

SASKATCHEWAN

**RN**

ASSOCIATION



SRNA \_\_\_\_\_  
Annual Report  
\_\_\_\_\_ 2018





# Table of Contents

Key Highlights 2018	1
A Message from National Nursing Leaders	3
A Message from the SRNA President	4
A Message from the SRNA Executive Director	5
SRNA Council	6
Mission	7
Strategic Objectives	8
Advancing Nursing Practice	10
Practice Consultation Services	11
Practice Consultation Innovation	14
Opioid Crisis & Cannabis Legalization	15
ELC Consultation & Collaboration	16
Medical Assistance in Dying	17
Supporting RN(NP)s	18
Right-Touch Regulation	19
Nursing Exams	20
Investigations	21
Investigation Participant Feedback	23
Discipline Committee Decisions	24
Continuing Competence Audit	25
Our Association, Our Membership	26
Committees	29
Financial Summary	33
Auditor's Report	34
SRNA Staff	37
Annual Meeting Agenda	38

# Key Highlights in 2018

## Public and Member Engagement



Public and member engagement is a main pillar of the three-year strategic plan for the organization, so in 2018, the SRNA put in place new tools to better communicate with and reach the public and our membership. The SRNA launched the Online Community of Practice for members, increased its online presence on social media, used videos and email, and conducted in-person consultations with members and the public alike, in addition to the Conference and Annual Meeting, messages from the President and Executive Director, and distributed the News Bulletin. Specifically, the SRNA conducted comprehensive and collaborative consultations with members and the public to update the SRNA's *Standards & Foundation Competencies for the Practice of Registered Nurses (2013)*. The approach included online member surveys, social media postings, focus groups and consultations, and at every step, the SRNA requested feedback. This engagement-focused project allowed the SRNA to build a resource that would appropriately suit all parties. The consultation started in 2018 on the ELCs and evolved into also including the Standards in 2019. There will be two documents replacing the existing 2013 document.

## RN(NP) Prescribing



The SRNA is consistently working on ways to strengthen the capacity to regulate and advance the nursing profession in the public's interest by being forward thinking and reinforcing a culture of innovation. Working with interdisciplinary teams, key partners, the public and members, the SRNA has successfully accomplished this in 2018. Responding to a public need, the SRNA advanced RN(NP)s scope of practice and increased authority for prescribing specific medications. The SRNA has approved qualified RN(NP)s to provide more comprehensive care and increased access for clients.

## Professional Standards Authority Review



Working with members and the public, the SRNA's key mandate is to protect the public. In November 2018, the SRNA worked with the Professional Standards Authority (PSA) to review the SRNA's complaints, investigations and discipline processes. This review assessed the SRNA's performance in these areas against the Standards of Good Regulation, which describe the outcomes of good regulation for each of the regulator's functions. The review was collaborative with members, the public and the SRNA. This review will be completed in 2019 and the results will be presented and published to the membership at that time.

## Transparency



The SRNA strives to be a valued and trusted regulatory body and a leader in nursing regulation, and has recognized one way to fulfill this is by improving transparency in all aspects. The SRNA implemented tools in 2018 to ensure clear and concise communication within and outside of the organization. Using the SRNA's public website, important updates and information have been communicated via Nursing Practice Updates and Council Notes—the former communicates the most up-to-date information regarding changes to practice and the latter provides a high-level summary of the happenings at each Council meeting. Both of these communication tools are emailed to all members.



# A Message from National Leaders in Nursing



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 the development of updated entry-level competencies for registered nurses; considerations for visioning for NP regulation; RN and NP exam administration; and providing support for networks to allow for information to be easily shared across Canada.

For me, one of CCRNR's key benefits is that it brings together registered nursing regulators across the country to solve shared challenges. It is a pleasure to collaborate with SRNA leadership on issues of mutual concern and interest. I look forward to a busy and productive 2019-20.



Claire Betker, RN, MN,  
PhD, CCHN(C)  
President, Canadian  
Nurses Association

On behalf of the Canadian Nurses Association (CNA) it is an honour to be involved with the Saskatchewan Registered Nurses Association, a dynamic and committed organization. The CNA applauds SRNA's commitment to nursing regulation in the public interest and its strong positive voice for the profession in your province. As you review this annual report, I hope you feel proud of the many achievements outlined, including the steps taken to advance the scope of practice for RNs and RN(NP)s in Saskatchewan.

By each of you being involved with SRNA, you are connected to and a member of CNA—the national and global professional voice of Canadian nursing. It is through involvement with provincial and national nursing associations that each of us contributes to making our profession and our nation's health system strong and sustainable. I believe that as nurses we are leaders, and through our collective voice and action we make a difference in the lives of individuals, families and communities.

For SRNA's assistance, involvement and expertise in shaping nursing policies and programs, I want to say a sincere thank you. On behalf of CNA, I wish SRNA and its members continued success as you enter your next 100 years.



Annette Kennedy  
President  
International Council of Nurses

It gives me great pleasure to once again bring you greetings from the ICN Board of Directors, its staff and our member national nursing associations around the globe.

The Saskatchewan Registered Nurses Association is a rare organisation, in that it has done excellent work for more than 100 years and it is still a modern, relevant and vibrant institution: that is quite an achievement.

The ICN is happy to work alongside the SRNA as it contributes to a healthy population by regulating and advancing its registered nursing professionals in the public's interest.

I am pleased to hear that you have continued to take steps to advance the scope of practice for RNs and RN(NP)s. It will bring better health care closer to patients and enable more of them to access the care they need.

On behalf of ICN, I would like to acknowledge the contribution of Saskatchewan's hard-working nurses, and I hope the next 100 years will be as productive and successful for the SRNA as the last.

# A Message from the SRNA President



Joanne Petersen, RN  
President

In 2018, we celebrated many milestones as an organization and a self-regulated profession. We have made an impact on the future of health care in Saskatchewan and have strengthened relationships with our members, our key partners and the public.

The 2018-2020 SRNA Strategic Plan laid the groundwork for the important work accomplished this past year and will set the stage for what SRNA Council and the organization accomplishes over the next two years. In 2018, we made conscious improvements to transparency, Truth and Reconciliation and financial reporting rigor, and successfully filled the role of Executive Director for the SRNA.

In an effort to uphold our promise of transparency with our membership and the public, we started sharing our Council Notes in 2018. Council Notes include an overview of the discussions that occurred at each Council meeting and the decisions that were made. The Council Notes are posted on our website, distributed by email to all members, and posted on social media for quick access and review. I encourage you to read them and stay abreast of the issues we are facing, and the progress we are making, in registered nursing.

Council also continued our commitment to acknowledging the Calls to Action of the Truth and Reconciliation Commission of Canada. Elder Jeanne Sutherland attended her first SRNA Council meeting in June 2018 and has played an integral role in all of our Council meetings since. Truth and Reconciliation is a standing Council agenda item and as such, Council has made recommendations for the application of the principles of Truth and Reconciliation throughout the organization. Each SRNA meeting starts with acknowledgment of Treaty Lands, and we have developed a new Award of Excellence based on the Truth and Reconciliation Commission of Canada, Calls to Action numbers 18 through 22.

An important initiative Council undertook this year was to re-examine our fiduciary responsibility to the organization and members. As such, we expanded the role of the Council Audit Committee in terms of financial reporting. The restructured Audit and Finance Committee's role will ensure robust financial reporting and oversight for the financial health of the SRNA.

In all of our work, we continue to focus on increased engagement with the public, members and staff. Through public and member consultations and focus groups, as well as increased engagement through social media, videos and emails, we've been able to reach those that matter most. We are incredibly proud of, and excited to share with you, the work your organization and SRNA Council accomplished this past year. We've had important conversations with key partners from within the family of nursing and within the Saskatchewan health care system. We have reviewed the critical challenges impacting the nursing profession, and continuously work to advance our profession.

Now we look forward to what is to come in 2019 and all we will do to advance the profession of registered nursing and fulfill our mandate of protecting the public.

It has truly been an honor to serve on SRNA Council for the past four years. My deepest gratitude to present and past Council and committee members who dedicate their time, energy and talents to our organization to ensure that registered nursing remains profession-led and is able to meet its legislated mandate. Serving as your SRNA President and nominee on the CNA Board of Directors has been an incredibly fulfilling leadership journey. It has required determination, persistence, commitment and grit. It has required turning challenges into opportunities. And it has created tremendous personal and professional growth for me on so many levels. Thank you for giving me your trust and support. I look forward to continuing to serve the SRNA as Past President and Chair of the Nominations Committee for the next two years. You are in solid and capable hands with incoming President Warren Koch and your Council and I wish them continued success and growth.

# A Message from the SRNA Executive Director



Cindy Smith, RN  
Executive Director

The beginning of 2018 marked a new chapter for the SRNA as we began to look at the next 100 years for our practice and service in Saskatchewan, and how we will continue to move the profession of registered nursing forward.

The introduction of our three-year strategic plan, for 2018-2020, solidified our goals for the organization. We worked to identify our four key commitments, and then categorized our strategic objectives within each commitment. This focused approach has further allowed us to prioritize our work to ensure we consistently regulate and advance the registered nursing profession in the public's interest.

A primary focus of the SRNA, through the strategic planning process, has been creating relational and right-touch regulatory processes to best serve our members and the public. By providing accountable, effective, transparent profession-led regulation, the SRNA can uphold our mandate of public protection, and promote good practice and high-quality care. In 2018, the SRNA worked with the Professional Standards Authority (PSA) to review our investigations and discipline processes to assess our performance against the Standards of Good Regulation. This review will be completed in 2019 and the results will be presented and published to the membership at that time.

We have also worked to ensure we are effectively advancing the scope of practice and role clarity for RNs and RN(NP)s to foster a clear understanding of nursing roles by both nurses and the public. Through collaboration with Council, members, key partners, committees and the public, the SRNA worked to develop the newly revised RN Practice Standards and RN Entry-Level Competencies to serve the SRNA's mandate of public protection. We also successfully made strides to advance RN(NP) scope for prescribing, including Mifegymiso, medical cannabis and medications for OUD and Methadone for pain.

As we work to increase transparency and access to information within our organization, we've put in place different avenues for our members and the public to be in the know in regard to updates on changes to legislation, SRNA bylaws and the introduction of new standards and guidelines. By way of our online Nursing Practice Updates, introduced in 2018, we have been able to swiftly record, track and share the various changes and shifts that affect nursing practice in Saskatchewan.

Our leadership team, along with our SRNA Council, is proud of the accomplishments of the organization over the last year, and we are pleased to share the details of our work in 2018.



# SRNA Council



Joanne Petersen, RN  
President  
Term: 2016-2019



Marilyn Barlow, RN  
Member-at-Large, Region 6  
Term: 2018-2021



Warren Koch, RN  
President-Elect  
Term: 2017-2019



Liz Domm, RN  
Member-at-Large, Region 7  
Term: 2018-2019



Ashley Schwartz, RN  
Member-at-Large, Region 1  
Term: 2017-2020



Joanne Alexander  
Public Representative  
Term: 2018-2021



Justine Protz, RN  
Member-at-Large, Region 2  
Term: 2017-2020



James Struthers, Q.C.  
Public Representative  
Term: 2018-2021



Ronda Zinger, RN  
Member-at-Large, Region 3  
Term: 2016-2019



Doug Finnie, MBA, Pro Dir  
Public Representative  
Term: 2018-2021



Betty Metzler, RN  
Member-at-Large, Region 4  
Term: 2018-2021



Cindy Smith, RN  
Executive Director,  
Non-voting Member



Rena Sutherland, RN(NP)  
Member-at-Large, Region 5  
Term: 2017-2020

# 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)

# 2018-2020 Strategic Objectives

## 1. Relational and Right-Touch Regulatory Processes

- Update the SRNA Continuing Competence Program and engage members to continually enhance their nursing practice through self-directed learning.
- Enhance the best practice and regulatory excellence of the SRNA complaints and investigations process.
- Implement relational and right-touch regulation principles in all regulatory processes.
- Support members in understanding regulatory responsibilities in emerging areas of nursing practice.

## 2. Advancing Scope of Practice and Role Clarity

- Support members and stakeholders to access SRNA resources that support evidence-informed professional practice.
- Support members to be confident, informed and engaged leaders that champion professional practice, including primary health care principles.
- Inspire and support members to practice to their full legislated scope.
- Engage members and stakeholders to meet evolving patient and family health care needs.

## 3. Public and Member Engagement

- Increase member engagement with the SRNA.
- Increase awareness and understanding of the SRNA mandate among all key stakeholders.
- Develop and implement avenues for public engagement.
- Establish the SRNA as the expert and credible voice of registered nursing in Saskatchewan on issues including seniors' health, mental health and Indigenous health.

## 4. Staff Engagement and Stewardship

- Empower all SRNA staff to lead, innovate and strive for excellence.
- Support an environment focused on transparency and strong communication both internally and externally.
- Strengthen a collaborative and connected workforce internally and externally to the SRNA.
- Enhance operational practices to effectively and responsibly manage human and financial resources.

“I appreciate the knowledge and expertise that our nursing practice advisors offer, as there sometimes are grey areas in nursing and I want to ensure safe, competent practice for all of my staff.”

# Advancing Nursing Practice

## Registered Nurses with Additional Authorized Practice

Registered Nurses with Additional Authorized Practice [RN(AAP)s] have advanced education and training. They are critical to the provision of nursing services in the 19 primary care clinics in Northern Saskatchewan.

Until April 30, 2018, RNs had the option to obtain RN(AAP) licensure through a Prior Learning and Assessment Recognition (PLAR) process to demonstrate their qualifications, or through the successful completion of specific education courses. RN(AAP)s use 68 SRNA Clinical Decision Tools (CDTs) to guide the diagnosis and treatment of limited common medical disorders. As of December 21, 2018, there were 111 licensed RN(AAP)s.

A multi-year evaluation survey for the RN(AAP) project began in 2013. The final survey of RN(AAP)s, their employers and the public in the Northern communities was completed in 2018 and demonstrated a seamless transition since RN(AAP)s were introduced. The survey also indicated a continued concern about retention and recruitment of nurses in the North.

## RN Specialty Practices

RN practice also evolved in 2018 through the further uptake of RN Specialty Practices (RNSPs).

Significant work has been done to work with RNs as experts in their practice areas to meet client needs based on evidence-informed best practice. RNs, together with their employers, are creating RN Clinical Protocols to meet individual and client population needs, while ensuring that the authority and competency requirements are well defined. RNs in various practice areas across the province, such as correctional facilities, public health immunization programs and Indigenous home care and clinics, are working together to create these RN Clinical Protocols to meet client needs in their own communities and settings, and support RNs to practice to their full legislated scope.

# Practice Consultation Services

SRNA nursing practice advisors are available each business day as a resource to members, partners and the public. In 2018, there were 794 consultations, with 62% of these relating to RN scope of practice (43%) and nursing practice standards (19%).

In 2018, the revised Canadian Nurses Association's (CNA) *Code of Ethics for Registered Nurses (2017)* was approved and implemented as the ethical standard for RN practice in Saskatchewan. Nursing practice advisors supported members to apply the new code to their practice through individual and group consultations.

Requests for information and discussion about RN Specialty Practices were on the rise in 2018, reflected in the 43% of calls received in the Scope of Practice category of calls. Also reflected in that number were individual and group conversations about the Collaborative Decision-Making Framework and applying the framework to specific clinical settings. Other topics that generated calls included the legalization of cannabis, providing drug samples and RN(NP) scope of practice.

Of the 794 practice consultations in 2018:

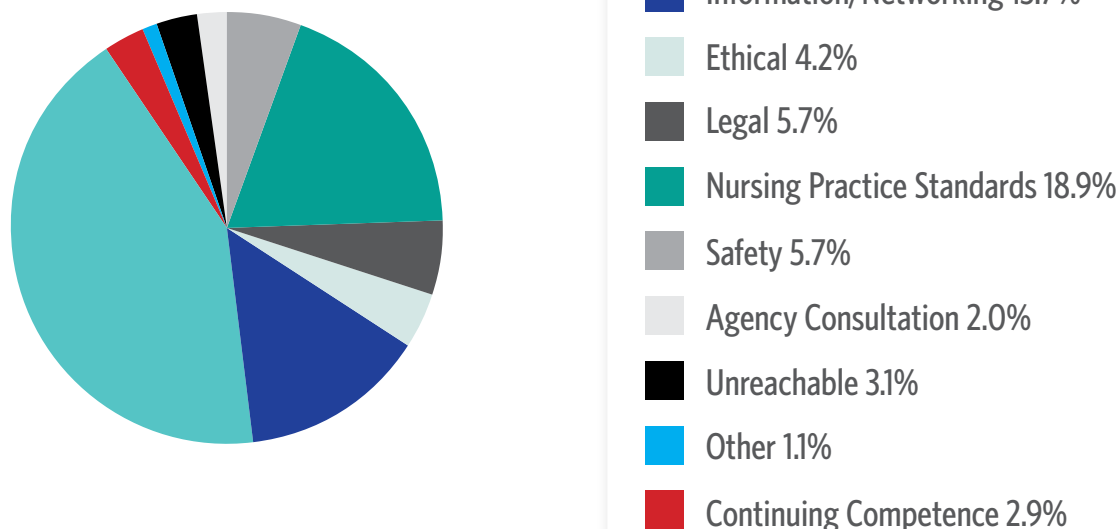
82% of consultations are from members; 18% of consultations are from non-members.

56% of consultations are from the direct care domain of practice.

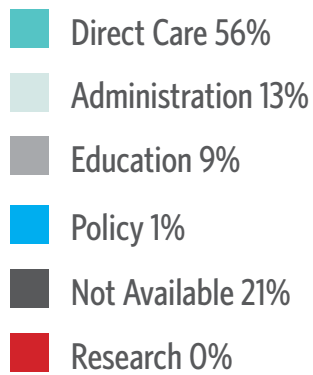
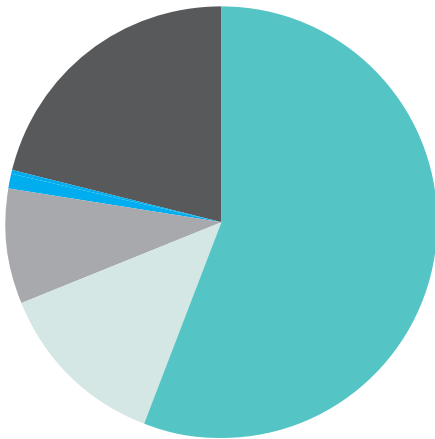
38% of consultations are from urban settings, with 19% rural, and 9% northern. (30% of the time, this information was not available or requested.)

53% of consultations are from acute care, long-term care, home care and clinic settings. (30% of the time, this information was not available or requested.)

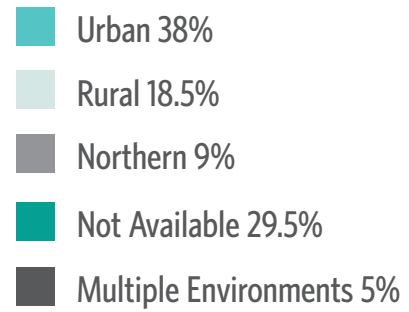
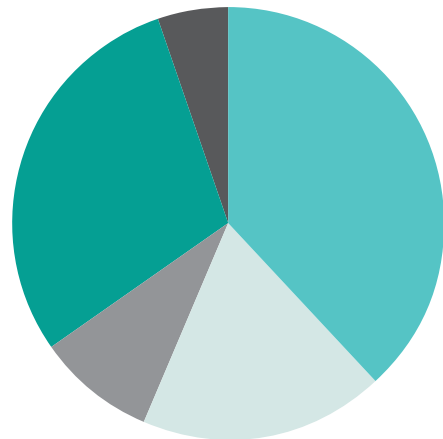
## Practice Consultations



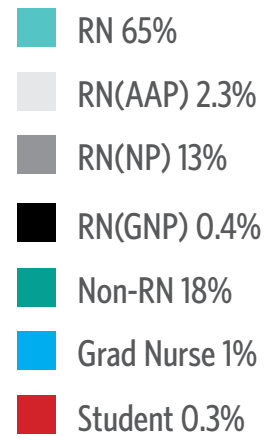
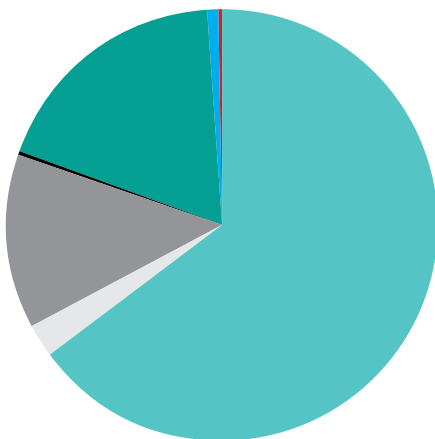
## Domain of Practice



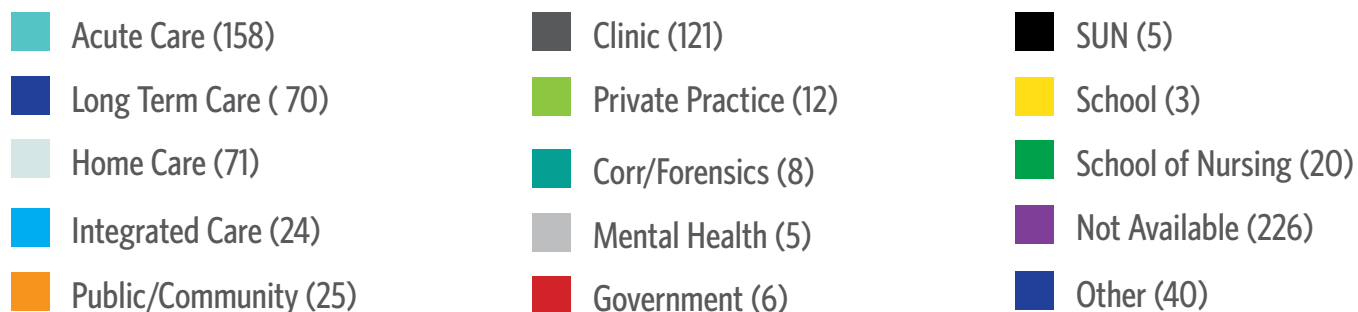
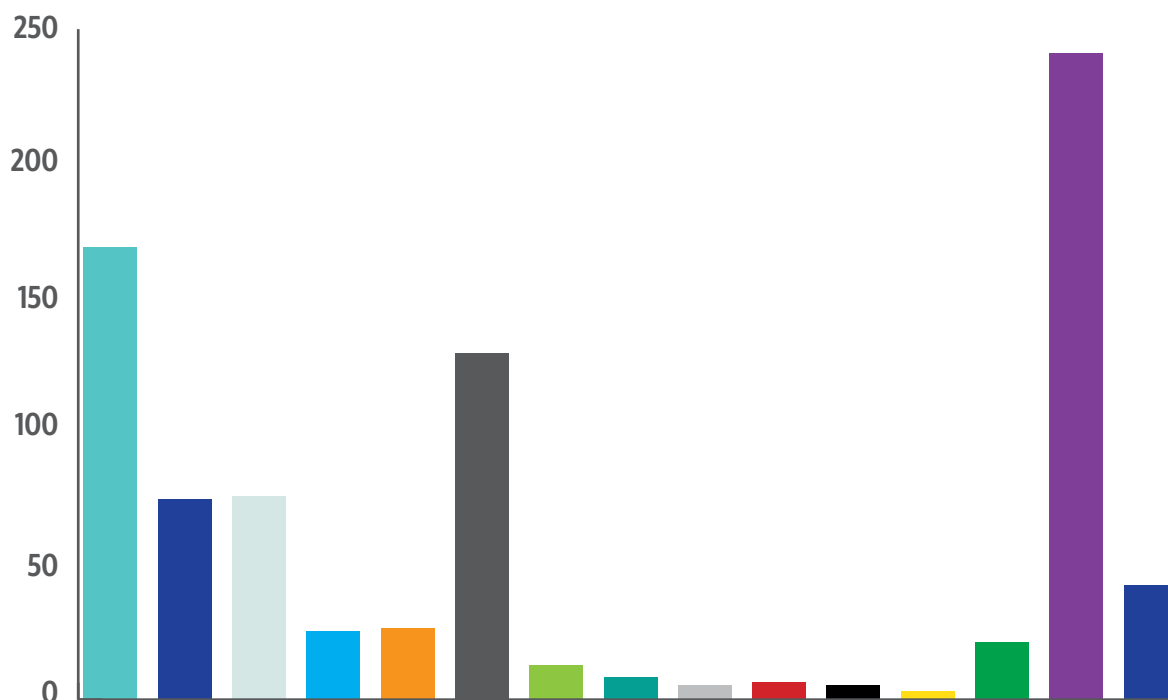
## Practice Environment



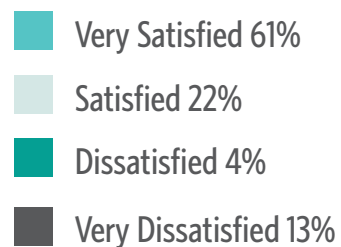
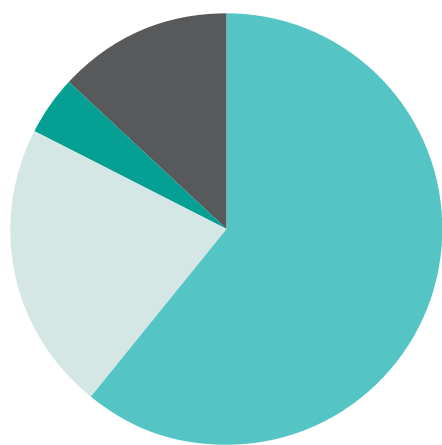
## Connections with Practice Advisors by Group



## Who Connected with Practice Advisors by Setting



## Satisfaction of Practice Consultation Service





# Practice Consultation Innovation

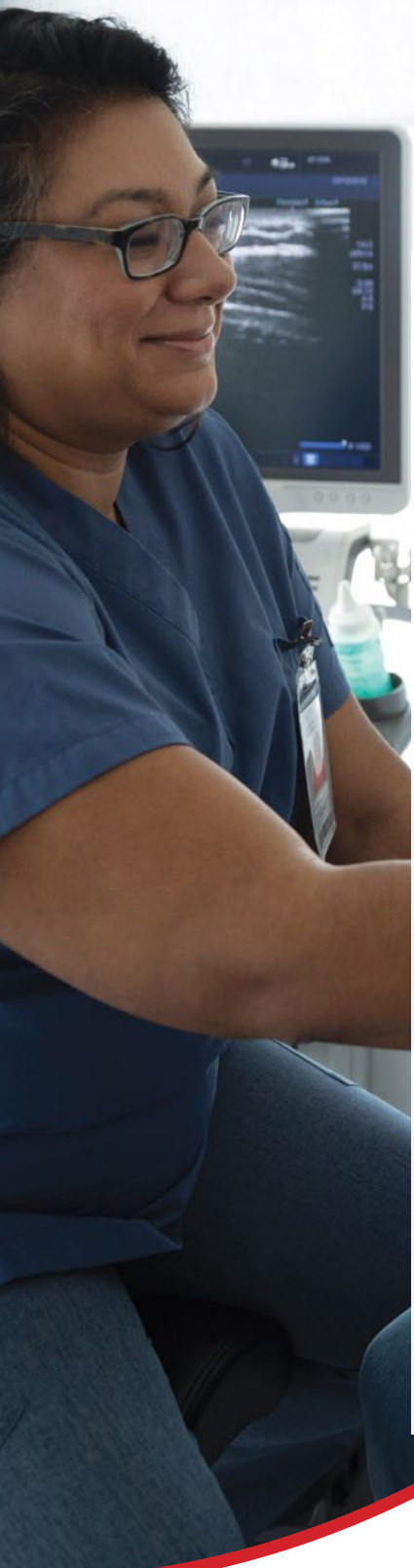
## Practice Consultation Management Application

In 2018, work was undertaken to determine requirements for an application that would manage data generated through practice consultations.

The current process, although electronic, includes duplicate data entry points and increases the amount of time required to complete a call through to documentation. Following a request for proposal process, a contract was signed in the fall to complete the development and implementation of a customized application to meet the SRNA's needs. The application, which has been named Flo, is an innovative approach to improving the quality of practice consultation management and will support flow of information. Flo will track trends in a more efficient manner which will result in practice advisors being able to provide relevant practice updates in a timely way to members. When Flo is fully implemented, risk assessment for the public, members and employers will be included in the application. The overall efficiency of the program will release advisor's time to work on strategic priorities. The application is on track for implementation in early 2019.



# Opioid Crisis & Cannabis Legalization



## SRNA Responds to the Opioid Crisis

The SRNA continues to engage with provincial and national key partners to understand and develop strategies to address the opioid crisis.

Forums included discussions with the Saskatchewan Ministry of Health Opioid Stakeholder Committee, conversations with nursing leads at the Canadian Nurses Association (CNA), and learning about harm reduction from RNs during visits to supervised consumption sites. SRNA staff attended the Canadian Research Initiative on Substance Misuse (CRISM) Prairie Node conference and provided support for the CRISM BC node to engage with nursing professional associations and regulatory colleges in a national scoping review. The purpose of this work is to identify the current practices, educational resources and regulatory procedures and barriers for nurse-led models of care for opioid use disorder (OUD).

In 2018, regulatory bylaws were passed, and work began in collaboration with an RN(NP) consultant and the Interdisciplinary Advisory Committee to develop council policy that will enable RN(NP)s to prescribe medication for people with OUD. SRNA staff attended the October Canadian Society of Addiction Medicine (CSAM) conference themed *Crisis, Controversy and Change* and presented these regulatory processes at the nursing symposium.

## Legalization of Cannabis

SRNA staff initiated and chaired three national Canadian Council of Registered Nurse Regulators (CCRNR) Policy & Practice Network teleconferences to discuss concerns and share resources as nursing regulators prepared for the legalization of cannabis in Canada.

Nursing advisors discussed provincial direction for nursing administration of cannabis, authority for RN(NP)s to issue medical documents for medical cannabis, and potential implications for fitness to practice. Utilizing a harm reduction approach, information was disseminated on the legalization of cannabis to members through the website, News Bulletin and a webinar that was co-presented with the Ministry of Health.

# Consultation & Collaboration



## Entry-Level Competencies Consultations

The Entry-Level Competencies (ELCs) for RNs are revised every five years through the Canadian Council of Nurse Regulators (CCRNR) and the Jurisdictional Collaborative Process (JCP) to ensure inter-jurisdictional consistency and practice relevance

The CCRNR working group responsible for the review initiation in 2017 is comprised of 11 jurisdictions representing registered nurse regulators in Canada and includes two SRNA staff members as contributors.

In 2018, collaborative work continued with the CCRNR inter-jurisdictional group. In Saskatchewan, a survey was sent to the membership in early 2018 to gain feedback on the first draft of the new RN ELCs. There were 256 responses received in total with a 48% completion rate. The feedback received from RNs from all jurisdictions was then incorporated into a final draft of the ELCs by CCRNR's working group.

In October 2018, the SRNA hosted five public consultation sessions across the province for the newly developed ELCs. The SRNA held consultations in Regina, Saskatoon, Prince Albert, Yorkton and Swift Current to gain member and public feedback, identify any gaps and validate the proposed draft. This document was finalized and approved by Council in November 2018.

The consultation sessions strengthened the ELCs and the SRNA is well-positioned to present them with updated RN Practice Standards in 2019.



# Medical Assistance in Dying



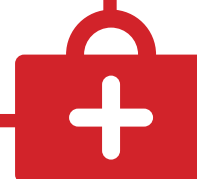
## Education, Support and Guidance

Since the Government of Canada implemented Bill C-14 in June 2016, the SRNA has continued to participate in active and ongoing collaboration, partnership and influence in provincial processes for medical assistance in dying (MAID) in Saskatchewan.

The SRNA has advocated for patient and family advisory to inform and guide the implementation of MAID in Saskatchewan. We are pleased that the newly-developed Saskatchewan Health Authority MAID Oversight Committee will include members of the public to provide input on the processes from their perspectives.

On November 1, 2018, the federal government's *Regulations for the Monitoring of Medical Assistance in Dying* came into force. Throughout this time, the SRNA participated in provincial processes to support adherence to these federal regulations and ensure these pathways were effectively communicated to members. Significant work has been undertaken in Saskatchewan by the provincial government and professional associations to update the current Saskatchewan forms to include all the new federal requirements. Additionally, in early October 2018, changes were made to the provincial regulations in The Coroner's Act. These changes have shifted how MAID deaths are recorded, to "unclassified" rather than "suicide." This is a welcome change, particularly for individuals considering MAID and their family members.

The SRNA continues to provide education, support and guidance to RN(NP)s who are involved with end-of-life care including MAID, as well as other members and partners through webinars, web-based resources, guideline documents, face-to-face meetings and practice consultations.



# Supporting RN(NP)s

## Revised Interpretation of Common Medical Disorders

SRNA Council has revised the interpretation of Common Medical Disorders to assist RN(NP)s, the public and health care partners to better understand the evolving scope of practice. RN(NP) practice has evolved over time to provide better access to quality and timely health care in a variety of settings, therefore the SRNA broadened the interpretation of Common Medical Disorders. The policy describes health disorders that RN(NP)s regularly assess, diagnose and treat, acknowledging that while some medical disorders may be common for some RN(NP)s, they are uncommon for others in their scope of practice.

## RN(NP) Prescriptive Authority: Medical Cannabis

With the legalization of recreational cannabis on October 17, 2018, new Cannabis Legislation replaced the Access to Cannabis for Medical Purposes Regulations (ACMPR). Under the new national regulations, an RN(NP) is defined as an authorized health care provider and is not restricted, under the laws of the province in which they practise, from authorizing the use of cannabis. Each provincial jurisdiction was responsible for determining their response to the legislation. The SRNA authorized RN(NP)s to provide medical documents for the use of medical cannabis to improve access for patients and to enable RN(NP)s to provide comprehensive care.

## RN(NP) Prescriptive Authority: Mifegymiso

Mifegymiso is medication prescribed for the purpose of termination of early pregnancy. Health Canada recently broadened the interpretation of a “Mifegymiso prescriber” resulting in RN(NP)s having the legal authority to prescribe this medication within Canada. The SRNA authorized RN(NP)s to prescribe this medication to improve access for patients and to further support RN(NP)s in providing comprehensive women’s health care.

## Canadian Council Registered Nurse Regulators (CCRNR) Nurse Practitioner Steering Committee

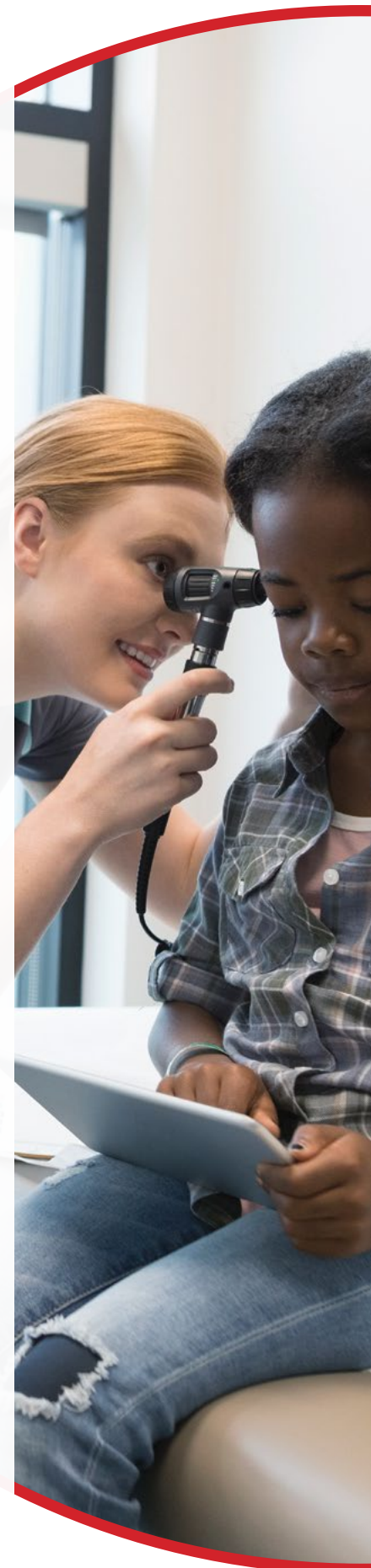
The project goal for the CCRNR Nurse Practitioner Regulation Practices Project Steering Committee is to provide recommendations to advance a coordinated, and where possible, a standardized approach to the regulation of RN(NP)s in Canada. This initiative would improve employment mobility and enhance the public understanding of the RN(NP) role. The project builds on the extensive and foundational work of the 2015 NP Practice Analysis, which led to the development of common entry-level RN(NP) competencies currently in use by regulators across Canada. Committee work began in 2018 and will continue into 2019.

## The Canadian Nurses Association’s (CNA) Document Review

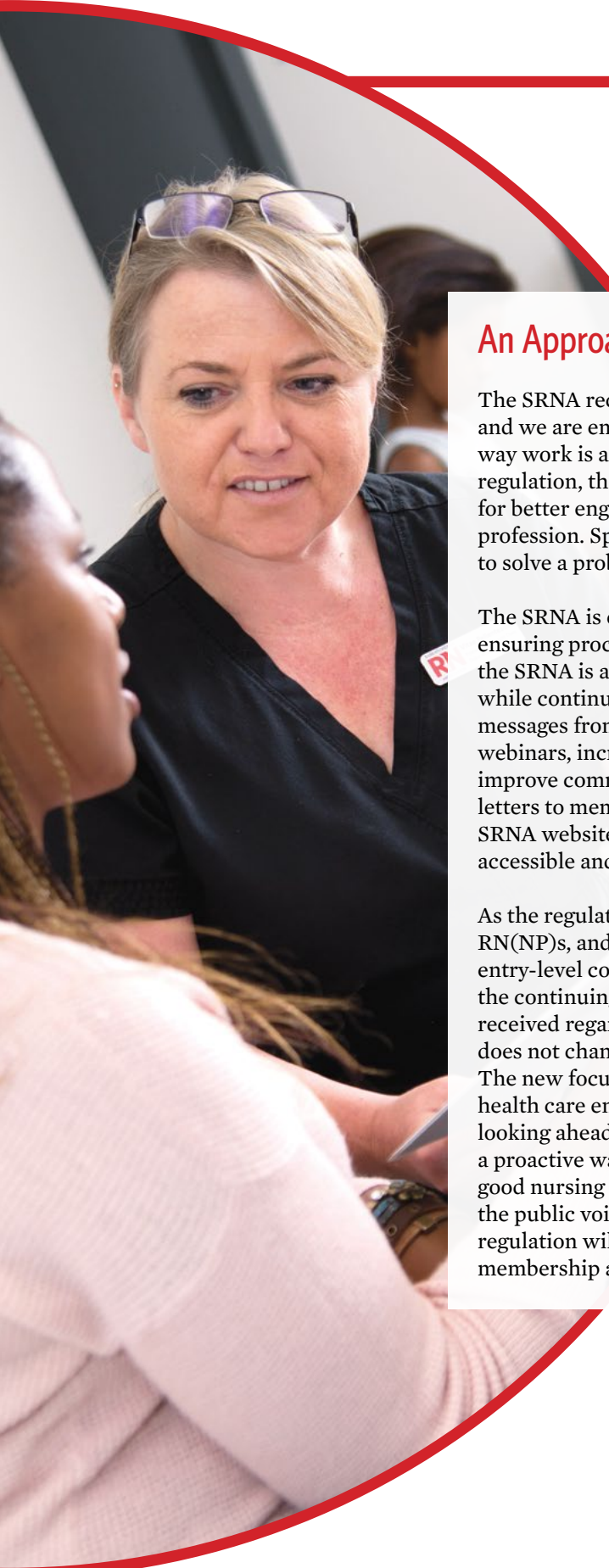
SRNA staff participated in the national work to revise the CNA’s existing *Advanced Nursing Practice: A National Framework* (2008) document. This project began in 2018 and work will be completed in early 2019. This project was funded by CNA.

## RN(NP) Online Community of Practice

The Online Community of Practice was launched in September 2018. This platform is a great way to share resources and educational opportunities, and acts as a forum for good discussions on current trending topics.



# Right-Touch Regulation



## An Approach Focused on Improvement

The SRNA recognizes the culture of profession-led regulation is changing, and we are embracing the philosophy of right-touch regulation in the way work is approached. By applying the principles of right-touch regulation, the SRNA is focused on protecting the public while aiming for better engagement with key partners and fostering excellence in the profession. Specifically, recognizing there is usually more than one way to solve a problem and striving to consistently apply standards fairly.

The SRNA is examining processes, policies and general decision-making ensuring procedural fairness is always considered. Through this process, the SRNA is aiming to be more straightforward and concise with messaging while continuously seeking member consultation. By communicating key messages from the executive director and Council president, hosting weekly webinars, increasing messaging from the SRNA Council, using social media to improve communication, meeting with members, sending clear and concise letters to members on licencing matters, and working to make changes to the SRNA website, the SRNA has made strides to ensure information is easily accessible and transparent, which is a key principle of right-touch regulation.

As the regulatory body, the SRNA issues licenses to qualified RNs, RN(NP)s, and RN(AAP)s, establishes nursing practice standards and entry-level competencies, approves nursing education programs, enhances the continuing competence of nurses through CCP, and addresses complaints received regarding nursing practice. The right-touch regulation approach does not change what the organization does, but it does change how it is done. The new focus means that the SRNA is more keenly aware of the current health care environment and context in which registered nurses practice. By looking ahead and being visionary, the SRNA is responsive but responds in a proactive way to prevent and minimize risk to the public while promoting good nursing practice and quality nursing care. The SRNA values and needs the public voice. In 2019, some of the ways the SRNA will embrace right-touch regulation will include adding additional public representatives to committee membership and moving forward with a family and patient advisory committee.



# Nursing Exams

## Canadian Nurse Practitioner Licensure Exams 2018 Results

The SRNA approves eligible candidates to write the Canadian Nurse Practitioner Licensure 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 2018

- 20 Candidates wrote the Family/All-Ages Exam (CNPE) with a Saskatchewan first-time pass rate of 95%

## Nurse Practitioner Licensure in Saskatchewan

### 267 Nurse Practitioners licensed in 2018 registration year

- 251 Specialty Primary Care
- 5 Specialty Pediatric
- 8 Specialty Neonatal
- 2 Specialty Adult
- 1 Specialty Adult – Restricted to Women’s Health

Two of the RN(NP)s with a Specialty Primary Care licence are also licensed with Specialty Adult designation.

## National Council 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.

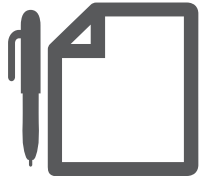
### 2016, 2017 & 201 First Attempt Pass Rate

Province or Territory of Education	2016 COHORT		2017 COHORT		2018 COHORT	
	Total Writers	First-Attempt Pass Rate	Total Writers	First-Attempt Pass Rate	Total Writers	First-Attempt Pass Rate
Saskatchewan	546	69.2%	582	80.8%	508	87.2%



# 2018 Investigations

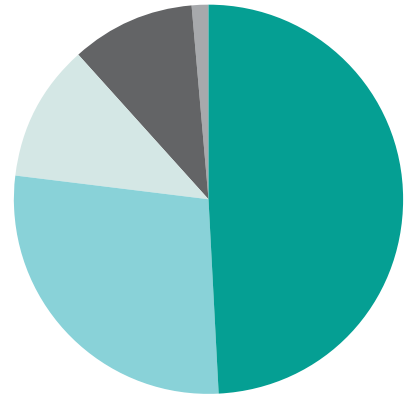
## Reports Received



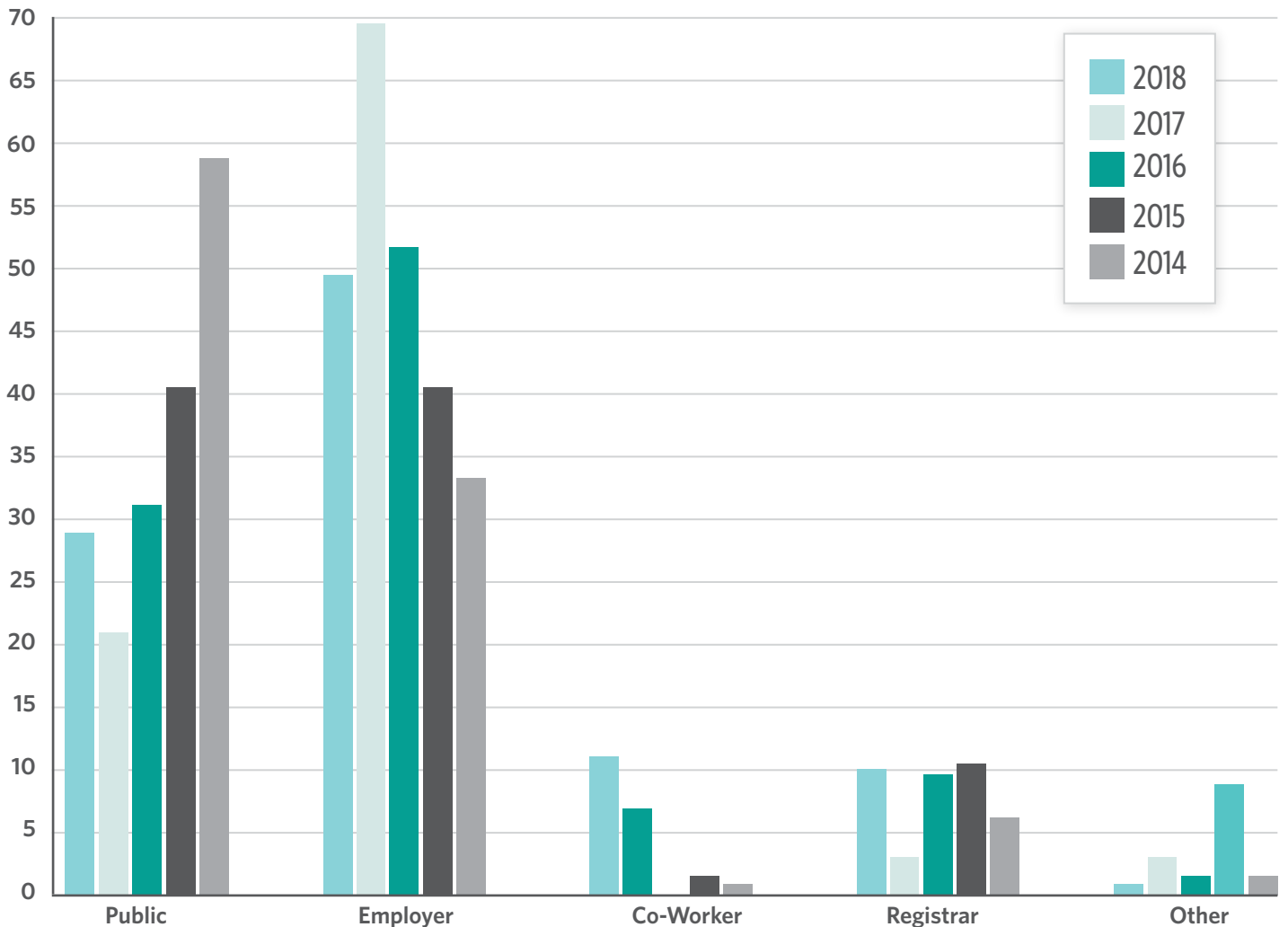
- 36 reports carried over from 2017
- 79 reports in 2018
- 54 reports carried over to 2019
- 72 related to RNs
- 2 related to RN(NP)s
- 1 related to RN(AAP)
- 3 related to GNs

## Source of Reports 2018

- Employer 49.4 %
- Public 27.8
- Co-worker 11.4%
- Registrar 10.1%
- Other 1.3%



## Percentage of Written Reports by Source: 2014-2018

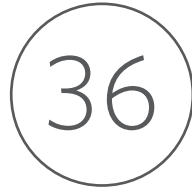




## Nature of Report 2018



Professional Misconduct Cases



Incompetence Cases

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

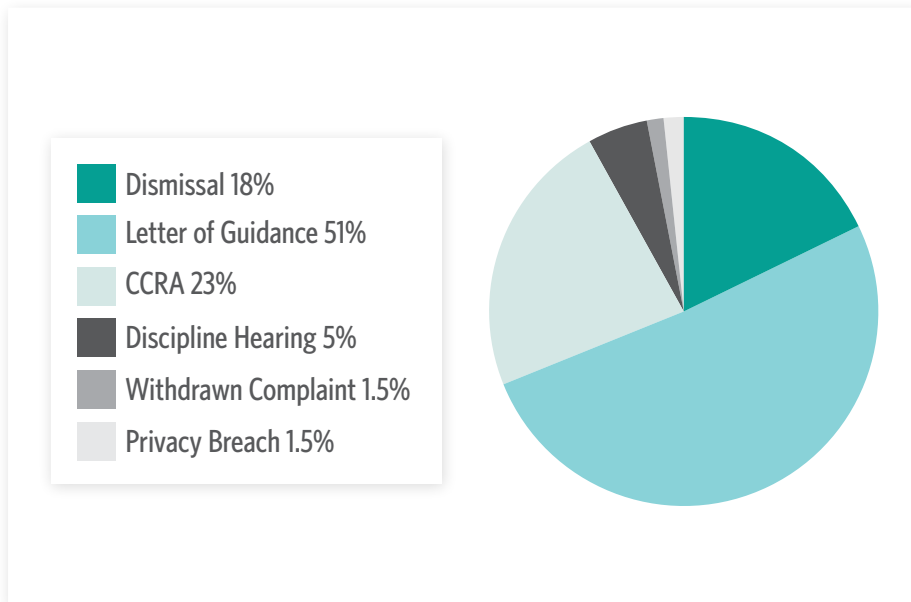
### Top 3 Allegations of Professional Incompetence

1. Inappropriate medication practices
2. Lack of appropriate assessment
3. Inappropriate documentation

### Top 3 Allegations of Professional Misconduct

1. Inappropriate interpersonal communication
2. Not licensed
3. Not following policy and procedure

## Investigation Outcomes 2018



## Notification Timelines

Competence assurance provides written notification of a written report to the report writer and member within 30 days of receipt. In 96% of the cases initiated in 2018, written notification was completed within the expected timeframe. Written notification was completed outside the expected timeframe in 4% of cases initiated in 2018.

- 28% Decisions rendered within 4 months
- 10% Decisions rendered within 5 months
- 62% Decisions rendered within 6 months or more

## Outcomes of Carried Over Investigations from 2017



Dismissal



Letter of Guidance



Consensual Complaint Resolutions Agreement



Discipline Hearing



Cases Carried Over to 2019

# Investigation Participant Feedback

The SRNA Investigations 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

56

Surveys distributed to participants  
between January 1 - December 31, 2018

32%

Response rate  
for all participants.

## Results

78%

felt the process was  
**fair and unbiased**

39%

felt the process was  
**timely**

72%

felt the process was  
**transparent**

83%

felt the process was  
**effective**

100%

felt the process was  
**confidential**

## Investigations Committee Members

Sandra Weseen, RN, Chair, Melfort

Yvonne Wozniak, RN, Moose Jaw

Noelle Rohatinsky, RN, Saskatoon

Janice Taschuk-Leibel, Public Representative, Pilot Butte

Dan Pooler, Public Representative, Regina

## SRNA Staff Support

Jeanine Brown, RN

Carole Reece, RN

Amanda Haas, RN (as of September 2018)

Erika Vogel, RN (until May 1, 2018)

Marilyn Morrison

Jayne Naylen Horbach (as of May 2018)

# Discipline Committee Decisions

**In 2018, the SRNA Discipline Committee convened for one discipline hearing and an appeal of a discipline hearing decision was filed:**

## **Chelsea L Kemp GN #0044155**

Was charged with five counts of professional misconduct contrary to section 26 of *The Registered Nurses Act, 1988*, the *Code of Ethics, 2008* and the *Standards and Foundation Competencies for the Practice of Registered Nurses, 2013*. The Decision of the Discipline Committee will be rendered in 2019.

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

A Notice of Appeal was filed with the Court of Appeal for Saskatchewan on May 9, 2018, in regard to the judgment of the Honourable Mr. Justice Currie issued on April 11, 2018.

Discipline decisions are posted at [www.srna.org](http://www.srna.org)

**The discipline committee also participated in an education day that included:**

- SRNA Strategic Plan
- Information on the new SRNA *Bylaws 2018*
- Information on the new 2017 *Code of Ethics*
- Information on the external review process completed by the Professional Standards Authority (PSA)
- Legal updates
- Cases of interest

## **Discipline Committee Resource Pool Members**

Janna Balkwill, RN, Regina

Ruth Black, RN, Vanscoy

Joanne Blazieko, RN, Moose Jaw

Christopher Etcheverry, RN, Battleford

Michell Jesse, RN, Regina

Daniel Kishchuk, Public Representative, Saskatoon

Lynda Kushnir Pekrul, RN, Regina

Patricia LeBlanc, RN, Regina

Russ Marchuk, Public Representative, Regina

David Millar, Public Representative, Regina

Beth Ann Duke, RN, Fort Qu'Appelle

Moni Snell, RN(NP), Regina

Elaine Stewart, RN, Pilot Butte

Stella Swertz, RN, Weyburn

Leonard Wegner, RN, Maidstone (as of September 2018)

### **SRNA Staff Support**

Shirley McKay (January to April 2018)

Jayne Naylen Horbach, RN (as of May 2018)

Karen Rhodes

# 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.

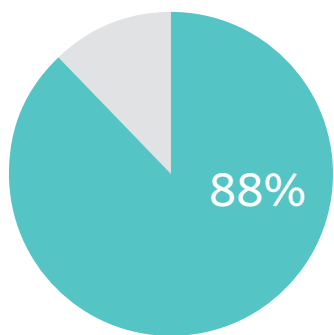
## Continuing Competence Program Audit

In 2018, 245 members (230 RNs, 15 RN(NP)s) were randomly selected to be audited. Of those selected, three RNs were excused, two did not reply and three have been extended to June 30 for personal reasons. One RN(NP) did not reply.

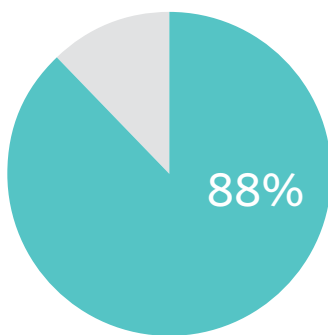
Due to increased numbers to be audited, the audit was to be completed over three days – May 16, 17 and 18. The auditors completed the audit and had time to review the “not met” files in one-and-a-half days instead of three days. Auditors commented that they could have completed a greater number of files.

Auditors who had done the audit in previous years commented that the documents submitted this year were much better than those of previous years and reflected better member understanding of the process and requirements.

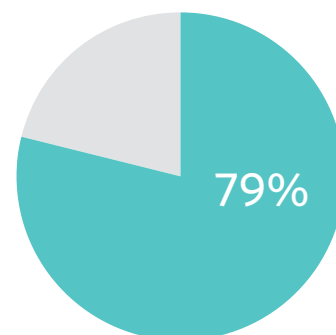
## Results



Members that met the CCP audit requirements



Registered Nurses audited that met requirements



RN Nurse Practitioners audited that met requirements

## Four Required Components of the Continuing Competence Program

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

# 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

	2014	2015	2016	2017	2018
Registered by Examination	462	496	513	638	552
Registered by Endorsement	205	190	257	119	123
Renewal/ Re-registration	10,520	10,599	10,721	10,942	11,125
<b>Total Practicing</b>	<b>11,187</b>	<b>11,285</b>	<b>11,491</b>	<b>11,699</b>	<b>11,800</b>
Graduate Nurses	509	562	538	464	327
Non-Practicing	226	230	226	253	260
Retired	188	229	283	360	425
Life & Honorary	52	54	50	42	41
<b>Total Membership</b>	<b>12,162</b>	<b>12,358</b>	<b>12,588</b>	<b>12,588</b>	<b>12,853</b>

## RN(AAP) Membership

	2014	2015	2016	2017*	2018
<b>Total Membership</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>94</b>	<b>111</b>

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

## RN(NP)s by Specialty

	2014	2015	2016	2017*	2018
Primary Care	187	202	215	217	251
Pediatric	0	2	4	4	5
Neonatal	7	7	7	8	8
Adult	3	2	1	1	2
Adult Women's Health	1	1	1	1	1
<b>Total</b>	<b>197</b>	<b>214</b>	<b>228</b>	<b>231</b>	<b>267</b>

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

## Trends in Migration

	2014	2015	2016	2017	2018
In-migration	246	361	246	147	157
Out-migration**	381	399	432	310	507

A total of 157 incoming applicants with the most coming from: Alberta (47); Ontario (54); Manitoba (14); British Columbia (10); Quebec (13).

A total of 507 verifications were sent to other provinces or out of the country, with the most sent to: Alberta (117); British Columbia (107); Ontario (66); and Manitoba (42).

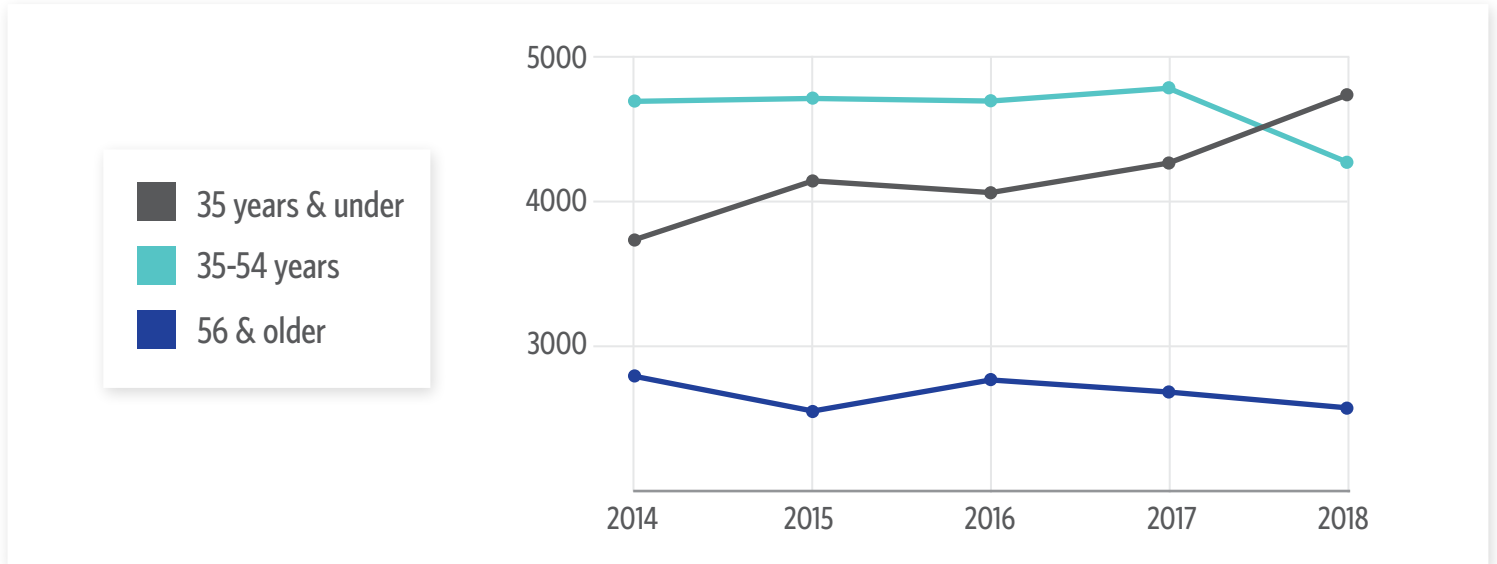
\*\* Members requesting a verification be sent to other regulatory bodies for verification of registration status

## Internationally Educated Nurse (IEN) Applicants

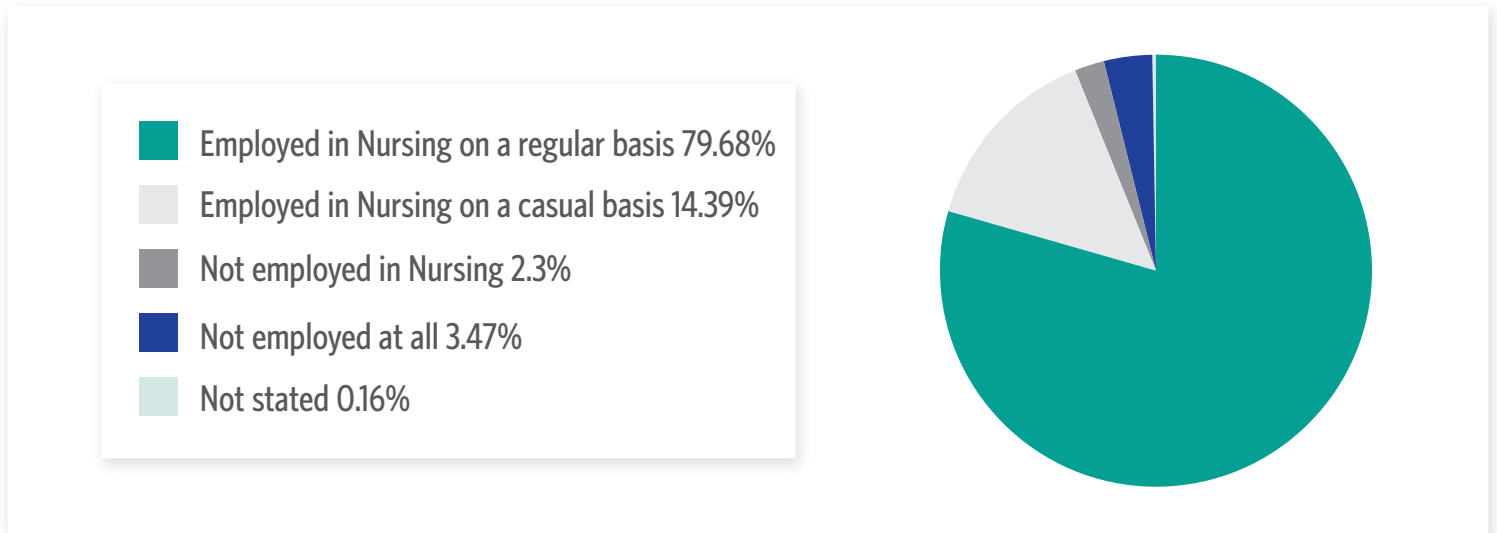
- 59 New IEN Applicants
- 7 \*Offered NCLEX-RN eligibility
- 11 \*Referral: Substantially Equivalent Competency (SEC) Assessment
- 5 \*Passed NCLEX-RN
- 32 \*Referral: Orientation to Nursing in Canada for Internationally Educated Nurses (ONCIEN)
- 9 \*Offered Initial RN Licensure (previously passed NCLEX-RN)

\*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.

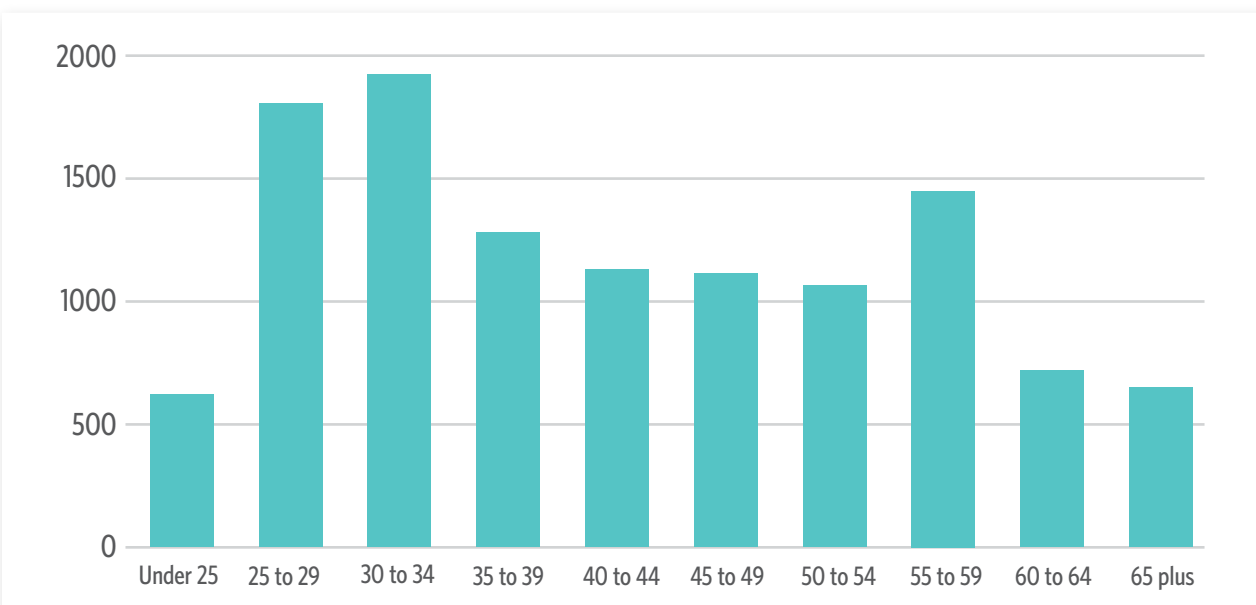
## Trends in the Age of RNs & RN(NP)s



## Employed in Nursing



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



In 2018, RNs/ RN(NP)s in the 25-29 and 30-34 age ranges represented the largest demographic age groups. Source: SRNA 2018 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 profession-led 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 and Bylaws Committee is to discuss and develop options for Council regarding potential changes to *The Registered Nurses Act (1988)* or *Bylaws*. The Legislation and Bylaws Committee also drafts, reviews and recommends revisions when directed by Council.

The Committee met four times in 2018 to review and recommend the SRNA Bylaw amendments that went to Council meetings in 2018. The SRNA received government approval for the 2018 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

Warren Koch, RN, Chairperson, La Ronge  
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 (to August 2018)  
Jayne Naylen Horbach, RN (as of May 2018)  
Donna Marin, RN  
Julie Szabo

## Registration & Membership Committee

Activities of the Registration & Membership Committee in 2018 included:

- Selection of RN and RN(NP) Continuing Competence Program (CCP) auditors
- Review of the results of the CCP audit
- Review and recommendations for licensure to the Registrar regarding good character, recognition of practice, licensure agreements and exam policies

- One additional public representative was permanently added to the Committee as a strategy to ensure that the public voice is well represented at the SRNA in establishing and carrying out regulation practices
- Participated in an orientation session which included:
  - an overview of the Committee from legal counsel
  - clarification of committee roles and responsibilities including a review of the Terms of Reference

### Committee Members

Jennifer Guzak, RN, Saskatoon  
Cyril Kesten, Public Representative, Regina  
Lorna Weisbrod, RN, Lumsden  
Patricia Harlton, Public Representative, Regina (as of August 2018)  
Joyce Bruce, RN(NP), White City (as of August 2018)  
S Lynn Jansen, RN, Regina (as of August 2018)

### SRNA Staff Support

Jayne Naylen Horbach, RN (as of May 2018)  
Erica Pederson, RN  
Karen Rhodes

## Nominations Committee

The Nominations Committee recruits potential RN and RN(NP) members for the SRNA annual election. The Committee met five times from October 2017 to January 2018 to discuss strategies for recruiting members to let their name stand for election. Forms and information for the 2018 SRNA Council Election were available on the SRNA website in October 2017. In December 2017 and January 2018, the Nominations Committee made approximately 180 phone calls to Workplace Representatives and to those who expressed interest through their member profile. The Committee answered questions and provided information on the available positions. The Chair contacted and followed up with any individuals that expressed an interest.



The Chair hosted a 15-minute webinar in December 2017 titled “Nominating a Colleague for SRNA Council”. The webinar was recorded and circulated in the president’s December 2017 report to all RNs. A poster was mailed out in January 2018 to the Workplace Representatives to post and share within their locations. Social media and messages from the president and executive director were also used to promote Council nominations. The Committee successfully recruited members for three member-at-large positions and one for 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

Linda Wasko-Lacey, RN, Chairperson, Regina

Andy Anderson, Public Representative,  
Regina (as of October 2018)

Linda Delainey, RN, Pilot Butte (term ended May 2018)

Robert Friedrich, Public Representative,  
Regina (term ended October 2018)

Lorrie Harrison, RN, Regina

Melissa Sawicki, RN, Prince Albert (elected in May 2018)

## SRNA Staff Support

Terri Belcourt, RN (to September 2018)

Tonya Blakley (as of October 2018)

Lesley Stronach

## Committee for Member Groups

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

Highlights of group activities include:

- Education events were hosted by:
  - Pain Management Professional Practice Group;
  - Saskatchewan Chapter for Canadian Association of Critical Care Nurses;
  - Saskatchewan Skin and Wound Interest Group;
  - PeriAnesthesia Nurses Group of Saskatchewan; and,
  - Saskatchewan periOperative Registered Nurses Group.
- New Mental Health Professional Practice Group established

## Professional Practice Groups

Aboriginal Nursing Professional Practice Group

Administrative Nurses Professional Practice Group

Clinical Nurse Specialists Professional Practice Group

Mental Health Professional Practice Group

New Nurses of Saskatchewan Professional Practice Group

Nurse Practitioners of Saskatchewan (in abeyance)

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’  
Professional Practice Group

Saskatchewan periOperative Registered Nurses Group

Saskatchewan Skin and Wound Interest Group

## Workplace Representatives

Workplace Representatives are champions for good registered nursing care in their workplace. They are contact persons for the SRNA and the membership regarding SRNA resources and services. In 2018, there were 177 Workplace Representatives representing every health region in Saskatchewan. We thank them all for their dedication and service to the work of the SRNA.

## Workplace Educators

Workplace Educators are SRNA members who have been educated to provide presentations developed by SRNA Nursing Practice Advisors. At the end of 2018, there were 17 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 and What’s Happening at the SRNA.

## The Interprofessional Advisory Group (IPAG)

The Interprofessional Advisory Group (IPAG) Committee remained intact and available in 2018, although there were no new SRNA Clinical Decision Tools (CDTs) created or revised this year. The 68 CDTs continue to support the practice of RN(AAP)s in northern primary care settings. All of the CDTs will require review over the next two years and will require the expertise of IPAG prior to adoption by SRNA Council.

## Committee Members

Alida Holmes, RN(AAP), Pinehouse  
Karen Jensen, Pharmacist, Saskatoon  
Randeelyn Koshman, RN(AAP), Southend  
Janet MacKasey, RN, Prince Albert  
Heather McAvoy, Public Representative, Saskatoon  
Dr. Johann Malan, Saskatoon  
Dr. David Opper, Brantford, Ontario  
1 vacant RN position

## SRNA Staff Support

Barbara MacDonald, RN  
Anita Nivala

## RN(NP) Advisory Working Group

The purpose of the SRNA RN(NP) Advisory Working Group is to provide advice and consultation for legislation, policy development, registration, licensure, practice and policy framework for the registration and licensure of RN(NP)s. The Committee provided consultation for the Council revision of Common Medical Disorders, and the Bylaw amendments to enable RN(NP)s to prescribe drug therapeutics for Opioid Use Disorder (OUD) and Methadone for Pain.

## Committee Members

Mary Ellen Labrecque, RN(NP), Chairperson, Saskatoon  
Shelly Cal, RN(NP), Hudson Bay  
William Cannon, RN(NP), Yorkton  
Leah Currie, Public Representative, Saskatoon  
Deanna Palmier, RN(NP), Lafleche  
Moni Snell, RN(NP), Regina  
Laveena Tratch, RN, Regina  
Francoise Verville, RN(NP), Regina

## SRNA Staff Support

Donna Cooke, RN

## Nursing Education Program Approval Committee (NEPAC)

As part of its mandate, 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 2018, the NEPAC held four meetings. Key activities of NEPAC included:

- Complete the RN Re-entry Program (Saskatchewan Polytechnic) and Orientation to Nursing in Canada for Internationally Educated Nurses (ONCIEN) program (Saskatchewan Polytechnic) reviews
- Council reviewed NEPAC's report and agreed to a four-year approval
- Review of the annual updates from each provincial registered nursing educational program
- Complete the RN(AAP) courses review
- Council approved concurrent one-year initial and three-year approval terms

## Committee Members

Laura Wood, RN(NP), Chairperson, Alameda  
Michel Sorensen, Public Representative, Incoming Chairperson, Strasbourg (as of November 2018)  
Bryan Tallon, Public Representative, Swift Current (to October 2018)  
Kelly Johnson, RN, Saskatoon  
Lana Dean, Pharmacist, Representative from another Health Profession, Regina (as of November 2018)  
Linda McPhee, RN, Regina  
Mary Martin-Smith, RN, Saskatchewan Ministry of Health Representative, Regina  
Wendy Wilson, RN, Leader

## SRNA Staff Support

Carolyn Hoffman, RN (to August 2018)  
Joanne Hahn (to September 2018)  
Jolene Issel, RN(NP) (as of July 2018)  
Faith Antiporta (as of December 2018)

## 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 held one face-to-face meeting and corresponded by email to make 20 member appointments or re-appointments to internal and external committees, and recommended to Council appointments to statutory committees and Council committees.

## Committee Members

Janine Brown, RN, Chairperson, Saskatoon  
Karen Gibbons, Public Representative, Regina

Sara Greeley, RN(NP), Prince Albert  
Sarabjeet Singh, RN, Saskatoon  
Cindy Smith, RN, Milestone (to December 2018)

### SRNA Staff Support

Terri Belcourt, RN (to September 2018)  
Tonya Blakley (as of October 2018)  
Lesley Stronach

## Awards Committee

The Awards Committee met face-to-face in March and June. This committee receives and reviews all nominations based on the criteria established for each award and makes selections of recipients for the SRNA Awards of Excellence, Award for Student Leadership, Life Membership, Honorary Membership and the SRNA Memorial Book.

At the 2018 annual meeting a resolution submitted by the SRNA Council was passed to include the Award for Excellence in Truth and Reconciliation. This award will be given for the first time at the 2019 Awards of Excellence.

### Committee Members

Sharon Ahenakew, RN, Prince Albert (as of June 2018)  
Shauna Bright, RN, Regina (Chair as of June 2018)  
Jan Devitt, Public Representative, Regina  
Jayne Naylen Horbach, RN, Chair, Regina (resigned April 2018)  
Celine Stolz, RN, Wawota  
Marlene Strenger, RN, Saskatoon

### SRNA Staff Support

Terri Belcourt, RN (January to September 2018)  
Tonya Blakley (as of October 2018)  
Lesley Stronach

## Awards Recognition

On May 2, 2018, the outstanding achievements of RNs, RN(NP)s and nursing students were acknowledged at the SRNA banquet and awards celebration in Regina.

### SRNA Life Membership Award

Joanne Gartner

## SRNA Annual Awards of Excellence

Effie Feeny Award for Excellence in Nursing Research – Dr. Jill Bally, RN, PhD, Saskatoon  
Elizabeth Van Valkenburg Award for Excellence in Nursing Education – Dr. Elizabeth Domm, RN, PhD, Regina  
Granger Campbell Award for Excellence in Direct Care – Marlee Cossette, RN and the Medical Surveillance Unit (MSU), Regina  
Jean Browne Award for Excellence in Nursing Practice Leadership – Leslie Worth, RN, Saskatoon  
Nora Armstrong Award for Excellence in Mentorship – Dr. Shelley Peacock, RN, PhD, Saskatoon  
Ruth Hicks Award for Student Leadership – Meghan Bend

## External Committee Representatives

Cheryl Besse, RN, Saskatoon, Board of Directors of the Saskatchewan Prevention Institute  
Barbara Beurivage, RN(NP), Regina, Canadian Nurse Practitioner Exam Committee  
David Kline, RN, Drake, Canadian Nurses Protective Society Board of Directors  
Carla Hartman, RN, Regina, Critical Care Nursing Program Advisory Committee (until June 2018)  
Sharon Staseson, RN, Regina, Midwifery Transition Council  
Fay Michayluk, RN, Wakaw, Northern Nurses Education Committee  
Jeannie Coe, RN(NP), Saskatoon, Nurse Practitioner Program Advisory Committee  
Sarah Nixon-Jackle, RN, Saskatoon, Saskatchewan Coalition for Tobacco Reduction  
Greg Riehl, RN, Regina, EHR/Saskatchewan Laboratory Results Repository  
Anne Marie Greaves, RN(retired), Tisdale, University of Regina, Faculty of Nursing and the Student Performance of Professional Responsibilities and Professional Unsuitability Committee  
Marlene Smadu, RN, Regina, University of Regina Senate  
Colleen Toye, RN, Prince Albert, University of Saskatchewan Senate

# Financial Summary

## Fiscal Responsibility

One of the strategic objectives in the SRNA 2018-2020 Strategic Plan is to enhance operational practices to effectively and responsibly manage human and financial resources. The SRNA makes it a priority to provide the highest quality of service at the lowest possible cost to members in order to fulfill our mandate of ensuring safe, ethical and competent registered nursing care in the public's interest.

In 2018, the SRNA increased overall spending by 1.8% while finishing the year with a small surplus, as required through direction from the SRNA Council. The primary percentage of member fees is spent on operations to fulfill the requirements of the regulatory body. Additional costs include membership fees for the Canadian Nurses Association (10.3%), the Canadian Nurses Protective Society (6.9%) and the Canadian Council of Registered Nurse Regulators (0.4%).



## INDEPENDENT AUDITORS' REPORT ON THE SUMMARY FINANCIAL STATEMENTS

### **To the Members Saskatchewan Registered Nurses' Association**

#### *Opinion*

The summary financial statements, which comprise the summary statement of financial position as at December 31, 2018, the summary statement of operations for the year then ended, and related notes, are derived from the audited financial statements of Saskatchewan Registered Nurses' Association for the year ended December 31, 2018.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, which were prepared in accordance with Canadian accounting standards for not-for-profit organizations.

#### *Summary Financial Statements*

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon.

#### *The Audited Financial Statements and Our Report Thereon*

We expressed an unmodified audit opinion on the audited financial statements in our report dated March 28, 2019.

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

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

#### *Auditor's Responsibility*

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

**March 28, 2019**  
**Regina, Saskatchewan**

*VIRTUS GROUP LLP*  
**Chartered Professional Accountants**

**SASKATCHEWAN REGISTERED NURSES' ASSOCIATION**  
**SUMMARY STATEMENT OF FINANCIAL POSITION**  
**AS AT DECEMBER 31, 2018**  
**(with comparative figures for 2017)**

	<u>2018</u>	<u>2017</u>
<b>Assets</b>		
Cash	\$ 132,856	\$ 125,709
Investments	7,692,096	6,991,413
Accounts receivable and prepaid expenses	273,254	328,780
Tangible capital assets	1,528,125	1,560,423
Intangible asset	208,754	162,522
	<u>\$ 9,835,085</u>	<u>\$ 9,168,847</u>
<b>Liabilities</b>		
Accounts payable and accrued liabilities	\$ 739,134	\$ 618,826
Deferred revenue and fees collected in advance	5,679,119	5,394,729
Long-term debt	415,694	476,499
	<u>6,833,947</u>	<u>6,490,054</u>
<b>Net Assets</b>		
Invested in tangible capital & intangible assets	1,321,185	1,246,446
Unrestricted surplus	1,679,953	1,432,347
	<u>3,001,138</u>	<u>2,678,793</u>
	<u>\$ 9,835,085</u>	<u>\$ 9,168,847</u>

A full set of the audited financial statements is available from the Association.

**Approved on behalf of Council:**

*Joanne Petersen*

\_\_\_\_\_  
Council Member

*W. Smith*

\_\_\_\_\_  
Council Member



**SASKATCHEWAN REGISTERED NURSES' ASSOCIATION**  
**SUMMARY STATEMENT OF OPERATIONS**  
**FOR THE YEAR ENDED DECEMBER 31, 2018**  
(with comparative figures for the year ended December 31, 2017)

	<u>2018</u>	<u>2017</u>
<b>Revenue</b>		
Memberships	\$ 6,220,880	\$ 6,174,029
Interest	63,915	44,694
Other revenue	349,361	422,706
	<u>6,634,156</u>	<u>6,641,429</u>
<b>Expenses</b>		
Change projects	54,360	78,886
Communications	392,366	289,743
Competence assurance	589,945	564,976
Corporate services	851,930	823,050
Council and governance	194,392	213,229
Human resources	357,223	176,873
Information technology	733,414	790,128
Member professional liability insurance	433,445	424,840
National membership fees	677,058	643,430
Practice support	723,749	701,846
Professional standards	266,240	335,842
Program approval	31,863	15,309
Registration	404,807	542,388
Regulatory	253,175	225,746
Strategy and partnership development	347,844	371,236
	<u>6,311,811</u>	<u>6,197,522</u>
<b>Excess of revenue over expenses</b>	<u>\$ 322,345</u>	<u>\$ 443,907</u>

A full set of the audited financial statements is available from the Association.

# SRNA Staff 2018

## Executive Office

Carolyn Hoffman, RN, Executive Director (to August 2018)

Jayne Naylen Horbach, RN, Interim Executive Director (as of August 2018)

Julie Szabo, Executive Assistant, Governance

## Communications & Public Relations

Tonya Blakley, Manager, Communications & Public Relations

Adam Lark, Technology & Design Specialist

Emery Wolfe, Technology & Multimedia Specialist

Lauren Taylor, Communications Specialist (April to September 2018)

Talitha Smadu McCloskey, Communications Specialist (as of October 2018)

Tracy Gartner, Senior Assistant, Customer Relations (as of November 2018)

## Corporate Services

Trevor Wowk, CPA, Director, Corporate Services (to December 2018)

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

Tony Giruzzi, Coordinator, Network Support

Susan Greenman, Senior Assistant, Corporate Services

Victoria Kos, Senior Assistant, Corporate Services

Carole Kobsar, Assistant, Receptionist (to June 2018)

Wendy Grant, Senior Assistant, Customer Relations (June to August 2018)

## Regulatory Services

Shirley McKay, RN, Director, Regulatory Services/Registrar (to April 2018)

Jayne Naylen Horbach, RN, Deputy Registrar & Director, Regulatory Services (April to August 2018)

Jeanine Brown, RN, Nursing Advisor, Regulatory Services

Erica Pederson, RN, Nursing Advisor, Regulatory Services (to August 2018)

Erica Pederson, RN, Interim Deputy Registrar & Director Regulatory Services (as of August 2018)

Carole Reece, RN, Advisor, Complaints and Investigations

Erika Vogel, RN, Advisor, Complaints and Investigations (to April 2018)

Amanda Haas, RN, Advisor, Complaints & Investigations (as of August 2018)

Marilyn Morrison, Regulatory Assistant, Complaints and Investigations

Karen Rhodes, Executive Assistant, Regulatory Services

Dawn Aschenbrener, Senior Assistant, Regulatory Services

Deb Mainland, Senior Assistant, Regulatory Services (on leave)

Nikita Schmidt, Senior Assistant, Regulatory Services

Lorna Braun, Senior Assistant, Regulatory Services

## Nursing Practice

Donna Cooke, RN, Nursing Advisor, Policy

Donna Marin, RN, Nursing Advisor, Policy

Barbara MacDonald, RN, Project Manager, RNs Leading Change/Practice Advisor

Jolene Issel, RN(NP), Nursing Advisor, Practice (as of July 2018)

Terri Belcourt, RN, Project Manager, Member Linkages/Practice Advisor (to August 2018)

Terri Belcourt, RN, Interim Director, Practice (as of August 2018)

Anita Nivala, Practice Assistant, RNs Leading Change Project

Lesley Stronach, Practice Assistant, Member Relations

Joanne Hahn, Senior Assistant, Nursing Practice (to September 2018)

Faith Antiporta, Senior Assistant, Nursing Practice (as of November 2018)



# Annual Meeting Agenda 2019

Thursday, May 2, 2019 | TCU Place  
Annual Meeting Day

- 0830 - 0945 Welcome & Opening Blessing | Salon B & C
- 0945 - 1000 Approval of Agenda
- 1000 - 1030 Networking Break & Exhibitor Showcase | Salon A & E
- 1030 - 1200 President's & Executive Director's Report
- 1200 - 1300 Lunch & Exhibitor Showcase | Salon A & E
- 1300 - 1415 Bylaws
- 1415 - 1445 Networking Break & Exhibitor Showcase | Salon A & E
- 1445 - 1630 Resolutions
- 1630 - 1645 Election Results
- 1645 - 1700 Introduction of New Council Members & Closing Blessing

