

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

annual report

2006



Annual Meeting • Photographs on the cover were taken at the 2006 CNA Biennial Convention & Annual Meeting



Official Notice of the SRNA Annual Meeting

The SRNA will hold its Annual Meeting, Wednesday, May 2, 2007 at the Marlboro Inn in Prince Albert. The meeting will be held in conjunction with the Continuing Competence, Models of Care, Leadership and Best Practice Guidelines and Peer Feedback Workshops on May 3, 2007. The Annual Meeting will be followed by the RN Recognition Awards Ceremony and Banquet.

0730 – 0830	Registration/Coffee
0800 – 0830	Students' and First Timers' Orientation
0830 – 0900	Welcome/Opening Remarks C. Fay Puckett, RN, SRNA President
	Greetings from the Canadian Nurses Association
0900 – 1015	Executive Director's Report Donna Brunskill, RN, SRNA Executive Director
1015 – 1030	Break
1030 – 1200	Where do we go from here? SRNA Council C. Fay Puckett, RN, SRNA President
1200 – 1300	Lunch on us
1300 – 1600	Business Meeting C. Fay Puckett, RN, SRNA President
	Evaluation and Adjournment

The SRNA gratefully acknowledges its partnership with the
International Council of Nurses and the Canadian Nurses Association.



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SRNA Council



L to R: Donna Brunskill, RN, Executive Director, Mike Fisher, Public Representative, Patrick Livingstone, RN, Member-at-Large, Sandra Brown, RN, Member-at-Large, Carmen Anderson, RN, Member-at-Large, Fay Puckett, RN, President, Colleen Toye, RN, President-Elect, Loraine Grychowski-Whitehead, RN, Member-at-Large, Linda Curwin, RN, Member-at-Large, Harold Johnson, Public Representative, Celine Czernick, RN, Member-at-Large, Anne Lavack, Public Representative, Linda Barlow, RN, Member-at-Large

VISION

Registered Nurses as partners in an informed healthy society

MISSION

Competent, caring nursing for the people of Saskatchewan

President's Message



C. Fay Puckett, RN
SRNA President

It has been an amazing year of accomplishment for the Saskatchewan Registered Nurses' Association (SRNA).

It was our privilege to host the largest ever Canadian Nurses Association (CNA) 2006 Biennial Convention and Annual Meeting. More than 1,000 nurses from across the country and around the world gathered in Saskatoon in June to share, learn, laugh and dance together. I congratulate all those who made this event the wonder that it was.

By establishing a positive working relationship with the Minister of Health, the Honourable Len Taylor and his predecessor the Honourable John Nilson, we have created many opportunities to support the nursing agenda and move it forward. We are very happy to report that as a result of this collaboration, significant progress is being made on the issue of retention and recruitment of nurses in Saskatchewan.

Congratulations to SRNA Executive Director, Donna Brunskill, RN, on her appointment to both the Provincial Nursing Committee and the Provincial Health Workforce Steering Committee. These two committees have been charged with the task of directing funds in the amount of \$25 million dollars in such a way that contributes to safe and competent nursing care and a sustainable health workforce for the people of Saskatchewan.

SRNA Council has implemented a web-based policy governance information system that will allow Council members

full access to all materials from their personal computer. This system will enhance the ability of Council to become fully engaged in the governance process no matter where they are located.

Our Council continues to dialogue with our "owners", the people of Saskatchewan and our members. The "World Café Council Accountability Session," hosted by Council at the 2006 Annual Meeting, provided the SRNA with valuable information about the future of the nursing profession, from our members' perspectives and the roles we have in shaping that future. Members participated in a focus group that explored the issue of "Nursing Fatigue" and a group of nurse managers gathered to discuss nursing issues and to take in a presentation by Dr. Ginette Lemire Rodger, RN, on the "Ottawa Model" of nursing care.

The SRNA "Nurse Your Future 2020 Forum" was a stellar event. The forum challenged participants to examine what the profession of nursing might look like in the year 2020.

What we know for sure is that it won't look the same as it does today.

Mapping our future alongside our colleagues is important work and we will continue to explore the myriad of opportunities for the nursing profession to grow and develop.

Through the SRNA international partnership project with CNA, I worked as a volunteer consultant on a monitoring mission to the CIDA sponsored project in Indonesia. The goal of the project is to support the development of the Indonesian National

Significant progress is being made on the issue of retention and recruitment of nurses in Saskatchewan.



Nurses Association. We were honoured to work with more than 150 of the Central Board Members in their vibrant and energetic nursing meetings. The organization has overcome many challenges. They are currently faced with lobbying their parliament to pass legislation that would allow for the regulation of nursing in their country.

Council bid farewell to Sharon Maher who served for a short time as a Public Representative and we are pleased to have Mike Fisher, a lawyer from Melville, join us.

My heartfelt gratitude goes out to members of Council, committees and staff, for their outstanding efforts to advance the vision, mission and Ends of the organization. Donna Brunskill, RN, Executive Director deserves special

recognition for her inspirational dedication and boundless energy in achieving the Ends set out by our Council. Many thanks to Dianna Pedersen, Executive Assistant for her unfailing efforts to keep us organized and informed. Thank you all.

I look forward to passing the gavel to Colleen Toye, RN, at the SRNA 2007 Annual Meeting. Working as your President has been the most challenging and rewarding experience of my career. I thank you for the opportunity to be a servant-leader.

C. Fay Puckett, RN
SRNA President

2006 SASKATCHEWAN REGISTERED NURSES' ASSOCIATION Council



Council President

C. Fay Puckett, RN, Clavet
2005 – 2007

President-Elect

Colleen Toye, RN, North Battleford
2005 – 2007

Public Representatives

Mike Fisher, Melville
2006 – 2009

Harold Johnson, La Ronge
2005 – 2008

Anne Lavack, Regina
2005 – 2008

Sharon Maher, Saskatoon
2005 – 2006

Executive Director

Donna Brunskill, RN, Pense
2000 – 2006

Members-at-Large

Carmen Anderson, RN, Regina
2006 – 2008

Linda Barlow, RN(NP), Melfort
2002 – 2004, 2004 – 2006

Sandra Brown, RN, Saskatoon
2006 – 2008

Linda Curwin, RN, Moose Jaw
2005 – 2007

Celine Czernick, RN, Fort Qu'Appelle
2005 – 2007

Loraine Grychowski-Whitehead, RN,
North Battleford
2005 – 2007

David C. Kline, RN, Drake
2002 – 2004, 2004 – 2006

Patrick Livingstone, RN, Norquay
2006 – 2008

Shirley McNeil, RN, Saskatoon
2004 – 2006

Council Public Representatives' Message



Mike Fisher
Public Representative



Anne Lavack
Public Representative



Harold Johnson
Public Representative

It is an honour to be a public representative on the SRNA Council. The SRNA, through *The Registered Nurses Act, 1988*, is mandated to protect the public through self-regulation. Therefore, our responsibility as public representatives on the SRNA Council is to represent the interests of the people of Saskatchewan. Our appointments are made through an Order-in-Council with the approval of the Lieutenant Governor and Cabinet. As public representatives, we are expected to perform the same duties as our elected counterparts on the SRNA Council, with the exception of holding office.

With each issue we discuss at Council meetings, we keep in mind the question, 'What decision or action would be best for the people of Saskatchewan?' Although we as public representatives come from non-nursing backgrounds, we enjoy the opportunity to learn more about nursing issues and to provide our input.

This year we have had the opportunity to engage in discussion on a wide variety of issues, including:

- Dialogue with the Minister of Health about the nursing shortage, nursing recruitment and retention, and other key issues.
- Dialogue with the Saskatchewan Union of Nurses about the nursing shortage and other shared issues of concern.

We maintain a governance action plan and budget to ensure strong public linkages, current and up-to-date policy, and high levels of executive performance. This enables us to help ensure that key priorities are met and that the organization meets its accountability requirements.

We wish to thank the members of the Council, staff, and the registered nurses of Saskatchewan for their dedication to the people of this province and our health care system. We appreciate having the opportunity to represent the people of Saskatchewan on the SRNA Council.

Mike Fisher
 Harold Johnson
 Anne Lavack
 Public Representatives



Donna Brunskill, RN
SRNA Executive Director

Executive Director's Message THE SECOND WAVE: STRENGTH AND RENEWAL

Strengthening nursing and client autonomy has been at the forefront of modern nursing since the time of Florence

Nightingale. Renewing our practice with a focus on primary health care and life long learning has been building momentum.

In creating a second wave, we need to stay focused on making our vision a reality. Our vision of being partners in an informed, healthy society positions registered nurses as partners and leaders in re-positioning primary health care, citizen engagement, best practice and healthy workplace environments as key levers of focus. An internal membership focus on continuing competence and e-strategies is gaining significant momentum within our nursing practice and will continue to keep us focused on a preferred future. There is a better way, and while change is difficult, we are moving in the right direction. NurseONE, our e-nursing portal is poised to be a significant resource at our fingertips. As a fundamental building block of any system focused on health, registered nurses are poised to continue leadership in strengthening our work culture. We remain committed to cultures that thrive on best practice, innovation, collaboration, empowerment, accountability and sustainability.

With 40% of our practicing members over the age of fifty years, we need to know that better times are coming, and they are. We have a strong applicant pool, young diverse citizens, almost like never before. What we need is a more representative applicant pool, new experiential learning opportunities and a system focused on decentralization. Many young people want to make registered nursing their career. They see

the career opportunities and the chance to make a difference in our society.

Moving to a standardized single-entry point for the RN has changed the beginning graduate from someone who was typically in their early thirties focusing on part-time employment as a second income, to NEPS (Nursing Education Program of Saskatchewan) graduates who are a decade younger and who are seeking permanent, full-time career employment.

Further, while research across the countries shows that many young graduates in shorter programs from other provinces have been bailing out of nursing after two to three years, feeling burned out, Saskatchewan has again been doing something very right with its nursing education programming. Research shows that over 90% of Saskatchewan graduates, five years after graduation are still practicing nursing in general, are still practicing nursing in Saskatchewan, are still employed in direct care and are still glad that they chose nursing as a career. Many of these graduates clearly articulate that actively engaging in life-long learning is essential to their nursing career. That is where the introduction of the Continuing Competence Program has been a second major strategic initiative, along with the focus on healthy workplaces and primary health care.

Only in continuing to support aligning our health system with principles and philosophy of primary health will we move forward to a more just, competent health system. Registered nurses are key in partnership and leadership in this second wave.



Donna Brunskill, RN
SRNA Executive Director

Executive Director's Report

ENDS ACHIEVEMENT – 2006

Competent, Ethical Nursing

- In 2006, there were 471 practice advisement calls, almost half of which came from direct care nurses. Calls related to scope of practice, information networking, nursing practice standards, safety and continuing competence.
- SRNA document 'Standards and Foundation Competencies for the Practice of Registered Nurses' effective March 1, 2007 was approved by Council and distributed to all members in December 2006.
- SRNA participated in the development of the CNA National Framework for Advanced Nursing Practice.
- SRNA participated in the development of the Canadian Nurse Practitioner Exam (CNPE), family/all ages, a requirement for RN(NP) primary care licensure in Saskatchewan.
- In 2006, 14 applicants wrote the CNPE in the two sittings offered in Saskatchewan. The pass rate was 85.7%.
- 205 Nursing Education Program of Saskatchewan (NEPS) graduates were licenced as RNs.
- There were three sittings of the new Canadian Registered Nurse Examination (CRNE) which is based on the list of CRNE national competencies for 2005 - 2009.
- The pass rate for first time Saskatchewan writers for the 2006 CRNE was 96.6% The pass rate for first time out-of-country writers for the CRNE was 36%.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

Staff



EXECUTIVE OFFICE

Donna Brunskill, RN, Executive Director
Dianna Pedersen, Executive Assistant

POLICY & COMMUNICATIONS

Susan Smith Brazill, Director
Maureen Belanger, Communications Coordinator
Barbara Fitz-Gerald, RN, Member Relations Coordinator
Joy Kellen, RN, Policy Coordinator
Deanna Makarchuk, Administrative Assistant
Cheryl Olson, Policy Administrative Assistant
Nikita Schmidt, Receptionist

REGULATORY SERVICES

Shirley McKay, RN, Director/Registrar
Bev Veresh, Assistant to the Registrar
Adeline Michayluk, Registration Assistant
Janet Shafer, Registration Coordinator
Deb Walker, Registration & Revenue Coordinator
Maureen Klenk, RN(NP), Special Projects - Nurse Practitioner (to February 2006)

Cheryl Hamilton, RN, Nursing Advisor
Marlene Lindberg, RN, SRNA Consultant
Rhonda O'Hagan, RN, Competence Assurance Coordinator
Marilyn Morrison, Assistant Regulatory Services

FINANCE & ADMINISTRATION

Linda Harcourt, Director
Janet Kenyon, Building Services Coordinator
Cheryl Weselak, Systems Administrator
Bruce Dawson, Records Administrator
Gordon Wilson, Maintenance

NURSING PRACTICE

Karen Eisler, RN, Director
Debbie Cummings, Administrative Assistant
Beverly Balaski, RN, Practice Advisor
Linda Banerjee, RN, Practice Advisor (Weyburn)
Francis Loos, RN, Practice Advisor
Linda Muzio, RN, Practice Advisor
Della Stumborg, RN, Practice Advisor (Swift Current)

- 20 international nurses completed the CRNE and were licenced in Saskatchewan.
- SRNA facilitated meetings with stakeholder groups regarding the learning needs of international nurses seeking licensure in Saskatchewan.
- 68 international nurses applied for licensure in Saskatchewan – to date, not all applicants have completed their documentation or met English language requirements.
- 46 international applicants were deemed equivalent – a number of these nurses applied prior to 2006.
- Five RNs renewed their registration by way of the nursing re-entry program.
- SRNA Executive Director represented the Canadian RN Executive Directors on the Mutual Recognition Agreement (MRA) Working Group. The purpose of the group was to review the current MRA and to develop a new MRA that would enable RN mobility throughout Canada.
- SRNA continued its work to enable low level resolution of complaints as deemed appropriate by the Investigation Committee - seven RNs signed Consensual Complaint Resolution Agreements. There are currently 27 Consensual Complaint Resolution Agreements being monitored.
- Two RNs successfully completed the requirements of their Consensual Complaint Resolution Agreements in 2006.
- RNs continued to be required to practice a minimum of 1125 hours within a five-year period in order to be eligible for registration. RN(NP)s are required to practise 1800 hours in three years (600 hours of which must be clinical practice.)
- RN(NP)s were required to meet the Continuing Competence Program requirements in order to be eligible for licensure in 2006. 100% indicated

compliance with the Continuing Competence Program requirements on their registration renewal form.

- Continuing Competence Facilitators provided education sessions on the Continuing Competence Program. Over 4588 RNs across the province attended education sessions since 2003. A total of 317 Continuing Competence Workshops have been provided since 2003.
- SRNA developed a RN(NP) e-newsletter which was distributed and is available on the SRNA Website.
- SRNA hosted the workshop “Professional Influence: Nursing Image and Professional Presence” in October 2006. The workshop was attended by over 50 RNs and nursing students.

Professional Self-Regulation for RNs and RN(NP)s

- 105 RNs were registered by endorsement from other Canadian jurisdictions.
- In 2006, 18 RN(NP)s established initial registration. 91 RN(NP)s were currently practising as of November 30, 2006. Of these 91 RN(NP)s, 88 were in Primary Care and three were Neonatal.
- SRNA Council confirmed its interpretation of “common medical disorders” which guides limits of independent RN(NP) practice.
- SRNA met with the Retail Board of Saskatchewan Pharmacists (RBSP) to discuss prescriptive authority.
- The prescriptive bylaw for RN(NP) was amended.
- SRNA hosted the “Nurse Your Future 2020 Forum” in October 2006. The forum, attended by over 100 participants, examined what the profession of nursing might look like in the year 2020.
- During the SRNA 2006 annual spring ‘Outs and Abouts’, 36 sites were visited throughout the province and 161 members attended.

- An Employer Newsbulletin was initiated in September 2006, as a vehicle to keep RN employers informed about regulatory and professional issues.

Practice Environments Conducive to Quality Care

- Evaluations were completed on the three active SRNA Quality Workplace sites – Yorkton, Melville and Regina.
- Two telehealth sessions on Continuing Competence were held with a total of 71 participants.
- Presentations on the Scope of Practice and Assignment and Delegation were made at 11 sites around the province. These were attended by 89 participants.
- “Ask a Practice Advisor” columns provided information and direction on administration of CPR, monitoring and interpreting data, student employees providing nursing care, substance misuse and chemical dependency and leadership.
- SRNA participated in the CNA initiative ‘NurseOne’ portal which was launched at the CNA Biennial Convention and Annual Meeting held in Saskatoon, June 2006.
- SRNA sponsored a workshop on Care Delivery Frameworks featuring Dr. Ginette Rodger, RN and Sylvia Barron, RN on the Ottawa Model of Nursing Clinical Practice in November 2006.
- SRNA sent a letter of support to the Regina Qu’Appelle Health Region and the Saskatoon Health Region for a proposal submission to Saskatchewan Health to implement the Ottawa Model of Nursing Practice.
- SRNA supported a government proposal to evaluate the RNAO Best Practice Guidelines in selected Saskatchewan sites.
- Saskatchewan Health established two advisory committees to help accelerate Saskatchewan’s Health Workforce Action Plan, the Provincial Nursing Committee and the Health Workforce Steering Committee. Donna Brunskill, RN, Executive Director, was appointed to both committees.
- Donna Brunskill, RN, Executive Director and Fay Puckett, RN, President of SRNA participated in the Health Quality Council (HQC) Forum on public consultation and reporting on the quality of health care.
- RN Membership increased slightly from 8,944 in 2005 to 8,958 in 2006.
- The Executive Director participated in an initial provincial cross-sectoral pandemic planning meeting initiated by Saskatchewan Health and Emergency Management Organization (EMO).
- SRNA developed a mentoring workshop and presented to mentors and mentees in the fall of 2006 in Saskatoon.
- SRNA participated in the University of Saskatchewan research project “Promoting High Quality Workplaces: Learning from Saskatchewan”. The full report was released in 2006.

Comprehensive Primary Health Care

- SRNA maintained partnerships with the College of Pharmacists of Saskatchewan, the Registered Psychiatric Nurses, the College of Physicians and Surgeons, and the University of Regina for the 2006 Saskatchewan Institute of Health Leadership sessions (SIHL).
- SRNA continued to participate in the Integrated Primary Health Care Working Group and the Provincial Nursing Council.
- To increase understanding of primary health care and promote political action, SRNA hosted the first “Hawks, Doves and the Nightingale Policy and Nursing” education workshop held at the Legislative Building.
- SRNA, in collaboration with the Saskatchewan Association of Social Workers (SASW), marked International Human Rights Day – with a press release with a plea to make accessible

nutritional food a basic fundamental human right for all.

- SRNA collaborated with SASW on issues related to health, poverty, Aboriginals and vulnerable populations.
- SRNA has endorsed several healthy public policy initiatives such as those implemented by the Saskatchewan Coalition for Tobacco Reduction.
- A total of ten news releases and media advisories were issued, some of which related to healthy public policy, social justice and nursing work life.
- The Saskatchewan Smoking Bylaw banning smoking in public buildings continued to be supported and endorsed.
- The SRNA Newsbulletin and Website regularly contained information to increase awareness and understanding about primary health care.

Professional Growth and Support

- The Membership Advisory Committee appointed three members to external committees.
- The Annual Meeting and Conference May 2 & 3, 2006 attracted 267 participants.
- The SRNA Newsbulletin was published five times in 2006 and distributed to all members and to the Saskatchewan Nursing Education Program sites.
- The SRNA hosted the CNA Biennial Convention and Annual Meeting in June 2006 with a record number of 1028 attendees, 458 were from Saskatchewan.
- SRNA sponsored 43 RNs and five nursing students to attend the CNA Biennial Convention. 350 nursing students attended the CNA Annual Meeting.
- In conjunction with the CNA Biennial Convention and Annual Meeting in June 2006, the SRNA hosted 14 international RN delegates from nine countries throughout the world. The delegates, who are partners in the CNA International Program, came from Ethiopia, El Salvador, Indonesia, Nicaragua, Botswana, Malawi, Mauritius, South Africa and Vietnam.
- SRNA supported National Nursing Week in May 2006, which included distribution of promotional materials to all the regional health authorities, Professional Practice Groups, Chapters and individual members.
- SRNA collaborated with SALPN and RPNAS with a letter to the Saskatchewan Minister of Health to declare National Nursing Week and an advertisement was placed in the Star Phoenix and Leader Post May 8, 2006.
- There were 10 Professional Practice Groups (PPGs), three SRNA Chapters and 103 Workplace Representatives, active in 2006.
- In 2006, three new Professional Practice Groups were started: Saskatchewan Renal Professional Practice Group, Parish Nursing Professional Practice Group and the Retired Nurses Professional Practice Group.
- 15 RN members attended the October 2006 SRNA Orientation Workshop in Saskatoon for member units.
- SRNA web traffic report indicated 47,717 site visits in 2006.
- SRNA staff met with the Saskatchewan Operating Room Nurses Group (SORNG) and the PeriAnesthesia Nurses Group (PANGS) at their joint conference.
- One Life Membership, eight Millennium Award recipients and one Memorial Book inductee were honoured at the Annual Banquet May, 2006.
- A special 'Mentorship' award was introduced in 2006 to be awarded May 2007 in celebration of SRNA's 90th Anniversary.
- The Jean Goodwill award was created in 2006 for Aboriginal students enrolled in nursing at the Prince Albert, Regina and Saskatoon nursing education sites. The first recipients will be in 2007.

Table 1: MEMBERSHIP TOTAL & METHOD OF REGISTRATION

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Registered by Examination	168	251	150	119	172	151	231	234	255	238	225
Registered by Endorsement	76	112	96	143	98	68	93	84	100	91	105
Renewal/Re-registration	8918	8768	8774	8773	8717	8650	8491	8554	8577	8615	8628
Total - Registered Nurses	9162	9131	9020	9035	8987	8869	8815	8872	8932	8944	8958
Graduate Nurse	91	152	101	115	149	146	253	233	268	249	276
Non-Practising	441	403	344	358	326	289	281	290	284	253	274
Life & Honorary	45	45	47	44	44	42	42	42	42	45	47
Total-Membership (RN & Other)	9739	9731	9512	9552	9506	9346	9391	9437	9526	9491	9555

Table 2: MIGRATION TRENDS

MIGRATION	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
In	78	112	100	155	146	99	129	132	134	108	125
Out-(All Requests)	345	350	353	341	369	437	344	334	290	281	295
Out-(Only Currently Practising Requests)				213	252	306	210	218	196	202	208

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: INITIAL RN(NP) LICENSURE

	2004	2005	2006
Registered by Equivalence	35	19	1
Registered by Approved Program	7	11	3
Registered by CAP		3	7
Registered by Exam			7
Total - Registered RN(NP) Nurses	42	33	18

Table 4: TOTAL ACTIVELY PRACTISING RN(NP)'S

	2004	2005	2006
Primary Care	42	72	88
Neonatal		3	3
Total	42	75	91

Table 5: INVESTIGATION AND DISCIPLINE STATISTICS

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Total number of new cases	33	42	14	30	16	18	22	31	22	34
Total number of cases investigated	54	60	34	54	46	27	27	31	27	36
Dismissed on Investigation	34	36	9	13	16	5	4	11	12	9
Dismissed on Investigation with Letter of Guidance	2	2	2	2	5	3	7	12	5	9
Referred to Mediation/Consensual Agreement Process	0	3	6	5	3	4	7	4	7	9
Referred to Discipline	4	3	2	1	5	3	0	1	0	2
Discipline Hearings held	3	2	2	2	4	3	1	2	0	2
Carried over year end Complaints initiated and unresolved at year end	18	20	24	30	16	10	5	5	3	7
Consensual Agreements (Ongoing)								17	22	27
Consensual Agreements (Completed)									1	2

Auditors' Report on Summarized Financial Statements

Deloitte.

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To the Members of the Saskatchewan Registered Nurses' Association

The accompanying summarized statement of financial position and statement of operations are derived from the complete financial statements of the Saskatchewan Registered Nurses' Association as at December 31, 2006 and for the year then ended on which we expressed an opinion without reservation in our report dated March 5, 2007. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarizes, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosure required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position and results of operations, reference should be made to the related complete financial statements.



Chartered Accountants
Regina, Saskatchewan
March 5, 2007

**Member of
Deloitte Touche Tohmatsu**

Management Responsibilities

Management of the Association is responsible for the integrity of the financial data reported by the Association. The following summarized financial statements have been derived from the complete financial statements prepared in accordance with Canadian generally accepted accounting principles, which have been consistently applied.

Donna Brunskill, SRNA Executive Director


Copies of the full audited financial statements are available on the SRNA website at www.srna.org.

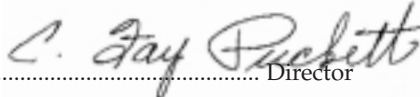
Summarized Statement of Financial Position

December 31, 2006

	2006	2005
CURRENT ASSETS		
Cash	\$ 260,472	\$ 241,870
Short term investments	4,010,215	3,172,253
Accounts and fees receivable	29,244	23,444
Accrued interest receivable	38,018	45,065
Prepaid expenses	137,379	174,722
	4,475,328	3,657,354
INVESTMENTS	300,000	1,008,323
CAPITAL ASSETS	560,881	447,672
	\$ 5,336,209	\$ 5,113,349
CURRENT LIABILITIES		
Accounts payable and accrued charges	\$ 614,847	\$ 492,634
Goods and services tax payable	186,679	210,841
Fees collected in advance	3,358,138	3,060,286
	4,159,664	3,763,761
NET ASSETS		
Net assets invested in capital assets	560,881	447,672
Internally restricted net assets	14,643	144,457
Unrestricted net assets	601,021	757,459
	1,176,545	1,349,588
	\$ 5,336,209	\$ 5,113,349

APPROVED BY THE BOARD

.....  Director

.....  Director

Summarized Statement of Operations

Year ended December 31, 2006

	2006	2005
REVENUE		
Registered and graduate nurses' fees	\$ 3,567,961	\$ 3,258,333
Registered nurses' and RN(NP) examination fees	138,529	99,603
Interest	86,873	88,935
Biennium Hosting	47,718	-
Newsbulletin	28,245	7,909
Miscellaneous	22,146	49,604
Non-practicing fees	9,520	8,855
Annual meeting/convention and workshops	4,037	31,699
Quality workplace	-	122,502
	3,905,029	3,667,440
EXPENSES		
Regulatory services	979,972	731,549
Council and management	941,229	839,870
Finance and administration	745,688	526,546
Policy and communication	744,245	753,488
Nursing practice	547,692	619,317
Biennium hosting	119,246	-
	4,078,072	3,470,770
(DEFICIENCY) EXCESS OF REVENUE OVER EXPENSES	\$ (173,043)	\$ 196,670

Statutory Committee Reports

Discipline Committee

The Discipline Committee met for two hearings in 2006; the Pastushenko Hearing and the Hobbs Hearing. The Discipline Committee accepted RN #26150, Ms. E. Jean Hobbs', guilty plea to a charge of professional misconduct, contrary to Section 28 and subsections Section 26(1) and 26(a) and (l) and professional incompetence, contrary to subsection 25 and professional misconduct contrary to subsections 26(1) and 26(2) (L) of *The Registered Nurses Act, 1988*. The Discipline Committee, based on the evidence, also found Ms. Hobbs guilty of a breach of Section 26(2)(a) abuse of a patient. The Committee ordered that Ms. Hobbs be expelled from the SRNA, her name be struck from the register and that she pay a portion of the costs associated with the investigation and hearing in the amount of \$500.

The Discipline Committee found Mr. Yevheniy (Eugene) Pastushenko, RN #37585, guilty of professional incompetence, contrary to Section 25 of *The Registered Nurses Act, 1988*. Pursuant to Section 31 of the Act, Mr. Pastushenko may continue to practise nursing with conditions and restrictions under the direction of a RN who must complete quarterly performance reviews. An unfavourable review will be considered a breach of the provisions and upon written confirmation, the restricted

licence to practise will be suspended. He is ordered to successfully complete an individually tailored clinical nursing practice program, based on the clinical assessment labs, within 18 months at his own expense. He must complete the clinical program within one year after the program is available, but not to exceed 18 months from the date of the decision or his restricted licence will be suspended until he has successfully completed the program as defined in the Order.

Committee Resource Pool:

Joanne Blazieko, RN, Chair, Moose Jaw

Jo-Anne Braithwaite, RN, Chair, Regina

Sandra Blevins, RN, Saskatoon

Linda Brothwell, RN, Nipawin

Brenda Bumphrey, RN, Moose Jaw

Janice Giroux, RN, Weyburn

Anne Marie Greaves, RN, Regina

Dr. Alexander Grier, Public

Representative, Saskatoon

Dr. Cyril Kesten, Public Representative,

Regina

Valerie Pearson, Public Representative,

Saskatoon

Doreen Pretzlaw, RN, Regina

Mark Schramm, RN, Saskatoon

Juliet Smith-Fehr, RN, Saskatoon

Darlene Sterling, RN, Regina

Susan Tetreault, RN, Spiritwood

Floralyn Wessel, RN, Regina

Shirley McKay, RN, Director of

Regulatory Services, SRNA

Nominations Committee

The Nominations Committee held one in-person meeting and four teleconferences in 2006. The committee sought nominations for President-Elect, Members-at-Large for Regions 1, 2 and 5 and the Nominations Committee. The committee was successful in recruiting candidates for all vacancies.

Committee Members:

Candace Skrapek, RN, Chair, Saskatoon

Cathy Jeffery, RN, Saskatoon

Kelly Penz, RN, Regina

Reggie Newkirk, Public Representative,

Lumsden

Barb Fitz-Gerald, RN, Member

Relations Coordinator, SRNA

Legislation & Bylaws Committee

The Legislation and Bylaws Committee met three times in 2006, and conducted the following activities:

- Regular three-year review cycle for bylaw amendments was completed and presented to the membership for approval at the 2006 Annual Meeting.
- Revision to Bylaw II regarding Boundaries, Elections and Board Structure was completed, presented and approved at the 2006 Annual Meeting.
- Revision to Bylaw V.1 relating to Continuing Competence for RN's was completed, presented and approved at the 2006 Annual Meeting. Ministerial approval was received.
- Revision to Bylaw VI, Section 3 (2)(c), relating to prescriptive authority for Nurse Practitioners was completed, presented and approved at the 2006

Annual Meeting. Ministerial approval was received.

- Committee Terms of Reference were reviewed and reaffirmed with no changes.
- Bylaws 2006 were printed and mailed to the membership.
- The regular three-year review cycle for bylaw amendments for 2006 – 2009 has begun.

Committee Members:

Colleen Toye, RN, Chair,
North Battleford

Joyce Bruce, RN, White City

Lori Chartier, RN, Saskatoon

Anne Lavack, Public Representative,
SRNA Council, Regina

Stella Swertz, RN, Weyburn

Rhonda O'Hagan, RN, Competence
Assurance Coordinator, SRNA

Donna Brunskill, RN, Executive
Director, SRNA

Investigation Committee

The Investigation Committee met for ten - one day meetings and held three teleconferences throughout the year.

The Committee received 34 written complaints concerning the professional conduct of registered members in the year 2006. Thirty-two related to the practice of Registered Nurses and two related to the practice of Graduate Nurses. No complaints were received relating to the practice of Registered Nurse (Nurse Practitioners). Of the complaints received, 23 (68%) were submitted by employers, 8 (24%) by co-workers, 3 (8%) by the public.

Of these 34 complaints, 9 (26%) were dismissed, 8 (24%) were dismissed and issued a Letter of Guidance, 8 (24%) were moved to the Consensual Agreement Process and 2 (5%) were moved to a Discipline Hearing. Seven (21%) remain under investigation into 2007.

Two cases carried over from 2005 were resolved. Of these, one was dismissed and issued a Letter of Guidance and one

was moved to the Consensual Agreement Process.

Three of the Consensual Agreements developed in 2006 were related to the development and monitoring of appropriate assessment, needs identification, outcome identification, planning and intervention skills. Three related to ensuring the use of appropriate medication administration practices, and four to the treatment of an addiction to narcotics.

There are currently 27 Consensual Agreements being monitored. Two Agreements were completed in 2006.

Committee Members:

Kandice Hennenfent, RN, Chair,
Moose Jaw

Sandra Keating, RN, Prince Albert

Norma Wildeman, RN, Regina

Russ Marchuk, Public Representative,
Regina

David Millar, Public Representative,
Regina

Rhonda O'Hagan, RN, Competence
Assurance Coordinator, SRNA

Staff Advisory Committee Reports

SRNA - CNA Biennial Convention Planning Committee

The SRNA planning committee met four times during the year. The Canadian Nurses Association (CNA) Biennial Convention was held in Saskatoon in June 2006 and was attended by 1028 participants – 458 of whom were from Saskatchewan. The SRNA sponsored 5 nursing students and 43 RNs to attend the convention. A record breaking 350 nursing students attended the CNA Annual Meeting. Over 50 member volunteers assisted with a variety of convention related initiatives. More than 70 nurses attended the planned social

activities at Wanuskewin Heritage Park and 712 guests attended the Biennial Convention Banquet.

Committee Members:

Lynda Kushnir Pekrul, RN, Chair,
Regina
Sandra Bassendowski, RN, Regina
Sandra Brown, RN, Saskatoon
Colleen Toyne, RN, North Battleford
Signy Klebeck, RN, Saskatoon
Karen Eisler, RN, Membership
Coordinator, SRNA
Susan Smith Brazill, Director of Policy
and Communications, SRNA

Nursing Education Program Approval Committee

The Nursing Education Program Approval Committee held 6 meetings. Activities for 2006 included:

- Review of the annual update from the Primary Care Nurse Practitioner Program, SIAST.
- Review of annual update for the Nursing Education Program of Saskatchewan.
- Approval of the Primary Health Care Nurse Practitioner Master of Nursing Program (University of Saskatchewan).
- Approval of the Re-Entry Program for Registered Nurses.
- Notification to the Primary Care Nurse Practitioner Program, SIAST,

that a site visit for approval shall be conducted in 2007.

- Notification to the Nursing Education Program of Saskatchewan that a site visit for approval shall be conducted in 2007.

Committee Members:

Jeanine Brown, RN, Chair, Davin
Janine Arnold, RN, Saskatoon
Donna Barber, Regina
Katherine Bergman, Public
Representative, Regina
Rawd Bieber, BSW, Public
Representative, Regina
Lynn Digney-Davis, RN,
Saskatchewan Health, Southey
Darlene Goudie, RN, Moose Jaw
Marlene Lindberg, RN, Consultant,
SRNA

Registration and Membership Committee

The Registration and Membership Committee met four times in 2006. Present challenges for the committee are the global nursing shortage, the increasing diversity and complexity of nursing practice environments, interpretation of continuing competency requirements, the registration requirements for foreign graduates and determination of good character. The committee recommended competencies for the assessment of foreign applicant English language skills. The committee reviewed two applications for recognition of practice hours, both applicant requests were granted. Two requests for extension of hourly

requirements were reviewed and denied. One applicant for license to practice is currently being considered awaiting conditions of determination of good character.

Committee Members:

Correen Nagy-Malinowski, RN, Chair,
Melville

Cliff Walker, Public Representative,
Regina

Margaret Olfert, RN, Regina

Connie Lee, RN(NP), Prince Albert

Erin Haas, RN, Regina

Shirley McKay, RN, Director of
Regulatory Services, SRNA

Cheryl Hamilton, RN, Nursing Advisor,
Regulatory Services, SRNA

Membership Advisory Committee

The Membership Advisory Committee held two meetings, one teleconference and one in person. Committee activities in 2006 included:

- Minor revisions to the Member Interest Sheets.
- Revisions to the SRNA Recognition Award Nomination Forms.
- A review of all nominations for the Life, Honorary, and Millennium Awards and submission of recommendations to SRNA Council for those nominations that met the criteria for selection.

Committee Members:

Elizabeth Domm, RN, Chairperson,
Regina

Carmen Anderson, RN, Regina
(Resignation June, 2006)

Stella Swertz, RN, Weyburn

Barbara Fitzgerald, RN, Regina
(Resignation October, 2006)

Kelly Penz, RN, Regina

Deanna Barlow, RN, Regina

Karen Eisler, RN, Membership
Coordinator, SRNA

Barbara Fitzgerald, RN, Member
Relations Coordinator, SRNA

Susan Smith Brazill, Director of Policy
and Communications, SRNA

1 COMPETENT, ETHICAL PRACTICE OF NURSING

- 1 Saskatchewan RNs and RN(NP)s participate in the development of national and international standards for registration.
- 2 Graduates from Saskatchewan nursing education programs have a broad-based education congruent with a contemporary understanding of nursing.
2.1 The Baccalaureate degree is the minimum education level for entry as an RN.
- 3 Complaints regarding RN and RN(NP) incompetence and misconduct are resolved in a just and timely manner.
- 4 RNs and RN(NP)s maintain competence in their practice throughout careers.
- 5 Potential, new and former RNs are successfully integrated into the workplace.
- 6 RNs and RN(NP)s have clarity regarding their authority to practice within their scope.
- 7 RNs and RN(NP)s practice to the full extent of their competencies.
- 8 Principles of primary health care are integrated into practice codes and standards.
- 9 RNs and RN(NP)s consistently use their name and title for identification to the public.
10. RNs and RN(NP)s understand and embrace the Code of Ethics.
10.1 RNs and RN(NP)s model the respectful treatment of all persons.

2 PROFESSIONAL SELF-REGULATION FOR RNS AND RN(NP)S

- 1 Legislation supports/mandates professional self-regulation.
1.1 The baccalaureate nursing degree is the only program approved by SRNA for achieving entry level competencies as an RN.
1.2 RN(NP) educational entry requirement is based on competency as agreed in the Saskatchewan Health-SRNA Memorandum of Understanding dated 2002.
1.3 RNs and RN(NP)s practice to full scope of practice.
- 2 RNs and RN(NP)s understand professional self-regulation.
- 3 Public confidence in competence of RNs and RN(NP)s.



ENDS

3 PRACTICE ENVIRONMENTS CONDUCTIVE TO QUALITY CARE

- 1 There are sufficient RN and RN(NP) resources in direct care, administration, education, research and policy.
1.1 General public, governing representatives, public policy makers and health decision-makers have compelling evidence about the need for sufficient RN and RN(NP) resources and collaborate in addressing the need.
1.2 Expertise of experienced RN and RN(NP)s is retained.
1.3 Nursing human resource plan reflects cultural diversity and demographics.
- 2 Practice reflects clarity and mutual understanding of roles within a collaborative practice environment.
- 3 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.
- 4 Organizational climates within the health system support RNs and RN(NP)s in quality practice.
4.1 Organizational climates support a caring and client-centered environment.
4.2 The health care system recognizes the autonomy and professional presence of the RN and RN(NP).
4.3 There are transparent and accountable care delivery frameworks.
4.4 RNs are partners in emergency preparedness planning.
4.5 Organizations utilize a systems approach to safety.
- 5 Nursing policy and practice utilize nursing research.
5.1 Increased emphasis on evidence-based practice.
5.2 External financial resources are available to individuals pursuing all levels of nursing education and/or research.

4 COMPREHENSIVE PRIMARY HEALTH CARE

- 1 RN and RN(NP) leadership is demonstrated in the local, provincial, regional, national and international health agenda.
1.1 RN and RN(NP) leadership is demonstrated in health public policy that supports the principles of Primary Health Care.
1.1.1 Primary Health care is understood to mean "essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost the community and the country can afford." (WHO, 1978, Alma-Ata).
- 2 RN and RN(NP) leadership is demonstrated in development of healthy communities, with emphasis on health issues for Aboriginal and vulnerable populations.
- 3 RNs and RN(NP)s model client-centered leadership within interdisciplinary teams and provide leadership in development of interdisciplinary teams that include client representatives/citizens.
- 2 Public policy makers have compelling evidence of the value of a health system that is universal, accessible, publicly administered, comprehensive, portable and accountable.
- 3 Public policy makers are aware of the potential health impact of decisions.
- 4 RNs and RN(NP)s are partners in the design of interdisciplinary and client-centered communication and information technology systems.

5 PROFESSIONAL GROWTH AND SUPPORT

- 1 RNs and RN(NP)s are engaged in professional activities and leadership development to meet current and future challenges.
- 2 Employers support RNs and RN(NP)s in professional activities and continuing education.
- 3 Nursing is valued as a knowledge-based, skilled profession by members, employers and public.
- 4 Individual RNs and RN(NP)s demonstrate leadership and professional presence.
4.1 RNs and RN(NP)s mentor as part of their professional responsibility.
4.2 RNs and RN(NP)s articulate their role to the public.
4.3 RNs and RN(NP)s effectively address the risk of fatigue, abuse and other safety issues.
- 5 RNs and RN(NP)s effectively use appropriate communication and information technology to enhance care.

VISION: Registered Nurses as partners in an informed healthy society • **MISSION:** Competent, caring nursing for the people of Saskatchewan

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