SASKATCHEWAN
# RN
ASSOCIATION

SRNA
Annual
Report
2017

This year's annual report cover photo was taken by Dre Erwin RN(AAP).

Dre Erwin grew up in Regina, Saskatchewan. After serving three years in the Canadian Armed Forces, Dre decided he wanted to save lives. With time spent helping his grandmother, it was clear health care was where he belonged.

Dre spent four years in University and obtained his Bachelor Science in Nursing and worked in a variety of places from homecare to the medical/surgical unit, eventually working in the intensive care unit (ICU) at the Pasqua Hospital in Regina for four years.

Having worked more than 10 years in ICU and the emergency department between Regina and Moose Jaw, he decided a change was needed and moved to Pinehouse Lake, Saskatchewan after obtaining his RN(AAP) licence and is currently working within primary care. He utilizes his photography skills with the community and youth to help them cope with addictions and mental health.

Dre is in the process of getting his Master of Nursing(Nurse Practitioner) degree.

You can see more of his photography at:

dreerwinphoto.com

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# Celebrating 100 Years.

## 2017 marked the 100th anniversary of the Saskatchewan Registered Nurses Act making it a year of celebration for the SRNA.

The creation and passing of this Act was the beginning of the SRNA as the self-regulatory body for Registered Nurses (RNs) within the province. The impact of this historical event was highlighted as we celebrated 100 years of integrity, leadership and innovation through profession-led regulation and advocacy in the public interest.

One of the goals for celebrating SRNA's 100th Anniversary was to extend the celebration to groups and communities throughout the province. This included a tour of the 100th anniversary flag, which was signed and then placed in a time capsule. Signing of the flag took place at nearly 100 conferences, meetings and events throughout 2017.

As the SRNA and its members move forward into the next century, work to enhance our role in ensuring safe and effective health care for Saskatchewan residents continues. A number of key initiatives both began and continued in 2017 and each of them will be key in shaping the future of registered nursing.

## Working in collaboration

The development of the *Collaborative Decision-Making Framework* was a key milestone reached in 2017. This tool is critical in helping all nurses in the province understand and ensure role clarity.

Years in the making, this document was developed in partnership by the SRNA, the Saskatchewan Association of Licensed Practical Nurses (SALPN), and the Registered Psychiatric Nursing Association of Saskatchewan (RPNAS). Association representatives worked together to consult with members and incorporate evidence for collaborative decision-making in nursing care.

This tool provides nurses, employers and other health care professionals with a way to approach collaborative decision-making and staffing decisions.

## Ensuring safety

With a mandate to ensure safe registered nursing care for the people of Saskatchewan and continuous quality improvement in regulation, Vulnerable Sector Check (VSC) reporting began in June of 2017. A VSC determines if an individual has a criminal record and any record of suspensions for sexual offences. A VSC is now required for those seeking a graduate nurse license, initial registration as an RN or RN(NP), or a practicing licence after a two-year time lapse.

## Reducing Harm

We move forward into the next century of profession-led regulation in the midst of an opioid crisis. The RN and RN(NP) roles in reducing harm is paramount as the awareness of the ongoing epidemic of overdoses, and the number of people affected both directly or indirectly continues to grow.

The SRNA has expanded efforts in the area of harm reduction and continued its work with provincial and national organizations to better understand the impact, monitor the situation and implement strategies to address the opioid crisis. One such strategy that is an ongoing key focus for the organization is advancing the RN(NP) scope of practice by enabling RN(NP)s to prescribe drug therapies for clients with Opioid Use Disorder and methadone for pain management.

## Supporting Our Members

*The Registered Nurses Act, 1988* describes the SRNA's mandate in setting standards of nursing education and practice to ensure competent care for the public. One of the ways this mandate is supported is through SRNA Practice Consultation Services (PCS) providing advice, tools and resources to support members in resolving professional practice issues and concerns. In 2017, there were 892 practice consultations with members, with 57 percent of these relating to RN scope of practice and nursing practice standards.

## Online Community of Practice

The planning and development of the SRNA Online Community of Practice began in 2017 with a goal of providing SRNA members with a communications hub where they can engage in sharing and learning. The platform for the Online Community of Practice was selected by a committee of SRNA members and staff. This exciting new tool will launch with several pilot groups in early 2018.

# A Message from National Leaders in Nursing

### Barb Shellian, RN, BN, MN
### President, Canadian Nurses' Association

CNA is pleased to collaborate with our jurisdictional member the SRNA to improve health outcomes for Canadians. Together, our work is vital to the promotion of nursing in Canada. As the national and global professional voice of Canadian nursing, CNA is entering a very exciting time of transformation to support better health, better care and better value. We will continue to build on our collaboration to meet and exceed the expectations of our members. On behalf of CNA, I extend my best wishes for your AGM and we look forward to the constructive work ahead of us.

### Cynthia Johansen, MAL, MSc
### President, Canadian Council of Registered Nurse Regulators

CCRNR has had a great year! We've continued our work on a number of important projects, including developing a unique identifier for Canadian nurses; considerations for visioning for Nurse Practitioner (NP) regulation; Registered Nurse (RN) and NP exam administration; and providing support for networks to allow for information to be easily shared across Canada. Building on our work last year to draft entry-level NP competencies, we've also launched a project to update the entry-level competencies for registered nurses in Canada. For me, one of CCRNR's key benefits is that it brings together registered nursing regulators across the country to solve shared challenges. In particular I would recognize the publication in April 2017 of our document, *The Role of the Nursing Regulator in Safe Controlled Drugs and Substances Prescribing and Harm Reduction: Guidance for Regulators of Registered Nurses and Nurse Practitioners*. Complex challenges like the opioid crisis require systems-level responses, and I'm proud of the leadership CCRNR continues to show in this area. I look forward to a busy and productive 2018-19.

### Professor Thomas Kearns
### Interim CEO, International Council of Nurses

It is my pleasure to send greetings from the ICN Board of Directors, staff and our member national nursing associations across the world. As you know, the theme for International Nurses Day 2018 is *Nurses: A Voice to Lead – Health is a Human Right*. With over 11,000 registered nurses in your province, the work you do is essential to support, educate, train and represent nurses and ensure continued excellence in the profession and ICN is grateful for the support the SRNA is giving to nurses working in remote and rural areas to ensure access to quality health care. On behalf of ICN, I would like to thank you for your commitment and hard work in 2017 and wish you all success in 2018. I hope many of you will be joining us in Singapore in June 2019 for the ICN Congress.

# A Message from the SRNA President

Joanne Petersen, RN
President

In 2017 we celebrated 100 years of registered nursing in the province of Saskatchewan and I couldn't be prouder of the work the SRNA has accomplished during this time.

The centennial celebrations set the stage for us to connect and celebrate with our past, present and future members, friends, family and supporters across the province. Celebrations kicked off in Regina with a Gala event. Our 100th anniversary flag was flown for the first time at the Saskatchewan Legislative building and the celebrations continued throughout the year with flag signing events at President Coffee Chats throughout the province and at the Canadian Nurses Association November Board of Directors meeting in Ottawa. A community flag raising event was held by the Town of Assiniboia to honor local nurses past and present. These signed flags have now been sealed in our 100th anniversary time capsule to be preserved and revealed by our future leaders.

An additional highlight of the year included our participation in the unveiling of a federal plaque added to the Saskatchewan War Memorial in recognition of military nurses in Canada. Being asked to be a part of the Service of Remembrance at the Saskatchewan Legislature was hugely significant for the SRNA as a part of our 100th anniversary.

Other activities for Council during the year included meeting with key stakeholders prior to and during the amalgamation of health regions into the Saskatchewan Health Authority. SRNA Council ensured the voice of registered nursing was heard as we emphasized the importance of a Chief Nursing Officer. In addition, we hosted a breakfast to connect with MLAs in the province to educate and advocate for our profession. Also, this past year the RNs Leading Change project saw 94 SRNA members complete the requirements to be licensed with the new designation of RN(AAP), joining other members such as RN(NP)s with expanded scopes of practice to meet the needs of our province.

As we close off 100 years of Registered Nursing in Saskatchewan with this annual report, we open another 100 years ahead. As stated by David Benton, CEO of the National Council of State Boards of Nursing while presenting the SRNA with their centennial award, "Today's challenges become future opportunities." We can be sure that the next 100 years will be filled with challenges, changes and opportunities. Registered Nurses will remain grounded in our professional values and strive for excellence in professional practice while remaining integral partners in health.

# SRNA Council

Joanne Petersen, RN
President

Warren Koch, RN
President-Elect

Ashley Schwartz, RN
Member-at-Large, Region 1

Justine Protz, RN
Member-at-Large, Region 2

Ronda Zinger, RN
Member-at-Large, Region 3

Betty Metzler, RN
Member-at-Large, Region 4

Rena Sutherland, RN(NP)
Member-at-Large, Region 5

Marilyn Barlow, RN
Member-at-Large, Region 6

Robin Evans, RN
Member-at-Large, Region 7
(July – Dec, 2017)

Joanne Alexander
Public Representative

James (Jamie) Struthers
Public Representative

Jyotsna (Jo) Custead
Public Representative

Carolyn Hoffman, RN
Executive Director,
Non-voting Member

# A Message from the SRNA Executive Director



**Carolyn Hoffman, RN**
**Executive Director**

Every workday, 30 team members at the Association deliver a myriad of services in the public interest.

From licensing graduate nurses, to sharing RN, RN(AAP) and RN(NP) practice resources through our website, to supporting members and public representatives in conducting investigations; these are only a few of the ways that they contribute to our dual mandate of regulator and professional association. I'm proud of the tremendous teamwork that occurs behind the scenes to bring these services to the public, members and a variety of health system partners!

Our centennial year was special for so many reasons. We had unprecedented engagement by members, the public, elected and unelected government representatives, employers, other health professional regulators as well as a wide variety of other partners, in our 100th Anniversary celebrations. In addition to the annual licensure renewal process, over 2,000 members directly or indirectly engaged with the SRNA during 2017. I may have met you, or one of your friends, at some point last year. The pride in our history, and the excitement for our #next100years, has been inspiring to be a part of!

Other key developments in 2017 included improvements to our online licensure system, launch of the online communities of practice project to better engage and dialogue with our members across the province and the joint release of the Collaborative Decision-Making Framework with representatives of the Saskatchewan Association of Licensed Practical Nurses and the Registered Psychiatric Nurses Association of Saskatchewan. I'm also pleased to share that for the second consecutive year, we have achieved a year-end financial surplus. Our approach is always to meaningfully engage and collaborate to efficiently improve our services as well as outcomes.

Our Annual Report is an important opportunity to transparently and publicly share the details of our work. There are also important new challenges and opportunities on the horizon which we are well prepared to successfully address with the leadership of President Joanne Petersen, RN and the other Council members. I invite you to join us for a look back and then engage with the SRNA as we launch the #next100years in the public interest together!

# A Mandate in the Public Interest

## Regulation

### As a regulator accountable for public protection by ensuring members are competent, the SRNA:

- Establishes requirements for licensure
- Registers and renews licenses
- Establishes, monitors, and enforces practice standards, the Code of Ethics and a continuing competence program
- Provides practice advisement and support to members
- Approves RN, RN(AAP) and RN(NP) nursing programs
- Establishes and maintains a professional conduct process

### SRNA acts in the interest of the public to:

- Review and develop RN and RN(NP) legislation
- Engage effectively with members relating to strategic priorities in better regulation, better professional practice and collaboration
- Advocate for evidence-informed policies to promote patient-centred care
- Support and work with members to meet practice standards
- Promote patient safety

## Association

### As an association promoting the professional interest of its members in the public interest, the SRNA:

- Represents RNs and RN(NP)s to government, employers, and other agencies in the interest of the public
- Works collaboratively with other health care organizations
- Encourages members to influence policy, support quality practice environments
- Encourage leadership and member engagement
- Promotes evidence-based nursing
- Provides educational resources and opportunities

### SRNA is not responsible to:

- Act in the interest of the member with regard to socio-economic issues. Unions protect and advance the health, social, and economic well-being of its members
- Negotiate collective agreements including hours, benefits, and compensation
- Manage conditions of employment or employment legislative provisions
- Act on incidents of employer non-compliance with the collective agreement
- Represent RN interests as they relate to employment human resources issues

# Mission

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

## ① Regulation

**Accountable, effective, transparent profession-led regulation in the public interest.**

## ② Professional Practice

**Excellence in Professional Practice**

**2.1.** RNs and RN(NP)s practice safe, competent, ethical, and culturally appropriate individual and family-centred care.

**2.2.** RNs and RN(NP)s understand their role and practice within their full legislated scope.

**2.3.** RNs and RN(NP)s integrate Primary Health Care (PHC) principles into all practice settings.

**2.4.** RNs and RN(NP)s advance nursing leadership within nursing and the health care system.

## ③ Integral Partners in Health

**RNs and RN(NP)s are integral partners in health.**

**3.1.** RNs and RN(NP)s articulate their role and explain their unique contributions in all domains of practice.

**3.2.** RNs and RN(NP)s are proactive in advocating for evidence-informed practice.

**3.3.** RNs and RN(NP)s are leaders in influencing healthy public policy, including seniors health, mental health, and Indigenous health.

*RNs - Registered Nurses
*RN(NP)s - Registered Nurse(Nurse Practitioner)

# Strategic Focus

## 1. Relational and Right Touch Regulatory Processes

> › Improve NCLEX first-time pass rates
> › Increase use of nurse verification process
> › Ensure effective Prescription Review Program monitoring
> › Implement Vulnerable Sector Check

## 2. Advancing RN Scope of Practice and Role Clarity

> › Enhance RN role clarity
> › Implement Collaborative Decision-Making Framework
> › Advance RNs Leading Change
>   • RN(APP)
>   • RN Specialty Practices
>   • Delegation

> › Implement NP Entry-Level Competencies and Standards
> › Ensure RN and RN(NP) role clarity in Medical Assistance in Dying

## 3. Public and Member Engagement

> › Enhance engagement strategies
>   • Annual Meeting & Conference
>   • Webinar Wednesdays
>   • SRNA Online Community of Practice
>   • Member Survey
>   • Public Survey

## 4. Stewardship (healthy, high-performing staff and organization)

> › Ensure fair and respectful culture with open communication
> › Enhance role clarity within a flexible and supportive workplace
> › Ensure clear and consistent strategic organizational plan and work plans
> › Ensure improved financial position

# Supporting Our Members
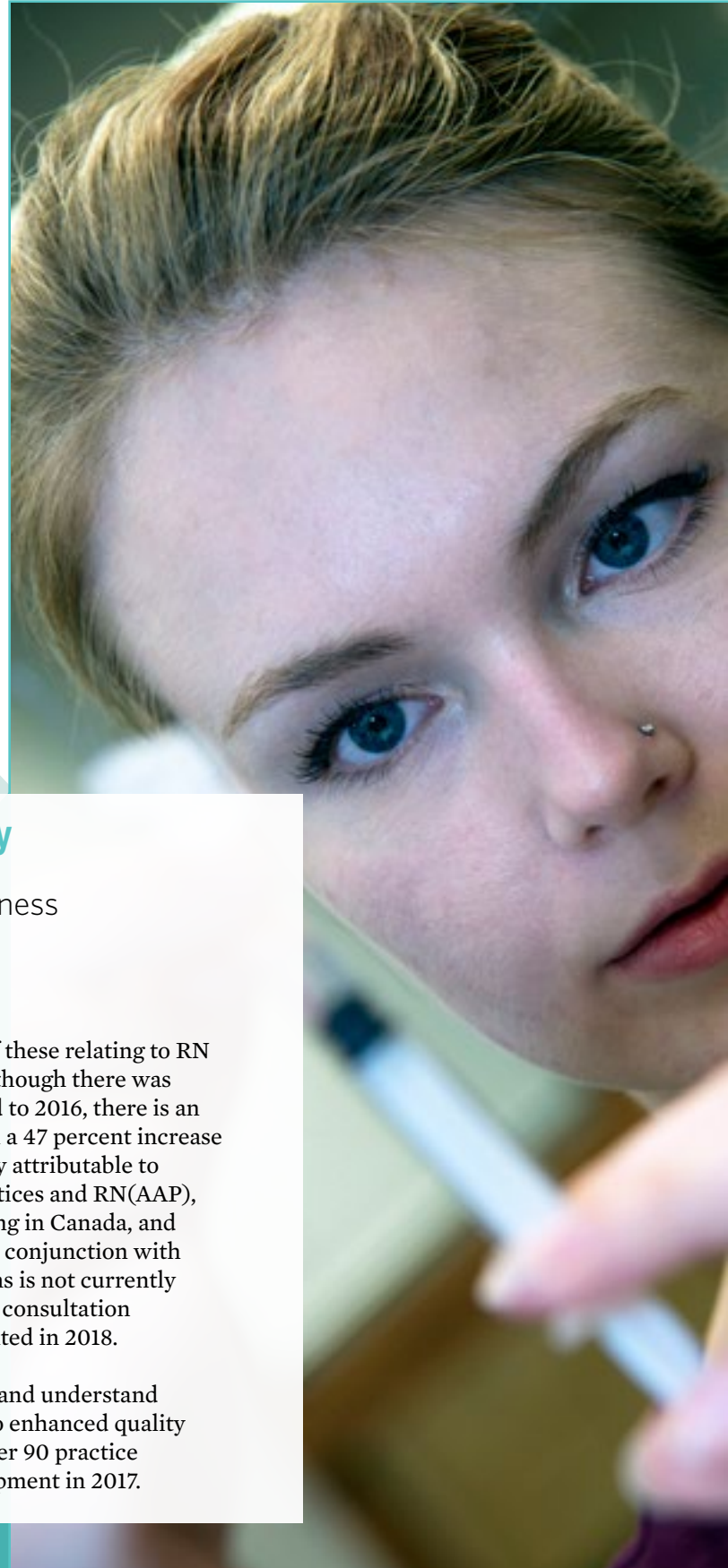
## Advancing RN Scope of Practice & Role Clarity

Nursing practice advisors are available each business day as a resource to members, members of the public and other health system partners.
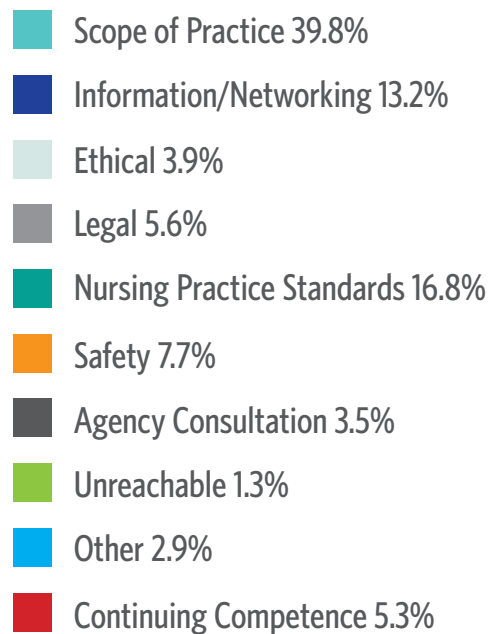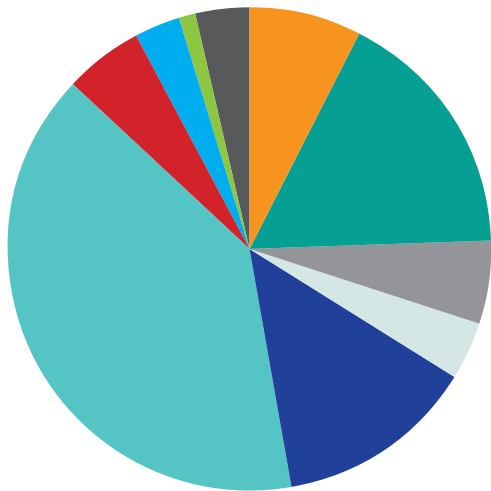
In 2017, there were 892 practice consultations, with 57 percent of these relating to RN scope of practice (40%) and nursing practice standards (17%). Although there was an 18 percent reduction in the number of consultations compared to 2016, there is an upward trend over the past five years in number of requests, with a 47 percent increase as compared to 2013. The peak in consultations in 2016 is possibly attributable to the shift from Transfer of Medical Function to RN Specialty Practices and RN(AAP), the introduction of new legislation for Medical Assistance in Dying in Canada, and the creation of the Collaborative Decision-Making Framework in conjunction with SALPN and RPNAS. The duration and complexity of consultations is not currently captured. This data will be able to be tracked in our new practice consultation database program which is in development and will be implemented in 2018.

The RN Specialty Practices Framework supports RNs to explore and understand existing policies and to shape and develop new policies leading to enhanced quality of care and RNs practicing to full legislated scope. There were over 90 practice consultations specific to RN Specialty Practice and policy development in 2017.

# Practice Consultations



- Scope of Practice 39.8%
- Information/Networking 13.2%
- Ethical 3.9%
- Legal 5.6%
- Nursing Practice Standards 16.8%
- Safety 7.7%
- Agency Consultation 3.5%
- Unreachable 1.3%
- Other 2.9%
- Continuing Competence 5.3%

"Excellent information, and also provided suggestions for further research if needed."

Survey Respondent

# Domain of Practice



- Direct Care 57%
- Administration 14%
- Education 8%
- Policy 1.0%
- Not Available 20%
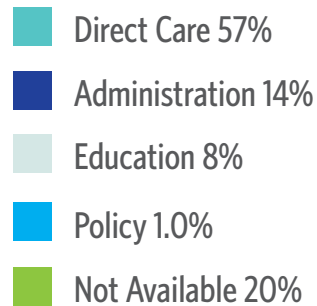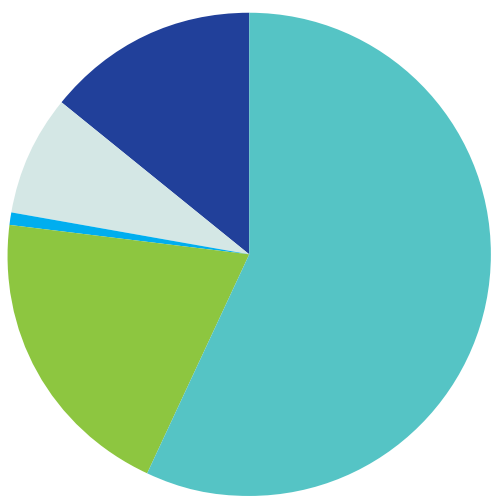
"Responding by email was perfect. Thank you from the bottom of my heart!"

Survey Respondent

# Connections with Practice Advisors by Group



- RN 69.5%
- RN(AAP) 0.8%
- RN(NP) 11.3%
- RN(GNP) 0.1%
- Non-RN 17%
- Grad Nurse 0.5%
- Student 0.8%
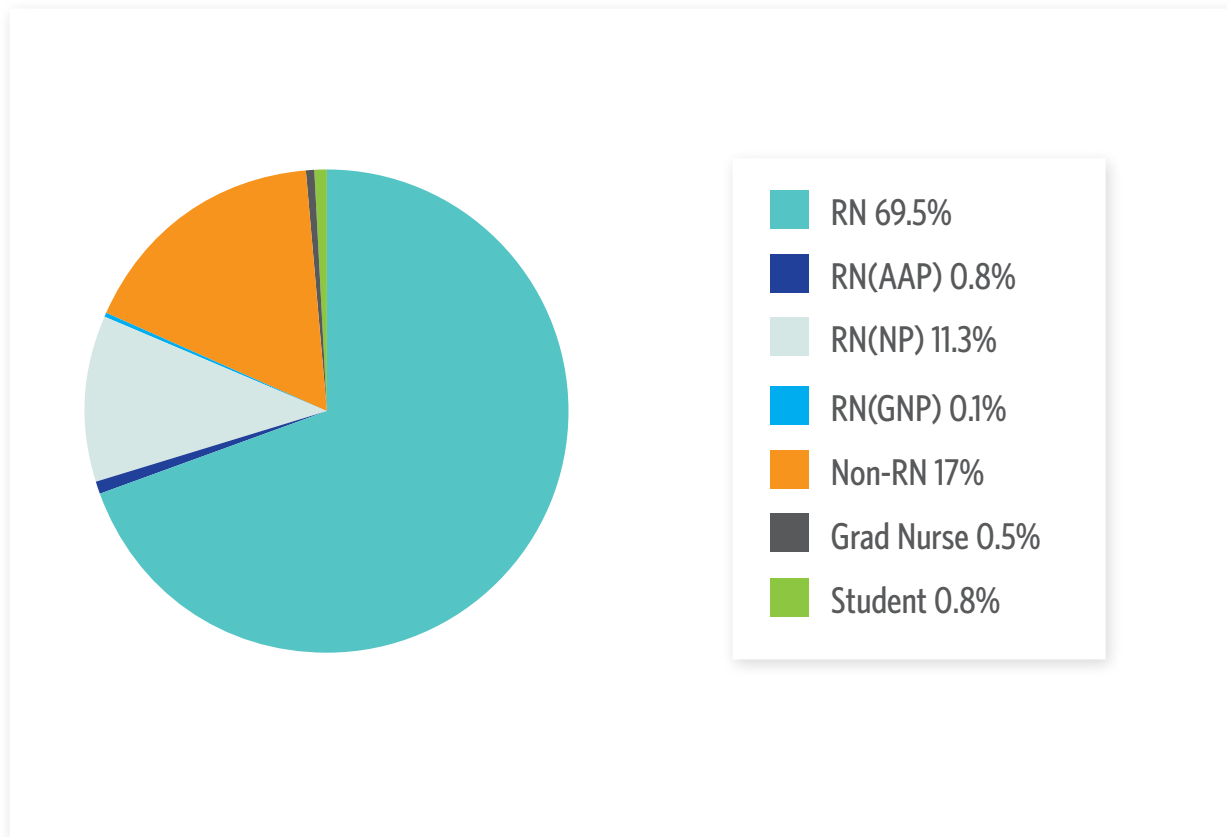
"Better than I could have hoped for."

Survey Respondent

82% of consultations are from members: 18% of consultations are from non-members.

# Practice Consultation Trend 2013-2017



| | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|---|
| Number of Calls | 608 | 846 | 883 | 1093 | 892 |

Number of Calls ——●——    Trend ———
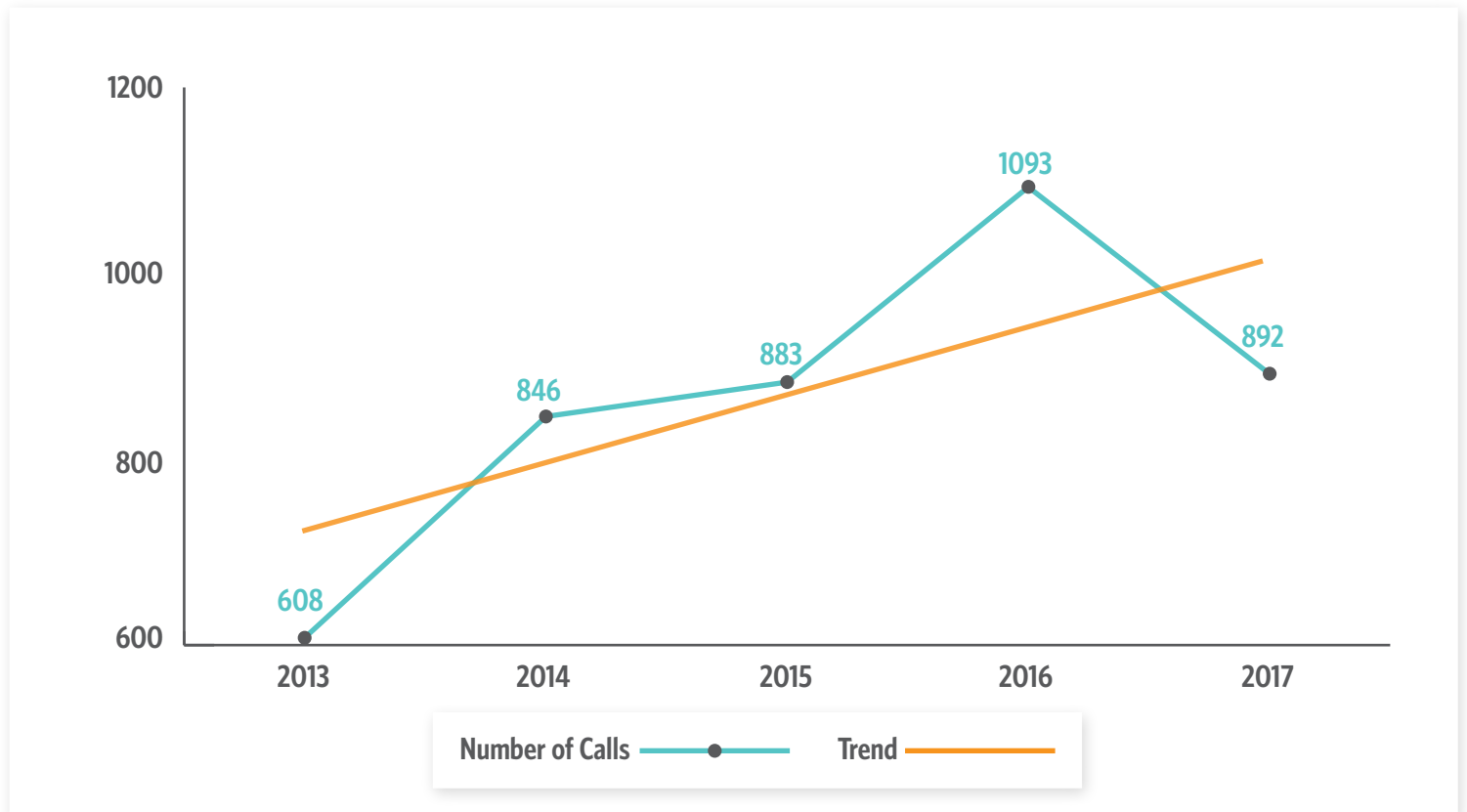
# Who Connected with Practice Advisors by Setting



**Legend:**
- Acute Care (237)
- Long Term Care ( 77)
- Home Care (64)
- Integrated Care (31)
- Public/ Community (37)
- Clinic (134)
- Private Practice (8)
- Corr/Forensics (16)
- Mental Health (4)
- Government (6)
- SUN (2)
- School (1)
- School of Nursing (12)
- Not Available (226)
- Other (37)
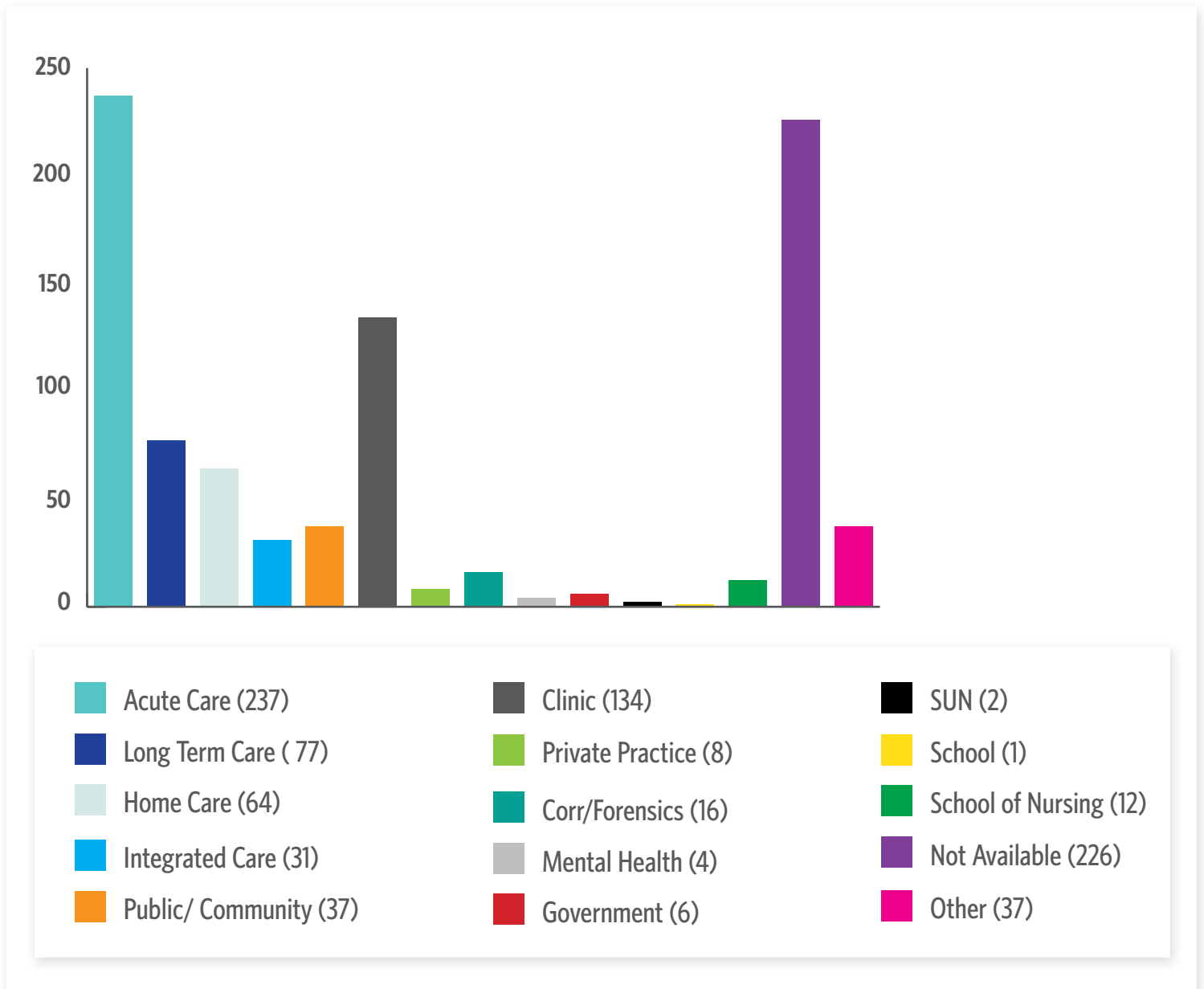
Not Available (N/A) indicates calls where setting was not discussed.

68% of consultations are from acute care, long term care and clinic settings.

"Timely, reference/links to specific documents relating to questions - evidence based, love the access of email."

Survey Respondent

"I feel more confident with SRNA's support."

Survey Respondent

# Practice Consultation Feedback

## Feedback on the Practice Consultation Service

SRNA's Practice Consultation Service supports members to deliver safe, competent and ethical care for the people of Saskatchewan.

A survey is available on the SRNA website and through email to provide an opportunity for feedback about the practice consultation experience. There were 18 surveys completed during 2017. Some respondents were encouraged by colleagues to call the SRNA, and others had worked with a "practice advisor in the past recognizing their expertise which was required once again". Responses are described as "timely and succinct" with follow up including "the required written guidance and/or documents". "Not only did the practice advisor help address the issues, she gave me in depth resources and assisted me in planning."

"Quick, efficient and knowledgeable are 3 words I would use to describe the service." Survey Respondent

## Satisfaction of Practice Consultation Service
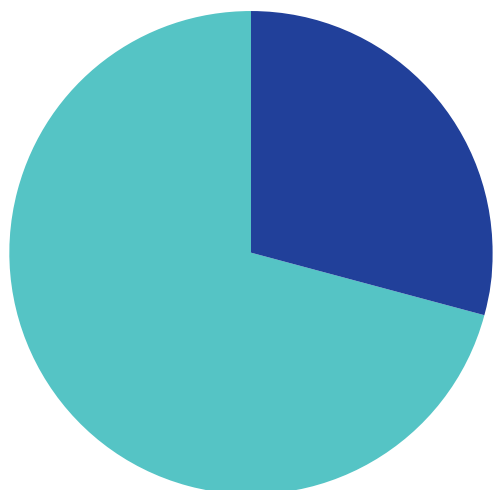
- Very Satisfied 70.6%
- Satisfied 29.4%
- Dissatisfied 0.0%
- Very Dissatisfied 0.0%

# Collaborative Decision-Making

## Working Together to Provide Quality Care

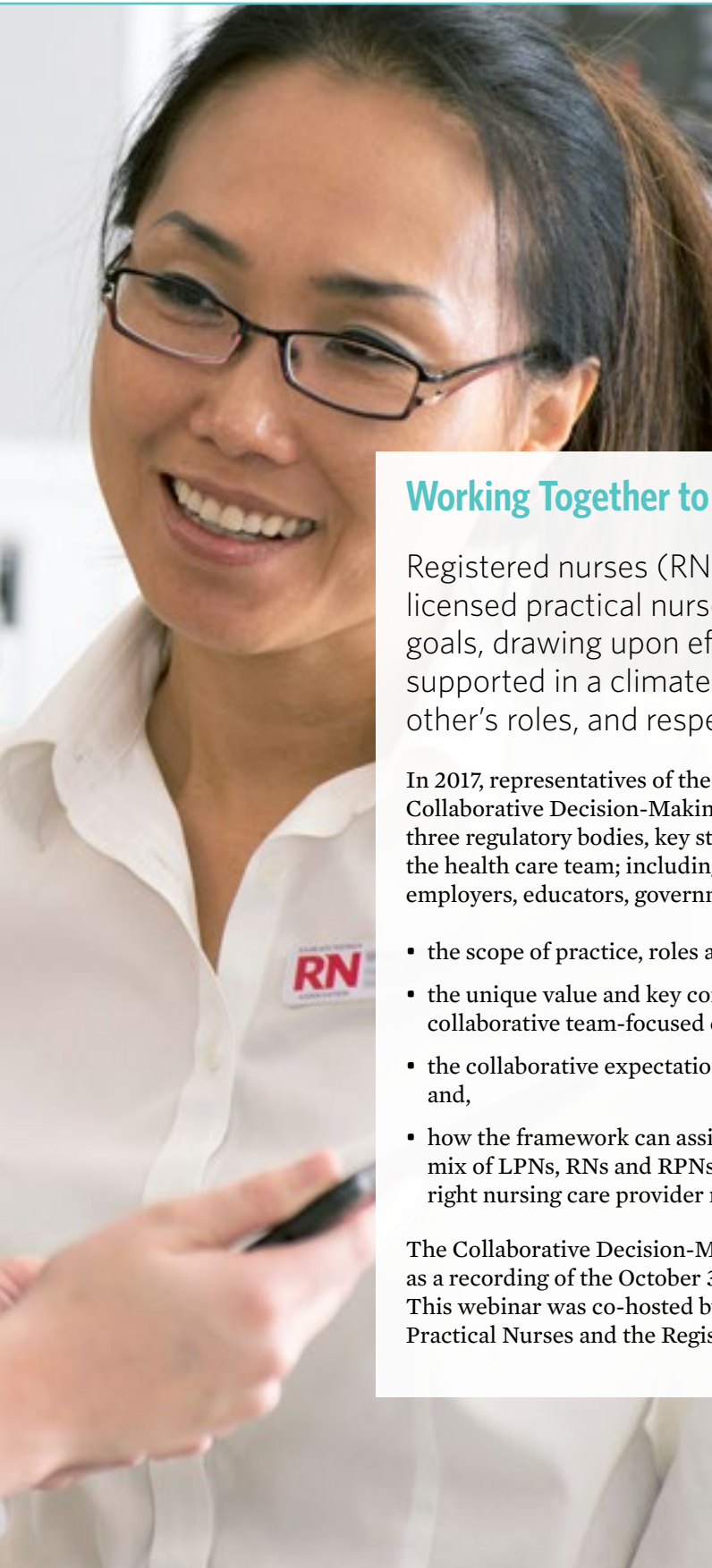Registered nurses (RNs), registered psychiatric nurses (RPNs) and licensed practical nurses (LPNs) contribute to patient-centered care goals, drawing upon effective communication skills and teamwork, supported in a climate of mutual understanding and acceptance of each other's roles, and respect for the shared and unique competencies.

In 2017, representatives of the three nursing regulatory bodies worked together to finalize a Collaborative Decision-Making Framework and to share the document with members of the three regulatory bodies, key stakeholders and the public. The Framework is intended to assist the health care team; including: nursing groups, multi-disciplinary health care providers, employers, educators, government and the public, in having an improved understanding of:

- the scope of practice, roles and responsibilities of LPNs, RNs and RPNs;
- the unique value and key contributions of each professional nursing group as part of a collaborative team-focused care environment;
- the collaborative expectations of health care providers to promote high functioning teams; and,
- how the framework can assist nursing and non-nursing leaders to determine the optimal staff mix of LPNs, RNs and RPNs so each client receives the right care, at the right time, from the right nursing care provider resulting in optimal health outcomes.

The Collaborative Decision-Making Framework is located on the SRNA website, as well as a recording of the October 30, 2017 collaborative webinar highlighting the Framework. This webinar was co-hosted by the SRNA, the Saskatchewan Association of Licensed Practical Nurses and the Registered Psychiatric Nurses Association of Saskatchewan.

# Additional Authorized Practice

## Improving Access to Care

Throughout the year there was a lot of activity in the continued licensure of RNs with additional authorized practice, RN(AAP)s.

This group of registered nursing professionals with advanced education and training are critical to the provision of nursing services in the remote and isolated 19 northern primary care clinics in Saskatchewan. To obtain RN(AAP) licensure, RNs could either go through a Prior Learning and Assessment Recognition (PLAR) process to demonstrate their qualifications, or through the successful completion of specific education courses. The knowledge, skills and judgment possessed by RN(AAP)s allows them to work autonomously in the management of the common conditions presented by the residents of these northern communities. This fosters faster and more efficient client care and contributes to the overall health of the community.

RN(AAP)s use 68 SRNA Clinical Decision Tools (CDTs) that guide them in the diagnosis and treatment of specific limited common conditions. The CDTs also outline the tests RN(AAP)s may order, and the treatments and medications they may prescribe to clients for these conditions.

As of November 30, 2017, an additional 35 RN(AAP)s were licenced over the year, bringing the total to 94.

Representatives from key external organizations, many from the North, comprise the RNs Leading Change RN(AAP) Advisory committee, which supported the implementation and spread of the RN(AAP)s in the province. A series of northern primary care site staffing surveys helped to inform the work of the Committee.

The multi-year evaluation survey for the RN(AAP) project began in 2013. The final survey of RN(AAP)s, their employers and the residents in the communities they serve will be completed in 2018.
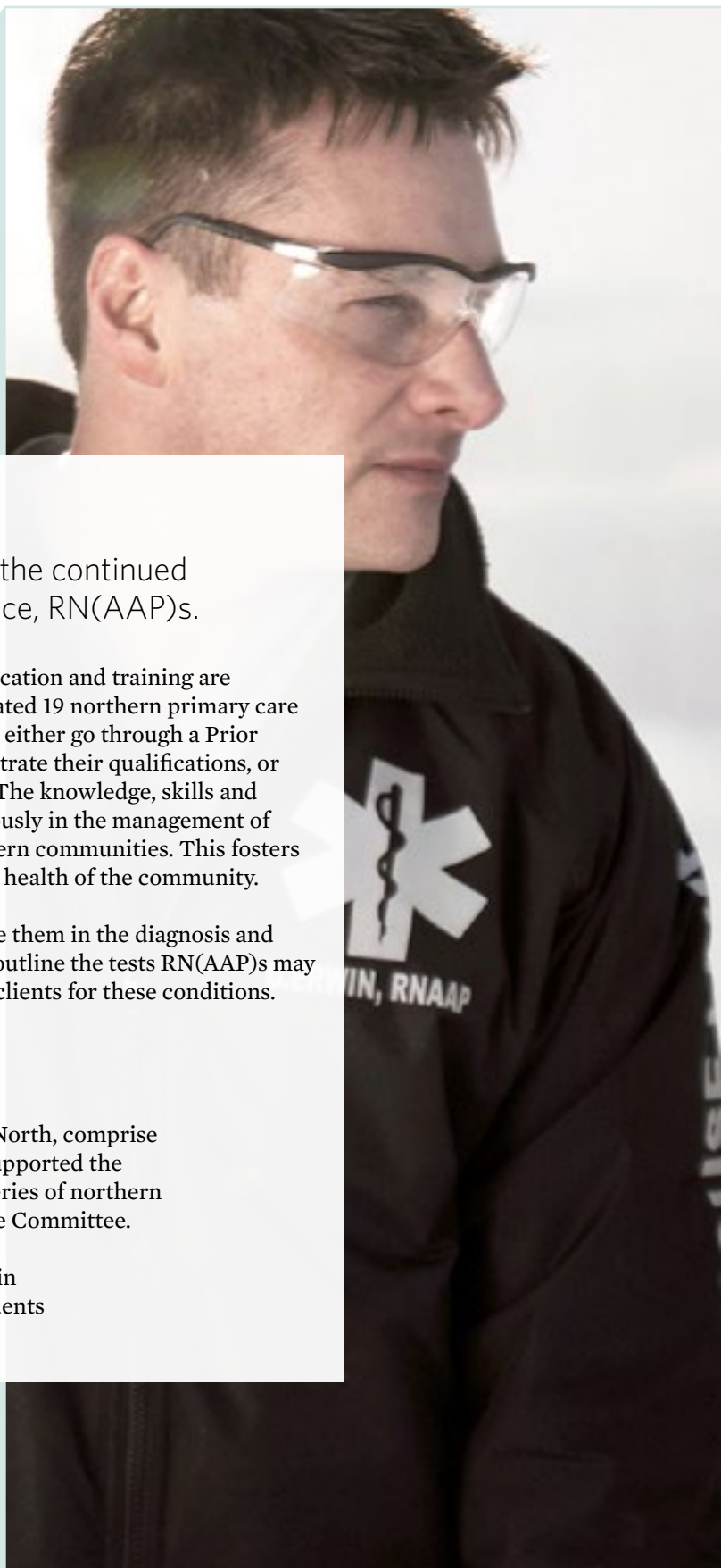
# Nursing Practice Standards

## Putting Standards In Place

SRNA RN(NP) standards and competency documents are fundamental to the regulation of RN(NP)s in the province and for formalizing their evolving scope of practice.

One way they are used is to develop approval requirements for RN(NP) education programs. The SRNA joined with other nursing regulatory bodies in the Canadian Council of Registered Nurse Regulators (CCRNR) to complete a national NP practice analysis in 2015 and to consult and achieve agreement on RN(NP) entry-level competencies in 2016. This work then informed a provincial process for the development of new RN(NP) Practice Standards. The RN(NP) Practice Standards expand upon the SRNA RN(NP) entry-level competencies. These standards further define expectations of RN(NP) practice in Saskatchewan and assist RN(NP)s to make safe and effective decisions in their nursing practice.

SRNA RN(NP) Entry-Level Competencies (ELCs) and SRNA RN(NP) Practice Standards were approved by SRNA Council in November 2016, received membership approval at the SRNA Annual Meeting in May 2017 and received approval from the Minister of Health on September 1, 2017. The final, approved ELCs and Practice Standards came into effect December 1, 2017.

Every five years, or earlier as required, the SRNA will review the RN(NP) ELCs and RN(NP) Practice Standards to ensure that they reflect current provincial and national RN(NP) trends in practice and legislative changes to scope of practice.

# Medical Assistance in Dying

## Providing Education & Guidance in Medical Assistance in Dying

The SRNA has been involved in active and ongoing collaboration, partnership and influence in provincial processes for Medical Assistance in Dying (MAID) in Saskatchewan.

This work includes describing the role and advocating for RNs and RN(NP)s, and advocating for public representation on advisory committees.

There were 20 MAID-related practice consultations distributed across all calendar months throughout 2017. The consultations included inquiries about conscientious objection, understanding the practice implications of the legislation and competency requirements.

As MAID is being provided in Saskatchewan, RNs and RN(NP)s are seeking information and are becoming involved. As far as we are aware, no RN(NP)s have administered MAID in Saskatchewan as of the end of 2017. One SRNA member was able to share her perspective as an RN involved in supporting MAID at the SRNA Conference along with an SRNA practice advisor and Canadian Nurses Protective Society representative. An SRNA practice advisor also presented on MAID at Health Canada's Regional Nursing Workshop in late November in Saskatoon, focusing on the considerations for Indigenous peoples consistent with the Truth and Reconciliation Calls to Action. In December 2017, the Federal Government created draft monitoring regulations for MAID in Canada, which will influence data collection, sharing and monitoring both locally and nationally.
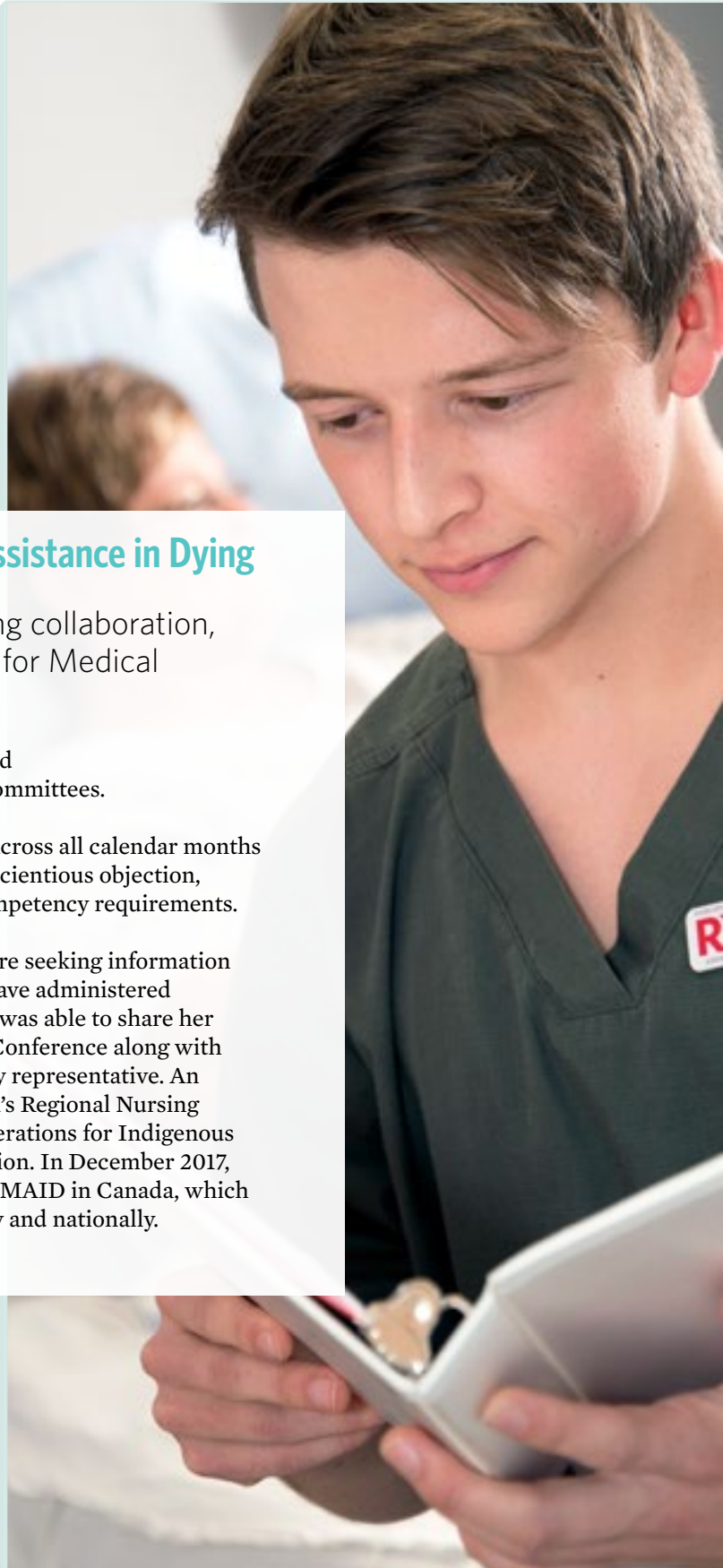
# Relational Regulation

## Relational & Right Touch Regulatory Processes

The SRNA strives to be compassionate, fair, open and accessible, while upholding the regulatory framework that protects the public.

SRNA members are personally accountable for their professional nursing practice through adherence to the code of ethics, practice standards and maintaining competence requirements.

As a regulator in the public interest, one of SRNA's mandates is ensuring SRNA members are competent in providing the services for which society has entrusted to them. To ensure accountability for public protection and maintain public trust it is essential to deliver rational and right-touch regulatory process oversight of the professional-led regulation.

Through right-touch regulation, the SRNA continually asks what risk is being regulated in the public interest. It also includes finding ways other than regulation to promote good practice and high-quality care delivered by RNs and RN(NP)s. The SRNA strives to use the minimum regulatory force required to achieve the desired result.

### Licensure examination

The National Council Licensure Examination (NCLEX-RN®) is the exam all applicants who have recently graduated from a Canadian nursing program, or who are an internationally educated nurse, must pass in order to become an RN for the first time in Saskatchewan and most other provinces in Canada. The NCLEX-RN® is administered by the National Council of State Boards of Nursing (NCSBN) and delivered by computer-based testing provider Pearson VUE. It was implemented by the Canadian Council of Registered Nurse Regulators (CCRNR), of which the SRNA is a member. The NCLEX-RN® tests foundational knowledge, skills and judgement that a nurse must have at the beginning of their career.

## 2015, 2016 & 2017 First Attempt Pass Rate

| Province or Territory of Education | 2015 COHORT | | 2016 COHORT | | 2017 COHORT | |
|---|---|---|---|---|---|---|
| | Total Writers | First-Attempt Pass Rate | Total Writers | First-Attempt Pass Rate | Total Writers | First-Attempt Pass Rate |
| Saskatchewan | 549 | 60.5% | 546 | 69.2% | 582 | 80.8% |

# Canadian Nurse Practitioner Licensure Exams 2017 Results

The SRNA makes candidates eligible to write the nurse practitioner exams and they vary based on the stream of practice to which candidates are applying. There are four streams: Family/All-Ages Exam (CNPE), Adult Exam (AANPCP), Pediatric Exam (PNCB) and Neonatal Exam (NCC).

## 20 Candidates from Saskatchewan wrote exams in 2017

- 20 candidates wrote the Family/All-Ages Exam (CNPE) with a Saskatchewan first-time pass rate of 95 percent.
- 1 candidate wrote and passed the Adult-Gerontology Primary Care Nurse Practitioner Exam (AANPCP).

**Nurse Practitioner Licensure in Saskatchewan**

## 231 Nurse Practitioners licenced in 2017 registration year

- 217 Specialty Primary Care
- 8 Specialty Neonatal
- 4 Specialty Pediatric
- 1 Specialty Adult
- 1 Specialty Adult – Restricted to Women's Health

Two of the NPs with a Specialty Primary Care licence are also licensed with Specialty Adult designation.

# Education-Based Prescription Monitoring

The Prescription Review Program (PRP) is a prescription monitoring program that is educationally based and monitors for inappropriate prescribing and use of all PRP medications in the province.

The PRP supports the SRNA in educating and monitoring RN(NP)s to ensure compliance with established standards and competencies. SRNA has contracted a nurse practitioner consultant to work with SRNA staff and RN(NP) members to fulfil the objectives of the PRP. These objectives include:

- Reduce the abuse and diversion of a select panel of prescription drugs
- Minimize risk of harm to patients
- Alert prescribers to possible inappropriate prescribing
- Seek an explanation from a prescriber when data indicates prescribing or dispensing practices are not consistent with acceptable professional standards
- Encourage appropriate prescribing and dispensing.

The authorities of the PRP are identified within the Regulatory Bylaws (2017) of the SRNA. The program has the ability to review all PRP medications, which can be found in SRNA Bylaw VI Section 4, that have been filled in the province. The program sends alert letters to prescribers when possible misuse of PRP medications is identified. When apparent inappropriate prescribing and/or use of a medication is identified, an explanation is required from the prescriber for the diagnosis, indications for use, rationale for prescribing and whether appropriate safeguards are in place as outlined by Canadian standards and guidelines to prevent potential misuse. Based on the responses, utilization of the Canadian standards and guidelines for the prescribing of these medications, recommendations are presented to the prescriber for consideration of possible management changes. As the program is part of the regulatory and licensing body for the province, the prescriber is obligated under legislation to respond to these inquiries.

The SRNA PRP consultant has received contact from members through email, text and phone; engaging members in the education and monitoring process. The PRP consultant continues to work with SRNA staff and stakeholders to develop a framework to enable RN(NP)s to prescribe drug therapies for clients with Opioid Use Disorder and pain management.

The SRNA's participation in the PRP promotes collaboration in the delivery of safe patient care, through partnership with the Saskatchewan College of Pharmacy Professionals, College of Physicians and Surgeons of Saskatchewan and the College of Dental Surgeons of Saskatchewan.

## Harmonizing the Assessment of Internationally-Educated Nurses

The National Nursing Assessment Service (NNAS) is an incorporated national body of member nurse regulatory bodies. Together, a harmonized approach was developed to conduct the initial assessment of internationally educated nurses (IENs) seeking registration/licensure to practice in Canadian jurisdictions. This includes registered nurses, licenced practical nurses, registered practical nurses in Ontario and registered psychiatric nurses.

The NNAS collects and assesses verification documents and issues an advisory report to the regulatory body.

The report includes an evaluation of the applicant's education according to Canadian nursing entrance to practice requirements and standards:

- background information about applicant's school and dates attended
- verification of licensure registration and credential sources
- employment history.

Upon receipt of the advisory report from NNAS, applicants continue their assessment process with the SRNA, which may include:

- a substantially equivalent competency (SEC) assessment
- remedial education
- NLCEX-RN®.

## Protecting the Most Vulnerable

With a mandate to ensure safe nursing care for the people of Saskatchewan and continuous quality improvement in regulation, the SRNA introduced a Vulnerable Sector Check (VSC) reporting requirement effective June 1, 2017.

A VSC is required of:

- All initial applicants for graduate nurse, RN or RN(NP) licensure
- Former members who are renewing their licence after a two-year lapse.

More than 600 applicants submitted a VSC from June to December, 2017 as a requirement for licensure.

> VSC reports protect society's most vulnerable – children, the elderly and persons with disabilities.
>
> A VSC report is a best practice for confirming whether an individual has a criminal record, and any record of suspensions (formerly pardons) for sexual offences. It includes a search in a national data base maintained by enforcement authorities including the Royal Canadian Mounted Police (RCMP), city police or a police service from the country where an applicant currently resides or has formerly resided.

## Internationally Educated Nurses (IEN) Information 2017

| | |
|---|---|
| New IEN Applicants | 84 |
| *Referral for Substantially Equivalent Competency (SEC) Assessment | 48 |
| *Referral to Orientation to Nursing in Canada for Internationally Educated Nurses (ONCIEN) for remedial course work | 48 |
| *Offered NCLEX-RN eligibility | 17 |
| *Passed NCLEX-RN | 11 |
| *Offered Initial RN Licensure (previously passed NCLEX-RN) | 13 |

*numbers reported may reflect applicants from previous years. The progression from application to National Nursing Assessment Service (NNAS) to licensure is dependent upon a number of variables, some of which include:

- Applicants have one year to complete NNAS process.
- Once referred for SEC Assessment applicants (have one year to complete the SEC Assessment)
- If remedial ONCIEN course work required – have two years to complete.
- Have three years from date of eligibility to write and pass the NCLEX-RN®.

Other variables include time to meet English language requirements, financial obligations, work/employment obligations, length of time to complete remedial courses and pass the NCLEX-RN®.

# Competence Assurance

## Keeping the public safe with Competence Assurance

To keep the public safe, SRNA must ensure competent, caring, evidence-based registered nursing for the people of Saskatchewan. *The Registered Nurses Act, 1988* provides direction for the process of competence assurance. The SRNA began a review of best practices across Canada and throughout North America to help progress toward the goal of relational and right-touch regulatory processes. This environmental scan will be used to inform the review and update of processes and procedures.



**WE CARE ABOUT YOU**
If we receive a complaint about a member's practice — we take it seriously and follow a fair and just process for everyone.

**Complaint Received**
We refer the complaint to an arm's length committee made up of members and public representatives.

**Investigation**
An arm's length Investigation Committee looks at all the evidence and determines appropriate action.

- Dismiss due to lack of evidence
- Issue a letter of guidance
- Consensual complaint resolution agreement
- Refer case to a Discipline Hearing

**Discipline Hearing**
An arm's length Discipline Committee, which includes members and a public representative, gives everyone involved a chance to be heard.

- Dismiss — Not Guilty
- Guilty — Penalty Hearing

**Decision**
The Discipline Committee determines the appropriate disciplinary action. SRNA posts this decision online.

Registrar monitors penalty decision order

**Appeal**
The member can appeal the decision to SRNA Council or Court of Queen's Bench.

For more information, visit
www.srna.org/rn-competence/competence-assurance

# 2017 Investigations

## 72 Written Reports Recieved

| | | |
|---|---|---|
| **90%** | › | related to the practice of RNs |
| **6%** | › | related to the practice of RN(NP)s |
| **4%** | › | related to the practice of RN(AAP)s |
| **36** | › | decisions rendered (cases initiated in 2017) |
| **18** | › | decisions carried over from 2015-2016 |
| **36** | › | cases carried over to 2018 |
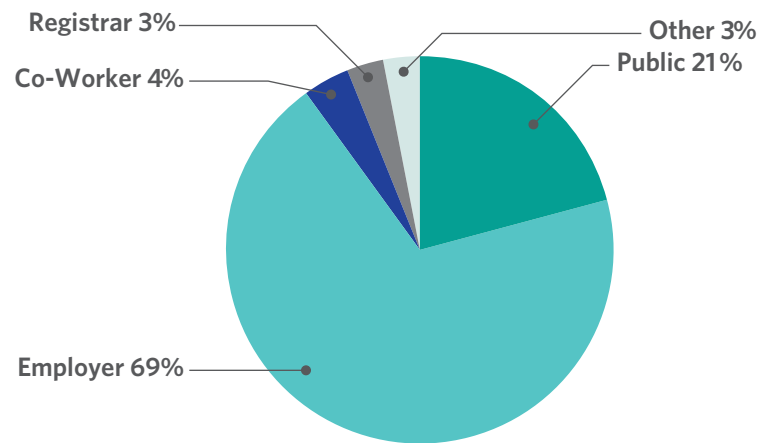
See chart "Percentage of Written Reports by Source: 2013-2017" for a five year analysis

## Source of Reports 2017



Registrar 3%
Co-Worker 4%
Other 3%
Public 21%
Employer 69%

## Percentage of Written Reports by Source: 2013-2017



Legend: 2017, 2016, 2015, 2014, 2013

Categories: Public, Employer, Co-Worker, Registrar, Other

# Nature of Report 2017



40%
Professional
Incompetance

60%
Professional
Misconduct
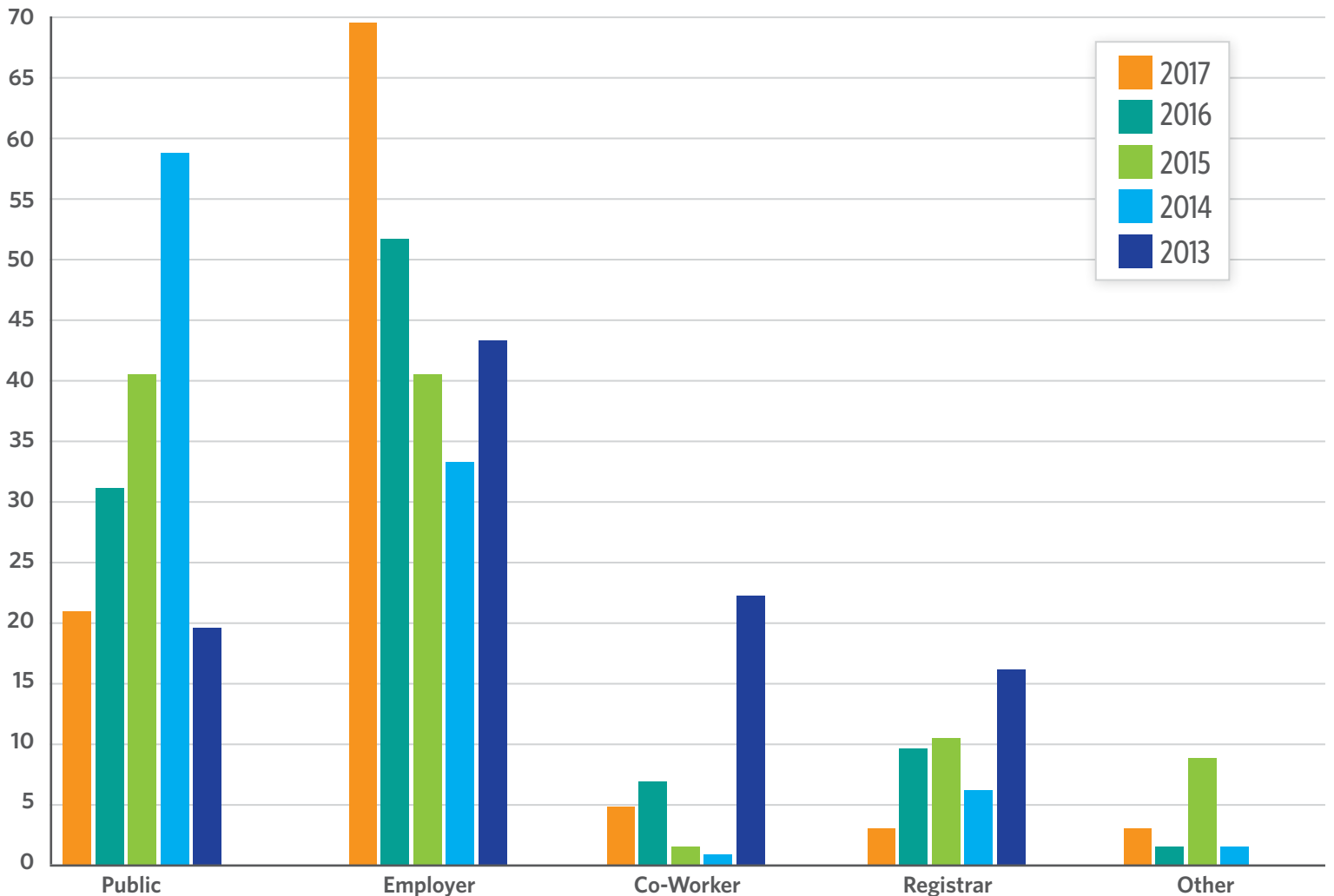
The nature of the report is collected in each investigation undertaken and may include more than one allegation of professional incompetence and/or misconduct.

## Top 3 Allegations of Professional Incompetence

1. Lack of appropriate assessment, needs identification, outcome identification, planning and intervention skills

2. Inappropriate documentation

3. Inappropriate medication practices

## Top 3 Allegations of Professional Misconduct

1. Not following hospital policies/protocols

2. Inappropriate interpersonal relationship skills

3. Not advocating for client

# Notification Timelines

Competence Assurance provides written notification of a written report to the report writer and member within 30 days of receipt. In 99 percent of the cases initiated in 2017, written notification was completed within the expected timeframe. Variance outside the 30 day timeline (one case) occurred as a result of coordination of two separate reports to a member.

# Total Investigation Cases Investigated: 2013-2017
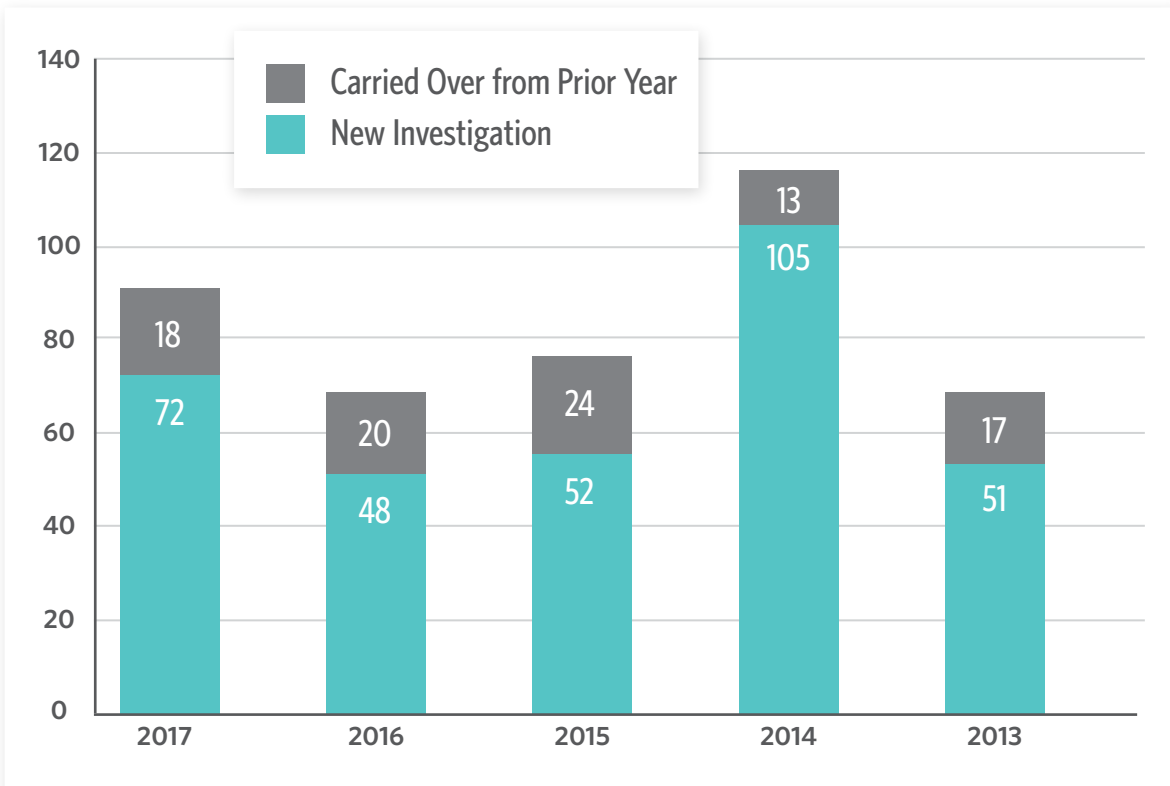


In 2017, the Investigation Committee rendered a decision in 54 cases, with 36 arising from 2017 and 18 arising from investigations launched in 2015-2016.

# 5 Year Comparison of Decisions
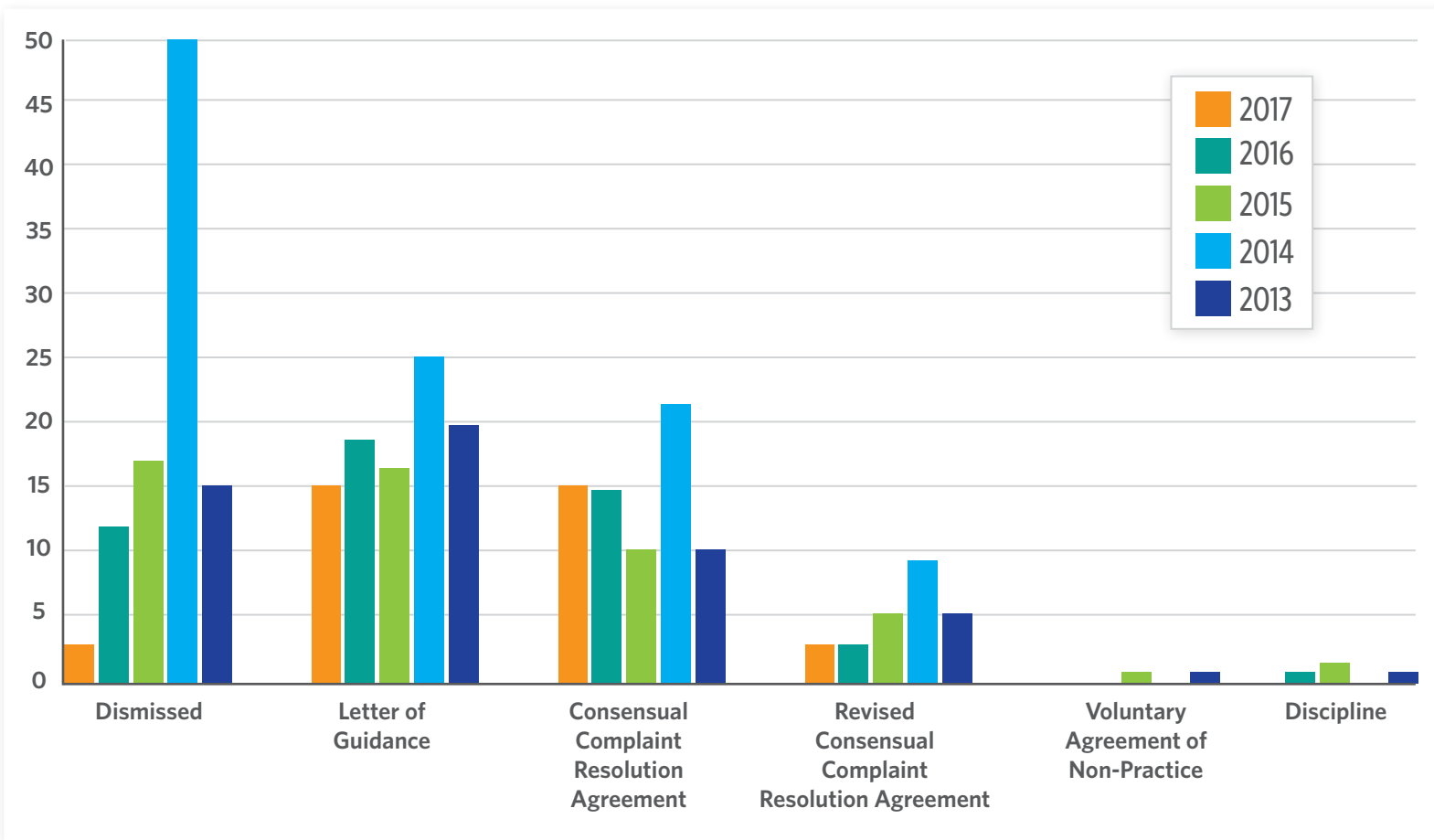


Investigation Committee Decisions are updated to represent all decisions in investigations launched in a particular year.

## 2015-2016 Investigation Outcomes

The 18 cases carried forward into 2017 were resolved as follows:

### 8

Cases resulted in Letters of Guidance

### 10

Cases moved to Consensual Complaint Resolution Agreements

## 2017 Investigation Outcomes

The 36 cases originating in 2017 were resolved as follows:

**Dismissal of a Case:** Members were issued a dismissal of the case in 8 percent of the cases. There is no or insufficient evidence to support the allegations provided.

**Letter of Guidance:** Members were issued a Letter of Guidance in 42 percent of the cases. There is insufficient evidence to refer the matter to a disciplinary process (CCRA, Revised CCRA or Discipline Hearing), but tends to show undesirable practice and/or conduct.

**CCRA or Revised CCRA:** Members were offered and/or signed a voluntary CCRA (42%) or Revised CCRA (8%) in 50% of the cases.

**Referral to Discipline Hearing:** There were no referrals made to the Discipline Committee.

## Consensual Complaint Resolution Agreements

The CCRAs developed in 2017 related to multi-factorial concerns where evidence was found to support concerns with professional competence and/or conduct by members in professional practice arising from:

- medication management: ensuring for the rights of administration, errors/omissions, documentation, assessment/reassessment of medications administered, outside physician order parameter, and following best practice/organizational policy and procedure;

- professionalism, communications and leadership: effective or appropriate communication skills, functioning as a team member, conflict management and problem-solving, and social media;

- documentation: errors, omissions, failure to document care provision to patients and falsification of medical record;

- nursing process: completion of assessments, interventions and evaluation of care,

- identification and intervention for continuity of care, patient teaching, critical thinking/judgment;

- breach of scope of practice;

- failure to follow organizational policy/procedure/protocol/best practices;

- fitness to practice (mental health/addiction);

- identification of progressive and unresolved inability to perform the duties or meet the expectations of a registered nurse; and

- theft from employer.

## Revised Consensual Complaint Resolution Agreements

The Revised CCRAs developed in 2017 related to members who were reported back to the Investigation Committee for further investigation, and where evidence was found to support ongoing and progressive concerns with professional practice arising from:

- competence concerns in practice, including but not limited to: breach of scope of practice, not following organizational policy/procedure/ best practice; completion of RN duties as assigned, critical thinking /judgment; following steps of nursing process and, administering medications without an order; and

- conduct concerns in practice, including but not limited to: professionalism, privacy and confidentiality, and not completing conditions for safe competent care or requirements set out in a Consensual Complaint Resolution Agreement.

### Investigation Turnaround Time

Turnaround time is measured from the date the written report is received by the SRNA until the date of decision rendered by the Investigation Committee in an investigation (i.e.: Dismissed, Letter of Guidance, Consensual Complaint Resolution Agreement [CCRA], Revised CCRA, or referral to a discipline hearing). The turnaround time does not include the negotiation of a CCRA nor the timeframe for a discipline hearing to occur or decision to be rendered. Investigations arising from 2017 resulted in decisions rendered by the Investigation Committee:

**47%** Decisions rendered within 4 months

**19%** Decisions rendered within 5 months

**34%** Decisions rendered within 6 months or more

Delays in resolution occurred due to increased volume of cases received in 2017 from prior years, length of time needed to obtain documentation and/or scheduling of interviews to conclude the investigation.

As of December 31, 2017, 26 Consensual Complaint Resolution Agreements were subject to monitoring. A total of 10 Consensual Complaint Resolution Agreements were concluded in 2017.

**In the interest of clarity we've changed our name from Competence Assurance to Complaints and Investigation.**

# Investigation Participant Feedback

The SRNA Investigation Committee distributes a voluntary anonymous participant survey to the person submitting a written report regarding professional incompetence and/or misconduct of a member and to the member who was the subject of the investigation. The surveys are identical in content and are sent out at the conclusion of an investigation.
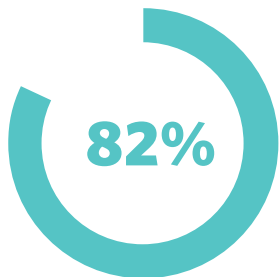
## Participation

**86**

**Surveys distributed to participants between January 1 – December 31, 2017**

**40%**

**Response rate for all participants, representing an 8% increase from 2016**

## Results

**82%**

felt the process was
**fair and unbiased**

**53%**

felt the process was
**timely**

**75%**
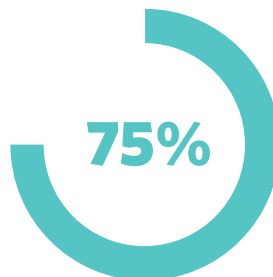
felt the process was
**transparent**

**74%**
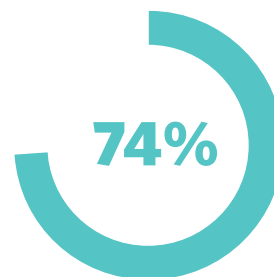
felt the process was
**effective**

**90%**

felt the process was
**confidential**

## Investigation Committee Members

**Andy Anderson**, Public Representative, Regina (completed term August 31, 2017)

**Dan Pooler**, Public Representative, Regina

**Noelle Rohatinsky**, RN, Saskatoon

**Janice Taschuk-Leibel**, Public Representative, Pilot Butte (started September 2017)

**Sandra Weseen**, RN, Chair Melfort

**Yvonne Wozniak**, RN Moose Jaw

## SRNA Staff Support

**Jeanine Brown**, RN

**Marilyn Morrison**

**Carole Reece**, RN

**Erika T. Vogel**, RN

# Discipline Committee Decisions

## In 2017, two penalty decisions were rendered by the discipline committee for:

### Marlon T Gonzales RN#0039295, Saskatchewan.

Was found guilty of professional misconduct pursuant to section 26(1) and 26(2) (c) of *The Registered Nurses Act, 1988* and sections of the *Standards and Foundation Competencies for the Practice of Registered Nurses, 2013* and the *Code of Ethics, 2013*.

### Carolyn M Strom RN # 0037024, Saskatchewan.

Was found guilty of professional misconduct pursuant to section 26(1) of *The Registered Nurses Act, 1988* and sections of the *Standards and Foundation Competencies for the Practice of Registered Nurses, 2013* and the *Code of Ethics, 2013*. A notice of Appeal has been filed as of April 27, 2017.

Discipline decisions are posted at www.srna.org

## Discipline Committee Resource Pool Members

**Janna Balkwill**, RN, Regina

**Ruth Black**, RN, Vanscoy

**Joanne Blazieko**, RN, Moose Jaw

**Stella Devenney**, RN(NP), Regina

**Anne Marie Edmonds**, RN, Major (to November 2017)

**Christopher Etcheverry**, RN, Battleford

**Michell Jesse**, RN, Regina

**Daniel Kishchuk**, Public Representative, Saskatoon

**Lynda Kushnir Pekrul**, RN, Regina

**Patricia LeBlanc**, RN, Richardson

**Russ Marchuk**, Public Representative, Regina

**David Millar**, Public Representative, Regina

**Frances Passmore**, Public Representative, White City

**Beth Ann Schiebelbein**, RN, Fort Qu'Appelle

**Moni Snell**, RN(NP), Regina

**Elaine Stewart**, RN, Pilot Butte

**Stella Swertz**, RN, Weyburn

**Neal Sylvestre**, RN, Maidstone

## SRNA Staff Support

**Barb Fitz-Gerald**, RN
**Deb Mainland**
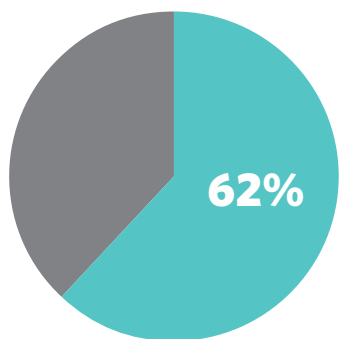
# Continuing Competence Audit

Annual audits are conducted to determine compliance with four required Continuing Competence Program (CCP) components: personal assessment, feedback, learning plan and evaluation.

## Continuing Competence Program Audit

The CCP strives to improve the quality of nursing care provided by practicing members to the public. The 2016 Licensure Year audit took place in June 2017 by an SRNA volunteer audit committee. There were 15 RN(NP)s and 112 RNs randomly selected from the membership database to participate.

Participants submitted a survey and a learning plan that was developed for the 2016 licensure year. All members who did not meet CCP requirements for 2016 were required to submit their 2017 completed CCP documents by September 30, 2017 to be eligible for licensure in 2018.

## Results

**62%**

**Members that met the CCP audit requirements**

**55%**
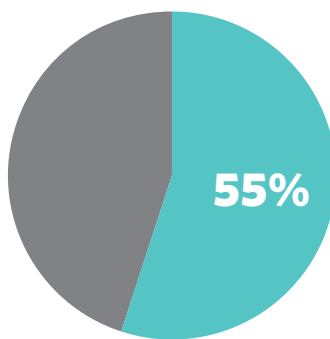
**Registered Nurses audited that met requirements**

**80%**
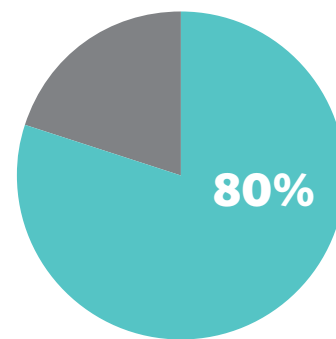
**RN Nurse Practitioners audited that met requirements**

## 4 Required Components of the Continuing Competence Program

1. personal assessment | 2. learning plan | 3. written feedback | 4. evaluation

# Jurisprudence

## Jurisprudence Program Development for SRNA Members

In 2017, work began towards designing and implementing a jurisprudence program for the SRNA. Jurisprudence is the legal term referring to the study and theory of law.

In nursing, jurisprudence is defined as "the application of the principles of law as they relate to the practice of nursing, to the obligations of nurses to their patients and the relations of nurses with each other and with other health care professionals" (Venes, 2005, P.33).

Nursing jurisprudence is framed by regulatory, federal and provincial legislation and influences the practice of registered nurses. Increasing the awareness and understanding of the impact of the law on registered nursing practice will enable nurses to integrate regulatory policy, relevant federal and provincial legislation appropriately into their practice.

During the year, the SRNA conducted an environmental scan and created a draft proposal of content to be included in the program. Work will be ongoing in 2018 towards development of a project plan including a target date for implementation.
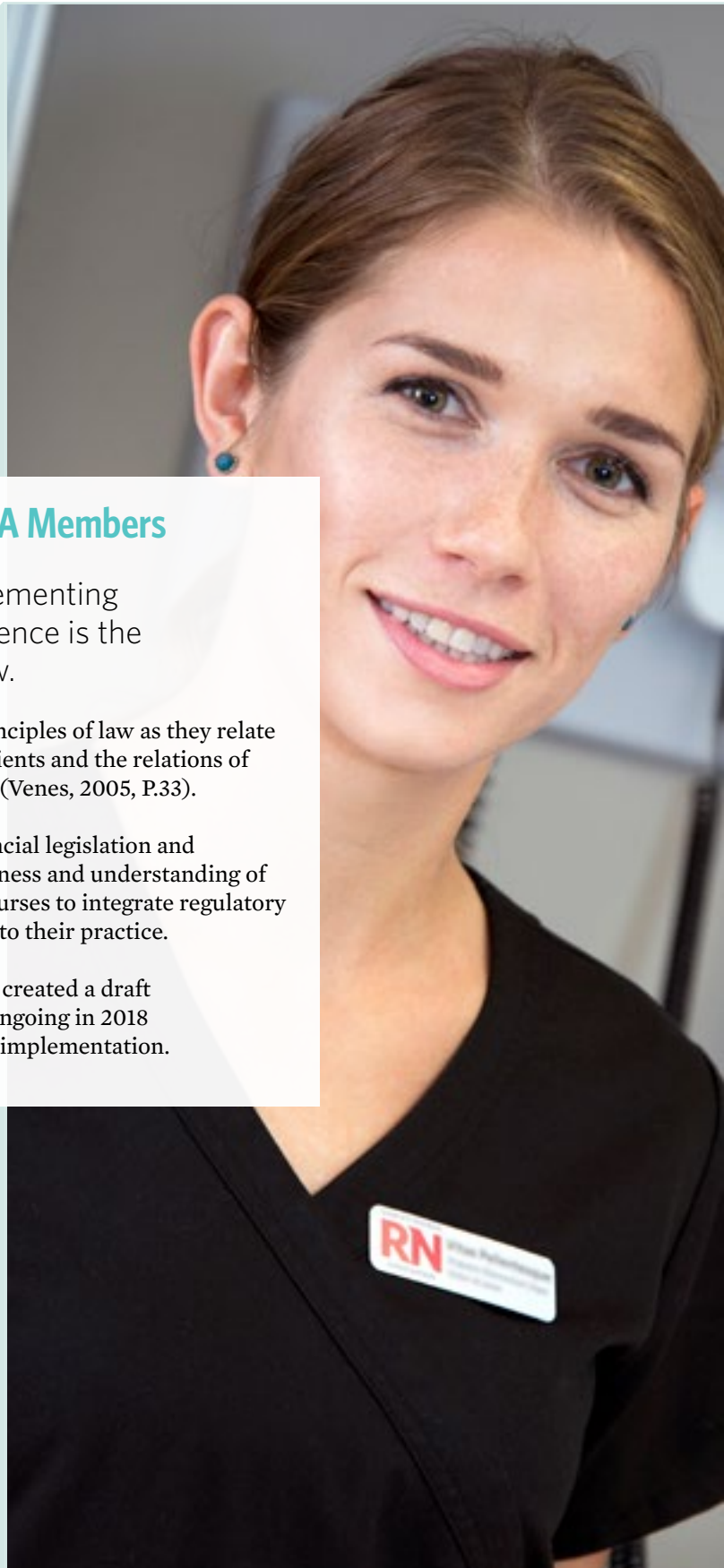
# SRNA Annual Awards

On May 3, 2017 the outstanding achievements of RNs, RN(NP)s and nursing students were acknowledged at the SRNA Banquet and Awards Celebration in Saskatoon.

There were two award groups in 2017: The Awards of Excellence–awarded annually to recognize RNs, RN(NP)s and nursing students as well as members of the public who have made an outstanding contribution to nursing practice and to health care in Saskatchewan; and, The Centennial Diamond Awards–awarded in 2017 to celebrate 100 years of registered nursing practice in Saskatchewan by recognizing the exemplary contributions of past, present and future SRNA members.

## SRNA Life Membership Awards

**Dr. Norma Stewart**, RN(retired) Saskatoon

**Dr. Karen Semchuk**, RN, Yorkton

**Wendy Stefiuk**, Saskatoon

## SRNA Memorial Book Recipients

**Roberta Mireau**, Life Member, Regina

**Yvonne Brown**, RN(retired), Saskatoon

## SRNA Annual Awards of Excellence

**Effie Feeny Award for Excellence in Nursing Research**

**Dr. Madeline Press**, RN, PhD, Saskatoon

**Elizabeth Van Valkenburg Award for Excellence in Nursing Education**

**Sharon Dixon**, RN, Saskatoon

**Granger Campbell Award for Excellence in Clinical Practice**

**Leah Thorp**, RN, Regina

**Jean Browne Award for Excellence in Nursing Practice Leadership**

**Dr. Arlene Kent-Wilkinson**, RN, PhD, Saskatoon

**Nora Armstrong Award for Excellence in Mentorship**

**Jared Dyrland**, RN, Ile-a-la-Crosse

**Ruth Hicks Award for Student Leadership**

**Fred Entz**, Saskatoon

## Centennial Diamond Award

**Past**

**Joan Sawatzky**, RN(retired), Saskatoon

**Norma Wildeman**, Regina

**Thelma Schedlosky**, Humboldt

**Present**

**Arlene Eckert**, RN(NP), Saskatoon

**Dr. Netha Dyck**, RN, PhD, Saskatoon.

**June Anonson**, RN, PhD, Saskatoon

**Future**

**Jordyn Parenteau**, RN, Saskatoon.

# Our Association, Our Membership

As a profession-led organization, SRNA members are the foundation of the Association as we work in collaboration to deliver on our mandate to protect the public and deliver safe patient care. Just as our profession has continued to evolve and innovate in advancing health care for the people of Saskatchewan over the decades, so do SRNA members. Understanding the makeup of the membership is essential in providing the educational resources and opportunities to advance our professional practice. Within the spirit of collaboration and innovation, the SRNA encourages leadership and member engagement to influence policy and support quality practice environments.

## Membership Total & Method of Registration

|  | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|---|
| Registered by Examination | 450 | 462 | 496 | 513 | 638* |
| Registered by Endorsement | 245 | 205 | 190 | 257 | 119* |
| Renewal/ Re-registration | 10,347 | 10,520 | 10,599 | 10,721 | 10,942 |
| Total Practising | 11,042 | 11,187 | 11,285 | 11,491 | 11,699 |
| Graduate Nurses | 552 | 509 | 562 | 538 | 464 |
| Non-Practising | 230 | 226 | 230 | 226 | 253 |
| Retired | 121 | 188 | 229 | 283 | 360 |
| Life & Honorary | 53 | 52 | 54 | 50 | 42 |
| Total Membership | 11,998 | 12,162 | 12,358 | 12,588 | 12,818 |

*In 2017, Canadian graduates were able to establish licensure through Saskatchewan NCLEX-RN® examination, and not just through endorsement.

## RN(AAP) Membership

|  | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|---|
| Total | N/A | N/A | N/A | N/A | 94 |

* 2017 is the first year for Licensing the RN with Additional Authorized Practice RN(AAP)

# RN(NP)s by Specialty

| | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|---|
| Primary Care | 168 | 187 | 202 | 215 | 217 |
| Pediatric | 0 | 0 | 2 | 4 | 4 |
| Neonatal | 7 | 7 | 7 | 7 | 8 |
| Adult | 3 | 3 | 2 | 1 | 1 |
| Adult Women's Health | 1 | 1 | 1 | 1 | 1 |
| **Total** | 178 | 197 | 214 | 228 | 231 |

* Two Primary Care RN(NP)s also have Adult Specialty

# Trends in Migration

| | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|---|
| In-migration | 290 | 246 | 361 | 246 | 147* |
| Out-migration** | 313 | 381 | 399 | 432 | 310 |

* In 2017, Canadian graduates were able to establish licensure through Saskatchewan NCLEX-RN® examination, reducing endorsements. A total of 147 incoming applicants with the most coming from: Alberta (46); Ontario (33); Out of Country (32); Manitoba (15); British Columbia (10); Nova Scotia (8).

** Members requesting a verification be sent to other regulatory bodies for verfication of registration status. A total of 310 verifications were sent to other provinces or out of the country, with the most sent to: Alberta (78); British Columbia (70); Out of Country (69); Ontario (31); and Manitoba (22).

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

In 2017, we saw an increase in members younger than 35 years, small increase in age 35 to 54, and decline in 56 years and older RNs/RN(NP)s.
Source: SRNA 2017 Membership Year data



Legend:
- 35 years & under
- 35-54 years
- 56 & older
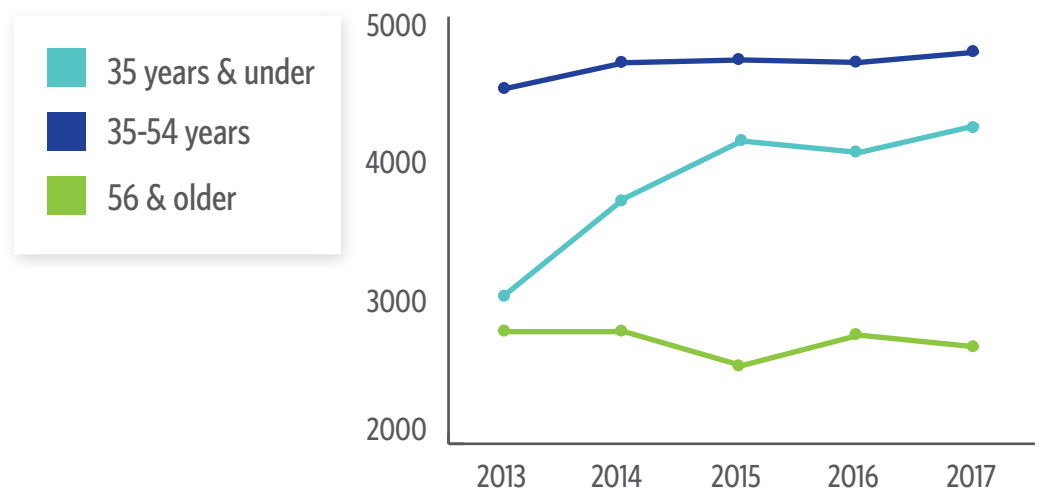
# Employed in Nursing
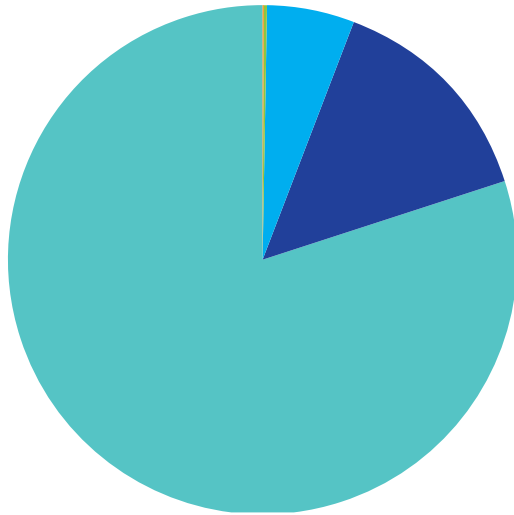


- Employed in Nursing on a regular basis 79.8%
- Employed in Nursing on a casual basis 14.3%
- Not employed in Nursing 5.5%
- Not employed at all 0.2%
- Not stated 0.2%

In 2017, the large majority (79.8%) of practicing SRNA members are employed in nursing on a regular basis.
Source: SRNA 2017 Membership Year data.

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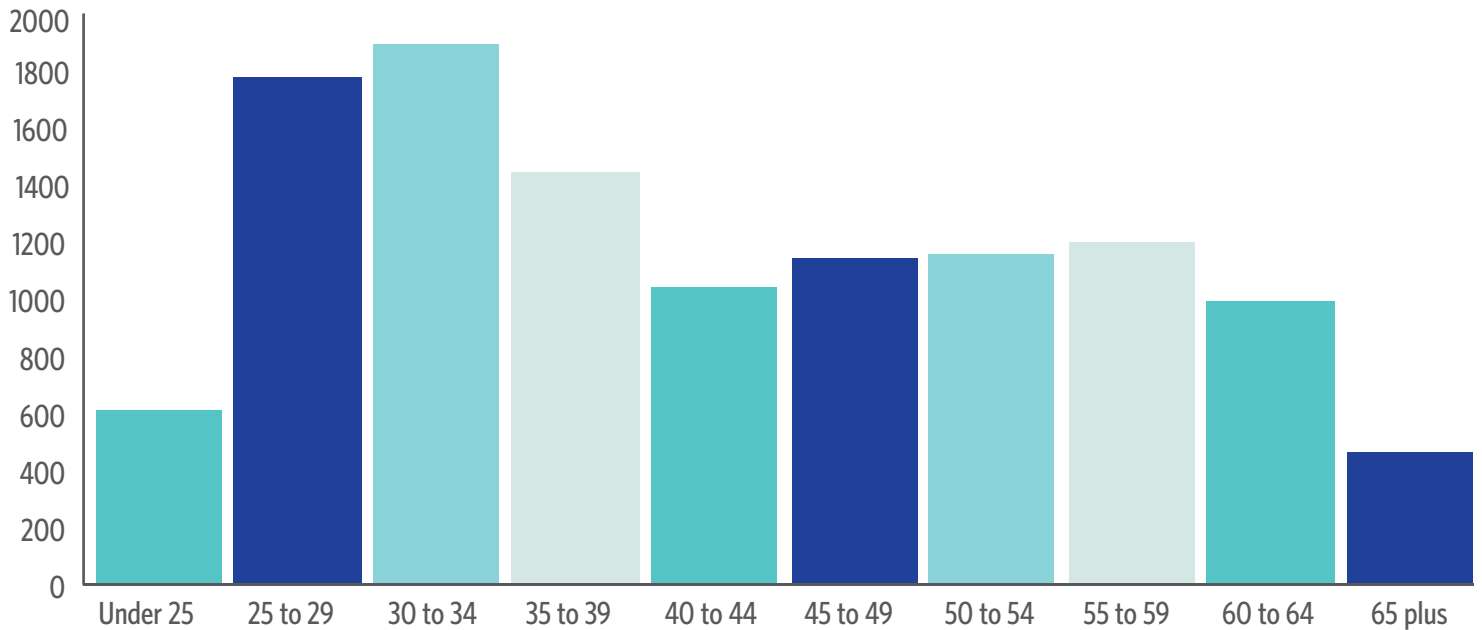


In 2017, RNs/RN(NP)s in the 25-29 and 30-34 age ranges represented the largest demographic age groups.
Source: SRNA 2017 Membership Year data

# Committees

Each year, members of the public and SRNA members contribute time and expertise to more than a dozen committees that provide oversight to the Association's work, helping advance the profession and delivering on the mandate as a regulator. The SRNA greatly appreciates the commitment, contribution, collaboration and leadership of everyone involved in the committees.

## Legislation & Bylaws Committee

The purpose of the Legislation & Bylaws Committee is to discuss and develop options for Council regarding potential changes to *The Registered Nurses Act, 1988* or Bylaws and when directed by Council draft, review and recommend revisions.

The committee met four times in 2017 to review and recommend the SRNA Bylaw amendments that went to Council meetings in 2017. SRNA received government approval for the 2017 regulatory Bylaw amendments that were forwarded to government. In addition, the Committee completed consultations on other proposed amendments.

The Committee continued to monitor provincial and national legislative trends related to the regulation of the nursing profession.

### Committee Members

**Joanne Petersen**, RN, Chair, Moose Jaw (term ended May 2017)

**Warren Koch**, RN, Chair, La Ronge (started term June 2017)

**Eunice Abudu-Adam**, RN, Regina

**Janice Giroux**, RN, Weyburn

**Karen Ullyott**, RN, Prince Albert

**James Struthers**, Public Representative, Regina

### SRNA Staff Support

**Carolyn Hoffman**, RN

**Shirley McKay**, RN

**Cheryl Hamilton**, RN (January to August 2017)

**Donna Marin**, RN (from September 2017)

**Julie Szabo**

## Registration & Membership Committee

Activities of the Registration & Membership Committee in 2017 included:

- selection of RN and RN(NP) continuing competence program auditors;
- review of the results of the continuing competence program audit; and,
- review and recommendations for licensure to the Registrar regarding good character, recognition of practice, licensure agreements and exam policies.

### Committee Members

**Jennifer Guzak**, RN, Saskatoon

**Cyril Kesten**, Public Representative, Regina

**Debbie Kosabeck**, RN, Chair, Regina

**Karen Loveridge**, RN(NP), Melville

**Lorna Weisbrod**, RN, Lumsden

### SRNA Staff Support

**Shirley McKay**, RN

**Erica Pederson**, RN

**Karen Rhodes**

# Nominations Committee

The Nominations Committee recruits potential RN and RN(NP) members for the SRNA annual election. Nominations forms were available online in October. Calls for nominations were included in the January and December messages from the SRNA Executive Director and in the Fall 2016 issue of the SRNA News Bulletin. Targeted recruitment strategies, as well as the use of social media channels, were used to recruit members. The committee successfully recruited members for president-elect, four member-at-large positions and the nominations committee.

The SRNA used an online e-voting system with Balloteer. The independent third-party technology audit ensures compliance with best practices for the security of network assets and their multi-layer perimeter protects the voting application, data and results.

## Committee Members

**Signy Klebeck**, RN, Chair, Saskatoon (2-year term ended May 2017)

**Linda Wasko-Lacey**, RN, Chair, Rosetown (appointed in May 2017)

**Joan Wagner**, RN, Saskatoon (2-year term ended May 2017)

**Robert Friedrich**, Public Representative, Regina

**Linda Delainey**, RN, Regina

**Lorrie Harrison**, RN, Regina (elected in May 2017)

## SRNA Staff Support

**Terri Belcourt**, RN

**Anita Nivala** (January to August)

**Lesley Stronach** (September to December)

# Committee for Member Groups

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

Highlights of group activities include:

- Education days on topics including pain management, critical care nursing, skin and wound care, RN(NP) practice, periAnesthesia and operating room nursing.

- The Nurse Practitioners of Saskatchewan flag raising at the Legislature

- Representatives from the Parish Nurses Professional Practice Group met with key stakeholders regarding funding cuts to spiritual care

- Saskatchewan HIV/AIDS/HCV Nursing Education Organization hosted webinars to promote Provincial and National HIV and HCV testing days and World AIDS Day

- The Saskatchewan Nursing Informatics Association provided expert speakers at national conferences.

# Professional Practice Groups

Aboriginal Nursing Professional Practice Group

Administrative Nurses Professional Practice Group

Clinical Nurse Specialists Professional Practice Group

New Nurses of Saskatchewan Professional Practice Group

Nurse Practitioners of Saskatchewan (went into abeyance in December)

Pain Management Professional Practice Group

Parish Nursing Professional Practice Group

PeriAnesthesia Nurses Group of Saskatchewan

Retired Nurses Professional Practice Group

Saskatchewan Chapter for Canadian Association of Critical Care Nurses

Saskatchewan HIV/AIDS/HCV Nursing Education Organization

Saskatchewan Nursing Informatics Association

Saskatchewan Occupational Health Nurses' Group

Saskatchewan Operating Room Nurses Group

Saskatchewan Skin and Wound Interest Group

# Workplace Representatives

Workplace Representatives are champions for evidence-based registered nursing care in their workplace. Members are encouraged to contact their Workplace Representatives for information regarding SRNA resources and services. In 2017 there were 167 Workplace Representatives in every health region in Saskatchewan.

# Workplace Educators

Workplace Educators are SRNA members who have been educated to provide presentations developed by SRNA nursing practice advisors. At the end of 2017 there were 16 Workplace Educators who provided presentations on the topics of Code of Ethics, Continuing Competence, Documentation, Medication Administration and Mobile Devices, Apps and Social Media, RN Scope of Practice, Using the Three Factor Framework and What's Happening at the SRNA.

# The Interprofessional Advisory Group (IPAG)

Work continued for this committee on developing and revising the SRNA Clinical Decision Tools that support the practice of RN(AAP)s in 19 northern primary care settings. SRNA Council adopted three new CDTs and the revisions to 10, for a total of 68 SRNA CDTs.

## Committee Members

**Alida Holmes**, RN(AAP), Pinehouse

**Karen Jensen**, Pharmacist, Saskatoon

**Heather Keith**, RN(NP), Chair, Christopher Lake (to June 28, 2017)

**Randeelyn Koshman**, RN(AAP), Southend

**Janet MacKasey**, RN, Prince Albert

**Dr. Johann Malan**, Saskatoon

**Heather McAvoy**, Public Representative, Saskatoon

**Dr. David Opper**, Brantford, Ontario

**Loren Regier**, Pharmacist, Saskatoon (to June 1, 2017)

## SRNA Staff Support

**Linda Muzio**, RN

**Anita Nivala**

# RN(NP) Advisory Working Group

The RN(NP) Advisory Working Group Committee provides advice for legislation, policy development, registration, licensure and practice, and administrative policy framework for registration and licensure of RN(NP)s. The committee supported membership passing RN(NP) Entry-Level Competencies and RN(NP) Practice Standards at the Annual Meeting and the implementation of the new Standards and Competencies on December 1, 2017. Several key areas to optimize the role of RN(NP) in Saskatchewan identified by the committee include increasing awareness of the role of RN(NP)s and increasing research to understand the impact of RN(NP) practice.

## Committee Members

**Mary Ellen Andrews**, RN(NP), Saskatoon, Chair

**Joyce Bruce**, RN(NP), White City (January – June, 2017)

**Shelly Cal**, RN(NP), Hudson Bay

**Bill Cannon**, RN(NP), Yorkton

**Leah Currie**, Public Representative, Saskatoon

**Deanna Palmier**, RN(NP), Lafleche (March – December, 2017)

**Moni Snell**, RN(NP), Regina

**Laveena Tratch**, RN, Regina

**Francoise Verville**, RN(NP), Regina (September – December, 2017)

## SRNA Staff Support

**Donna Cooke**, RN

**Shirley McKay**, RN

# Nursing Education Program Approval Committee

As part of its mandate, the SRNA is responsible for the approval of RN and RN(NP) education programs and RN(AAP) courses. The Nursing Education Program Approval Committee (NEPAC) is integral to this process.

In 2017, the NEPAC undertook a number of initiatives and held five meetings.

## Key activities of the NEPAC

Review of the annual updates from:

- Collaborative Nurse Practitioner Program (CNPP) (Saskatchewan Polytechnic/University of Regina)

- Primary Health Care RN(NP) Master of Nursing Program (University of Saskatchewan)

- Nursing Education Program of Saskatchewan (NEPS) dissolution

- Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) Program (University of Regina/Saskatchewan Polytechnic)

- Bachelor of Science in Nursing (BSN) Program (University of Saskatchewan)

- RN Re-entry Program (Saskatchewan Polytechnic)

- Orientation to Nursing in Canada for Internationally Educated Nurses (ONCIEN) Program (Saskatchewan Polytechnic)

- Courses for the RN with Additional Authorized Practice RN(AAP) (Saskatchewan Polytechnic).

Completed the program approval processes for the BSN site visit conducted October 2016. Established a BSN program approval report to SRNA Council.

- Council awarded a five-year approval rating for the University of Saskatchewan BSN Program.

- Provided oversight and completed the program approval processes for the CNPP site visit conducted in May 2017. Established a CNPP program approval report to SRNA Council. Council awarded a five-year program approval rating for the CNPP.

- Reviewed and approved proposed changes to the RN(AAP) Courses.

- Selected members of the review team for the RN re-entry/ONCIEN site visit scheduled for April 2018.

## Committee Members

**Gillian Oberndorfer**, RN, Regina (Chair, January – March 2017)

**Laura Wood**, RN(NP), Carlyle (Interim Chair, effective June 2017)

**Patricia Harlton**, Public Representative, Regina (January 2017)

**Kelly Johnson**, RN, Saskatoon

**Mary Martin-Smith**, RN, Saskatchewan Ministry of Health Representative, Regina (March – December 2017)

**Laura Matz**, RN, Saskatchewan Ministry of Health Representative, Regina (January – March 2017)

**Noella Selinger**, Profession Representative, Regina (January – October 2017)

**Bryan Tallon**, Public Representative, Swift Current (February – December 2017)

**Wendy Wilson**, RN, Leader

## SRNA Staff Support

**Joanne Hahn**

**Cheryl Hamilton**, RN (January – August 2017)

**Carolyn Hoffman**, RN

# Membership Advisory Committee

This committee provides strategies for student and member engagement in SRNA activities. In addition, the committee recommends member and public representation to SRNA internal and external committees. During the year, the committee met by teleconference or email and made 22 member appointments or re-appointments to internal and external committees and recommendations to council members for statutory committees.

## Committee Members

**Lorraine Barker**, RN(NP), Yorkton (resigned May 2017)

**Janine Brown**, RN, Saskatoon

**Karen Gibbons**, Public Representative, Regina

**Sara Greeley**, RN(NP), Prince Albert

**Sarabjeet Singh**, RN, Saskatoon

**Cindy Smith**, RN, interim chair, Milestone

**Rena Sutherland**, RN(NP), Nipawin (resigned May 2017)

## SRNA Staff Support

**Terri Belcourt**, RN

**Lesley Stronach**

# Awards Committee

The Awards Committee receives and reviews all nominations based on the criteria established for each award and makes selections of award recipients for the SRNA Awards of Excellence including inductees for the SRNA Memorial Book. This committee met face-to-face in March and October and via teleconference in December.

In May 2017, three recipients received SRNA Lifetime Membership and five registered nurses and one nursing student were honoured at the SRNA Annual Awards of Excellence Banquet and Ceremony. Also, seven recipients of the SRNA Centennial Diamond Awards from the past, present and future categories were celebrated in honour of the 100th Anniversary of the SRNA.

## Committee Members

**Shauna Bright**, RN, Regina (February 2017)

**Jan Devitt**, Public Representative, Regina

**Stacy Hunt**, RN, Regina (resigned May 2017)

**Jayne Naylen Horbach**, RN, Chair, Regina

**Celine Stolz**, RN (September 2017)

**Marlene Strenger**, RN, Saskatoon

## SRNA Staff Support

**Lesley Stronach**

**Terri Belcourt**, RN (July - December)

# External Committee Representatives

**Cheryl Besse**, RN, Saskatoon, Board of Directors of the Saskatchewan Prevention Institute

**Fred Bordas**, RN, Regina, Nursing Re-entry Program Advisory Committee (resigned November 2017)

**Joyce Bruce**, RN(NP), White City, Canadian Nurse Practitioner Exam Committee (resigned June 2017)

**Barbara Beaurivage**, RN(NP), Regina, Canadian Nurse Practitioner Exam Committee (appointed December 2017)

**Jeannie Coe**, RN(NP), Saskatoon, Nurse Practitioner Program Advisory Committee

**Anne Marie Greaves**, RN, Tisdale, University of Regina, Faculty of Nursing and the Student Performance of Professional Responsibilities and Professional Unsuitability Committee

**Carla Hartman**, RN, Regina, Critical Care Nursing Program Advisory Committee

**David Kline**, RN, Drake, Canadian Nurses Protective Society Board

**Fay Michayluk**, RN, Wakaw, Northern Nurses Education Committee

**Sarah Nixon-Jackle**, RN, Saskatoon, Saskatchewan Coalition for Tobacco Reduction

**Kathleen Perrin**, RN, Saskatoon, Orientation to Nursing in Canada for IENs Program Advisory Committee (Until May 2017)

**Greg Riehl**, RN, Regina, EHR/Saskatchewan Laboratory Results Repository

**Marlene Smadu**, RN, Regina, University of Regina Senate

**Vikki Smart**, RN, Meota, Collaborative Nurse Practitioner Program Advisory Committee (until May 2017)

**Sharon Staseson**, RN, Regina, Midwifery Transition Council

**Ann Thomson-Hopkins**, RN Occupational Health Nursing Program Advisory Committee (April 2017 – December 2017)

**Colleen Toye**, RN, Prince Albert, University of Saskatchewan Senate
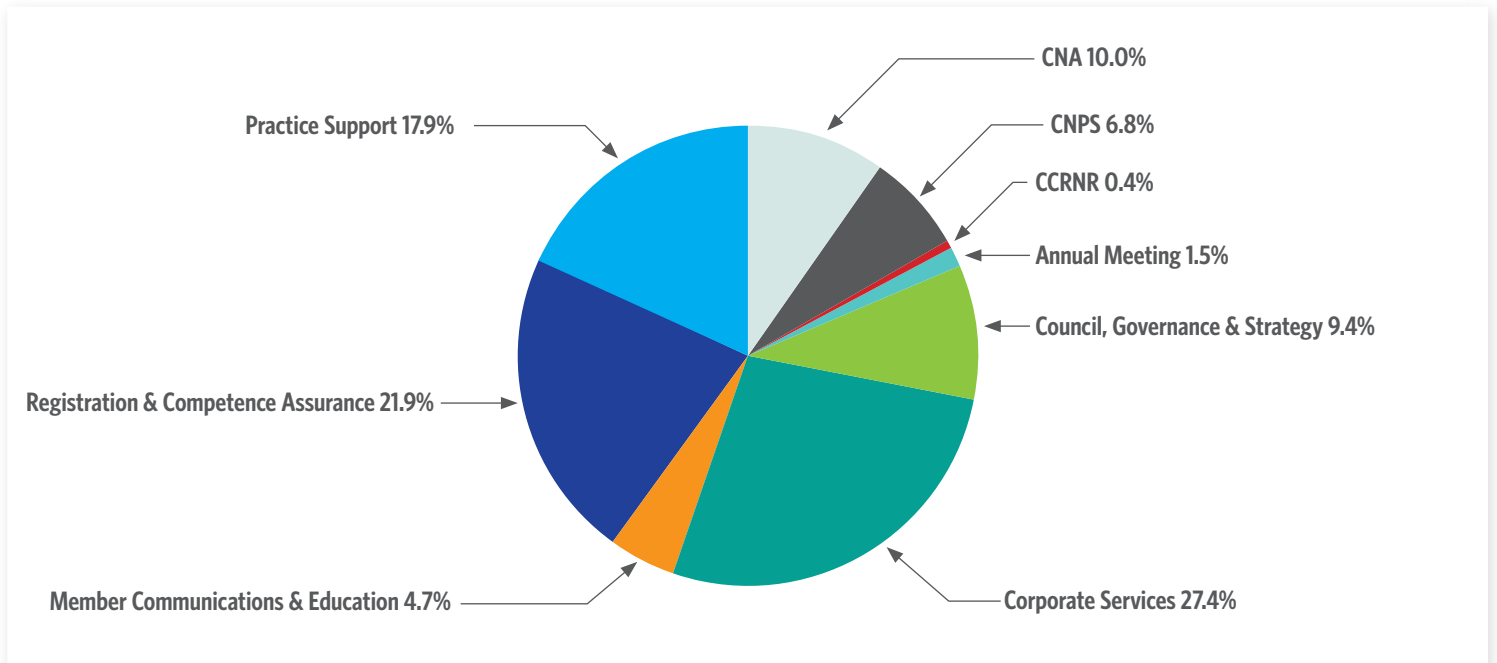
# Fiscal Responsibility

The SRNA Leadership Team undertook several strategic initiatives to further strengthen financial reporting and accountability to SRNA members and the public in 2017.

SRNA Council and staff continued and enhanced the cost reduction strategy that was first initiated in 2016. This included fiscal responsibility in in managing staff travel, reduced discretionary spending and increased self-sufficiency in IT project management and network server hosting. Actions also included further enhancements to revenue and expense tracking processes to improve the stewardship of resources and accuracy of fiscal reporting. This fiscal management resulted in 2017 being the SRNA's second consecutive year in which there was a meaningful year-end financial surplus.

This was also another year of strategic investments resulting in substantial improvement in our membership database, the launch of our new association website and the soon to be launched membership online community, which will be the first online community launched by a regulatory body and association in Canada. Through these important investments, the SRNA will continue to improve member engagement as we continue to work collectively to advance practice and enable better healthcare for Saskatchewan residents.

2017 was also a year of celebration, as we commemorated our 100th year as a profession-led regulatory body and professional association, with events and activities held across the province. Through these celebrations we have enhanced public awareness of the role and history of the nursing profession in Saskatchewan and built stronger relationships with healthcare and government partners.

## Where Do My Fees Go?



Pie chart: Where Do My Fees Go?
- CNA 10.0%
- CNPS 6.8%
- CCRNR 0.4%
- Annual Meeting 1.5%
- Council, Governance & Strategy 9.4%
- Corporate Services 27.4%
- Member Communications & Education 4.7%
- Registration & Competence Assurance 21.9%
- Practice Support 17.9%

# INDEPENDENT AUDITORS' REPORT ON SUMMARY FINANCIAL STATEMENTS

**To the Members**

**Saskatchewan Registered Nurses' Association**

The accompanying summary statements, which comprise the summary statement of financial position as at **December 31, 2017** and the summary statement of operations for the year then ended are derived from the audited financial statements of Saskatchewan Registered Nurses' Association for the year ended **December 31, 2017**. We expressed an unmodified audit opinion on those financial statements in our report dated March 28, 2018.

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

*Management's Responsibility for the Financial Statements*

Management is responsible for the preparation of a summary of the audited financial statements.

*Auditors' Responsibility*

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

*Opinion*

In our opinion, the summarized financial statements derived from the audited financial statements of Saskatchewan Registered Nurses' Association for the year ended December 31, 2017 are a fair summary of those financial statements.

March 28, 2018
Regina, Saskatchewan

VIRTUS GROUP LLP

**Chartered Professional Accountants**

# SASKATCHEWAN REGISTERED NURSES' ASSOCIATION
## SUMMARIZED STATEMENT OF FINANCIAL POSITION
### AS AT DECEMBER 31, 2017
(with comparative figures for 2016)

| | 2017 | 2016 |
|---|---|---|
| **Assets** | | |
| Cash | $ 125,709 | $ 45,456 |
| Investments | 6,991,413 | 6,487,585 |
| Accounts receivable and prepaid expenses | 328,780 | 213,960 |
| Tangible capital assets | 1,564,383 | 1,533,479 |
| Intangible asset | 158,562 | 304,662 |
| | $ 9,168,847 | $ 8,585,142 |
| | | |
| **Liabilities** | | |
| Accounts payable and accrued liabilities | $ 618,826 | $ 508,495 |
| Deferred revenue and fees collected in advance | 5,394,729 | 5,311,912 |
| Long-term debt | 476,499 | 529,849 |
| | 6,490,054 | 6,350,256 |
| | | |
| **Net Assets** | | |
| Invested in tangible capital & intangible assets | 1,246,446 | 1,308,292 |
| Internally restricted for 100th anniversary | - | 58,745 |
| Unrestricted surplus | 1,432,347 | 867,849 |
| | 2,678,793 | 2,234,886 |
| | $ 9,168,847 | $ 8,585,142 |

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

Approved on behalf of Council:

_Joanne Peterson_ Council Member          _[signature]_ Council Member

## SASKATCHEWAN REGISTERED NURSES' ASSOCIATION
### SUMMARIZED STATEMENT OF OPERATIONS
### FOR THE YEAR ENDED DECEMBER 31, 2017
(with comparative figures for the year ended December 31, 2016)

|  | 2017 | 2016 |
|---|---|---|
| **Revenue** | | |
| Memberships | $ 6,174,029 | $ 6,078,796 |
| Other revenue | 467,400 | 412,760 |
| | 6,641,429 | 6,491,556 |
| **Expenses** | | |
| Change projects | 78,886 | 123,233 |
| Communications | 289,743 | 484,564 |
| Competence assurance | 564,976 | 551,283 |
| Corporate services | 823,050 | 655,064 |
| Council and governance | 213,229 | 179,033 |
| Human resources | 176,873 | 179,122 |
| Information technology | 790,128 | 699,914 |
| Member professional liability insurance | 424,840 | 422,049 |
| National membership fees | 643,430 | 616,291 |
| Practice support | 701,846 | 603,804 |
| Professional standards | 335,842 | 350,142 |
| Program approval | 15,309 | 23,731 |
| Registration | 542,388 | 529,403 |
| Regulatory | 225,746 | 217,487 |
| Special meetings | - | 61,842 |
| Strategy and partnership development | 371,236 | 350,603 |
| | 6,197,522 | 6,047,565 |
| **Excess of revenue over expenses** | $ 443,907 | $ 443,991 |

**VIRTUS GROUP**

# SRNA Staff 2017

## Executive Office

**Carolyn Hoffman**, RN
Executive Director

**Julie Szabo**, Executive
Assistant, Governance

## Communications

**Shelley Svedahl**, Manager,
Communications & Public
Relations (to March 2017)

**Tonya Blakley**, Manager,
Communications & Public
Relations (as of December 2017)

**Adam Lark**, Technology
& Design Specialist

## Corporate Services

**Trevor Wowk**, CPA, Director,
Corporate Services

**Cheryl Weselak**, PCP, Coordinator,
Human Resources & Events Management

**Tony Giruzzi**, Coordinator,
Network Support

**Emery Wolfe**, Technology &
Multimedia Specialist

**Susan Greenman**, Senior
Assistant, Corporate Services

**Victoria Kos**, Senior Assistant,
Corporate Services

**Carole Kobsar**, Assistant, Receptionist
(as of September 2017)

## Regulatory Services

**Shirley McKay**, RN, Director,
Regulatory Services/Registrar

**Barbara Fitz-Gerald**, RN, Manager,
Registration & Policy (to December 2017)

**Jeanine Brown**, RN, Nursing
Advisor, Regulatory Services

**Erica Pederson**, RN, Nursing
Advisor, Regulatory Services

**Erika Vogel**, RN, Advisor,
Competence Assurance

**Carole Reece**, RN, Advisor,
Competence Assurance

**Marilyn Morrison**, Competence
Assurance Regulatory Assistant

**Karen Rhodes**, Executive
Assistant, Regulatory Services

**Dawn Aschenbrener**, Senior
Assistant, Regulatory Services

**Deb Mainland**, Senior Assistant,
Regulatory Services

**Nikita Schmidt**, Senior Assistant,
Regulatory Services

**Regan Bussiere**, Senior Assistant,
Regulatory Services (to May 2017)

**Lorna Braun**, Senior Assistant,
Regulatory Services (as of May 2017)

## Nursing Practice

**Cheryl Hamilton**, RN, Manager, RNs
Leading Change (to August 2017)

**Linda Muzio**, RN, RNs Leading
Change Project Manager

**Donna Cooke**, RN, Nursing
Advisor, Policy

**Donna Marin**, RN, Nursing
Advisor, Policy

**Barbara MacDonald**, RN,
Nursing Advisor, Policy

**Terri Belcourt**, RN, Member Linkages
Project Manager/Practice Advisor

**Anita Nivala**, Practice Assistant,
RNs Leading Change Project

**Lesley Stronach**, Practice
Assistant, Member Relations

**Joanne Hahn**, Senior Assistant,
Nursing Practice

# Saskatchewan Registered Nurses' Association
# Annual Meeting
### May 3, 2018 Conexus Arts Centre, Regina

## SRNA Annual Meeting Agenda

| | |
|---|---|
| 0830 | **Call to Order,**<br>**Welcome and Greetings,**<br>**Rules and Procedures,**<br>**Appointment of Scrutineers** |
| 0930 | **Approval of Agenda** |
| 0945 | **Public Survey Report** |
| 1045 | **President's Report** |
| 1115 | **Executive Director's Report** |
| 1145 | **Lunch** |
| 1300 | **Bylaws** |
| 1445 | **Resolutions** |
| 1630 | **Election Results** |
| 1645 | **Introduction of New Council Members** |
| 1700 | **Adjournment** |

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