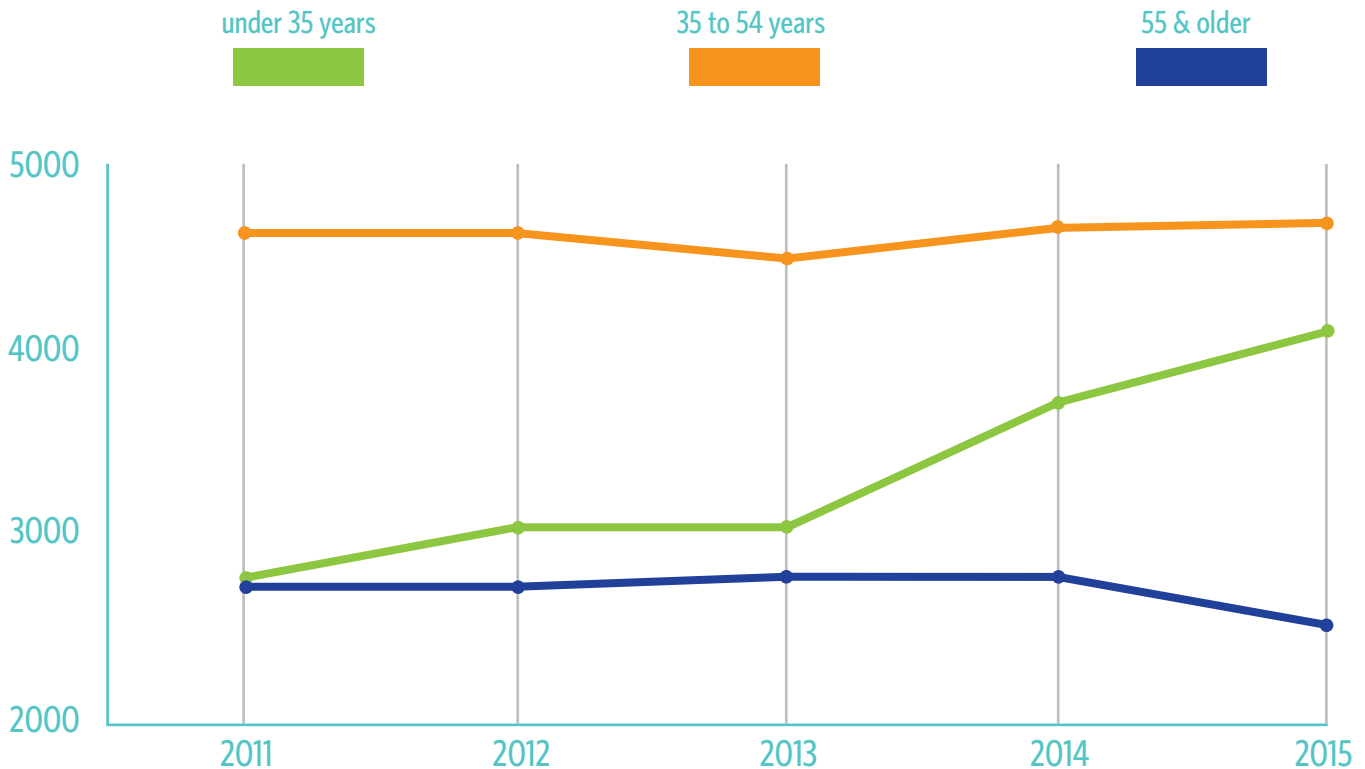
Source: CIHI and SRNA data

# Age Groups for Practicing RN & RN(NP)s



In 2015, 25 -29 & 30 - 34 years of age were the most common age groups among practising RNs/RN(NP)s.  
Source: CIHI and SRNA data

# Trends in the Age of RN & RN(NP)s



In 2015 we saw a rise in under 35 years and a decrease in 55 & older.  
Source: CIHI and SRNA data

# Registration & Membership Committee

Committee activities included: administration of one Good Character Hearing; selection of RN and RN(NP) continuing competence program (CCP) auditors; review of results of the continuing competence program audit; and review and making recommendations for licensure to the Registrar regarding good character, recognition of practice, licensure agreements, exam policies and licensure requirements.

## Committee Members

Barb Fitz-Gerald, RN, SRNA, Staff Support  
Jennifer Guzak, RN, Saskatoon  
Cyril Kesten, Public Representative  
Debbie Kosabeck, RN, Regina  
Karen Loveridge, RN(NP), Melville  
Shirley McKay, RN, SRNA, Staff Support  
Karen Rhodes, SRNA Staff Support  
Karen Turner, RN, SRNA Staff Support (to April)  
Lorna Weisbrod, RN, Lumsden

## Continuing Competence Program (CCP) Audit

The CCP is designed to review and improve the quality of nursing care. The purpose of the audit is to determine whether the required components of the CCP (personal assessment, feedback, learning plan, and evaluation) were completed in the 2014 licensure year.

Auditors for the 2015 audit included two RN(NP)s with clinical and educational backgrounds, and four RNs from various areas of practice.

The number of practicing members who were audited for 2014 included 13 NPs and 106 RNs. Members who were audited were randomly selected from the SRNA membership database. Member-specific information was blinded to ensure confidentiality.

Overall members were compliant with the CCP. A total of 17 letters outlining improvements were issued, and six members met with the Nursing Advisor, Regulatory Services to review the CCP requirements.

## Hourly Audit

RNs continue to be required to practise a minimum of 1125 hours within a five-year period to maintain eligibility for registration.

Results of the 50 randomly-selected member audit were:

All members were compliant with completing the audit; and the vast majority showed there were less than 100 hours difference between member-submitted hours and those sent to the SRNA by the employer.

# Investigation Committee

As the profession-led regulatory body, the SRNA has an obligation to ensure that all members are practising competently and appropriately in the public interest.

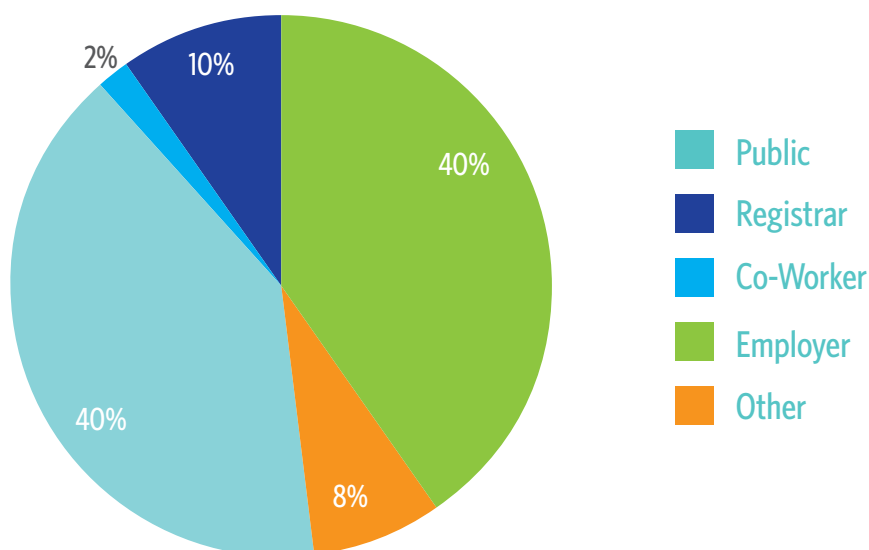
When a written report is received making allegations of professional incompetence and/or misconduct of a RN, RN(NP) or Graduate Nurse, the Investigation Committee has an obligation to initiate an investigation. All written reports are taken seriously and investigated focusing on protection of the public. The Investigation Committee is made up of three RN members and two Public Representatives appointed by SRNA Council who meet on a monthly basis to review all investigations undertaken, interviews conducted, evidence / documentation collected, and to render decisions. Quorum for all decisions is two RN members and one Public Representative.

At the conclusion of an investigation, the Investigation Committee has the authority to render one of four possible decisions: Dismiss the case, issue a Letter of Guidance; request a member voluntarily enter into a Consensual Resolution Agreement (CRA)/Revised CRA where conditions and/or restrictions are placed; or refer the matter to a Discipline Hearing before a Discipline Committee. The Investigation Committee monitors members' compliance with terms, conditions and/or restrictions in practice until concluded.

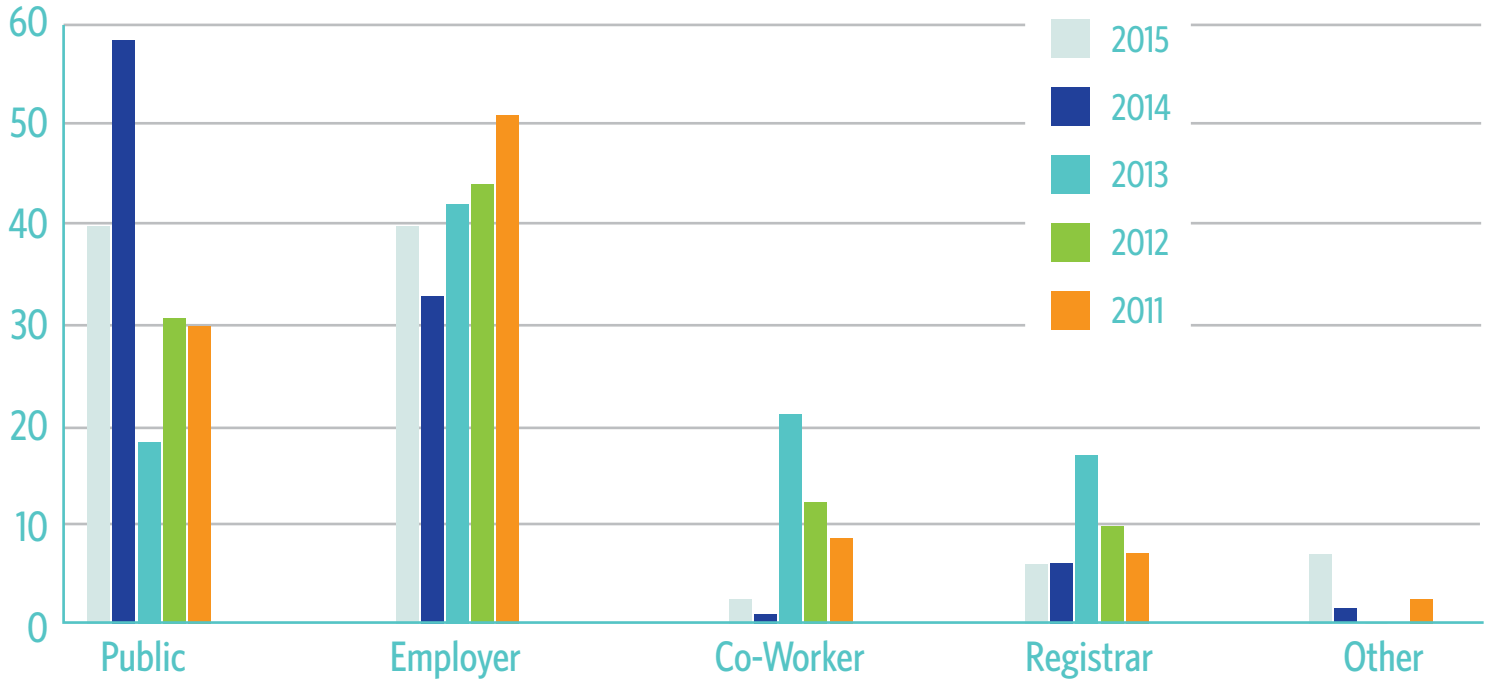
Breakdown of written reports: 92% related to the practice of Registered Nurses; 6% related to the practice of Registered Nurse (Nurse Practitioners); and 2% related to the practice of Graduate Nurses. A total of 20 cases remain under investigation and have been carried over for decision in 2016.

The chart titled "Source of Reports 2015" indicates the distribution of written reports by source, with 40% arising from the Public and Employers respectively. See chart titled "Percentage of Written Reports by Source: 2011-2015".

## Source of Reports 2015

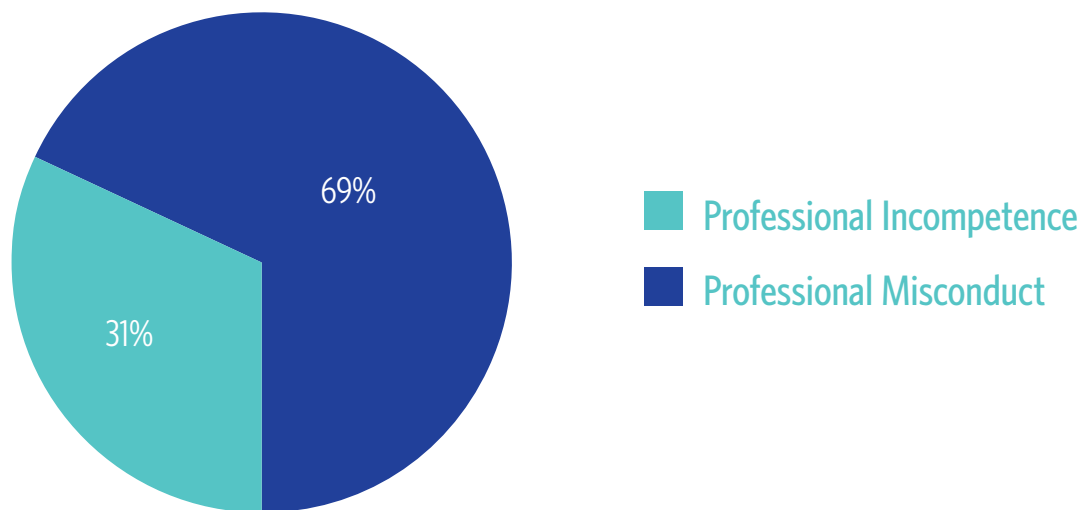


## Percentage of Written Reports by Source



Professional incompetence and/or misconduct alleged in the written reports received in 2015 are noted in the chart titled “Nature of Report” below. The nature of concern is collected in each investigation undertaken and may include more than one allegation of professional incompetence and or misconduct. The majority of allegations under investigation in 2015 related to concerns with professional misconduct.

## Nature of Report



Competence Assurance undertakes to provide written notification of a written report to the report writer and member within 30 days of receipt. In 98% of the cases initiated in 2015 written notification was completed within the expected timeframe, and 96% were completed within 15 days. Variance outside of the 30 day timeline occurred as a result of additional time needed to contact the report writer prior to launching of an investigation.



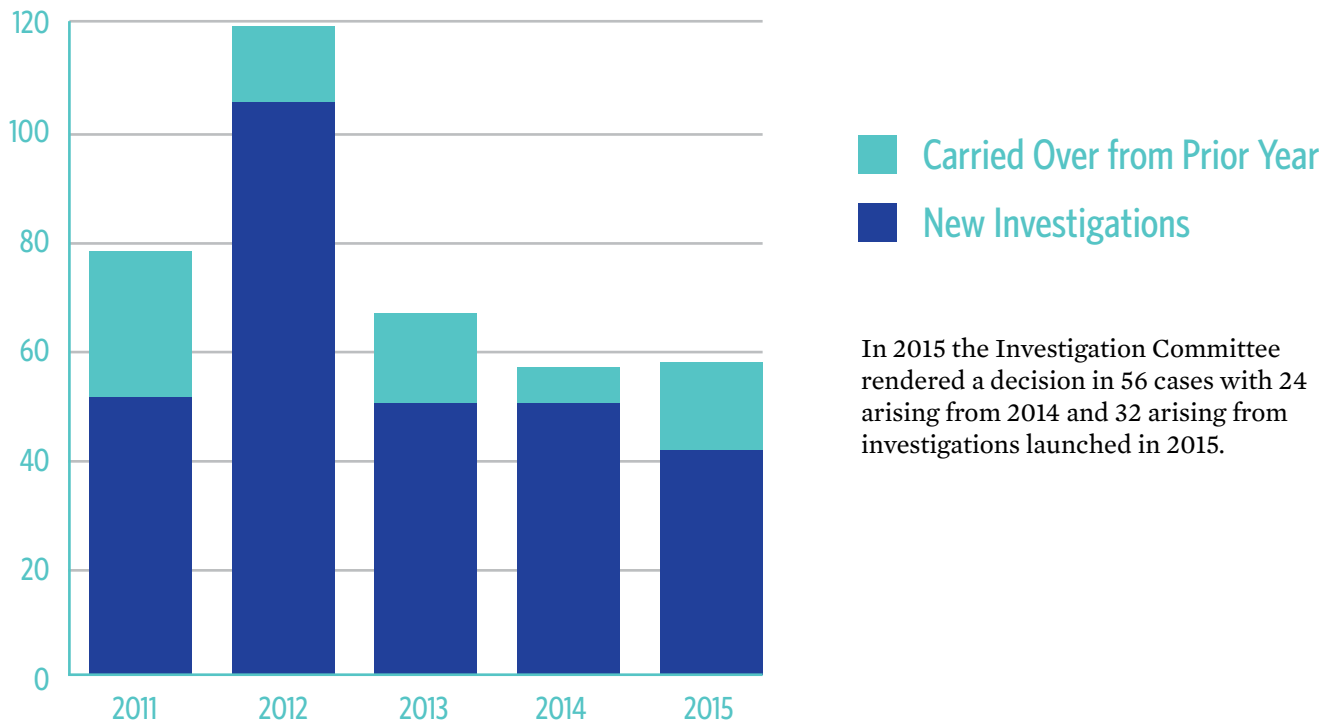
## 2015 Top 3 Allegations of Professional Incompetence

1. Lack of appropriate assessment, needs identification, outcome identification, planning and intervention skills
2. Inappropriate medication practices
3. Inappropriate documentation

## 2015 Top 3 Allegations of Professional Misconduct

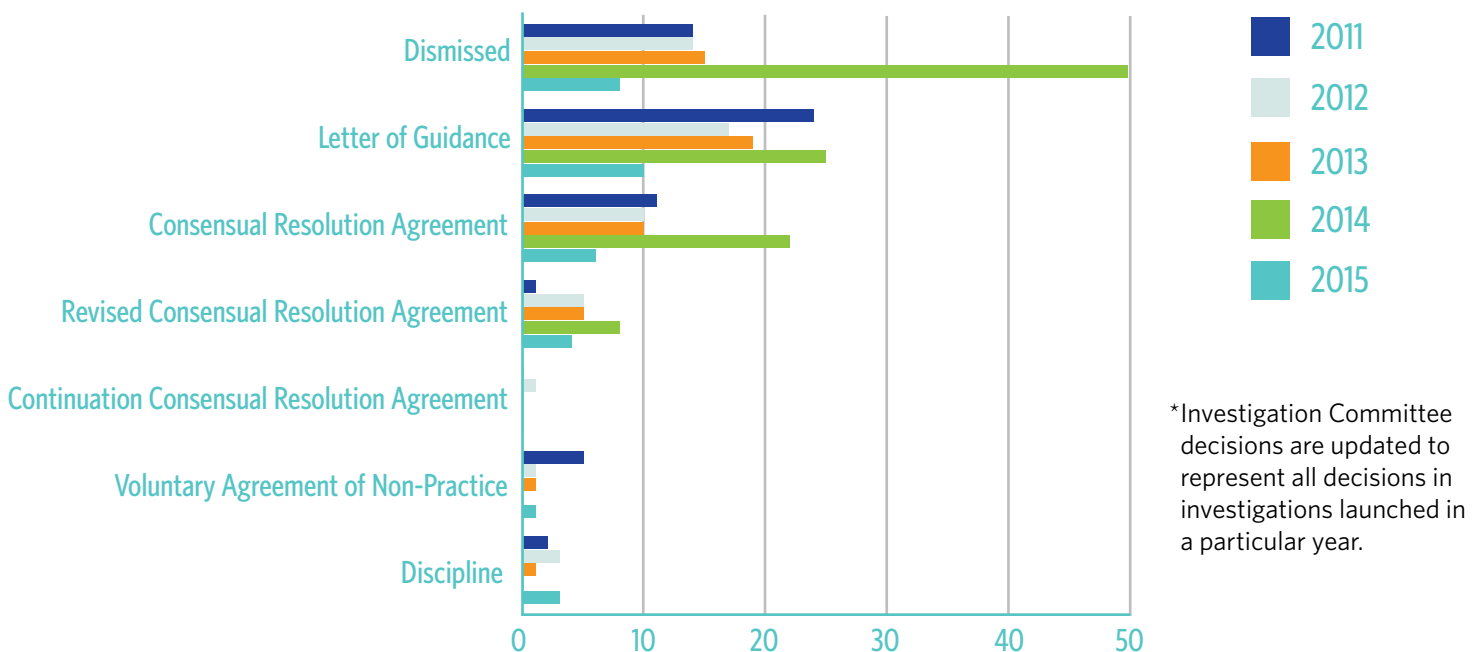
1. Not advocating for client
2. Not following hospital policies/protocols
3. Client abandonment, breach of confidentiality, withholding /threatening to with-hold medical treatment

## Number of Cases Investigated



In 2015 the Investigation Committee rendered a decision in 56 cases with 24 arising from 2014 and 32 arising from investigations launched in 2015.

## 5 Year Comparison of Decisions



\*Investigation Committee decisions are updated to represent all decisions in investigations launched in a particular year.

The 24 cases carried forward from 2014 were resolved with the following disposition: 9 were Dismissed; 4 resulted in Letters of Guidance; 5 were moved to CRAs; and 6 were moved to Revised CRAs.

The majority of decisions rendered in investigations launched in 2015 resulted in a Letter of Guidance. A dismissal of a case was issued in 25% of the investigations, and occurs based on the investigation and evidence that has been obtained that there is no or insufficient evidence to support the allegations provided. A letter of guidance was issued in 31% of the investigations undertaken, and are issued when there is insufficient evidence to refer the matter to a disciplinary process (CRA, Revised CRA, or Discipline Hearing), but tends to show undesirable practice and/or conduct. Members were offered and signed a voluntary CRA (19%) or Revised CRA (13%). One case was moved to a Voluntary Agreement of Non-Practice with conditions and restrictions. There were three referrals made to the Discipline Committee (9%) in 2015.

The CRAs developed in 2015 related to multi-factorial concerns where evidence was found to support concerns with professional competence and/or conduct by members in practice arising from:

- medication management: ensuring for rights of administration, errors/omissions, documentation, evaluation, and following best practice/organizational policy and procedure;
- professionalism and interpersonal communication: demeanor, deportment, effective communication, and functioning as a team member;
- documentation: factual, accurate and complete;
- nursing process: completion of assessments and interventions;
- identification and intervention on changes in a client's condition;
- breach of scope of practice as a registered nurse;
- existence of an underlying medical or other concern impacting practice; and,
- identification of progressive practice concerns relating to ability to perform the duties of a registered nurse.

The Revised CRAs developed in 2015 related to members who were reported back to the Investigation Committee for further investigation, and where evidence was found to support ongoing concerns with practice arising from:

- termination of employment while a member was the subject of a CRA (mandatory reporting requirement);
- relapse of an addiction to drugs and/or alcohol;
- identification of progressive competence concerns in practice, including but not limited to: completion of the nursing process appropriately (i.e.: assessment and intervention), medication management, and documentation; and,
- identification of progressive conduct concerns in practice, including but not limited to: professionalism, privacy and confidentiality, not functioning as a team member, interpersonal skills, not ensuring for protection of a client, and not completing conditions for safe competent care or requirements set out in a Consensual Resolution Agreement.

A four-month benchmark is utilized for Competence Assurance decisions to be made by the Investigation Committee. Turnaround time is measured from the date the written report is received by the SRNA until the date of decision rendered by the Investigation Committee in an investigation (i.e.: Dismissed, Letter of Guidance, Consensual Resolution Agreement [CRA], Revised CRA, or referral to a Discipline Committee). The turnaround time does not include the negotiation of a CRA nor the timeframe for a Discipline Hearing to occur or decision to be rendered. Decisions by the Investigation Committee were achieved within four months in 81% of the investigations, 16% within 5 months, and 3% within 6 months for resolution. Delays in resolution occurred due to scheduling of member interviews, legal consultation, or obtaining supporting documentation in an investigation.

As of December 31, 2015 27 Consensual Resolution Agreements were subject to monitoring. A total of four Consensual Resolution Agreements were completed in 2015.

The SRNA Investigation Committee distributes a voluntary de-identified participant survey to the person submitting a written report regarding professional incompetence and/or misconduct

of a member and to the member who was the subject of the investigation. The surveys are identical in content and are sent out at the conclusion of an investigation. A total of 96 surveys were distributed to participants from January 1, 2015 - December 31, 2015. There was a 26% response rate for all participants. This is unchanged from 2014.

2015 Survey Results indicated: 88% of participants perceived the process to be fair and unbiased; 88% of participants reported the process as timely; 96% of participants indicated the process was transparent; 88% of participants noted the process was effective; and 96% of participants rated the process as confidential.

## Committee Members

Andy Anderson, Public Representative, Regina  
Joanne Blazieko, RN, Chair Moose Jaw (to October)  
Jeanine Brown, RN, SRNA Staff Support  
Marilyn Morrison, SRNA Staff Support  
Rhonda O'Hagan, RN, SRNA Staff Support (on leave)  
Dan Pooler, Public Representative, Regina  
Carole Reece, RN, SRNA Staff Support  
Noelle Rohatinsky, RN, Saskatoon  
Erika T. Vogel, RN, SRNA Staff Support  
Sandra Weseen, RN, Chair Melfort (as of November)  
Yvonne Wozniak, RN Moose Jaw (as of November)

## Discipline Committee

The Discipline Panel rendered one penalty decision in 2015.

Gregory Pittman RN#0034554 of Saskatoon, Saskatchewan.  
Was charged with professional misconduct contrary to section 26(1) and 26(2) (1) of the *The Registered Nurses Act*, 1988 and numerous sections of the Standards and Foundation Competencies for the Practice of Registered Nurses, 2007 and the Code of Ethics. The complete discipline decision is posted on the SRNA website.

## Discipline Committee Resource Pool Members

Activities of the committee included an orientation day for new members as well as two workshops for all committee members.

Ruth Black, RN, Vanscoy  
Brenda Bumphrey, RN, Moose Jaw (to April)  
Stella Devenney, RN(NP), Regina  
Anne Marie Edmonds, RN, Major  
Christopher Etcheverry, RN, Battleford  
Barb Fitz-Gerald, RN, SRNA Staff Support  
Michell Jesse RN, Regina  
Daniel Kishchuk, Public Representative, Saskatoon  
Lynda Kushnir Pekrul, RN, Regina  
Patricia LeBlanc RN, Richardson  
Edward Lloyd, RN, Prince Albert (to June)  
Deb Mainland, SRNA Staff Support  
Frances Passmore, Public Representative, White City  
Valerie Pearson, Public Representative, Writer, Saskatoon  
Doreen Pretzlaw, RN, Regina (to August)  
Mark Schramm, RN, Saskatoon (to August)  
Juliet Smith-Fehr, RN, Saskatoon (to December)  
Moni Snell, RN(NP), Regina  
Elaine Stewart, RN, Balgonie  
Stella Swertz, RN, Weyburn  
Neal Sylvestre, RN, Maidstone  
Janna Willis, RN, Regina

# Legislation & Bylaws Committee

The purpose of the legislation and bylaws committee is to discuss and develop options for Council regarding potential changes to The Registered Nurses Act, 1988 or Bylaws and when directed by Council, draft, review and recommend revisions. In 2015, the SRNA received government approval for the 2015 regulatory Bylaw amendments that were forwarded to government.

The Committee reviewed and recommended SRNA Bylaw amendments to Council and completed consultation on proposed amendments with: the College of Physicians and Surgeons of Saskatchewan – Bylaw Delegation to RNs; Saskatchewan College of Pharmacists – The Pharmacy Act; Saskatchewan Association of Licenced Practical Nurses – Bylaw; College and Association of Registered Nurses of Alberta – Registered Nurses Profession Regulation; and The Massage Therapy Act.

The Committee monitors provincial and national legislative trends related to the regulations of the nursing profession.

## Committee Members

Eunice Abudu-Adam, RN, Regina  
Julie Benjamin, SRNA Staff Support (to February)  
Regan Bussiere, SRNA Staff Support (March to December)  
Karen Eisler, RN, SRNA Staff Support (to June)  
Janice Giroux, RN, Weyburn  
Cheryl Hamilton, RN, SRNA Staff Support  
Heather McAvoy, Public Representative, Saskatoon (to June)  
Shirley McKay, RN, SRNA Staff Support  
Joanne Petersen, RN, Chairperson, Moose Jaw (June to December)  
James Struthers, Public Representative, Regina (June to December)  
Karen Ulyott, RN, Prince Albert  
Linda Wasko-Lacey, RN, Chairperson, Rosetown (to June)

# **Better Professional Practice**

**Safe, competent, ethical, and culturally appropriate individual and family-centred care.**

**2.1 RNs and RN(NP)s understand and practice to their full legislated scope.**

# Program Approval

Approval of RN and RN(NP) education programs is part of the SRNA mandate. Activities of the Nursing Education Program Approval Committee included:

Review of the annual update from the following programs: Collaborative Nurse Practitioner (CNPP) (Saskatchewan Polytechnic /University of Regina); Primary Care Nurse Practitioner Program Dissolution (Saskatchewan Polytechnic); Primary Health Care RN(NP) Master of Nursing (University of Saskatchewan); the Nursing Education Program of Saskatchewan (NEPS) Dissolution; Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) (University of Regina/Saskatchewan Polytechnic); Bachelor of Science in Nursing (BSN) (University of Saskatchewan); RN Re-entry; and Orientation to Nursing in Canada for Internationally Educated Nurses (ONCIEN).

Selection was made of the Assessment Team for the SCBScN program site visit scheduled for February 2016.

There was a review of the BScN After Degree Nursing Program (University of Regina).

The NURS 1679 Clinical Decision-making course for the Registered Nurse with Additional Authorized Practice was approved.

Manuals developed in 2015 included: the Nursing Education Program Approval Process Established RN Programs Manual, and the Nursing Education Program Approval Process New/Dissolving RN or RN Re-Entry Programs Manual.

## Nursing Education Program Approval Committee

The Nursing Education Program Approval Committee held four meetings in 2015.

### Committee Members

Joanne Hahn, SRNA Staff Support  
Cheryl Hamilton, RN, SRNA Staff Support  
Patricia Harlton, Public Representative, Regina  
Kelly Johnson, RN, Saskatoon  
Gillian Oberndorfer, RN, Chair, Regina  
Laura Matz, RN, Saskatchewan Ministry of Health Representative, Regina  
Noella Selinger, Profession Representative, Regina  
Deborah Thompson, RN, Fillmore  
Laura Wood, RN(NP), Estevan

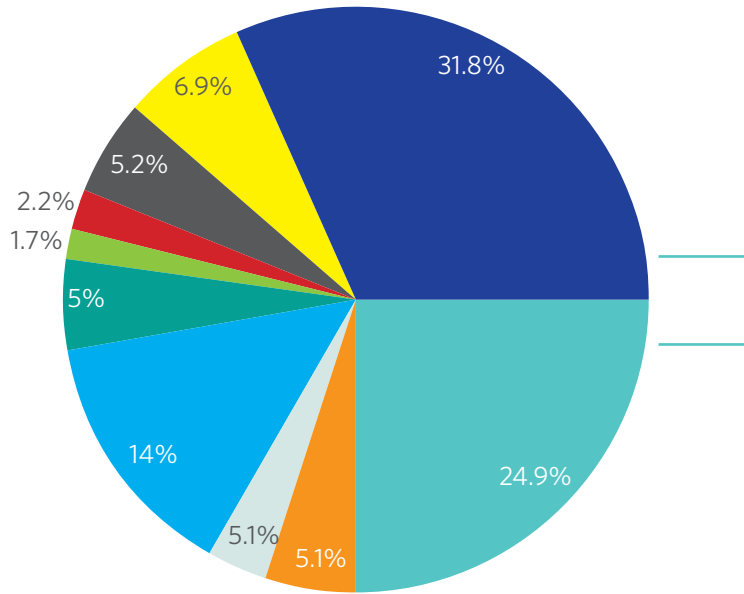
## Practice Consultations

The Practice team provided 883 practice consultations - an increase of 46 since 2014. Of those, 46 were agency consultations; an increase of 43% from 2014.

51.4% of all the consultations received came from point-of-care nurses, 20.4% from administrative nurses, 13.8% from RNs in education and 12.5% non-RNs; the remainder came from RNs within the domains of research and policy. 49.6% of the consultations came from those working in an urban location, 21% were rural, 5% were from the north, 14.6% were unknown or not applicable and 10% were from those working in multiple locations.

Of the total calls received, 95% were individual consultations, and 5% were agency consultations.

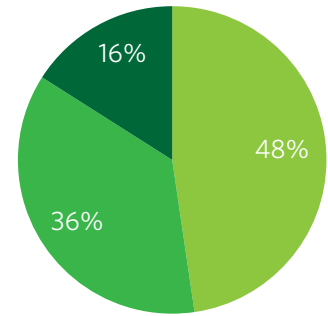
# Practice Calls by Type



- Scope of Practice
- Info/Networking
- Nursing Practice Standards
- Safety
- Legal
- Continuing Competence
- Ethical
- Other
- Unreachable
- Agency Consultation

The consultations related primarily to Scope of Practice and Nursing Practice Standards (56.7%).

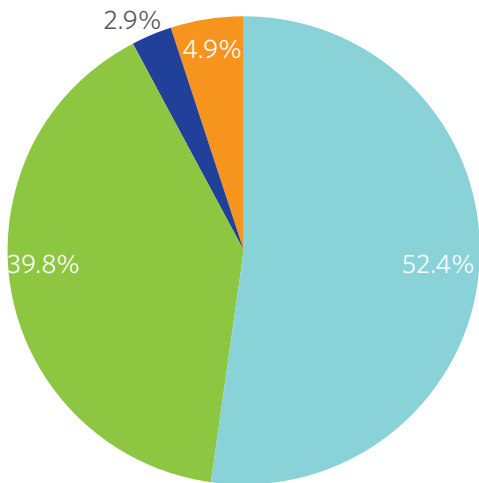
Within those two categories, 17.6%(48%) of consultations related to Role Clarity; 13.4%(36%) related to RN Specialty Practice; and 5.9%(16%) related to RN(NP) Scope of Practice.



- Role clarity
- RN Specialty Practices
- NP Scope of Practice

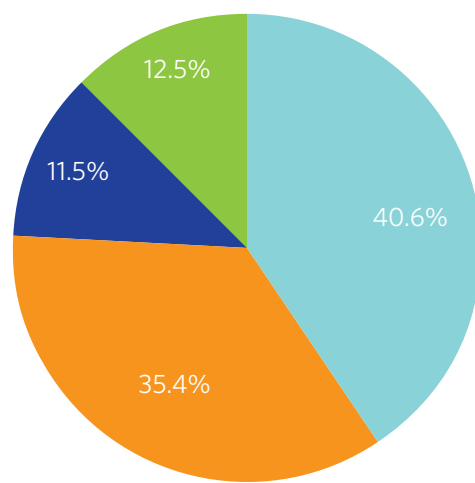
# Continuous Quality Improvement Initiative

How satisfied were you with the professionalism of the SRNA Practice Advisor(s) who worked with you?



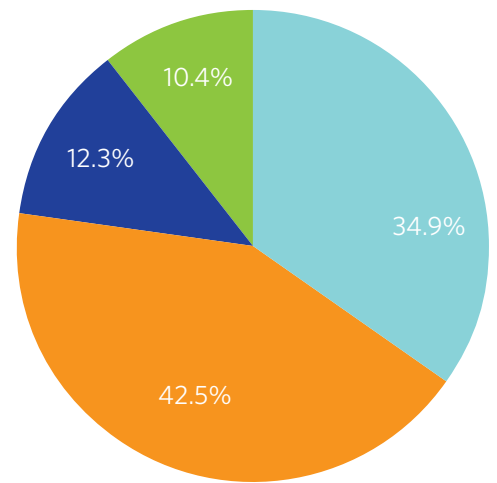
- Very Satisfied
- Dissatisfied
- Satisfied
- Very Dissatisfied

Rate the quality of information or resources that were provided to you.



- Excellent
- Fair
- Good
- Poor

Reflecting on your experience, please rate the overall practice consultation service at the SRNA?



- Excellent
- Fair
- Good
- Poor





# **Better Collaboration**

**Collaborative relationships for  
excellence in regulation, citizen  
engagement, and health system  
transformation.**

## Membership Advisory Committee (MAC)

Activities for 2015 included: review of the MAC terms of reference; identification of strategies for student and member engagement; appointments or re-appointments of 23 members to internal and external committees; and recommendations to Council for statutory committees.

### Committee Members

Lorraine Barker, RN(NP), Yorkton  
Terri Belcourt, RN, SRNA Staff Support  
Linda McPhee, RN, Chair, Saskatoon  
Cindy Smith, RN, Milestone  
Lesley Stronach, SRNA Staff Support  
Rena Sutherland, RN, Eatonia  
George Thomas, Public Representative, Regina

## Awards Committee

The Awards Committee receives and reviews nominations and determines award recipients for the SRNA Awards of Excellence, including inductees for the SRNA Memorial Book. In May 2015, five recipients and two memorial inductees were honoured at the SRNA Annual Awards of Excellence Banquet and Ceremony.

### Committee Members

Leah Clement, RN, Regina  
Jan Devitt, Public Representative, Regina  
Stacy Hunt, RN, Regina  
Jayne Naylen Horbach, RN, Chair, Regina  
Susan Smith Brazill, SRNA Staff Support (to September)  
Marlene Strenger, RN, Saskatoon  
Lesley Stronach, SRNA Staff Support

## External Committee Representatives

Cheryl Besse, RN, Saskatoon, Board of Directors of the Saskatchewan Prevention Institute  
Fred Bordas, RN, Regina, Nursing Re-entry Program Advisory Committee  
Penny Bouchard, RN, Saskatoon, eHealth Information Advisory Committee  
Joyce Bruce, RN(NP), White City, Canadian Nurse Practitioner Exam Committee  
Jeannie Coe, RN(NP), Saskatoon, Nurse Practitioner Program Advisory Committee  
Anne Marie Greaves, RN, Tisdale, University of Regina, Faculty of Nursing and the Student Performance of Professional Responsibilities and Professional Unsuitability Committee  
Carla Hartman, RN, Regina, Critical Care Nursing Program Advisory Committee  
David Kline, RN, Drake, Canadian Nurses Protective Society Board  
Fay Michayluk, RN, Wakaw, Northern Nurses Education Committee  
Kathleen Perrin, RN, Saskatoon, Orientation to Nursing in Canada for IENs Program Advisory Committee  
Greg Riehl, RN, Regina, EHR/Saskatchewan Laboratory Results Repository  
Marlene Smadu, RN, Regina, University of Regina Senate  
Vikki Smart, RN, Meota, Collaborative Nurse Practitioner Program Advisory Committee  
Sharon Staseson, RN, Regina, Midwifery Transition Council  
Colleen Toye, RN, Prince Albert, University of Saskatchewan Senate

## Nominations Committee

The focus of the committee is to recruit potential RN and RN(NP) members for the SRNA annual election.

Nomination forms were available online in September. Calls for nominations were included in the November and December messages from the desk of the ED and in the Fall 2014 issue of the SRNA NewsBulletin. Targeted recruitment including use of social media channels was utilized to recruit members. The committee successfully recruited members for President-elect and three Member-at-large positions. Nominations for the nominations committee were accepted from the floor during the 2015 Annual Meeting in Saskatoon.

Voting was conducted online using Balloteer, an independent, third-party technology audit, compliant with best practices for the security of network assets. This multi-layer perimeter protects the voting application, data, and results.

### Committee Members

Terri Belcourt, RN, SRNA Staff Support  
Sherry Culham, RN, Regina  
Robert Friedrich, Public Representative, Regina (as of September)  
Kandice Hennenfent, RN, Chair, Moose Jaw (to May)  
Signy Klebeck, RN, Chair, Saskatoon (as of May)  
Karen Marchuk, Public Representative, Regina (to August)  
Anita Nivala, SRNA Staff Support  
Joan Wagner, RN, Saskatoon (as of May)  
Melanie Woods, RN, Saskatoon (to May)

## Committee for Member Groups

The SRNA Professional Practice Groups (PPGs) promote professional growth, provide professional development in nursing practice as well as promote networking and support within the community of nurses.

In 2015, education days were hosted by a variety of groups including: Pain Management PPG; Saskatchewan Chapter for Canadian Association of Critical Care Nurses; Saskatchewan HIV/AIDS/HCV Nursing Education Organization; Saskatchewan Skin and Wound Interest Group; Nurse Practitioners of Saskatchewan; PeriAnesthesia Nurses Group of Saskatchewan and the Saskatchewan Operating Room Nurses Group.

The Parish Nurses Professional Practice Group hosted the Canadian Association for Parish Nursing Ministry National Conference in Saskatoon. The Nurse Practitioners of Saskatchewan hosted an NP Awareness Day with a flag raising at the Legislature and a reception at Government House hosted by the Lieutenant Governor.

## Professional Practice Groups

Aboriginal Nursing Professional Practice Group (new in 2015)  
Administrative Nurses Professional Practice Group  
Clinical Nurse Educator Professional Practice Group  
Clinical Nurse Specialists Professional Practice Group  
Forensic Nursing Professional Practice Group  
Global Professional Practice Group  
New Nurses of Saskatchewan Professional Practice Group (new in 2015)  
Nurse Practitioners of Saskatchewan  
Parish Nursing Professional Practice Group  
PeriAnesthesia Nurses Group of Saskatchewan  
Prairie West Health District Chapter  
Professional Practice Group in Pain Management  
Retired Nurses Professional Practice Group  
Rural and Remote Professional Practice Group in Saskatchewan  
Saskatchewan Chapter for Canadian Association of Critical Care Nurses  
Saskatchewan Emergency Nurses Group  
Saskatchewan HIV/AIDS/HCV Nursing Education Organization  
Saskatchewan Nursing Informatics Association  
Saskatchewan Occupational Health Nurses' Group  
Saskatchewan Operating Room Nurses Group  
Saskatchewan Skin and Wound Interest Group  
Watrous Chapter

## Workplace Representatives

Workplace Representatives represent the SRNA and the membership regarding SRNA resources and services, and are champions for excellence in registered nursing care in their workplace. In 2015 there were 186 Workplace Representatives representing every health region in Saskatchewan.

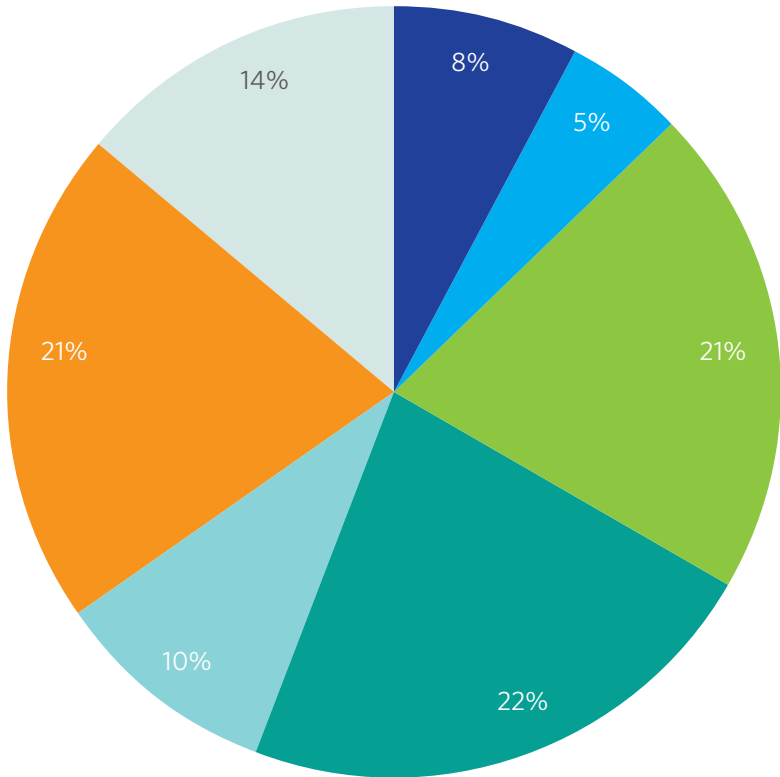
## Workplace Educators

In 2015 there were 22 Workplace Educators, members who provided SRNA-developed presentations on the Code of Ethics, Continuing Competence, Documentation, Medication Administration and Mobile Devices, Apps and Social Media, and RN Scope of Practice.



# Summmarized Financial Statements

# Where do my fees go?



- Canadian Nurses Association
- Canadian Nurses Protective Society
- Strategy
- Corporate Services
- Member Communications & Education
- Registration & Competence Assurance
- Practice Support

## INDEPENDENT AUDITORS' REPORT ON SUMMARY FINANCIAL STATEMENTS

### To the Members

#### Saskatchewan Registered Nurses Association

The accompanying summary statements, which comprise the summary statement of financial position as at **December 31, 2015** and the summary statement of operations and summary cash flow statement for the year then ended, and related notes, are derived from the audited financial statements of *Saskatchewan Registered Nurses Association* for the year ended **December 31, 2015**. We expressed an unmodified audit opinion on those financial statements in our report dated March 30, 2016.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summarized financial statements, therefore, is not a substitute for reading the audited financial statements of *Saskatchewan Registered Nurses Association*.

#### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation of a summary of the audited financial statements in accordance with Canadian accounting standards for not-for-profit organizations.

#### *Auditors' Responsibility*

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

#### *Other Matters*

Our auditor's report dated March 30, 2016 on the audited financial statements included an Other Matter paragraph drawing attention to the fact that the financial statements of *Saskatchewan Registered Nurses Association* for the year ended December 31, 2014 were audited by other auditors who expressed an unmodified opinion on those statements on March 25, 2015. Such auditors also audited the summary financial statements of *Saskatchewan Registered Nurses Association* for the year ended December 31, 2014 and expressed an unmodified opinion on those summary financial statements on March 25, 2015.

#### *Opinion*

In our opinion, the summarized financial statements derived from the audited financial statements of *Saskatchewan Registered Nurses Association* for the year ended December 31, 2015 are a fair summary of those financial statements, in accordance with Canadian accounting standards for not-for-profit organizations.

March 30, 2016  
Regina, Saskatchewan

VIRTUS GROUP LLP  
Chartered Professional Accountants

**SASKATCHEWAN REGISTERED NURSES ASSOCIATION**  
**SUMMARIZED STATEMENT OF FINANCIAL POSITION**  
**AS AT DECEMBER 31, 2015**  
**(with comparative figures for 2014)**

	<b>2015</b>	<b>2014</b>
<b>Assets</b>		
Cash	\$ 5,411,910	\$ 1,621,256
Investments	1,063,910	4,482,774
Accounts receivable and prepaid expenses	93,274	72,354
Tangible capital assets	1,613,598	1,719,538
Intangible asset	398,606	450,562
	<b>\$ 8,581,298</b>	<b>\$ 8,346,484</b>
<b>Liabilities</b>		
Accounts payable and accrued liabilities	\$ 1,007,373	\$ 527,462
Deferred revenue and fees collected in advance	5,185,492	5,215,781
Long-term debt	584,399	638,935
	<b>6,777,264</b>	<b>6,382,178</b>
<b>Net Assets</b>		
Invested in tangible capital & intangible assets	1,427,805	1,531,165
Unrestricted surplus	306,229	363,141
Internally restricted for 100th anniversary	70,000	70,000
	<b>1,804,034</b>	<b>1,964,306</b>
	<b>\$ 8,581,298</b>	<b>\$ 8,346,484</b>

*The audited financial statements of Saskatchewan Registered Nurses Association are available upon request by contacting the Association.*

**Approved on behalf of Council:**

*Linda Mackinnon* Council Member

*Ganni Petersen* Council Member

**SASKATCHEWAN REGISTERED NURSES ASSOCIATION**  
**SUMMARIZED STATEMENT OF OPERATIONS**  
**FOR THE YEAR ENDED DECEMBER 31, 2015**  
(with comparative figures for the year ended December 31, 2014)

	<u>2015</u>	<u>2014</u>
<b>Revenue</b>		
Memberships	\$ 5,895,184	\$ 5,625,188
Other revenue	545,142	702,886
	<u>6,440,326</u>	<u>6,328,074</u>
<b>Expenses</b>		
Change projects	220,383	574,488
Communications	734,405	745,392
Competence assurance	592,250	551,508
Corporate services	789,291	763,659
Council and governance	182,009	214,417
Human resources	247,881	83,618
Information technology	652,852	512,769
Practice support	431,526	310,648
Professional standards	386,039	305,765
Program approval	48,607	45,501
Registration	546,165	664,706
Regulatory	390,832	320,652
Strategy	1,378,358	1,397,878
	<u>6,600,598</u>	<u>6,491,001</u>
<b>Deficiency of revenue over expenses</b>	<u>\$ (160,272)</u>	<u>\$ (162,927)</u>



# 2015 Staff Directory

## Executive Office

Karen Eisler, RN, Executive Director (to May 2015)  
Julie Szabo, Executive Assistant, Governance  
Regan Bussiere, Interim Executive Assistant, Governance  
(June 2015 – November 2015)  
Shirley McKay, RN, Interim Executive Director (June 2015 –  
November 2015)  
Carolyn Hoffman, RN, Executive Director (as of December  
2015)

## Communications & Corporate Services

Susan Smith Brazill, Director, Communications & Corporate  
Services (to September 2015)  
Shelley Svedahl, Manager, Communications & Public Relations  
Trevor Black, CPA, Manager, Finance & Technology  
Cheryl Weselak, PCP, Coordinator, Human Resources &  
Events Management  
Tony Giruzzi, Coordinator, Network Support  
Adam Lark, Technology & Design Specialist  
Emery Wolfe, Technology & Multimedia Specialist  
Debbie Head, Finance Specialist (to December 2015)  
Susan Greenman, Senior Assistant, Corporate Services  
Michelle James, Senior Assistant, Customer Relations  
Victoria Maria Kos, Senior Assistant, Corporate Services  
(June 2015)

## Regulatory Services

Shirley McKay, RN, Director, Regulatory Services/Registrar  
(January 2015 – May 2015)  
Barbara Fitz-Gerald, RN, Manager, Registration & Policy  
(January 2015 – May 2015)  
Barbara Fitz-Gerald, RN Interim Director, Regulatory  
Services/Registrar (June 2015 – December 2015)  
Karen Turner, RN, Manager, Registration & Policy  
(to April 2015)  
Jeanine Brown, RN, Nursing Advisor, Regulatory Services  
Erica Pederson, RN, Nursing Advisor, Regulatory Services (as  
of November 2015)  
Edward Pyle, Business Analyst  
Rhonda O'Hagan, RN, Advisor, Competence Assurance (LOA)  
Erika Vogel, RN, Advisor, Competence Assurance  
Carole Reece, RN, Advisor, Competence Assurance  
Marilyn Morrison, Competence Assurance  
Regulatory Assistant  
Karen Rhodes, Executive Assistant, Regulatory Services  
Dawn Aschenbrener, Senior Assistant, Regulatory Services  
Deb Mainland, Senior Assistant, Regulatory Services  
Nikita Schmidt, Senior Assistant, Regulatory Services  
Socorro Wardle, Senior Assistant, Regulatory Services  
(to December 2015)  
Denise Stauch-Altieri, Senior Assistant, Regulatory Services  
(to December 2015)  
Regan Bussiere, Senior Assistant, Regulatory Services  
(December 2015)

## Nursing Practice

Cheryl Hamilton, RN, Manager, Practice & Policy (January  
2015 – May 2015)  
Cheryl Hamilton, RN Interim Director, Practice (June 2015)  
Linda Muzio, RN, Project Manager  
Donna Cooke, RN, Nursing Advisor, Policy  
Donna Marin, RN Nursing Advisor, Policy  
Patrick Blais, RN, Nursing Advisor, Practice (to August 2015)  
Terri Belcourt, RN, Nursing Advisor, Learning & Engagement  
Anita Nivala, Practice Assistant, RNs Leading Change Project  
Lesley Stronach, Practice Assistant, Member Relations  
Joanne Hahn, Senior Assistant, Nursing Practice

# Saskatchewan Registered Nurses' Association Annual Meeting 2016

MAY 4, 2016 DELTA HOTEL, REGINA

## Business Meeting Agenda

0830-1600

Call to Order

Greetings

Approval of the Agenda

Appointment of Scrutineers

President's Message

Executive Director's Report

Rules and Procedures

Bylaws

Resolutions

Election Results

Introduction of New Council Members

Adjournment

## Mission

RNs and RN(NP)s are leaders in contributing to a healthy population.

