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SASKATCHEWAN REGISTERED NURSES' ASSOCIATION



# 2003 ANNUAL REPORT

## Official Notice of the SRNA Annual Meeting

The SRNA will hold its Annual Meeting, Wednesday, May 5, 2004 at the Radisson Hotel in Saskatoon. The meeting will be held in conjunction with the RN Recognition Awards Ceremony and Banquet in the evening and the Best Practice Conference on Thursday, May 6, 2004.

- 0800 - 0900** Registration/Coffee
- 0830 - 0900** Students' and First Timers' Orientation
- 0900 - 0930** Welcome/Opening Remarks  
**Candace Skrapek, RN, SRNA President**
- Greetings from **Deborah Tamlyn, RN, CNA President-Elect**
- Greetings from **The Honourable John Nilson, Minister of Health**
- 0930 - 1030** Nurses Making it Happen  
**Donna Brunskill, RN, SRNA Executive Director**
- 1030 - 1100** Break and Displays
- 1100 - 1215** Where do we go from here? SRNA Council – led by  
**Candace Skrapek, RN, SRNA President**
- 1215 - 1330** LUNCH IS ON US  
Council thanks you for coming out!
- 1330 - 1600** Business Meeting  
**Candace Skrapek, RN, SRNA President**
- Evaluation and Adjournment

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### The 2003 Saskatchewan Registered Nurses' Association Council



#### **Council President**

Candace Skrapek, RN, Saskatoon

#### **Council President**

**(term ended May 2003)**

June Blau, RN, Regina

#### **President-Elect**

Fay Puckett, RN, Clavet

#### **Public Representatives**

Mildred Reynolds, Saskatoon

Heather Schnell, Torquay

#### **Executive Director**

Donna Brunskill, RN, Pense

#### **Members-at-Large**

Linda Barlow, RN, Melfort

Marion Cote, RN, Regina

Adele Getz, RN, Lancer

David Kline, RN, Drake

Correen Nagy-Malinowski, RN,  
Melville

Natalie Warrington, RN, Torquay

Signy Klebeck, RN, Saskatoon

#### **Members-at-Large (term ended May 2003)**

Faith Case, RN, Moose Jaw

Lyn Taylor, RN, Grenfell

Stella Swertz, RN, Weyburn



# International Council of Nursing President's Message

## Global Issues for Nursing – Some Initiatives from ICN



Christine Hancock, RN  
President, ICN

I am pleased to have this opportunity to highlight a few global nursing issues and ICN's related work, for registered nurses in Saskatchewan. Among the key issues for nursing globally, human resources and nursing education stand out, I would like to give you some examples of innovation that ICN has moved forward recently in response to these issues.

### Human resources

The shortage, retention and migration of nurses are serious issues everywhere, affecting quality of care, service delivery and nurse job satisfaction. ICN has continued to work with a variety of organizations to find solutions to these problems — but most frequently the same old answers have been put forward.

So ICN began thinking differently – out of the box if you like – and came up with an innovative strategy to retain and recruit nurses in the southern African country of Zambia, where HIV/AIDS is a serious health burden as is the retention and migration of nurses. By partnering with industry, our member, the Zambian Nurses Association and the Zambian Ministry of Health, we developed a programme targeting nurses and other health care workers in Zambia for access to antiretroviral treatment preventing mother to child transmission (pMTCT) of HIV, and eventually to full chronic HIV therapy.

Access to HIV treatment will be a powerful incentive for nurses to stay in the profession and in their country. As well, nurses receiving treatment can remain in the health system and care for others in society. This innovation will also strengthen the often struggling health care infrastructure in Zambia and

other countries as we roll this out throughout southern Africa.

### Nursing education

Nurses working in remote and difficult areas of developing countries often have poor access to up-to-date, basic health and medical information and training. Yet at the same time they are responsible for delivering more than 80% of the health care services to their populations.

To address this, ICN developed the Nursing Mobile Library, which aims to help close this gap between the need for information and its availability. Each library 'trunk' contains more than 80 titles, and is crammed with the most up-to-date nursing and health information. This innovative traveling resource is now in more than 80 rural African communities and will next reach health workers in refugee camps, through a partnership with the United Nations High Commission for Refugees (UNHCR).

Nursing organizations have also taken up support of the project with zeal, with national nurses associations in more than 12 countries having sponsored the cost of sending a library to a location in need. You can find out more on the ICN Web site.

These are just two examples of how ICN engages with nursing and other partners in confronting health challenges worldwide. I invite you to visit us at [www.icn.ch](http://www.icn.ch) to find out more about ICN and nursing internationally and to browse for information on our next world Congress – 21-27 May, 2005 In Taipei, Taiwan. We would love to have nurses from Saskatchewan join us there.

Christine Hancock, RN, President  
International Council of Nurses

## Local – Global Connectedness: CNA’s International Health Partnerships



CANADIAN NURSES ASSOCIATION  
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA



Lucille Auffrey, RN  
Executive Director

Health sector reform, migration and privatization of health care were three main threats to nursing and health outcomes identified by international

colleagues during CNA’s International Health Partners’ (IHP) Study Tour, held in October 2003. This Study Tour brought nurse leaders representing partner national nursing associations (NNA) from around the world together with CNA members and consultants. Although these issues were foremost during discussions, they were situated within contexts of poverty, high maternal and infant mortality rates, post-colonial transitioning and a high prevalence of HIV/AIDS, malaria and other infectious diseases.

For over 30 years, CNA has been active, with investments of time and expertise of Canadian members, in international health partnerships.

With the support of the Canadian government through the Canadian International Development Agency, the partnerships are formed with NNAs in less privileged countries whose firm vision of the contribution of the profession to health outcomes is impeded by resources. As part of the IHP, projects are formed that address the priorities articulated by partner NNAs.

The successes of the international health partnerships are Canadian nurses, who bring knowledge, expertise, and an interest in active exchange with colleagues around the world. CNA works closely with jurisdictional associations, like SRNA, in advancing these partnerships. Through the local to global connection, there is much to share, much to be done, and much to learn from one another!

Lucille Auffrey, RN  
Executive Director

*The successes of the international health partnerships are Canadian nurses, who bring knowledge, expertise, and an interest in active exchange with colleagues around the world.*

## President's Message



Candace Skrapek, RN  
SRNA President

It is indeed a privilege to provide this Annual Report on the 2003 governing activities of SRNA Council.

Over the past year, I have continued to

experience pride and admiration for the enormous contributions that RNs are making to the health care system in Saskatchewan. RNs are the largest group of nursing care providers in the province and "as the only category of nursing care provider authorized to practice autonomously, regardless of the complexity of care or the predictability of outcome, the registered nurse is the most diversified worker in health care" (Shamian, 1998 as cited in Canadian Nurses Association, 2002 p.2). In the face of infinite challenges, RNs consistently demonstrate a deep commitment to the health of the populations that they serve and a desire to ensure the best outcomes possible.

The year 2003 has been a time of both significant challenges and great opportunity for the Association. Council has been engaged with our stakeholders and the public in determining the strategic directions necessary to improve quality nursing and health care for the profession and the public. Beginning with the coming together of the new Council in June 2003, and followed by the September planning retreat and the subsequent five council meetings, the

Council continued to work on ensuring that the Ends are reflective of the Association's commitment to ensuring competent, caring nursing for the people of Saskatchewan.

For example, Council has approved the policies necessary to enable RN(NP) licensure and has worked to develop an approach to strengthen linkages with the public and members. Council undertook a review of electoral processes, has approved temporary bylaws pertaining to SRNA elections that will be presented to the membership at the Annual meeting and has struck an electoral processes sub committee to examine current policies and make recommendations on future directions. Council members met with aboriginal nursing leaders and community representatives in an attempt to understand the role of nurses in advancing the health of Aboriginal peoples in Saskatchewan.

Policy direction provided by the Association's elected and public representatives enabled SRNA to advocate for ongoing health care reform, promote improved working conditions for RNs, expand nurses' roles in advanced practice and ensure adequate numbers of nursing graduates. The SRNA continued to strive for clarity in articulating the unique contribution of the registered nurse in the health care team and worked to foster leadership qualities in all registered nurses.

I have been honoured to represent Saskatchewan nurses at the national level as a CNA jurisdictional board member. Board activities have

included public policy development, lobbying and advocacy while providing a strong national nursing perspective on issues such as quality professional practice environments, primary health care, social justice and global equity, patient safety and public health care.

SRNA Council would not have achieved all that it did in the past year without the individual leadership of each council member and the dedication and enthusiasm of its staff. I would like to recognize and express appreciation to all Council members for their outstanding contributions. I also want to acknowledge the exceptional commitment demonstrated by Donna Brunskill, RN, Executive Director and Dianna Pederson, Executive Assistant in supporting Council activities. Additionally, appreciation is extended to all of the staff who have worked so diligently to achieve significant results in advancing the Ends of the Association.

I feel confident that by working together, RNs will continue to contribute in a meaningful way to the development of professional nursing in Saskatchewan and in advancing health reform and the necessary restructuring of our health care system. Council will continue to

collaborate and consult in ensuring the relevancy of the key Ends priorities of competent, ethical practice of nursing, professional self regulation, practice environments conducive to quality care, comprehensive primary health care and professional growth and support.

As an association, we must continue to develop strategic alliances and constructive interdisciplinary and intersectoral partnerships if we are to effect long term change. A coordinated and collaborative approach will be needed. Saskatchewan RNs, individually and collectively, guided by the SRNA Council's Vision, Mission and Ends, have the capability to influence Saskatchewan health care policy in a positive and significant manner. The enthusiasm and dedication of thousands of RNs can create positive change.



Candace Skrapek, RN  
SRNA President

#### Reference

Canadian Nurses Association (2002). *Discussion guide for unique contribution of the registered nurse*. Ottawa: Author.

## Council

### Public Representatives' Message



Heather Schnell  
Public Representative



Millie Reynolds  
Public Representative

The SRNA is a self regulating profession which means, the RNs of the province have been given the privilege of deciding what competencies RNs need to practice in their profession and ensuring that RNs meet those standards and competencies. We, the public, give the profession that privilege through legislation.

The Council is the governing body of the SRNA. Over the past year the Council has revisited both it's vision and mission statements and reaffirmed its commitment to both. There have been many initiatives and processes the SRNA has been involved in to create a positive health environment for the people of Saskatchewan. The legislation and bylaws for RNs has undergone a revision. It was passed in March of this year. These revisions and bylaws include enabling legislation for Registered Nurse (Nurse Practitioners).

There has been an increase in nursing seats in the nursing education program. This is a step forward.

Council has set for itself a more direct and ongoing strategy to interact with the public. In September 2003, a focused inclusion of aboriginal health issues was included in the SRNA ends. The SRNA has strived to work collaboratively with other nursing and health professions, government and public to find solutions to meet the health needs of the people of Saskatchewan. There are no simple, easy solutions to the health issues in a complex society but the SRNA is working very hard to make sure the solutions will have a long-term benefit for the people of Saskatchewan.

We would like to thank the people of Saskatchewan for allowing us to be your representatives on the Council of the SRNA. We would like to thank our nursing counterparts and the staff of the SRNA for all their hard work and dedication to the health of the people of Saskatchewan.

Respectfully submitted,  
Heather Schnell  
Millie Reynolds



## Executive Director's Message

### TURNING THE TIDE



Donna Brunskill, RN  
SRNA Executive Director

It hardly seems possible that it has been a year since my last annual executive director's message. And what a year it has been in so many different ways. There have been high moments, but I

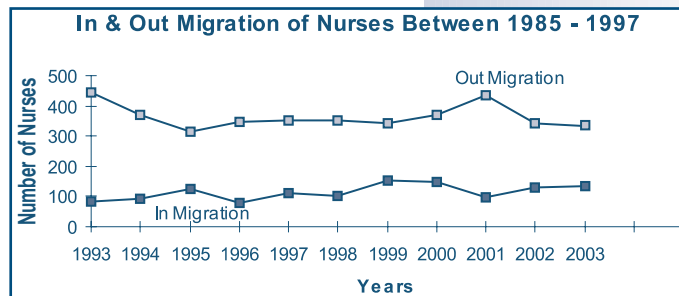
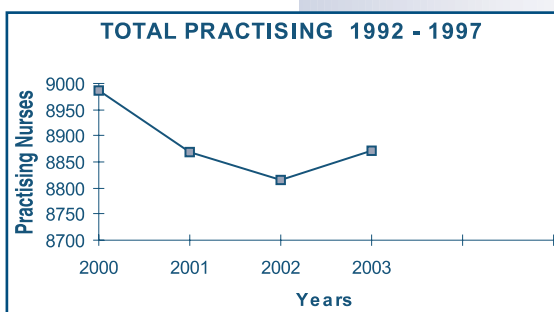
would be less than honest if I did not also say there have been a few low ones along the way. Under the leadership of our Council, I am amazed at both the quality and quantity of the work that our capable staff and volunteer members produce, especially when I know we are increasing programming with minimal increase in staffing and fiscal resources. While I'm very proud of what we have been able to accomplish this past year, I do continue to maintain a worry list regarding:

- the need for evidence based nursing staff and skill mix decision-making;
- the need for local work units that are quality practice environments;
- the inadequacy of public commitment to address the increasing nursing shortage;
- the turning away of young qualified nursing applicants;
- the need for a comprehensive, transparent, accountable nursing human resource plan;
- the need for a solid public health infrastructure.

The nursing shortage looms even closer. SARS was a warning bell of an imminent pandemic. Nursing graduates continue to have casual

employment. Members continue to report increasing strain in the workplace. The Canadian Institute for Health projects a loss of 64,000 RNs in Canada by 2006. Registered nurses and other health personnel tend to retire earlier than people in other professions – RNs tend to retire around age 56-58. RNs as a group are aging, so we can expect retirement to place increasing pressure on the RN workforce. 2003 research shows that Saskatchewan and Manitoba are poised to lose 4,881 RNs aged 50 or older by 2006. If ever there was an issue to unify us – this is it. As we enter 2004, grass roots member involvement will be essential if we are to move the nursing and health agenda forward. It is in working together that we will continue to make a positive difference for the quality of nursing practice and importantly for the health of our citizens of Saskatchewan.

As the executive director of the SRNA, hardly a day goes by that I am not awed, even overwhelmed with the commitment of our registered nurse members to competent caring nursing. It is increasingly challenging to be a RN today. We must take control of our own destiny and define our preferred future. Simply



coping and/or reducing standards is inconsistent with a quality agenda. And if we don't take control of our vision, direction and our practice environments - then we need to be able to live with that. What we stand for, as a profession, should NOT change over time. How we practice our profession will always change with increasing complexity, changing contexts, changing populations and technology. With a shared vision, we can advance the quality of nursing care, the primary health care agenda and be a powerful public health safety net.

This past year we embarked on many leadership initiatives - the highly successful Western Canadian Nurse Leaders Forum – Time for Action, our first annual week of 'Outs and Abouts' to meet RN members across the province, the development of major practice documents, the implementation of the SRNA quality workplace program in three new sites, enablement of RN(NP)s, continuing competence program development, revision and further development of low level complaints resolution, prior learning assessment recognition program development, increased support for professional practice groups and workplace member links, continuing support for primary health care reform and the partnered promotion an interdisciplinary Saskatchewan Institute of Health Leadership, hosted by the University of Regina. Representatives of the SRNA have demonstrated leadership in a significant number of external provincial committees and working groups. As well, the SRNA has continued its commitment to global leadership through its partnership work with the CNA International

Bureau and the Indonesia National Nurses Association. Amidst this direction, the SRNA continues our work with ongoing programs: registration, nursing education program approval, complaints handling, policy development, member communications, member recognition and member practice advisement support. Internally, the SRNA has upgraded its Communications and Information Technology, its web page, and is in the process of developing a more secure, reliable records management system. As well, the SRNA continues its work with Saskatchewan Health to develop a provider registry as a key component of the Western Health Information Collaborative (WHIC).

It has been a privilege to be your Executive Director of the SRNA for the past three years. With these tough times comes opportunity. It is up to us to identify and utilize these opportunities to make a positive difference for our citizens, for our colleagues, for the advancement of our nursing practice, and for the healthcare of this magnificent province and nation of ours. While our public values Medicare, including the need to strengthen Medicare, our public is demanding a revolution in the quality of healthcare. Our Code of Ethics requires patient advocacy. Therefore, nursing needs to be a leader. You can count on the SRNA to not only fulfill its mission, but also to lead in advocacy for policy that addresses priority nursing and public health needs. Are you in?

Respectfully submitted,



Donna Brunskill, RN  
 January, 2004

## Executive Director's Report

### ENDS UPDATE – 2003

#### Competent, Ethical Nursing

- Membership increased slightly from 8,815 last year to 8,872 in 2003.
- 143 international nurses applied for licensure in Saskatchewan – to date, not all applicants have completed their documentation or met english language requirements.
- 71 international applicants were deemed equivalent, a number of these nurses applied prior to 2003.
- 84 persons were registered by Canadian RN mobility agreements.
- 48 registrations were established by foreign equivalency.
- 30 persons registered by way of the re-entry program.
- The SRNA developed standards and competencies for RN(NP)s.
- The Canadian Registered Nurse Examination (CRNE) was offered four times in Saskatchewan in 2003.
- The SRNA participated in the development of a national assessment tool for Nurse Practitioners.
- The pass rate for first time Saskatchewan RN exam writers was 98%; the Saskatchewan pass rate for 1st time out of country writers was 74%.
- Members continued to be required to practice a minimum of 1125 hours within a five-year period in order to be eligible for continuing registration.
- The SRNA continued its work in implementing a continuing competence

program for all RNs in 2005. Pilot testing will commence in 2004.

- The SRNA continued its work in moving towards lowest level of resolution of complaints as deemed appropriate by the Investigation Committee.
- A collaborative effort between the SRNA, Departments of Health, Education and Intergovernmental Affairs was initiated regarding international registrants.
- SRNA and CNA examined the needs of applicants regarding international recruitment and retention.
- SRNA launched an annual spring 'Outs and Abouts', meeting with 140 nurses in 34 communities.
- The SIAST Primary Care Nurse Practitioner program was granted an initial three year program approval. This process included a site visit by two out of province nurse practitioner assessors.

#### Professional Self-Regulation

- Amendments to the RN Act were proclaimed on December 1, 2003.
- SRNA, the Saskatchewan Association of Licensed Practical Nurses, the Registered Psychiatric Nurses Association of Saskatchewan and Saskatchewan Health participated in collaborative dialogue sessions facilitated by the Public Service Commission.

***Registered Nurses as  
 partners in an informed healthy society***

- The Guidelines for Immunization Administration & Immunization Programs (2003) document was developed and distributed.
- The SRNA commissioned a paper on safe patient care, focusing on staff and skill mix. Stakeholder feedback was received on three draft practice documents – RN Scope of Practice; Assigning and Delegating Care in the Clinical Practice Environments; Models of Care.
- The SRNA presented at a panel at the national invitational think tank on nursing staffing and skill mix in December 2003.
- Drafting began for a document for RNs in Independent Practice.
- SRNA continued its involvement with the newly developed Canadian Registered Nurse Examination (CRNE) which will be introduced in June 2005. The exam will be based on the revised list of national competencies for 2005-2009.
- SRNA continued to dialogue with SIAST Continuing Nursing Education, Saskatchewan Health, RPNAS and SALPN to look at the learning needs of out-of-country nurses waiting to obtain licensure.
- Saskatchewan Health requested a delay of licensing of RN(NP)s which was to have begun December 1, 2003 because of the following set of regulations: Hospital Standards Act Regulations, 1980; Special Care Home Regulations; Medical Laboratory Licensing Regulations, 1995; Drugs Schedule Regulations, 1997 and Saskatchewan Medical Insurance Payment Regulations, 1994.
- Two applicants met SRNA registration requirements for RN(NP) and await registration pending the revision of regulations.
- SRNA was involved with the Primary Health Care Transition Fund in the proposal development to create a national framework for Nurse Practitioners. The funding request was successful.
- SRNA participated in the national advisory committee (hosted by the Registered Nurses Association of Ontario) on best practices for a quality workplace.
- The Nursing Education Program Approval Committee developed a framework for approval of nurse practitioner education programs in Saskatchewan.
- The working group for Nurse Practitioner prior learning assessment developed a framework to address the needs of nurses who wish to be licensed as a Nurse Practitioner but are not a graduate of an approved Nurse Practitioner nursing education program.

### **Quality Practice Environments**

- Saskatchewan Health provided the SRNA with continued funding of \$100,000 for the SRNA Quality Workplace Program. The program goals were to improve nurse retention, improve quality outcomes, increase staff morale, create excellence and develop front line leadership.
- Implementation of the Quality Workplace Program has begun in the La Ronge Health Centre in the Mamawetan Churchill River Health Region and the Medicine/Palliative Care unit at the Prince Albert Victoria Hospital.
- According to an evaluation of the QWP released in June, 2003, the Health Quality Council found improvements in nurses perceptions about the quality of their working

environments and found that most people interviewed felt more positive about themselves, their colleagues, and their workplaces. The evaluation was based on the first three sites - a medical unit at the Moose Jaw Union Hospital, a unit at the Saskatoon Parkridge Centre, and the Unity and District Health Centre.

- The SRNA conducted a number of presentations on the need for quality workplace environments.

### **RN Leadership**

- Over 360 nursing leaders from across Canada met in Saskatoon November 12 - 14, 2003 participated in the Western Canadian Nurse Leaders Forum. The Conference partners were the College of Registered Nurses of Manitoba, the Alberta Association of Registered Nurses, the Registered Nurses Association of British Columbia, and the Yukon Registered Nurses Association. The conference provided front line leaders, directors, managers, researchers, specialists, educators and students with sessions focusing on policy in action towards excellence in nursing.
- The SRNA partnered with the College of Pharmacists, the Registered Psychiatric Nurses' Association, the College of Physicians and Surgeons, The Saskatchewan Association of Physician Executives and the University of Regina in developing a full interdisciplinary Saskatchewan Institute of Health Leadership. This 9 month institute is the first of its kind in Canada.
- Two Legal Issues in Nursing Workshops were held in September 2003 in Regina and Saskatoon. A telehealth session was also offered.
- The Membership Advisory Committee met and selected ten Millennium Award

winners. A life member recipient was also selected.

- The SRNA Annual Meeting/Conference "Discover the Leader Within" held in Regina May 7 - 8, 2003 focussed on the role of nurses in influencing the direction of public health policy. The event was attended by 356 participants.
- The SRNA continued its workplace representative program throughout the province.
- The SRNA participated on the provincial Nursing Council.
- The SRNA expended significant time and energy in nurturing relationships with its many stakeholders and providers.

### **Healthy Public Policy**

- The SRNA prepared a provincial election strategy, which included a letter, sent to all RNs in the province asking for their involvement in the election. An election kit was developed and distributed to interested nurses. A package outlining our issues was forwarded to all MLAs candidates in the province.
- The SRNA continued to develop its Policy in Action Network.
- The SRNA created letters to the editor. These included supporting a public, not for profit health care system, and several regarding the issue of banning smoking in public places. The SRNA participated in the Primary Health Services Advisory Committee, the Integrated Primary Health Care Working Group and the Provincial Nursing Council.
- The SRNA is a member of the Canadian Nurses Association and the International Council of Nurses.
- SRNA prepared an annual environmental scan for Council and members.

- SRNA was represented in a sixteen-person delegation to the United Kingdom to study primary care reform within the NHS.

### **Member Support**

- Saskatchewan RNs, stakeholders and the public celebrated National Nursing Week - Nursing: At the Heart of Health Care. The SRNA supported a broad based Nursing Week including delivery of promotional material to all authorities, radio ads, national and provincial media events and other celebratory activities.
- The SRNA redesigned its web page and incorporated a web polling feature to better serve member RNs, stakeholders and the public.
- The SRNA published six editions of the SRNA Newsbulletin in 2003 and has continued issuing a series of SRNA communication updates.
- There were nine active Professional Nursing Practice Groups including: Operating Room, Emergency, Critical Care, Gerontological, Oncology, Nurse Practitioners, Occupational Health, PeriAnesthesia, and Nursing Informatics.
- There were six SRNA Chapter Groups including: Five Hills, Prairie West, Saskatoon, Sun Country, Watrous and Nipawin.
- Meetings were held both in Regina and Saskatoon with nursing students to discuss how the SRNA can increase its linkages with students.
- SRNA continued its strong links with students participating in meetings and presenting in the classrooms of both

the University of Saskatchewan and SIAST.

- The Membership Advisory Committee was active in providing advice regarding membership activities.
- A Membership Recognition Guidebook was promoted on the web.
- The SRNA established a short term reserve to host the 2006 CNA Biennium. An advisory Committee has been set up and has met to discuss planning for the event which will be held June 2006, in Saskatoon.

### **Operational**

- A request for proposals for the evaluation of the Practice department was issued. The successful evaluation team began their work – the completed report is expected in 2004.
- SRNA engaged external experts to review its automated information systems. Acting on their recommendations, we acquired new network and desktop hardware and upgraded to current releases of Microsoft office applications.
- SRNA entered into an agreement with the Saskatchewan Health Information Network (SHIN) regarding the Western Health Information Collaborative (WHIC) provider registry. Beginning in 2004, SRNA will provide regular registry updates limited to a member's registration number, name, and current licence. All access to this data will be controlled by formal agreements between SRNA and specific consumers.

**Table 1: MEMBERSHIP TRENDS**

Registration Method	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Examination	368	263	200	168	251	150	119	172	151	231	234
Endorsement	76	85	121	76	112	96	143	98	68	93	84
Renewal/ Re-registration	8892	8817	8891	8918	8768	8774	8773	8717	8650	8491	8554
<b>Total - Registered Nurses</b>	<b>9336</b>	<b>9165</b>	<b>9212</b>	<b>9162</b>	<b>9131</b>	<b>9020</b>	<b>9035</b>	<b>8987</b>	<b>8869</b>	<b>8815</b>	<b>8872</b>
Graduates	126	85	133	91	152	101	115	149	146	253	233
Non-Practising	336	380	487	441	403	344	358	326	289	281	290
Life & Honorary	48	47	46	45	45	47	44	44	42	42	42
Total - Membership	9846	9677	9878	9739	9731	9512	9552	9506	9346	9391	9437

**Table 2: MIGRATION TRENDS**

MIGRATION	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
IN	82	93	126	78	112	100	155	146	99	129	132
Out-(All Requests)	444	371	315	345	350	353	341	369	437	344	334
Out-(Only Practising Requests)							213	252	306	210	218

Out-(All Requests) - These are all the requests for RN verifications to other jurisdictions, which are processed during the year.

Out-(Only Practising Requests) - These are the requests for RN verifications to other jurisdictions, which are processed during the year for current practising members.

**Table 3: INVESTIGATION AND DISCIPLINE STATISTICS**

	1998	1999	2000	2001	2002	2003
Total number of new cases	42	14	30	16	18	22
Total number of cases investigated	60	34	54	46	27	27
Dismissed on Investigation	36	9	13	16	5	4
Dismissed on Investigation with letter of guidance	2	2	2	5	3	7
Referred to Mediation	3	6	5	3	4	7
Referred to Discipline	3	2	1	5	3	0
Discipline Hearing held	2	2	2	4	3	1
Carried over year end - complaints initiated and unresolved at year end	20	24	30	16	10	5

## Auditor's Report

**Deloitte.**

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Canada

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[www.deloitte.ca](http://www.deloitte.ca)

To the Members of  
Saskatchewan Registered Nurses' Association

We have audited the statement of financial position of Saskatchewan Registered Nurses' Association as at December 31, 2003 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Association as at December 31, 2003 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

*Deloitte + Touche LLP*

Chartered Accountants  
Regina, Saskatchewan  
February 20, 2004

Member of  
Deloitte Touche Tohmatsu



# Statement of Financial Position

## December 31, 2003

	2003	2002
<b>CURRENT ASSETS</b>		
Cash	\$364,458	\$157,171
Short term investments (Note 3)	2,698,000	2,913,641
Accounts and fees receivable	39,307	178,536
Accrued interest receivable	61,404	59,370
Prepaid expenses	<u>137,212</u>	<u>123,754</u>
	3,300,381	3,432,472
<b>INVESTMENTS (Note 3)</b>	694,522	275,749
<b>PROPERTY, PLANT AND EQUIPMENT (Note 4)</b>	<u>406,177</u>	<u>435,649</u>
	<u>\$4,401,080</u>	<u>\$4,143,870</u>
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued charges	\$462,201	\$446,148
Goods and services tax payable	182,388	159,983
Fees collected in advance	<u>2,630,550</u>	<u>2,450,718</u>
	3,275,139	3,056,849
<b>NET ASSETS</b>		
Net assets invested in capital assets	406,177	435,649
Internally restricted net assets (Note 5)	139,298	136,852
Unrestricted net assets	<u>580,466</u>	<u>514,520</u>
	1,125,941	1,087,021
	<u>\$4,401,080</u>	<u>\$4,143,870</u>

APPROVED BY THE BOARD

*Norrie Broadbent*  
 ..... Director

*Candace Skrapetski*  
 ..... Director

## Statement of Operations

Year ended December 31, 2003

	2003	2002
<b>REVENUE</b>		
Registered nurses' fees	\$2,859,045	\$2,607,761
Registered nurses' examination fees	69,613	70,890
Annual meeting/convention	29,845	35,942
Non-practicing fees	10,150	9,800
Interest	90,172	77,524
Miscellaneous	33,030	29,924
Newsbulletin	14,751	15,745
Nursing leadership conference	159,722	-
Quality workplace project	143,700	126,900
Advanced practice project	65,000	65,000
	3,475,028	3,039,486
<b>EXPENSES</b>		
Governance	858,817	880,942
Regulatory Affairs	719,058	613,870
Practice and member linkages	493,602	381,159
Finance and administration	590,261	547,066
Policy and communication	774,370	555,636
	3,436,108	2,978,673
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>\$38,920</b>	<b>\$60,813</b>

## Statement of Cash Flows

Year ended December 31, 2003

	2003	2002
OPERATING ACTIVITIES		
Excess of revenues over expenditures	\$38,920	\$60,813
Items not affecting cash		
Amortization	<u>65,997</u>	<u>52,626</u>
	104,917	113,439
Changes in non-cash working capital items (Note 6)	<u>342,027</u>	<u>345,100</u>
CASH PROVIDED BY OPERATING ACTIVITIES	<u>446,944</u>	<u>458,539</u>
FINANCING AND INVESTING ACTIVITIES		
Sale of long term investments	232,162	243,001
Purchase of long term investments	(650,935)	(87,174)
Purchase of property, plant and equipment	<u>(36,525)</u>	<u>(8,728)</u>
CASH USED IN FINANCING AND INVESTING ACTIVITIES	<u>(455,298)</u>	<u>147,099</u>
NET (DECREASE) INCREASE IN CASH DURING THE YEAR	(8,354)	605,638
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>3,070,812</u>	<u>2,465,174</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$3,062,458</u>	<u>\$3,070,812</u>
CASH AND CASH EQUIVALENTS		
Cash	\$364,458	\$157,171
Short term investments	<u>2,698,000</u>	<u>2,913,641</u>
	<u>\$3,062,458</u>	<u>\$3,070,812</u>

## Statement of Changes in Net Assets

Year ended December 31, 2003

	Invested in Capital Assets	Internally Restricted Net Assets (Note 5)	Unrestricted Net Assets	<b>2003 Total</b>	2002 Total
BALANCE, BEGINNING OF YEAR	\$435,649	\$136,852	\$514,520	\$1,087,021	\$1,026,208
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	(65,997)	2,446	102,471	38,920	60,813
INVESTMENT IN CAPITAL ASSETS	<u>36,525</u>	<u>-</u>	<u>(36,525)</u>	<u>-</u>	<u>-</u>
BALANCE, END OF YEAR	<u>\$406,177</u>	<u>\$139,298</u>	<u>\$580,466</u>	<u>\$1,125,941</u>	<u>\$1,087,021</u>

## Notes to the Financial Statements

1. DESCRIPTION OF ORGANIZATION

Saskatchewan Registered Nurses' Association (SRNA) was established in 1917 by provincial legislation and is the professional, self-regulatory body for the province's 9,000 registered nurses. The SRNA mission is to ensure competent, caring nursing for the people of Saskatchewan. SRNA is a non-profit organization and is exempt from income taxes.

2. SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles, and reflect the following policies:

a) *Investments*

Short term investments are recorded at the lower of cost and market value and have maturities less than one year. Long term investments are carried at cost unless there has been a permanent decline in market value.

## Notes to the Financial Statements (cont'd.)

*b) Property, plant and equipment*

Property, plant and equipment are recorded at cost. Expenditures for repairs and maintenance are charged against operations as incurred. Amortization is provided on property, plant, and equipment over their estimated useful life, using the diminishing balance method at rates disclosed in Note 4. A half-year's amortization is taken in the year of acquisition.

*c) Revenue recognition*

Fees are taken into revenue over the applicable membership period.

*d) Building fund reserve*

The reserve was established to provide funds for major renovations.

*e) Competence assurance reserve*

The reserve was established to provide funds for the development and implementation of a competence assurance program for Saskatchewan registered nurses.

*f) CNA biennium reserve*

The reserve was established in 1999 to provide funds for Saskatchewan to host the CNA biennium in 2006. Funds are transferred to the reserve at the executive director's discretion to ensure no less than \$20,000 and no more than \$30,000 is available by 2005.

### 3. INVESTMENTS

	2003		2002	
	COST	MARKET	COST	MARKET
Current				
Government of Canada -				
Treasury Bills	\$1,439,921	\$1,439,921	\$2,068,034	\$2,068,034
Provincial Bonds	272,162	299,553	463,609	472,612
Guaranteed Investment				
Certificates	562,311	562,311	160,000	160,000
Government of Canada				
Bonds	423,606	426,786	221,998	229,470
	\$2,698,000	\$2,728,571	\$2,913,641	\$2,930,116
Long term				
Provincial Bonds	\$190,000	\$194,420	\$215,749	\$220,487
Guaranteed Investment				
Certificates	504,522	504,522	60,000	60,000
	\$694,522	\$698,942	\$275,749	\$280,487

## Notes to the Financial Statements (cont'd.)

### 4. PROPERTY, PLANT AND EQUIPMENT

	Rates	Cost	Accumulated Amortization	Net Book Value 2003	2002
Building	5%	\$652,405	\$319,727	\$332,678	\$320,274
Computers	33%	214,425	191,992	22,433	59,621
Furniture	20%	173,509	148,151	25,358	29,750
Parking lot	4%	11,207	4,116	7,091	7,387
		1,051,546	663,986	387,560	417,032
Land		18,617	-	18,617	18,617
		<u>\$1,070,163</u>	<u>\$663,986</u>	<u>\$406,177</u>	<u>\$435,649</u>

### 5. INTERNALLY RESTRICTED NET ASSETS

	2003	2002
Building fund reserve	\$7,151	\$4,705
Competence assurance reserve	102,147	102,147
CNA biennium reserve	30,000	30,000
Balance, end of year	<u>\$139,298</u>	<u>\$136,852</u>

### 6. CHANGES IN NON-CASH WORKING CAPITAL ITEMS

	2003	2002
Accounts and fees receivable	\$139,229	\$1,943
Accrued interest receivable	(2,034)	9,778
Prepaid expenses	(13,458)	222
Accounts payable and accrued charges	16,053	110,488
Goods and services tax payable	22,405	10,187
Fees collected in advance	179,832	212,482
	<u>\$342,027</u>	<u>\$345,100</u>

### 7. COMMITMENT

SRNA is committed under term leases for office equipment and premises. The first equipment lease ends September 2006 at a quarterly rental of \$9,661; the second equipment lease ends July 2008 at an annual rental of \$8,372; and the third lease for office premises ends September 2005 at an annual rental of \$17,076.

### 8. COMPARATIVE FIGURES

Certain of prior year's comparative figures have been reclassified to conform to the current year's presentation.

## Planning for 2004

REVENUE	
FEES	
Practicing, Non-practicing, Graduate	\$3,019,817
OTHER	
Examinations, Advertising, Interest, Quality workplace and Advanced practice funding, Sundry	<u>498,875</u>
TOTAL REVENUE	<b>\$3,518,692</b>

EXPENDITURE	
COUNCIL	
Meetings, President's allowance, Linkages, Education	139,951
GOVERNANCE	
Council support, External networks & partnerships, CNA, CNPS & ICN memberships, Legislation	726,554
POLICY AND COMMUNICATIONS	
Policy development & advocacy, Evaluation, Nominations & elections, Annual meeting, Communication vehicles, Member networks, Conferences & workshops	765,698
REGULATORY AFFAIRS	
Education program approval, Examinations, Licencing, Complaints, Discipline	734,014
PRACTICE	
Codes & standards, Advanced practice, Quality workplace, Consultation	620,193
FINANCE AND ADMINISTRATION	
Office services, Building & equipment, Information systems, Financial management, Human resources	<u>609,305</u>
TOTAL EXPENDITURE	<b><u>\$3,595,715</u></b>

EXCESS OF EXPENDITURE OVER REVENUE **77,023**

### PLANNED EXPENDITURE EXPRESSED ACCORDING TO COUNCIL ENDS

Competent, Ethical Practice of Nursing	\$1,258,500	35%
Professional Self-Regulation for RN's	1,186,586	33%
Practice Environments Conducive to Quality Care	683,186	19%
Comprehensive Primary Health Care	179,786	05%
Professional Growth and Support	<u>287,657</u>	08%
Total Expenditure	\$3,595,715	

## Fee Increase Resolution 2004

### Resolution Statement:

Be it resolved that the annual practicing membership fee for 2006 be increased from the 2005 level of \$360.00 (plus GST) to \$395.00 (plus GST) and that the annual practicing membership fee for 2007 be increased from \$395.00 (plus GST) to \$430.00 (plus GST).

### Explanatory Notes:

SRNA faces major financial pressures with origins external to SRNA operations. These include a projected decline in membership, general inflation, and repeated Canadian Nurses Association affiliation fee increases. A two-year staged fee increase permits systematic management of these changes while providing clear operational limits within which Council Ends can be achieved. Advance notice also facilitates budget planning for agencies and individuals responsible for payment.

A significant portion of SRNA's work does not change regardless of the number of members. Whether there are 9,000 or 7,000 members, educational programs must be assessed, examinations administered, practice standards developed and communicated, registration systems maintained, complaints resolved, agency and governmental relationships nurtured, computer systems kept current, and continuing competence supported. The recent RN(NP) regulation requires implementation of many parallel processes. While program delivery methods have been, and will be, reviewed seeking efficiencies, they are not deeply elastic. Analysis of

Canadian Institute for Health Information data suggests Saskatchewan RN retirement losses of 100 in 2005, followed by 200 more in 2006 and another 350 in 2007.

As a small jurisdiction in a complex environment, SRNA increasingly needs to position itself to take advantage of national initiatives that it could not afford to undertake independently. Building tools and systems to link members with best practices and knowledge gateways in support of their work to maintain competence are such challenges.

The \$35 increase in 2006 membership fee will produce approximately \$305,000 in additional revenue that can be used to offset the effects of

- a projected 3.5% membership decline from 2004 to 2006 (based on a \$360 fee, approximately \$108,000 reduced revenue in 2006 )
- a projected inflationary pressure of 2% (approximately \$72,000 increased costs)
- a Canadian Nurses Association 2006 affiliation fee increase of \$5 (approximately \$43,000 increased costs)
- the development of member supports to facilitate participation in an ongoing competence assurance program (approximately \$87,000 increased costs)

The \$35 increase in 2007 membership fee will produce approximately \$293,000 in additional revenue that can be used



to partially offset the effects of

- a projected 4% membership decline from 2006 to 2007 (based on a \$395 fee, approximately \$138,000 lost revenue in 2007)
- a projected additional inflationary increase of 2% (approximately

\$72,000 increased costs)

- a further Canadian Nurses Association 2007 affiliation fee increase of \$5 (approximately \$42,000 increased costs)
- implementation of an ongoing competence assurance program (approximately \$83,000 increased costs)

#### Canadian Nurses Association Affiliation Fees (GST excluded)

2002 \$31.50	2005 \$42.00
2003 \$36.00	2006 \$47.00 (resolution to 2004 biennium)
2004 \$39.00	2007 \$52.00 (resolution to 2004 biennium)

#### Comparison of some 2004 Saskatchewan Professional Fees (GST included)

Physicians & Surgeons	\$925	Massage Therapists	\$321
Certified Management Accountants	\$659	Engineers	\$321
Pharmacists	\$575	Social Workers	\$285
Registered Nurses	\$364	Licensed Practical Nurses	\$200
Registered Psychiatric Nurses (GST exempt)	\$337	(GST exempt)	

#### Comparison of 2004 Registered Nurse Fees across Canada (rounded to nearest dollar and with GST included)

Yukon	\$448	North West Territories/Nunavut	\$381
Saskatchewan	\$364	New Brunswick	\$354
British Columbia	\$326	Nova Scotia	\$316
Newfoundland	\$315	Alberta	\$289
Ontario	\$265	Prince Edward Island	\$250
Manitoba	\$247		

Identification:

Mover: C. Nagy Malinowski, RN

Seconder: A. Getz, RN

## SUMMARY OF ACTIONS ON 2003 RESOLUTIONS

The following action was taken on resolutions passed at the Annual Meeting of the Association held in May, 2003.

### Resolution # 1

THAT the student membership fee be \$0 per membership year.

A framework is being development to

address student membership. Dialogue has been initiated with students to identify areas to be included in the framework.

### Resolution # 2

Whereas members of the SRNA want to be more actively involved in opportunities for participation in

growing and developing the Association; and

Whereas current payment structures for such participation are prohibitive for some members of the Association;

Therefore be it resolved:

**THAT the members of the SRNA Council, including the President and President-elect, as well as members on SRNA Committees, receive income continuance or their hourly rate of pay on a day off, for the time spent doing the work of the association on behalf of members.**

Council policy, GP-7 Council and Committee Expenses was revised, September 2003 as follows:

2. Presidential Allowance/Honoraria
  - 2.1 The Association shall provide for a presidential honoraria of \$16,000.00 (effective June 1, 2003) and a presidential allowance of \$1,000.00 for each full year of the President's term. The presidential honoraria shall be subject to applicable legislated withholding taxes.
3. Per Diem Honoraria
  - 3.1 The Association may provide, upon application, a per diem honoraria of \$250.00 (effective January 1, 2004) for each day of attendance at a meeting/function on behalf of the Association. A day shall be defined as a minimum of 4 hours, inclusive of travel time on the meeting day.
  - 3.2 Those eligible to apply for per diem honoraria provided:

- 3.2.1 They are not receiving an honorarium or salary from an organization other than the Association, and
- 3.2.2 They submit a Per Diem Honoraria Application Form following each meeting/function attended.
- 3.3 Honoraria will not be provided for travel days.

### **Resolution # 3**

**THAT the SRNA commend the City of Prince Albert on the recent "Public Smoking Policy" and that the SRNA encourage other civic governments to do the same.**

In July 2003, a letter from the SRNA President was sent to the editor of the Prince Albert Daily Herald commending the City of Prince Albert for insight and leadership in passing the new bylaw prohibiting smoking in public places and making a significant contribution to the health of their community. Subsequently similar letters were sent to the editors of the Moose Jaw Herald and the Saskatoon Star Phoenix as their respective city councillors passed similar bylaws. In addition a letter to the editor was published in the Regina Leader Post October 2003 supporting the continued ban on visible displays of tobacco products in Regina stores. These letters outlined the need for healthy public policy in regards to smoking in public places, that healthy public policy is the foundation of healthy communities and the SRNA supports all efforts to create healthy, smoke free places in Saskatchewan communities and encourages all communities in the province to take similar steps.

Saskatchewan Registered Nurses' Association  
**Proposed Bylaw Changes**

Council has initiated a two-year review of its Board structure, boundaries and electoral process. In the interim, the following temporary bylaws were approved in November, 2003 and are presented for member consideration, in accordance with the RN Act, Section 14.

<b>Current Bylaws</b>	<b>Proposed Revisions</b>	<b>Comments</b>
None.	<p>BYLAW II - ELECTIONS</p> <p>That all sections and subsections of BYLAW II - ELECTIONS are repealed and replaced with:</p> <p><b>SECTION 1. ELECTION OF COUNCIL</b></p> <p>(1) For the purposes of clause 7(2)(a) of the Act, the total number of practising members to be elected to comprise the council is nine, including:</p> <ul style="list-style-type: none"> <li>(a) the president, in accordance with Bylaw 1, Section 3;</li> <li>(b) the president-elect; and</li> <li>(c) one member-at-large from each of the seven electoral regions established pursuant to Section 1(2).</li> </ul>	<p>Clause 7(2)(a) of the Act requires that the bylaws specify the number of councillors to be elected. Bylaw I Section 1 specifies the composition of the Council, but doesn't actually establish the number of councillors to be elected. This provision establishes the number as nine, the minimum required by the Act.</p> <p>Clause (c) refers to the section where the electoral regions are established. See below.</p>
None.	<p>(2) The electoral regions for election of members-at-large shall be those marked on the map attached to these bylaws as Schedule 1.</p>	<p>There are presently seven MALs who are, as a matter of long-standing practice, elected by region. The Act requires that the bylaws set out the election rules in the interest of increased clarity, transparency and compliance with the Act.</p> <p>This amendment is a temporary one to ensure that the bylaws set out the minimum requirements about the electoral process. The map attached as Schedule 1 does not actually specify the electoral region boundaries. In the longer term, after a review and consultation are completed, actual boundary descriptions will be included in the bylaws.</p>

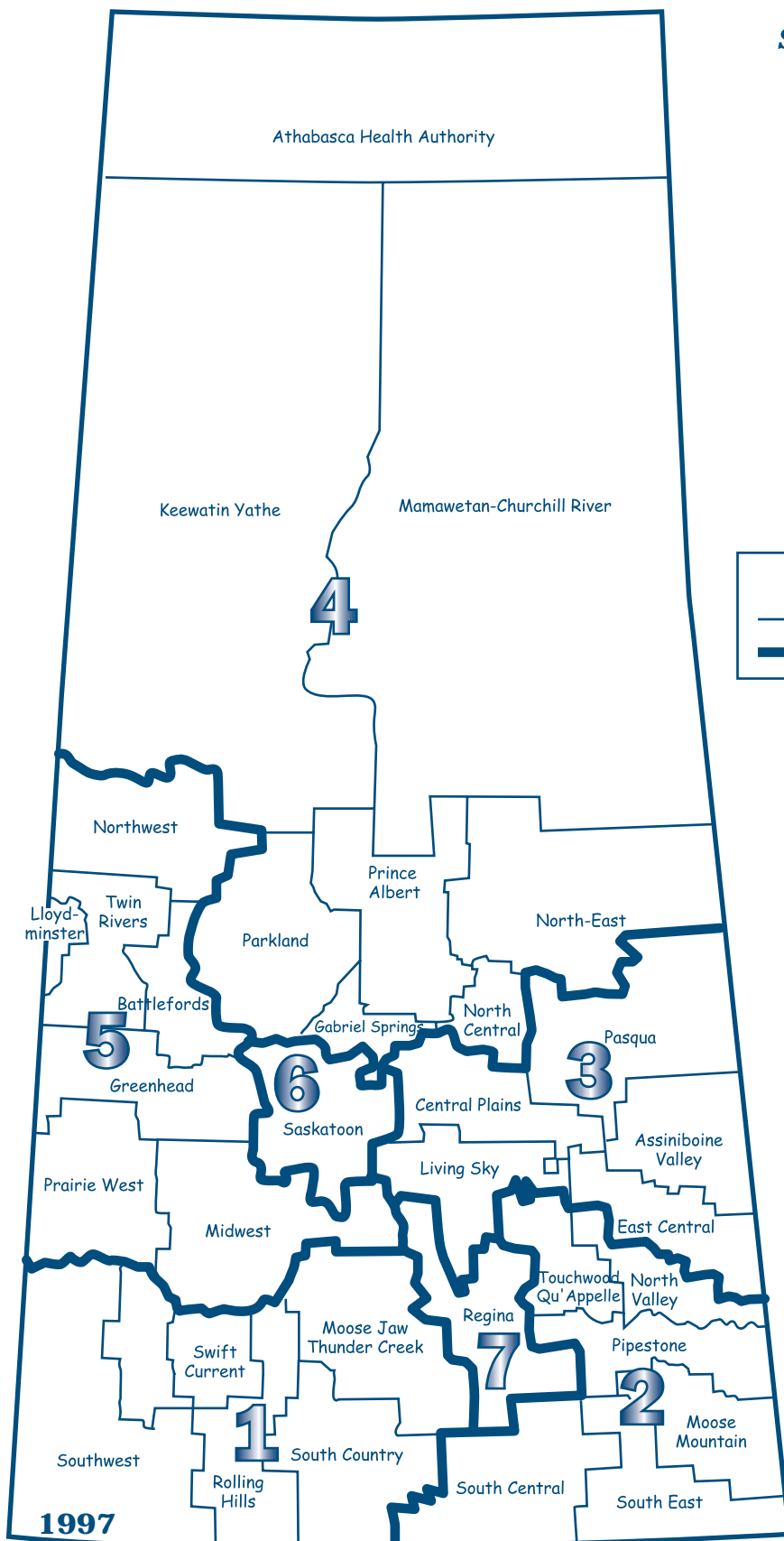
<b>Current Bylaws</b>	<b>Proposed Revisions</b>	<b>Comments</b>
<p><b>BYLAW II - ELECTIONS</b>  <b>SECTION 1. ELECTION OF COUNCIL</b></p> <p>(1) The president-elect shall be elected every second year.</p> <p>(2) Three council members-at-large shall be elected one year and four council members-at-large shall be elected in the alternate year.</p> <p>(3) In the event a vacancy occurs in the membership of the council, pursuant to section 10 of The Registered Nurses Act, 1988 during the course of the year, then that position shall be up for election for the balance of the term remaining.</p>	<p>(3) Council members-at-large from Regions 3, 4, 6 and 7 shall be elected in even-numbered years and council members-at-large shall be elected in Regions 1, 2 and 5 in odd-numbered years.</p>	<p>The existing subsection(1) is subsumed under Bylaw I, Section3, which deals with term of office.</p> <p>The amendment specifies the years in which elections are to be held in each region so it is clear when elections for what offices will be held.</p> <p>The existing subsection 1(3) is deleted because Section 10 of the Act, to which it refers, deals with the issue of vacancies and therefore there is no authority to address this issue in the bylaws.</p>
<p><b>BYLAW II - ELECTIONS</b>  <b>SECTION 2. ELECTIONS OF NOMINATIONS COMMITTEE</b></p> <p>(1) Two members of the nominations committee shall be elected annually.</p>	<p><b>SECTION 2. ELECTION OF ELECTED MEMBERS OF THE NOMINATIONS COMMITTEE</b></p> <p>(1) Two members of the nominations committee established pursuant to Bylaw IX, Section 6 shall be elected at each annual general meeting of the association.</p>	<p>The amendments specify that the election for members of the nominations committee will take place at each AGM. Mail-out ballots for nominations are costly.</p>
<p>None.</p>	<p><b>SECTION 3. POLLING DAY</b></p> <p>(1) Polling day for the election of members of council and elected members of the nominations committee to be elected in any year is the first day of each annual general meeting of the association.</p>	<p>The procedures set out in sections 3 to 7 are typical election procedures designed to establish the date on which the election takes place (polling day), the nomination process, how to vote, counting of ballots, etc. The Act requires that Council election details be included in the Bylaws. The procedures set out here reflect the existing practices and policies of the Association.</p>

<b>Current Bylaws</b>	<b>Proposed Revisions</b>	<b>Comments</b>
None.	<p><b>SECTION 4. NOMINATIONS</b></p> <p>(1) At least 90 days prior to polling day, the nominations committee established pursuant to Bylaw IX, Section 6, shall submit its list of nominations to the Executive Director so that the ballot can be prepared.</p> <p>(2) All nominations must be accompanied by the written consent of the nominees.</p> <p>(3) Where no nomination is received in an electoral region for election of a member-at-large, each candidate nominated for election as a member-at-large in all other electoral regions shall be invited to allow his or her name to stand for election in the electoral region where no nomination is received, as well as in the electoral region in which he or she was originally nominated.</p>	Creates bylaws reflecting current policy and/or practice.
<p>None.</p> <p><b>SECTION 3. VOTING</b></p> <p>Voting for elected members of the council and for the nominations committee shall be by ballot mailed to practising members at least 30 days prior to the first day of the annual meeting.</p>	<p><b>SECTION 5. BALLOT</b></p> <p>(1) Council shall prescribe the form of the ballot, which shall contain instructions to vote as set out in these bylaws, on which the names of all nominees shall be placed in the alphabetical order of their surnames.</p> <p>(2) The Executive Director shall, at least 30 days before polling day, or as soon as possible in the case of a member registered after that day, mail or deliver to each member who is eligible to vote a secure ballot.</p>	Council may consider electronic or other secure voting methods.

Current Bylaws	Proposed Revisions	Comments
None.	<p><b>SECTION 6. VOTING</b></p> <p>(1) Each member who votes shall:</p> <p>(a) vote for the required number of candidates to fill each vacancy, as indicated on the ballot, by marking an "X" opposite the name of the candidate of the member's choice; and</p> <p>(b) deliver the ballot to the Executive Director in a secure manner or deposit the ballot in the ballot box at the annual general meeting before noon on polling day.</p>	
None.	<p><b>SECTION 7. COUNTING THE BALLOTS</b></p> <p>(1) In order to be counted, ballots must reach the Executive Director by noon on polling day.</p> <p>(2) The Executive Director shall appoint at least two scrutineers, and any candidate for election is entitled to have a scrutineer present when the ballots are counted.</p> <p>(3) The Executive Director or his or her designate shall certify the eligibility of each voter and shall deliver the secure ballots to the scrutineers who shall count the votes and report the result of the vote to the Executive Director.</p> <p>(4) In the case of a tie vote for any office, the President shall cast the deciding vote.</p> <p>(5) If a candidate for member-at-large is elected in more than one electoral region, the candidate shall be declared elected in his or her region of residence and the candidate with the next highest number of votes in the other region shall be declared elected in that other region.</p>	

# SRNA Nomination Regions

Schedule 1



**LEGEND**  
—— Health Districts  
—— SAHO Zones

1997

## Committee Reports

*The following are reports of Council and Staff Advisory Committees.*

### Discipline Committee

The Discipline Committee met once during 2003 to complete the hearing of Lorna B. Ahlquist, Regina, Saskatchewan RN #31748, original registration, Saskatchewan.

Lorna B. Ahlquist was charged with professional incompetence and professional misconduct under Section 25 and Section 26(1) and 26(2)(1) of *The Registered Nurses Act*. On March 10, 2003 the SRNA Discipline Committee found Ms. Ahlquist not guilty of professional incompetence and guilty of seven charges of professional misconduct under Section 26(1) and 26(2)(1) of the Act.

Particulars included that Lorna B. Ahlquist breached patient confidentiality; falsely accused a patient of stalking her; engaged in unprofessional communication; failed to demonstrate sensitivity to patient diversity and culture and discussed inappropriate issues with patients and staff. The Discipline Committee ordered that Lorna B Ahlquist may continue to practice under conditions.

Pursuant to Section 34(1) of the Registered Nurses Act, a nurse who has been found guilty by the Discipline Committee may appeal the decision or any order of the committee, within 30 days, to the Council of the SRNA, or to a Judge of Her Majesty's Court of Queen's Bench for Saskatchewan. The decision was not appealed.

Sincere appreciation is extended to Bev Veresh for her support and

assistance to the Discipline Committee Resource Pool. We would like to thank all members of the Discipline Committee Resource Pool for their expertise, hard work and commitment. A special thanks to Rita Ledingham, RN and Roy Wagner, Public Representative, who will be leaving the Committee after serving two terms.

#### **Discipline Committee Resource Pool:**

**Helen Grimm, RN**, Regina, Co-Chair

**Rita Ledingham, RN**, Saskatoon, Co-Chair

**Karen Stevely, RN**, Yorkton, Co-Chair

**Joanne Blazieko, RN**, Moose Jaw  
**Jo-Anne Braithwaite, RN**, Indian Head

**Linda Brothwell, RN**, Nipawin  
**Vonda Croissant**, Public Representative, Regina

**Louise Frederick, RN**, Regina

**Janice Giroux, RN**, Weyburn,

**Anne Marie Greaves, RN**, Regina

**Dr. Alexander Grier**, Public Representative, Saskatoon

**Dr. Cyril Kesten**, Public Representative, Regina

**Megan Mercier, RN**, Saskatoon

**Janice Messner, RN**, Porcupine Plain

**Lee Murray, RN**, Saskatoon

**Susan Tetreault, RN**, Spiritwood

**Roy Wagner**, Public Representative, Candle Lake

**Shirley McKay, RN**, SRNA Staff Resource



## Legislation & Bylaws Committee

The Legislation & Bylaws Committee met four times in 2003.

Deliberations in the spring focused primarily on the drafting of bylaw amendments pertaining to membership fees. All proposed bylaw amendments were approved by both Council and the membership.

Council indicated its support for the Legislation and Bylaws Committee proceeding with a review of Committee structure, as detailed in the current bylaws. The committee reviewed its terms of reference and its need to focus on provincial legislation that impacts on registered nursing practice. In the fall, the committee again commenced its systematic bylaws review. In November, the committee recommended to Council that it amend its bylaws in an effort to provide increased clarity regarding the Council and Nominations Committee election process.

The committee drafted initial key concepts of professional self-regulation for member and public

input, enabling the development of a position statement on professional self-regulation.

The committee would like to extend sincere appreciation to Deanna Barlow, RN from the SRNA Professional Practice Group on Advanced Practice for her expertise during discussions on registered nurse (nurse practitioner) nursing practice. The committee recognizes the invaluable assistance of Merrilee Rasmussen for her support as SRNA Council's legal resource. As well the committee thanks SRNA staff Donna Brunskill, RN, and Linda Muzio, RN for the important support they provided to this committee.

**Fay Puckett, RN**, Chair, Clavet

**Joyce Bruce, RN**, Regina

**Marion Fritz, RN**, Biggar

**Heather Schnell**, SRNA Council Public Representative, Torquay

**Lori Chartier, RN**, Saskatoon

**Donna Brunskill, RN**, Staff Resource

## Nominations Committee

The Committee was successful in recruiting one candidate for each Council position and four candidates for the Nominations Committee.

While there is no shortage of interest, nurses are occupied with family, work and education and find it difficult to commit to the challenge of sitting on Council. The Committee has developed a list of nurses who are interested in future Council participation.

The Committee met in Saskatoon in

September for an orientation and to welcome Reggie Newkirk, the newly appointed Public Representative. Members met by teleconference each month during 2003. Between meetings, Committee members made many phone calls and emails to, and personal contacts with, members in working towards the goal of an election for every vacancy.

The Committee members thank the nurses for their warm response and the interest shown. The committee

thanks Karen Eisler, RN; and Deanna Makarchuk for their support, as well as Maureen Belanger who provided back-up when needed.

**June Blau, RN**, Chair, Regina

**Darlene Goudie, RN**, Moose Jaw  
**Maryanne King, RN**, Prince Albert  
**Reggie Newkirk**, Public  
Representative, Lumsden  
**Karen Eisler, RN**, Staff Resource

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## Nursing Education Approval Committee

The Nursing Education Approval Committee experienced a demanding year. In 2003, the Committee was involved with Modification of the Administration Manual, feedback to RN Education programs, review of the assessors' site visit report on the SIAST Primary Care Nurse Practitioner program and a recommendation report to the Executive Director.

The Committee submitted policy PN-7 to Council relating to the Criteria and Indicators for approval of RN(NP) programs in Saskatchewan, which was subsequently approved by Council. This policy became the foundation for modifying the Administration Manual for Approval of Education Programs in Saskatchewan.

The committee received and reviewed annual update reports from the Nursing Re-Entry Program as well as the NEPS program. Following a request for approval from the SIAST Primary Care Nurse

Practitioner program, an approval site visit was completed in November. Two assessors from out of province, both Masters prepared in Education and Nurse Practitioners in practice, completed the report. The SIAST Primary Care Nurse Practitioner program was granted full approval until April 2006.

I would like to thank the committee members for their participation and expertise, especially those members who took the lead on the RN(NP) review and writing of the site visit report to the Executive Director.

**Dianne Anderson**, Saskatchewan Health Representative, Regina  
**Donna Barber, RN**, Regina  
**Jeanine Brown, RN**, Davin  
**Diedre Desmarais**, Public Representative, Regina  
**Arlene Enright, RN**, Edgeley  
**Shirley Galloway, RN**, Oxbow  
**Shirley McKay, RN**, Staff Resource  
**Marlene Lindberg, RN**, Staff Resource

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## Investigation Committee

The Investigation Committee met a total of 12 times in 2003 – eight, one day face to face meetings and four teleconferences, to consider the complaints submitted. The Committee received 22 written complaints concerning the

professional conduct of members in 2003. Of the complaints received, 7 (32%) were submitted by employers, 4 (18%) by co-workers, 8 (36%) by the public, 2 (9%) by another body, and 1 (4%) was unknown.

Of these 22 complaints, 4 (22%) were dismissed, 7 (39%) were dismissed and issued a Letter of Guidance, and 7 (39%) were moved to the Consensual Agreement Process. There were no cases moved to a Discipline Hearing during 2003. Four remain under Investigation in 2004.

Alternative Consensual Agreements developed in 2003 dealt with the following:

- Medication administration practices
- Inability to provide standard nursing care (assessment & intervention)
- Inappropriate lack of documentation
- Inappropriate lack of reporting
- Inappropriate unprofessional interpersonal interactions
- Medical illness

The seven Consensual Complaint Resolution Agreements identified above remain active. There are also eight other active Agreements that were initiated in previous years.

Eleven cases were carried over from 2002. Of these 1 (8%) were dismissed, 4 (33%) issued a Letter of Guidance, and 6 (50%) were moved to the Consensual Agreement Process.

One case that had been moved to Discipline in 2002 is presently being dealt with through Mediation.

A total of Ten (55%) cases dealt with in 2003 were completed within a 3 - 4 month time frame (time from receipt of complaint to motion of resolution made by committee); 5 (27%) in 5 months. 2 (11%) in 6 months and 1 (5%) in 9 months.

The committee would like to thank Rhonda O'Hagan, RN and Cheryl Olson, SRNA staff, for their support and assistance throughout the year. A special thanks to Dawn Mackenzie, RN, Moose Jaw and Wayne Busch, Public Representative, Nokomis, who left the Committee this year after serving two terms.

**Marlene Strenger, RN**, Chair,  
Saskatoon

**Kandice Hennenfent, RN**,  
Moose Jaw

**Sandra Keating, RN**, Prince Albert  
**Russ Marchuk**, Public  
Representative, Regina

**Margaret Wheaton**, Public  
Representative, Biggar

**Rhonda O'Hagan, RN**, Staff  
Resource

## Continuing Competence Committee

The Continuing Competence Committee met numerous times during the past year. The goal was to have the continuing competence program ready for partial implementation by December, 2003. The committee worked diligently completing the Continuing Competence workbook for the RN and a workbook for the RN(NP).

The 14 continuing competency trainers throughout the province presented education sessions to members. In 2003, 556 members attended the education sessions.

One of the challenges in 2003 was to find a solution for the confidentiality issue surrounding the nurses' documentation of their practice skills,

and plans to enhance practice by participation in educational activities. This has now been resolved by the passing of legislation (Bill No. 14 2003) protecting the documentation and the person from giving evidence in a legal proceeding to produce records relating to the continuing competence program. Another issue the Committee addressed is the audit process of the continuing competence program.

The Committee has also contributed an article in each 2003 publication of the SRNA Newsbulletin.

Thank you to all committee members for their expertise and support.

**Cindy Sherban, RPN, RN**, Chair, Saskatoon

**Barbara Puckett, RN**, Saskatoon

**Cathy Jeffery, RN**, Saskatoon

**Lynnda Berg, RN**, Spiritwood

**Mark Schnell**, Public Representative, Regina

**Shelly Cal, RN**, Hudson Bay

**Tess Gieg, RN**, Saskatchewan

**Shirley McKay, RN**, Staff Resource

**Marlene Lindberg, RN**, Staff Resource

## Registration & Membership Committee

The duties of the Registration & Membership Committee are to make recommendations to the SRNA Registrar with respect to the requirements for registration/licensure and membership including, but not limited to: 1) assessment of equivalence of nursing education programs 2) management of examinations 3) determination of good character 4) recognition of approved RN practice 5) granting of extensions of registration eligibility 6) audit program.

In 2003 three members of the Registration and Membership Committee participated in an Ad Hoc Working Group on Prior Learning Assessment and Recognition (PLAR) for Advanced Nursing Practice to develop a framework on prior learning assessment. This framework provided the basis for the Competence Assessment Process (CAP) for RN(NP) licensure. The CAP provides one avenue for licensure for nurses who have not completed a formal

nurse practitioner program. The process enables nurses to demonstrate that they meet the basic RN(NP) Competencies. The framework was presented to the total committee for review and feedback.

In 2003 the committee met once to evaluate nursing position descriptions in response to Saskatchewan nurses wishing to have their employment recognized as approved nursing practice. The committee also reviewed requests for extensions from nurses who were not able to meet the hourly bylaw requirement.

2004 will be a busy year for the committee as it addresses issues related to RN(NP) licensure and Continuing Competency.

I would like to thank the committee, the staff resource person, Shirley McKay, RN and her assistant, Cheryl Olson, for their assistance now and for the challenges we face in 2004.

**Sharon Chesley, RN**, Chair, Prince Albert

**Marilyn Smith, RN**, Lanigan  
**Yvonne Warnes, RN**, Regina

**Cliff Walker**, Public Representative,  
 Regina  
**Shirley McKay, RN**, Staff Resource

## Policy In Action Committee

The Policy In Action Committee met in January and March (face to face) and June and July (via teleconference). During 2003, the committee focused on developing and implementing a strategy for the fall provincial election.

The goal was to have RNs advocating on behalf of the public for access to comprehensive primary health care, especially rural and remote, health human resources, and an affordable and sustainable Medicare system.

A comprehensive PIA election kit was developed in time for distribution at the annual meeting in May. Serving as a easy-to-use resource for members, the kit included information on the election, a brief with key messages on the issues, “Q & As” for candidates, sample letters to the editor and MLAs, and effective meeting pointers. Committee members networked around the province with members regarding the election strategy and actively met with candidates. Both the SRNA Newsbulletin and web were used to communicate election strategy updates.

Efforts to develop a provincial network of nurses interested in policy issues also continued in 2003.

Fay Puckett, RN stepped down as co-chair from the committee following her election as President-Elect for the SRNA in May. Joan Sawatzky, RN tendered her resignation from the committee in the fall due to increasing work commitments. Joan’s intelligent insight, knowledge and energy will be missed by committee members.

The committee gratefully acknowledges the work of Linda Muzio, RN, SRNA Policy Coordinator, who has been the driving force for the work of the committee. The committee is interested in hearing from nurses throughout the province who are committed to making the voice of nursing strong in Saskatchewan.

**Jan Besse, RN**, Chair, Regina  
**Fay Puckett, RN**, Co-Chair,  
 Saskatoon (resigned May)

**Joan Sawatzky, RN**, Saskatoon  
 (January – October)

**Patrick Livingstone, RN**, Norquay  
**Sharon DeSantis, RN**, Nipawin

## Membership Advisory Committee

In 2003, the Membership Advisory Committee met face to face in April and September and had three teleconferences. The Committee reviewed and revised their terms of reference, and oriented new committee members in September 2003. The Millennium Awards criteria and format for submission and selection of the awards were reviewed and revised in order to make them more user friendly.

Over the past year the committee has:

- Recommended strategies for communication with members and students.
- Selected SRNA members from the interest sheets to be appointed as SRNA representatives on external committees.
- Provided advice on membership and public recognition in accordance with SRNA Council Policy including:
  - SRNA Life and Honorary membership
  - SRNA Life and Honorary plaques
  - SRNA Memorial Book
  - CNA Memorial Book

- Millennium Awards
- Jeanne Mance Award
- Reviewed and revised the Member Interest Sheets

Many thanks to the individuals on the Membership Advisory Committee for their competence, commitment and creativity.

**Colleen Toye, RN**, Chair,  
North Battleford

**Angela Bowen, RN**, Saskatoon  
**Barbara Fitz-Gerald, RN**,  
Swift Current

**Stella Swertz, RN**, Weyburn  
**Joanne Thiessen, RN**,  
Prince Albert

**Karen Eisler, RN**, Staff Resource

Thank you to the committee members whose term was over September 2003

**Marlene Brown, RN**, Regina  
**Lois Dixon, RN**, Balcarres  
**Diana Ermel, RN**, Regina  
**Kandice Hennenfent, RN**,  
Moose Jaw

**Coreen Nagy-Malinowski, RN**,  
Melville

**Fay Puckett, RN**, Saskatoon

# VISION, MISSION, GOALS

2004

## VISION

Registered nurses as partners in an informed healthy society

## MISSION

Competent, caring nursing for the people of Saskatchewan

## GOALS

### Competent, ethical practice of nursing

- Competent, ethical practice of nursing
- Saskatchewan RNs and RN(NP)s participate in the development of national and international standards for registration.
- Graduates from Saskatchewan nursing education programs have a broad-based education congruent with a contemporary understanding of nursing.
  - The Baccalaureate degree is the minimum education level for entry as an RN.
- Just and timely resolution of complaints regarding RN and RN(NP) incompetence and misconduct.
- RNs and RN(NP)s maintain competence in their practice throughout careers.
- Re-integration of former members as effective practitioners.
- RNs and RN(NP)s have clarity regarding their authority to practice within their scope.
- RNs and RN(NP)s practice to the full extent of their competencies.
- Principles of primary health care are integrated into practice codes and standards.
- Consistent use of name and RN or RN(NP) title for identification to the public.

### Professional self-regulation for RNs and RN(NP)s

- Professional self-regulation for RNs and RN(NP)s
- Legislation supports/mandates self-regulation.
  - The baccalaureate nursing degree is the only program approved by SRNA for achieving entry level competencies as an RN.
  - Registered Nurses and RN(NP)s practice to full scope of practice.
- RNs and RN(NP)s understand self-regulation.
- Public confidence in competence of registered nurses and RN(NP)s.

### Professional growth and support

- Professional growth and support
- Members are engaged in professional activities and leadership development.
- Members are supported by their employers to access professional activities and continuing education.
- Nursing is valued as a knowledge-based, skilled profession by members, employers and public.
- Registered Nurses effectively address the risk of abuse.
- Individual RNs and RN(NP)s demonstrate leadership.
  - RNs and RN(NP)s mentor as part of their professional responsibility.
  - RNs and RN(NP)s articulate their role to the public.
- RNs and RN(NP)s use appropriate communication and information technology effectively.

### Practice environments conducive to quality care

- Practice environments conducive to quality care
- There is a national and provincial nursing human resource plan.
  - There is sufficient number of RNs and RN(NP)s.
  - External financial resources are available to individuals pursuing all levels of nursing education and/or research.
  - Expertise of experienced RN and RN(NP)s is retained.
- Practice reflects clarity and mutual understanding of roles within a collaborative practice environment.
- Practice environments support RNs and RN(NP)s to practice according to the definition of nursing practice as contained in Section 2(k) of The Registered Nurses Act, 1988 and the nursing practice standards.
- Organizational climates within the health system support RNs and RN(NP)s in quality practice.
  - Organizational climates support a safe environment.
  - The health care system recognizes the autonomy of nurses.
  - Strong links among nursing policy, practice and research.

### Comprehensive primary health care

- Comprehensive primary health care
- A dynamic, multi-dimensional health system consistent with the principles of The Canada Health Act, 1984.
  - Principles of Primary Health Care supported in public policy.
  - RN and RN(NP) leadership is demonstrated in the local, provincial, regional, national and international health agenda.
    - RN and RN(NP) leadership is demonstrated in healthy public policy that supports the principles of Primary Health Care.
    - RN and RN(NP) leadership is demonstrated in development of healthy communities, with emphasis on health issues for Aboriginal peoples.
    - RNs and RN(NP)s model client-centered leadership within inter-disciplinary teams.



