

INVESTIGATION COMMITTEE  
of the  
SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

- and -

Arla R. Ryan  
Saskatchewan RN #0030061  
REGINA, SASKATCHEWAN

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DECISION  
of the  
DISCIPLINE COMMITTEE  
of the  
SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

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Appearance for the Investigation Committee:	Roger Lepage
Appearance for Arla R. Ryan:	Ronni Nordal
Appearance for the Discipline Committee:	Darcia Schirr, Q.C
Chairperson for the Discipline Committee:	Moni Snell, RN(NP)

Date of Hearing:        March 18, 2016  
                                 Saskatchewan Registered Nurses' Association  
                                 2066 Retallack Street  
                                 Regina, Saskatchewan

Date of Decision:     June 10<sup>th</sup> , 2016

## INTRODUCTION

1. The Discipline Committee of the Saskatchewan Registered Nurses' Association (SRNA) convened to hear and determine complaints of professional misconduct against Arla R. Ryan on March 18, 2016.
2. The charges against Ms. Ryan arose from a letter of complaint dated May 19, 2015 from [REDACTED]. Ms. [REDACTED] identified herself as the Clinical Manager at [REDACTED]. Ms. [REDACTED]'s letter indicated that Arla Ryan was a long term employee of the Health Region, currently employed in a full time position at [REDACTED]. Ms. [REDACTED] alleged that Arla Ryan had submitted six proof of sickness notes that were not authorized by a physician and that she engaged in that conduct between the period of July 5, 2013 to January 31, 2015.
3. A subsequent investigation by the Investigation Committee resulted in the recommendation that the Discipline Committee hear and determine the matter that was raised in the complaint. The Discipline Committee is constituted under section 30 of *The Registered Nurses Act, 1988 (The Act)*.
4. The allegations against Ms. Ryan are outlined in the Notice of Hearing dated February 8, 2016 (Exhibit P-1 Tab 1), charging her with professional misconduct contrary to section 26 (1) and (2) (c), (g), (l) and (q) of the *Act*, along with breaches of numerous provisions of the *Standards and Foundation Competencies for the Practice of Registered Nurses, 2013*, and *Code of Ethics for Registered Nurses, 2008*.
5. The Notice of Hearing contained one charge with the following particulars:

### Charge Number 1

**You, ARLA R. RYAN, are alleged to be guilty of professional misconduct that occurred between the dates of July 5, 2013 and January 31, 2015 when you submitted to your employer, [REDACTED], [REDACTED], six fraudulent illness notes that purported**

to be prepared and signed by your family physician, [REDACTED] MD. On each of the six instances you prepared the fraudulent notes and forged the signature of your family physician and submitted them to your employer, for which you benefited from paid time off of work.

Particulars of the alleged professional misconduct are that:

- A. 1. You filed with your employer a forged illness note stating that you saw Dr. [REDACTED] for a medical problem on July 5, 2013 and that you were unable to attend work due to illness on July 5, 2012 (sic) (should have been 2013), knowing that this document was false. As a result, you were paid for 8.88 hours in the amount of \$410.79.
2. You filed with your employer a forged illness note stating that you saw Dr. [REDACTED] for a medical problem on August 27, 2013 and that you were unable to attend work due to illness on August 26, 2013 and August 27, 2013, knowing that this document was false. As a result, you were paid for 11.78 hours on August 26, 2013 in the amount of \$544.94 and for 11.78 hours on August 27, 2013 in the amount of \$544.94.
3. You filed with your employer a forged illness note stating that you saw Dr. [REDACTED] for a medical problem on June 23, 2014 and that you were unable to attend work due to illness June 22, 2014, knowing that this document was false. As a result, you were paid for 11.78 hours in the amount of \$544.94.
4. You filed with your employer a forged illness note stating that you saw Dr. [REDACTED] for a medical problem on September 29, 2014 and that you were unable to attend work due to illness on September 26, 2014 and September 27, 2014, knowing that this document was false. As a result, you were paid for 11.78 hours for September 26, 2014 in the amount of \$544.94 and 11.78 hours for September 27, 2014 in the amount of \$544.94.
5. You filed with your employer a forged illness note stating that you saw Dr. [REDACTED] for a medical problem on December 2, 2014 and that you were unable to attend work due to illness on December 1, 2014 and December 2, 2014, knowing that this document was

false. As a result, you were paid for 10.53 hours for December 1, 2014 in the amount of \$487.12 and for 11.51 hours for December 2, 2014 in the amount of \$532.45.

6. You filed with your employer a forged illness note stating that you saw Dr. [REDACTED] for a medical problem on February 2, 2015 and that you were unable to attend work due to illness on January 31, 2015, knowing that this document was false. As a result, you were paid for 11.78 hours in the amount of \$544.94.
7. You received payment for nine days of alleged illness in the total amount of \$4 700.00.

6. Section 26(1) and 26(2) (c), (g), (l) and (q) of *the Act* are as follows:

*26(1) For the purposes of this Act, professional misconduct is a question of fact but any matter, conduct or thing, whether or not disgraceful or dishonourable, that is contrary to the best interests of the public or nurses or tends to harm the standing of the profession of nursing is professional misconduct within the meaning of this Act.*

*(2) Without restricting the generality of subsection (1), the discipline committee may find a nurse guilty of professional misconduct if the nurse has:*

- (c) inappropriately used the nurse's professional status for personal gain;*
- (g) misappropriated property belonging to the nurse's employer;*
- (l) failed to comply with the code of ethics of the association*
- (q) contravened any provision of this Act or the bylaws.*

7. The Notice of Hearing alleges that the following provisions of the *Code of Ethics* have been breached:

**Ethical responsibilities:**

**A.1 Nurses have a responsibility to conduct themselves according to the ethical responsibilities outlined in this document and in practice standards in what they do and how they interact with persons receiving care as well as with families, communities, groups, populations and other members of the health-care team.**

**A.3 Nurses build trustworthy relationships as the foundation of meaningful communication, recognizing that building these relationships involves a conscious effort. Such relationships are critical to understanding people's needs and concerns.**

**B.1 Nurses provide care directed first and foremost toward the health and well-being of the person, family or community in their care.**

**D.1 Nurses, in their professional capacity, relate to all persons with respect.**

**D.10 Nurses treat each other, colleagues, students and other health-care workers in a respectful manner, recognizing the power differentials among those in formal leadership positions, staff and students. They work with others to resolve differences in a constructive way. See Appendix D.**

**F.3 Nurses do not engage in any form of lying, punishment or torture or any form of unusual treatment or action that is inhumane or degrading. They refuse to be complicit in such behaviours. They intervene, and they report such behaviours.**

**G.1 Nurses, as members of a self-regulating profession, practise according to the values and responsibilities in the *Code of Ethics for Registered Nurses* and in keeping with the professional standards, laws and regulations supporting ethical practice.**

**G.2 Nurses are honest and practise with integrity in all of their professional interactions**

8. The Notice also alleged that the following provisions from the *Standards and Foundation Competencies* have been breached:

**STANDARD 1 – PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY**

**The registered nurse:**

- 1. Is accountable and accepts responsibility for own actions and decisions.**
  
- 4. Demonstrates professional presence and models professional behavior.**

**25. Demonstrates professional leadership by:**

- a. **building relationships and trust;**

**STANDARD III – ETHICAL PRACTICE**

**The registered nurse:**

**62. Practices in accordance with the current CNA *Code of Ethics for Registered Nurses* and the accompanying responsibility statements.**

**70. Uses an ethical and reasoned decision-making process to address situations of ethical distress and dilemmas.**

**STANDARD V – SELF-REGULATION**

**The registered nurse:**

**84. Demonstrates knowledge of the registered nursing profession as self-regulating, autonomous, and mandated by provincial legislation.**

**HEARING**

9. This hearing proceeded on the basis of an Agreed Statement of Facts. A binder entitled “Book of Exhibits” was filed with the Discipline Committee and marked as Exhibit P-1. It consisted of 17 tabs with the key tabs being the following:

Tab 1	Notice of Hearing
Tab 2	Verification of Registration Status
Tab 3	Letter of Complaint from ████████ to SRNA
Tabs 4-9	Medical Certificates verified <u>Not Signed</u> by Physician
Tab 17	Agreed Statement of Facts

10. The Agreed Statements of Facts consisted of eighteen paragraphs, referencing documents at seventeen tabs. The substantive portion of the Agreed Statement of Facts is in paragraphs numbered 4 through 18 inclusive. These are the key provisions of the Agreed Statement of Facts:

**4. As a result of the Attendance Support Policy, Arla Ryan’s absences came to the attention of the employer and it necessitated a series of meetings involving the employee, the manager, an attendance consultant and a union representative at each of the meetings.**

5. **Arla R. Ryan's attention was brought to the employer because her incidental absence for sick time exceeded the peer union average. (see p. 9 of the Attendance Support Policy). The peer union average is based on the provincial averages by bargaining unit.**
6. **A monitoring for absences regarding Ryan followed the incidental absences stream and not the Accommodation stream since Ryan never indicated a need to be accommodated. (see pp. 9 and 10 of the Attendance Support Policy)**
7. **Arla R. Ryan's illness absences exceeded the threshold and, as a result, the manager was monitoring Arla Ryan's attendance and regular meetings were scheduled with Ryan, the manager, a union representative and an attendance consultant. (see paragraph 4.31.2 at page 12 of the Attendance Support Policy)**
16. **With respect to the six forged illness notes, the employer imposed a five-day suspension without pay and required that Arla R. Ryan repay the \$4,700. She did not grieve the suspension or requirement to pay.**
17. **Arla R. Ryan is repaying the \$4,700 at the rate of \$130 per pay period.**
11. Paragraph 18 contains Ms. Ryan's plea to the charge:
18. **Arla R. Ryan pleads guilty to the charge and particulars contained in the Notice of Hearing Complaint without admitting that the conduct constitutes professional misconduct under all the said out (sic) provisions of the Act, Code and Standards.**
12. In a written brief, Ms. Ryan's counsel expanded on this, indicating that Ms. Ryan accepts that her conduct amounted to a breach of section 26(1) and 26(2)(l) and 26(q) of the *Act* and F3 of the *Code of Ethics*.
13. Ms. Ryan did not admit that her conduct breached sections 26(2)(c) and (g) of the *Act* any of the other provisions of the *Code and the Standards and Foundation Competencies* set out in the Notice of Hearing.

14. The task for the Discipline Committee was to determine whether all of the sections of *the Act* set out in the Notice of Hearing have been breached, along with the provisions of the *Code and the Standards and Foundation Competencies* – or whether only those provisions admitted to by Ms. Ryan were breached. Further, the Discipline Committee must impose an appropriate sanction under section 31 of *the Act* as Ms. Ryan and the Investigation Committee made different submissions regarding sanction.

**Facts:**

15. Based on the Book of Exhibits, these are the relevant facts:
- (a) [REDACTED] monitors employees' sick leave. Ms. Ryan's statistics for sick leave usage was in excess of the average for her bargaining unit which drew her to the attention of her employer.
  - (b) Ms. Ryan created sick leave notes on the letterhead of [REDACTED] and forged the signature of Dr. [REDACTED]. These sick leave notes falsely state that Dr. [REDACTED] saw Ms. Ryan on the following dates:
    - July 5, 2013 (incorrectly dated July 5, 2012)
    - August 27, 2013
    - June 23, 2014
    - September 29, 2014
    - December 2, 2014 and
    - February 2, 2015.
  - (c) A cansay statement of [REDACTED] dated March 10, 2016 (Tab 11) was provided which included these paragraphs:
    - 4. In preparation for a change of manager, [REDACTED] noticed issues with some of Arla Ryan's sick notes such as different signatures, fonts, and general appearance of the illness note itself. As a result, the employer verified the illness notes with Arla Ryan's physician. The physician confirmed that six of the notes had not been prepared by her nor signed by her.**
    - 5. On May 13, 2015, the employer met with Arla Ryan and her union representative to divulge the evidence with respect to the six false illness notes. Arla Ryan admitted to**



having prepared the six false illness notes. She admitted that it was wrong and she showed remorse.

6. On May 14, 2015, the employer met with Arla Ryan and her union and imposed a five-day suspension without pay to be served May 18, 19, 22, 23 and 24, 2015. She was also ordered to repay the \$4,700 to be paid back over 18 months. She was also advised that the matter of the six false illness notes would be reported to the Saskatchewan Registered Nurses' Association.

12. During the formal attendance meetings, Arla Ryan never indicated that there were medical or workplace issues that required accommodation.

- (d) In response to a question from the Discipline Committee, Ms. Ryan, through her counsel, admitted to creating the sick leave notes on her computer from scratch and she then signed her physician's signature. She did not indicate how she had obtained a facsimile of her physician's signature.
- (e) The employer accepted the sick leave notes as if they were genuine and paid Ms. Ryan as she was entitled to be paid under the Saskatchewan Union of Nurses' Collective Agreement. She received payment of \$4,700 for nine days of alleged illness.

## ANALYSIS

16. As indicated, Ms. Ryan admits that her conduct amounts to a breach of section 26(1) and 26(2)(l) and (q) of *the Act*. She denies that her conduct breaches section 26(2)(c) and (g) of *the Act*. Those provisions are as follows:

*(2) Without restricting the generality of subsection (1), the discipline committee may find a nurse guilty of professional misconduct if the nurse has:*

- (c) inappropriately used the nurse's professional status for personal gain;*
- (g) misappropriated property belonging to the nurse's employer;*

17. Ms. Ryan argues that there is no connection to her professional status and to her conduct in falsifying the sick leave notes. The Discipline Committee accepts that argument. Ms. Ryan's status as a registered nurse is not what allowed her to deceive her employer. In its brief, the Investigation Committee argued that "an employer puts more trust in a registered nurse and does fewer spot audits to determine if the illness notes are true". There was no evidence of that nature before the Discipline Committee. The Discipline Committee finds this provision has no application to the facts of this case.
18. As to section 26(2)(g) (misappropriation of the employer's property), the Discipline Committee finds that this section does apply to these facts. Ms. Ryan received monetary benefits from the employer that she was not entitled to receive. She is repaying those monies to the Health Region, her employer.
19. Ms. Ryan admits that her conduct breaches only one provision of the *Code of Ethics* specified in the Notice of Hearing (being F3). The Notice alleges that six provisions of the *Code of Ethics* have been breached. In reading those provisions closely, the Discipline Committee finds on the basis of the facts agreed that these provisions of the *Code of Ethics* have been breached:
  - G.1: Nurses, as members of a self-regulating profession, practise according to the values and responsibilities in the Code of Ethics for Registered Nurses and in keeping with the professional standards, laws and regulations supporting ethical practice.**
  - G.2: Nurses are honest and practise with integrity in all of their professional interactions.**
20. The Notice of Hearing also alleges that Ms. Ryan's conduct breaches a number of provisions of the *Standards and Foundation Competencies*. Based on the facts, the Discipline Committee finds that these provisions of the *Standards and Foundation Competencies* have been breached:

**STANDARD I – PROFESSIONAL RESPONSIBILITY AND  
ACCOUNTABILITY**

**The registered nurse:**

- 1. Is accountable and accepts responsibility for own actions and decisions**

**STANDARD III – ETHICAL PRACTICE**

**The registered nurse:**

- 62. Practices in accordance with the current CNA *Code of Ethics for Registered Nurses* and the accompanying responsibility statements.**

21. In the end result, the Discipline Committee finds that Ms. Ryan's conduct breaches section 26(1) and section 26(2)(g)(l) and (q) of *the Act*, provisions F.3, G.1 and G.2 of the *Code of Ethics* and Standard I, competency 1 and Standard III, competency 62 of the *Standards and Foundation Competencies*.

**Submissions on Penalty:**

22. This is the most significant task for the Discipline Committee in this case.
23. The Investigation Committee submitted a draft penalty order which broadly consisted of the following:
  - (a) A six-month suspension.
  - (b) Continued practice under specified conditions.
  - (c) Payment of costs in the amount of \$25,000.
  - (d) Publication of the Discipline Committee Order to Ms. Ryan's "previous and current registered nursing employers" along with a number of other parties including Registrars of registered nurses regulatory bodies in Canada.

24. Ms. Ryan does not object to practicing under conditions nor does she object to the publication and distribution components proposed by the Investigation Committee. The point of contention with Ms. Ryan is whether suspension should be ordered and further, Ms. Ryan disputed the amount of the costs sought.
25. In her counsel's written brief, Ms. Ryan maintained that a written reprimand served the purposes of disciplinary orders. In oral submissions, Ms. Ryan's counsel stated that if the Discipline Committee felt a suspension was appropriate, the suspension should be no longer than one month. As to costs, counsel advised that the appropriate range was \$5,000 to \$10,000 with a six month payment deadline, commencing from the expiry of any suspension.
26. Section 31(1) of *the Act* provides the Discipline Committee with a range of possible sanctions. Section 31(2) gives the Discipline Committee the discretion to impose fines and the payment of costs of the investigation and hearing.
27. In the Investigation Committee's brief, reference is made to court decisions which set out a range of factors that discipline committees should consider and apply when imposing a sanction. Those decisions are *Jaswal v. Medical Board(Newfoundland)* 1996 CanLII 11630 and *Camgoz v. College of Physicians and Surgeons(Saskatchewan)*(1993) 114 SaskR161. Those factors are as follows:
  - (a) the nature and gravity of the proven allegations
  - (b) the age and experience of the offending physician
  - (c) the previous character of the physician and in particular the presence or absence of any prior complaints or convictions
  - (d) the age and mental condition of the offended patient
  - (e) the number of times the offence was proven to have occurred
  - (f) the role of the physician in acknowledging what had occurred
  - (g) whether the offending physician had already suffered other serious financial or other penalties as a result of the allegations having been made

- (h) the impact of the incident on the offended patient
- (i) the presence or absence of any mitigating circumstances
- (j) the need to promote specific and general deterrence and, thereby, to protect the public and ensure the safe and proper practice of medicine
- (k) the need to maintain the public's confidence in the integrity of the medical profession
- (l) the degree to which the offensive conduct that was found to have occurred was clearly regarded, by consensus, as being the type of conduct that would fall outside the range of permitted conduct; and
- (m) the range of sentence in other similar cases

28. The key factors in this case are:

**(a) The nature and gravity of the conduct** – Ms. Ryan consciously and deliberately created sick leave notes and forged her doctor's signature. In paragraph two of the Agreed Statement of Facts, this statement is made: "For clarity, it is Ms. Ryan's position that she was, in fact, ill on each of the six occasions for a total of nine days". No evidence was produced to the Discipline Committee in support of that position. Further, the suggestion was that Ms. Ryan accessed her sick leave credits "without complying with the procedural requirements the employer had put on her". Forging a doctor's name and signature rises far above any non-compliance with process or procedure.

The Investigation Committee argued that Ms. Ryan's conduct was "particularly egregious as it involved the falsification of a health record, a potentially dangerous practice". Section 18.1(2) of *The Health Information Protection Act* provides a definition of "comprehensive health record". This section is as follows:

**18.1(2) A comprehensive health record with respect to an individual:**

- (a) consists of records containing the individual's personal health information that are provided by two or more trustees;**
- (b) is created for the purposes of:**
  - (i) compiling a complete health history of the individual; and**
  - (ii) providing access to that history to any trustee; and**
- (c) is stored and controlled by the Saskatchewan Health Information Network or the prescribed person that created it.**

The Saskatchewan College of Physicians and Surgeons' website contains a policy for physicians dealing with "Sick Slips". One of the suggestions is that the sick slip or note should be on the patient's chart. Sick notes are likely a part of the "comprehensive health record". In this case, the sick leave notes never found their way to Ms. Ryan's chart because Dr. [REDACTED] did not create the sick leave notes. The actual and potential harm of falsifying health care records is not a factor in this case.

**(b) The age and experience of the respondent** – Ms. Ryan has practiced nursing since March 25, 1986. She is [REDACTED] years of age.

**(c) The previous character of the respondent, including details of prior discipline** – Ms. Ryan has not been the subject of previous discipline by the SRNA.

**(d) The number of times the offending conduct occurred** – Ms. Ryan created six false sick leave notes over the course of 18 months. Her conduct was not isolated nor was it a momentary lapse in judgment.

**(e) Whether the respondent has already suffered other serious financial or other penalties** – Ms. Ryan was not charged with fraud or forgery under the Criminal Code. Her employer suspended her for five days without pay and she is paying back the sick leave benefits she falsely obtained.

**(f) Whether the respondent has acknowledged the misconduct** – When the employer met with her on May 13, 2015, Ms. Ryan admitted she had prepared the six false notes and she admitted this was wrong. She is taking steps to repay the amount of sick leave benefits that she was not entitled to. Ms. Ryan cooperated with the SRNA investigation and has acknowledged her responsibility.

**(g) The need for specific and general deterrence** – There is no suggestion that Ms. Ryan's conduct is a problem within the profession. However, the Discipline Committee agrees with the submissions of the Investigation Committee that health care is publicly funded in Saskatchewan and that includes wages and benefits, general deterrence is important consideration. As to specific deterrence, the SRNA investigation and these discipline proceedings should bring home to Ms. Ryan that her conduct is unacceptable.

**(h) The range of penalties imposed in similar cases** – This factor will be dealt with more extensively below.

### **Is a Suspension Appropriate?**

29. Based on the facts and the appropriate sentencing factors, the Discipline Committee is satisfied that Ms. Ryan's conduct warrants a suspension. At page 234 of *The Law of Professional Regulation* by Bryan Salte:

**When determining whether a suspension is an appropriate penalty, the committee will consider the nature of the conduct. A suspension is more likely if the conduct involved elements of dishonesty, or repetitive acts of deceit or negligence or involves significant personal or professional conduct issues. (Vlug)**

*Vlug* refers to the case of *Law Society British Columbia v. Vlug* 2014 LSBC 40. In the *Vlug* case, the lawyer was found guilty of professional misconduct by knowingly misrepresenting facts to the court, misleading the Law Society and acting with incivility in dealing with other lawyers. The Law Society Discipline Committee imposed a suspension and in doing so, referred to another decision of the Law Society of British Columbia:

**[17] In *Law Society of BC v. Martin* 2007 LSBC 20, the following considerations were found to be appropriate where the Law Society was advocating suspension as the appropriate penalty:**

- (a) **Whether or not the misconduct included elements of dishonesty;**
- (b) **Whether or not the misconduct involved repetitive acts of deceit or negligence;**
- (c) **Significant personal or professional conduct issues.**

30. In this case, Ms. Ryan's conduct illustrates both dishonesty and repetitive acts of dishonesty or deceit.
31. The question is the length of the suspension. The Discipline Committee was provided with and considered the following cases:

*Gail Patton-Skorncsek - Ontario College of Nurses*

*Dr. Thomas Chambers - Saskatchewan College of Physicians and Surgeons*

*Leah Marie Stewart - College of Registered Nurses of Nova Scotia*

*Amany Hanna - Ontario College of Pharmacists*

*Bhavesh Kothar - Ontario College of Pharmacists*

*James Pankiw - Chiropractors Association of Saskatchewan (Queen's Bench decision dated January 22, 2014)*

32. Further, independent counsel to the Discipline Committee provided the Discipline Committee, legal counsel for the Investigation Committee and Ms. Ryan with



another decision from the Ontario College of Nurses. The case is *Lawrence Stromme 2005 CanLII 80984*.

33. In reviewing all of these cases, the Discipline Committee concludes that the *Stromme* decision is the most helpful. Stromme was a full time registered nurse at the intensive care unit of a hospital. He left a voicemail message with the Director of ICU advising that he had been admitted to another hospital because of chest pains. In the voice mail message, he provided details of the treatment he had received and he advised that he did not expect to return to work until approximately three weeks later. A few days later, Stromme again telephoned the Director, advising that he had undergone surgery and reaffirmed his expectation that he would not return to work until July 1, 2002. Stromme then attended a meeting with the Director and produced a two-page letter on the letterhead of the hospital at which he claimed he was receiving treatment. The letter was ostensibly signed by a doctor and it provided details of his diagnosis and treatment. Stromme also produced a "Return to Work or School Certificate" allegedly signed by his family doctor, setting out the expectation as to when he could return to work. Based on these representations, Stromme received sick leave benefits.
34. The Director learned that the voicemail message Stromme left claiming that he was in the hospital actually came from his home phone number. At a meeting with the Director, Stromme admitted that he had forged the letter from the doctor, that he was never hospitalized and that he had not undergone surgery during the time for which he claimed for and received sick benefits. Stromme's employer suspended him and ultimately terminated his employment. The employer recovered the sick leave benefits from Stromme's subsequent pay.
35. The hearing before the Ontario College of Nurses Discipline Committee proceeded on the basis of an Agreed Statement of Facts in which Stromme admitted to his misconduct. According to the decision, Stromme was "facing a

number of difficult personal circumstances” which were not described in the decision. The other explanation Stromme provided to the discipline committee was that he found working at the ICU to be much busier and more stressful than he expected.

36. A joint submission was presented in the *Stromme* case and it was accepted by the discipline committee. Stromme was reprimanded and suspended for a period of 30 days.
37. The facts and circumstances of this case are similar. Ms. Ryan was a long-serving nurse without a discipline record. Ms. Ryan admitted to her misconduct both to her employer and the regulatory body. Arguably, Mr. Stromme’s conduct was more egregious as he went to considerable length to deceive his employer by making up a narrative letter with details of his condition and his treatment.
38. A thirty day suspension is appropriate in this case and it meets the purposes of disciplinary sanctions.

**Costs:**

39. The Investigation Committee provided a breakdown of the actual and estimated costs of these proceedings including the investigation and the discipline hearing. Those costs were in the area of \$44,000.00. The majority of those costs were legal fees for the Investigation Committee as those totalled approximately \$30,000.00.
40. Costs should not be punitive or prohibitive. Members who encounter the discipline process should bear a proportionate amount of the costs but the costs must be fair, reasonable and reflect the nature and complexity of the proceedings.
41. This hearing proceeded on the basis of an Agreed Statement of Facts. No witnesses were called. Counsel for the Investigation Committee indicated that it was only at the last minute that it became clear a contested hearing would not be

necessary. On the other hand, Ms. Ryan's counsel suggests that it was always intended that the hearing would be conducted by an Agreed Statement of Facts and without the need of witnesses. Whatever the situation, the factual matters in the case were not complicated. Further and based on the Agreed Statement of Facts, it appears that the employer conducted the investigation and early on, Ms. Ryan admitted her wrongdoing to the employer.

42. The Discipline Committee has concluded that Ms. Ryan should pay costs in the amount of \$10,000.00 which is not an insignificant amount, recognizing that Ms. Ryan will be suspended for 30 days. The Discipline Committee orders that she must pay those costs on or before February 1, 2017.

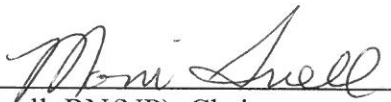
#### **PENALTY ORDER**

43. The Discipline Committee therefore makes the following order pursuant to section 31 of *the Act*:
- (1) Pursuant to section 31(1)(b) of *the Act*, Arla R. Ryan shall be suspended for a period of thirty (30) days commencing the first day of the month following the date of this decision.
  - (2) Pursuant to section 31(1)(c) of *the Act*, Arla R. Ryan may continue to practice under the following conditions, all of which must be completed before the suspension expires or within a period of two months after the suspension expires:
    - (a) Arla R. Ryan shall review the *Code of Ethics for Registered Nurses* (current) (Canadian Nurses Association Publication) and upon completion, provide a written self-reflective essay to the Registrar of the SRNA referencing the relevant ethical value and responsibilities related to her conduct and how this document will guide the member's future conduct. The *Code of Ethics* is available on the SRNA website.
    - (b) Arla R. Ryan shall review the *Standards and Foundation Competencies for the Practice of Registered Nurses, 2013* and, upon completion of this review, shall provide a written self-reflective essay to the Registrar of the SRNA referencing the relevant competencies related to professional conduct identified and how this Standards document will guide the member's future nursing practice. The Standards document is available on the SRNA website; and

- (c) Arla R. Ryan shall complete the *Canadian Nurses Associations Code of Ethics* online learning modules and provide proof of completion to the Registrar of the SRNA.
- (3) Pursuant to section 31(2)(a)(ii) of *the Act*, Arla R. Ryan shall pay the costs of the investigation and hearing which shall be fixed in the amount of \$10,000.00. Such costs shall be paid on or before February 1, 2017. In the event the costs are not paid in full by February 1, 2017, Ms. Ryan shall be suspended from the SRNA pursuant to section 31(2)(b).
- (4) Pursuant to section 31(1)(e) of *the Act*:
  - (a) any breach of the terms of this order shall be referred back to the Investigation Committee for investigation and possible referral to the Discipline Committee for a hearing regarding professional misconduct;
  - (b) in the event Ms. Ryan fails to complete the terms of this order within the timelines specified, she shall be suspended from the SRNA until such time as she has completed the terms;
  - (c) any communication and required filing of documents shall be directed to the Registrar at 2066 Retallack Street, Regina, SK, S4T 7X5.
  - (d) Ms. Ryan must keep the Registrar informed in writing of any change in registered nursing employment, including any leave of absence greater than one month;
  - (e) Ms. Ryan shall keep the Registrar verbally informed, on a monthly basis, of her progress in meeting the above conditions;
  - (f) Ms. Ryan shall ensure that the Registrar is provided with updated and current telephone, address and email information on an ongoing basis in meeting the above terms and conditions are concluded;
  - (g) for as long as this order remains in effect, Ms. Ryan shall forthwith disclose the order to prospective and existing registered nursing employers; and
  - (h) once all terms and conditions of this order have been complied with, the Registrar of the SRNA shall so advise Ms. Ryan in writing and this order shall no longer be in effect from and after that date.
- (5) Pursuant to section 31(3) of *the Act*, a copy of this decision shall be provided to [REDACTED], Clinical Manager, [REDACTED]
- (6) A copy of this order shall be sent to the following:

- (a) all Registrars of Registered Nurses in Canada;
- (b) the editor of the SRNA News Bulletin;
- (c) other jurisdictions where Ms. Ryan may have practiced;
- (d) any other jurisdictions which the Registrar considers appropriate to be notified of this order; and
- (e) the webmaster of the SRNA, to be posted on the SRNA website.

June 10<sup>th</sup>, 2016  
Date

  
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Moni Snell, RN(NP), Chairperson  
*on behalf of Members of the Discipline  
Committee*  
Beth Ann Schiebelbein, RN  
Ruth Black, RN  
Fran Passmore, Public Representative