



# Contents



<hr/> <b>President's Message</b>	<b>04</b>
<hr/> <b>Executive Director's Message</b>	<b>05</b>
<hr/> <b>CRNS Council</b>	<b>06</b>
<hr/> <b>Mission, Vision, Strategic Focus</b>	<b>08</b>
<hr/> <b>Introducing The CRNS: Our Move to a Single Mandate</b>	<b>10</b>
<hr/> <b>RN Specialty Practices</b>	<b>13</b>
<hr/> <b>New &amp; Revised Documents</b>	<b>13</b>
<hr/> <b>RN Prescribing</b>	<b>14</b>
<hr/> <b>Virtual Care Pilot Project</b>	<b>14</b>

<hr/> <b>Continuing Competence Program Review</b>	<b>17</b>
<hr/> <b>Continuing Competence Program Audit</b>	<b>17</b>
<hr/> <b>Practice Consultation Services</b>	<b>18</b>
<hr/> <b>NCLEX-RN &amp; CNP Exams</b>	<b>19</b>
<hr/> <b>Registrant Information</b>	<b>20</b>
<hr/> <b>Investigations</b>	<b>24</b>
<hr/> <b>Committees</b>	<b>26</b>
<hr/> <b>Financial Statements</b>	<b>32</b>
<hr/> <b>CRNS Staff</b>	<b>35</b>
<hr/> <b>CRNS Virtual Annual Meeting Agenda</b>	<b>36</b>

# President's Message



CRNS President:  
Françoise (Frankie) Verville, NP

---

With great pleasure, I present the 2021 Annual Report. I began my presidential journey in May 2021, taking on this important leadership role amidst a huge organizational shift. 2021 was a year of rejuvenation, focus, transformation and resilience. The CRNS Council spent the year finalizing the transition to a single mandate, taking the necessary first steps toward a governance reform, and focusing on our commitment to Truth and Reconciliation and anti-racist education.

The introduction of the new name and brand change represented our next step in moving to a single mandate of regulation. The CRNS Council was involved in every aspect of the new name and brand creation – from information gathering, interviews, concepts, colors to the brand presentation and approval. We hope you find it as inspiring as we do.

Another key aspect of Council's work throughout 2021 was working to strengthen our governance practices and refine our processes. We worked with Governance Solutions throughout the year to create a strategic scorecard and reviewed governance charters. We will continue to work through these charters at future Council meetings in 2022 and I look forward to updating you on our governance changes. By streamlining our governance processes, we will be better equipped to effectively lead the CRNS towards regulatory excellence and continue to fulfill our mandate of public protection.

Finally, as a Council, we continued our journey towards further and ongoing commitments to Truth and Reconciliation and anti-racist education. As part of this commitment, CRNS Council took part in an anti-racism workshop during our August retreat. We reflected on the nursing profession and the potential for growth in terms of cultural competence and safety within nursing practice. As a Council, we will continue to challenge one another to speak up and out in support of the lived experiences of Indigenous peoples in Canada.

This message provides a highlight of the interactions that took place in 2021. We remain committed to having important conversations to ensure we are in the best position to protect the public through regulatory excellence. We remain focused on working to optimize registered nursing in Saskatchewan and operating in the best interest of the public.

As a Council and an organization, we look forward to what is to come. We are thankful for the continued dedication and hard work of the health care professionals in our province in serving the public as the battle against COVID-19 continues.

# Executive Director's Message

Reflecting on the work of the CRNS over the last year, it's impossible to not reflect on the ongoing impact of COVID-19 on our health care system. We've prioritized working with provincial health leaders to provide support to Registered Nurses (RN), Registered Nurses with Additional Authorized Practice [RN(AAP)] and Nurse Practitioners (NP) through the COVID-19 pandemic, and it is with great pride as we've watched health care workers answer the call to care throughout this ongoing pandemic.

This year will be very memorable for us for another reason as well. On October 20, 2021, we publicly launched our new name, logo and look to represent our continued vision of being recognized as a leader in regulatory excellence. This move represents our next step in moving to a single mandate of regulation, achieving our mandate of protecting the public through fair, transparent and effective regulatory processes, refining our focus as the bridge between RNs, NPs and the public in Saskatchewan, and renewing our dedication to upholding the standards of care.

With our name change, we identified a call to action for our organization that will propel us forward. The "call to care" signifies our commitment to the profession and our legislated mandate to act in the best interest of the public. For the CRNS, it's acting in pursuit of fulfilling our mission to protect the public. It reinforces our commitment to the profession and our legislated mandate to act in the best interest of the public. We know now, more than ever, RNs are answering their own call to care. I would like to commend all registrants for their passion and dedication during an extremely difficult time, dedicating themselves to the nursing profession and for all they do to bring high quality care to the people of Saskatchewan when they need it most. Though it may at times be challenging, RNs have chosen a profession in which they have the privilege to serve the communities of our province and get the first-hand opportunity to see people through illness and health, at their best and most vulnerable times. They are truly answering the call the care.

This report provides the opportunity to publicly share the work of the CRNS and how we're answering our call to care. Our Leadership Team and staff, along with our CRNS Council, are proud of the accomplishments of the organization throughout the year, though it didn't come without a few hurdles. We are pleased to share the details of our hard work in 2021.



CRNS Executive Director:  
Cindy Smith, RN

---



# CRNS Council



Françoise (Frankie)  
Verville, NP  
President  
Term 2021-2023



Ashley Schwartz, RN  
Member-at-Large  
Region: 1  
Term 2021-2022



Moni Snell, NP  
President-Elect  
Term 2021-2023



Vacant  
Member-at-Large  
Region: 2



Ronda Zinger, RN  
Member-at-Large  
Region: 3  
Term 2019-2022



Mary Ellen Walker, RN  
Member-at-Large  
Region: 4  
Term 2021-2024



Leah Thorp, RN  
Member-at-Large  
Region: 5  
Term 2019-2022



Joelynn Radbourne, NP  
Member-at-Large  
Nursing Practice Area:  
advanced practice  
nursing or direct care  
nursing  
Term 2021-2024



Kathy Chabot, RN  
Member-at-Large  
Nursing Practice Area:  
nursing education,  
nursing administration,  
policy or research  
Term 2020-2023



Joanna Alexander, BEd  
Public Representative  
Appointed July  
2015-2018  
Second term began  
May 2018



James Struthers, Q.C.  
Public Representative  
Appointed July  
2015-2018  
Second term began  
May 2018



Doug Finnie, MBA,  
Pro Dir  
Public Representative  
Appointed May  
2018-May 2021  
Second term began  
May 2021



Cindy Smith, RN  
Executive Director

# Mission

To protect the public through regulatory excellence

# Vision

Recognized as a leader in regulatory excellence

## 1. Regulatory Excellence

Through fair, transparent, timely, effective and objective regulatory processes, the CRNS demonstrates regulatory excellence the public can rely on. We provide regulatory excellence through promoting good practice, preventing undesirable practice and intervening when necessary.

## 2. Accountable Professional Practice

The CRNS prevents harm to and protects the public through supporting competent, accountable and ethical registered nurses practicing to their full scope of practice. We hold registered nurses accountable to practice safely, effectively and collaboratively consistent with Practice Standards and the Code of Ethics.

## 3. Partners in Health

The CRNS pursues and advances meaningful partnerships with the public, regulators and others within the health care sector to contribute to effective regulation, public safety and quality of care for the public. The CRNS is committed to engaging the public and incorporating the public's perspective, stories and expectations into our regulatory work.

# Strategic Focus

## Overarching Strategic Objective:

- Realizing our regulatory mandate

## Regulatory Excellence

Through fair, transparent, timely, effective and objective regulatory processes, the CRNS demonstrates regulatory excellence on which the public can rely. We provide regulatory excellence through promoting good practice, preventing undesirable practice and intervening when necessary.

### Strategic Objectives:

- Engage registrants to continually enhance nursing practice, including review and revise the Continuing Competence Program
- Fully integrate Right Touch Regulation Principles in all Regulatory Processes
- Utilize best practice in the CRNS complaints and investigations process for resolution of complaints in a timely manner

## Accountable Professional Practice

The CRNS protects the public through supporting competent, accountable, and ethical registered nurses practicing to their full scope of practice. We hold registered nurses accountable to practice safely, effectively and collaboratively consistent with Practice Standards and the Code of Ethics.

### Strategic Objectives:

- Optimize RN and NP practice in the public interest
- Identify trends and leverage data to develop a proactive strategy to address emerging practice issues
- Empower RNs to be accountable for their practice

## Partners in Health

The CRNS pursues and advances meaningful partnerships with the public, regulators and others to contribute to public safety, effective regulation, and quality of care for the public. The CRNS is committed to engaging the public and incorporating the public's perspective, stories and expectations into our regulatory work.

### Strategic Objectives:

- Develop and implement avenues for public engagement and input into CRNS's regulatory mandate
- Improve understanding of what we do and why we do it by connecting with the public and stakeholders to foster two-way communication
- Foster an engaged team of regulatory professionals who embrace CRNS's cultural values and continually strive to reach our strategic goals through continuous quality improvement
- Sustainable operational excellence

# Introducing The CRNS: Our Move to a Single Mandate

"Thank you." Two little words that mean the world to everyone.

But throughout the global pandemic, they were given a million times over to an incredibly special group of people — RNs. They risked their lives on a daily basis to answer the call to care. They stepped up for Saskatchewan in ways that will be remembered and cherished for generations to come. The words "thank you", and the standard of care they celebrate, were seen on signs everywhere during the pandemic. These signs gave exhausted RNs a much-needed lift, and helped the public express their gratitude.

But those "thank yous" are timeless.

**"This is a refreshing new direction. It feels like we have a clean slate and a new opportunity to write our own narrative with the public." – RN**



In October 2021, we introduced the College of Registered Nurses of Saskatchewan (CRNS), previously known as the Saskatchewan Registered Nurses Association (SRNA) – our new name, logo and look to represent our continued vision of being recognized as a leader in regulatory excellence. Our new brand was created during the storm of a global pandemic – and at no other time had RNs received so much recognition. Hand-drawn thank you signs appeared in windows of homes, stores and on social feeds. Each and every thank you was a celebration of the standard of care and dedication of RNs.

For more than 100 years, we served as the regulator and the association for RNs in the province. Throughout 2019 and in to 2020, CRNS Council reflected on the dual mandate of the organization by meeting with key partners, provincial and national professional counterparts in health, government officials and regulatory professionals. Council discussed the impact of separating regulatory functions from association functions with these partners and reviewed the changes happening within the Saskatchewan health professions. These meetings, reflections and research times resulted in Council making the unanimous decision to move to a single mandate of registered nursing regulation for Saskatchewan in the name of protecting the public.

This new brand and name represent our next step in moving to a single mandate of regulation, achieving our mandate of protecting the public through fair, transparent and effective regulatory processes, refining our focus as the bridge between RNs and the public in Saskatchewan and renewing our dedication to upholding the standards of care.

## Brand Personality

### Proud

We're proud to do work that positively impacts RNs and the people of Saskatchewan.

### Determined

We're focused on upholding standards and supporting RNs and the public at all times.

### Perceptive

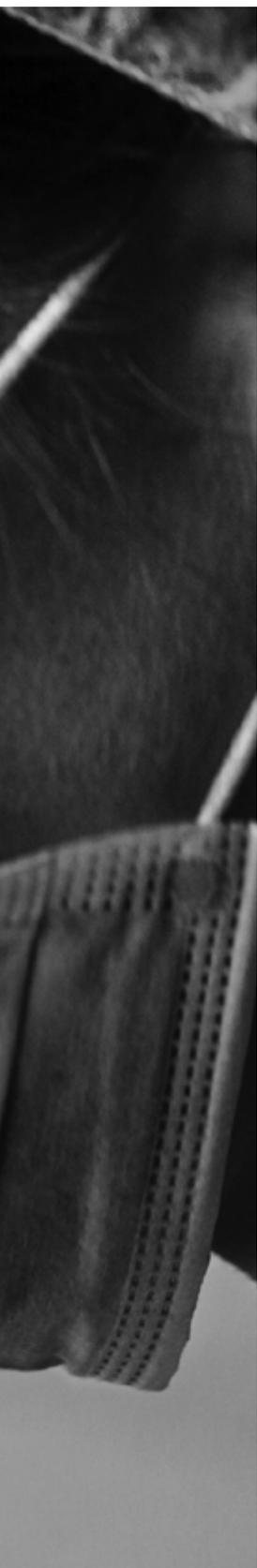
We "read the room" and try to understand situations before jumping to conclusions.

### Progressive

Our responsibility for upholding the standards means finding ways to improve them.







# RN Specialty Practices

Over the course of the last few years, the CRNS has sharpened its focus on the framework for Registered Nurse Specialty Practices (RNSP). RNSPs create the opportunity for RNs to practice to their full scope of practice in the best interest of the public they serve. RNs can provide specialized care in many practice settings, including areas where clients may not have otherwise had access in their location. In a province with such varying populations and community demographics, RNSPs play a special and unique role in authorizing RNs to optimize their scope of practice to meet the needs of the community they are in.

In 2021, stories of RNs who use RNSPs to provide specialized care throughout the province were shared as part of a strategic communications plan for RNSPs with a focus on sharing why RNSPs have been created, and their potential to impact the care the public will receive. The four essential components of an RNSP Clinical Protocol have guided many discussions, with the focus on the client in their surrounding environment, considering the evidence for RNs to provide this specialty care, the authorizing mechanism and the competencies required to safely and competently perform the RNSP. The stories demonstrate how RNSPs can effectively optimize RN practice and are included as examples in the 2021 edition of *The Pulse*.

# New and Revised Documents

In 2021, the CRNS developed and revised several guidelines and resources. The guideline documents focus primarily on applying the practice standards to specific practice areas to support RNs in their professional practice in the interest of the public.

In response to a more digital world, the CRNS developed the *Social Media* resource. This resource was created using current information and feedback from CRNS registrants and the public. It provides guidance and recommendations to CRNS registrants who utilize social media both inside and outside the workplace. The resource also offers strategies to comply with the Practice Standards and Code of Ethics while engaging in the use of social media for advocacy or other purposes.

Other resources that were newly developed in 2021 include *RNs Working in Special-Care Homes* and *Professional Boundary Considerations for Nurse Client Relationships*.

Documents that were updated in 2021 to reflect current, evidence-informed best practices, legislative changes and apply to all categories of nursing practice include the *Medical Assistance in Dying Guideline, 2021*, the *Medication Management Guideline*, the *Self-Employed Practice Guideline*, and the *Documentation Guideline*.

The CRNS continues to create and revise documents pertinent to the practice of RNs, NPs and RN(AAP)s that guide practice within their full legislated scope in the interest of the public.

# RN Prescribing

RN Prescribing is part of the anticipated future of registered nursing, and while it has not been at the forefront during the pandemic, it continues to be discussed and planned for within a regulatory context in the interest of the public. Through the work of the RN Practice Advisory Committee, we have been able to discuss optimization of RN practice through the RN Specialty Practices model, and see the potential for RN prescribing to potentially become an additional authorizing mechanism within this model. Enabling RN Prescribing within our current legislation would mean that RNs would be able to authorize prescriptions for medications within an RN Clinical Protocol, for example, for managing a urinary tract infection for a person in a long-term care setting, among other things. RN Prescribing will fit within an inter-professional context with NPs, physicians and all allied health professionals working in concert in the interest of the client in their surrounding environment.

Continued discussions and planning to ensure the competency requirements are fully determined and a supporting context within our province's infrastructure exists, will inform bylaw changes and system structure requirements to bring RN Prescribing to fruition in the coming months and years. In the meantime, optimization of RN practice to full legislated scope continues to pave the way for RN Prescribing to become part of an inter-professional approach to care where all scopes of practice are optimized in the interest of the public.

# Virtual Care Pilot Project

Virtual care has been on the rise over the last number of years and with the onset of the pandemic, the prevalence has increased exponentially. The College of Registered Nurses of Alberta (CRNA) and the CRNS signed a Memorandum of Agreement (MOA) to facilitate the provision of inter-jurisdictional virtual care. The MOA came into effect in the fall of 2021. The goal of executing the MOA is to ensure that, in the short-term, patient care needs are met, and public protection is addressed while ongoing work progresses to establish a national model for multi-jurisdictional registration and licensure. Currently, this is a pilot project which applies to select employers in each province.

Current legislative provisions require registration in each jurisdiction. Given this, the focus of the MOA is to facilitate inter-jurisdictional registration/licensure – making it as streamlined as possible, while ensuring that public safety and accountability remain foundational. The MOA applies to RNs and NPs licensed in good standing and is restricted to the provision of virtual care.







# CCP Review

In June 2020, the CRNS made a strategic decision to review the Continuing Competence Program (CCP) process and determine whether it continues to meet the needs of its registrants while fulfilling the CRNS's mandate to protect the public through regulatory excellence.

CRNS registrants were engaged with this review process where they shared their successes, frustrations, wins and overall thoughts on how to improve the program in order to effectively manage their competence in an ever-changing practice environment. The review occurred as a part of an ongoing quality improvement initiative. A CCP Advisory Committee was created in April 2021 to begin the process of reviewing the current CCP with the intended roll out of any recommendations to the program to begin in the 2023 registration renewal year. The CCP Advisory Committee did work based on an environmental scan, feedback provided from focus groups and sending a survey to registrants. The CCP Working Group reviewed the information to make sure the recommendations aligned with right touch regulation principles of consistency, transparency, accountability and agility. Once completed, the recommendations were presented to the CRNS Leadership Team.

Additional approvals will occur in 2022 with the aim to implement the revised program for the 2023 registration renewal year, beginning December 1, 2022.

# CCP Audit

The CRNS's Continuing Competence Program (CCP) is a mandatory component of licensure for CRNS registrants and contributes to quality registered nursing practice and public safety. The program itself allows for RNs to truly take the lead in their ongoing professional and competence development and supports RNS to continue to provide the best quality and safest care to their clients. By completing the annual requirements of the program, RNs assure the public they are committed to maintaining their competence as an RN.

As part of the CRNS's mandate and accountability to the people of Saskatchewan and the nursing profession, the CRNS conducts an annual audit of registrant participation in the CCP. A random sample of practicing RNs and NPs are selected annually to participate in the CCP audit.

The four required components of the CCP include a personal assessment, a learning plan, written feedback and evaluation. For the 2020 CCP audit, registrants were required to submit their learning plan, which is one component of the CCP requirements.

The 2020 audit was conducted virtually. All information was blinded for the audit to ensure registrant confidentiality was maintained. Auditors on the CCP panel included RNs, RN(AAP)s and NPs. In total, 152 registrants were audited. Of those audited, 83 percent met the requirements of the audit. Additionally, 33 percent were provided coaching to facilitate a better understanding of the CCP process and requirements.

# Practice Consultation Services

Questions, topics and key issues are captured in the practice consultation management application, FLO, and are then categorized based on overall topic. Requests for practice consultations are evenly distributed between Scope of Practice, Legal/Regulatory and Standards/Competencies and Code of Ethics. A further breakdown of the topics discussed and key issues brought up are as follows:

## Scope of Practice

### RN Practice

RNSPs, cosmetics, scope of practice, COVID-19, medication management

### NP Practice

Self-employment, cosmetics, virtual care

### Self-employed

Self-employment, immunization, cosmetics

### GN Practice

Staffing, immunization, COVID-19

## Legal/Regulatory

### Licensing

Virtual care, COVID-19, IEN inquiries, emergency licensure, self-employment

### Legal Responsibilities/Issues

Virtual care, self-employment, COVID-19, liability protection, boundaries

### CCP

Education, competency

## Standards, Competencies and Code of Ethics

### Upholding Standards

COVID-19, medication management, documentation, safety

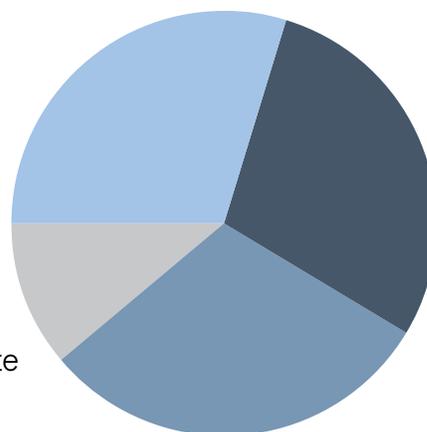
### Workplace Environment

Staffing, COVID-19, safety

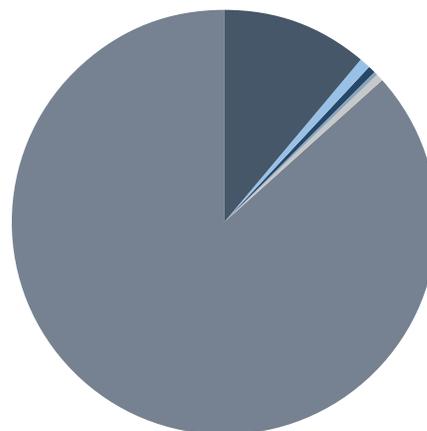
### Ethical Practice

Education, boundaries, standards, COVID-19, fitness to practice

## Consultations by Category



## Connections with Practice Advisors by Group



# NCLEX-RN & CNP Exams



The National Council Licensure Examination (NCLEX-RN) is the exam all applicants who have graduated from a Canadian nursing program, or who are an internationally educated nurse (IEN), must pass in order to become an RN for the first time in Saskatchewan and most other provinces in Canada. The NCLEX-RN tests foundational knowledge, skills and judgment that an RN must have at the beginning of their career.

## NCLEX First-Attempt Pass Rate in Saskatchewan

Total Writers 2019



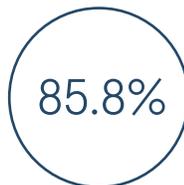
Pass Rate



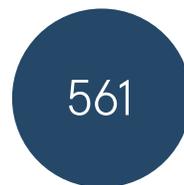
Total Writers 2020



Pass Rate



Total Writers 2021



Pass Rate



---

## Canadian Nurse Practitioner Licensure Exam Results

The CRNS approves eligible candidates to write the Canadian Nurse Practitioner Licensure Exams which vary based on the stream of practice to which candidates are applying. There are four streams of practice, each with their own exam: Family/All Ages, Adult, Pediatric and Neonatal.

### Candidates from Saskatchewan who wrote the Family and All-Ages CNPE

A total of 11 candidates wrote the CNPE in 2021. The pass rate for Saskatchewan writers was 82 percent.

# Registrant Information

As a profession-led organization, registrants are the foundation of the CRNS 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 CRNS registrants. Understanding the makeup of the registrants is essential in providing the practice guidelines, educational resources and opportunities to advance our professional practice. Within the spirit of collaboration and innovation, the CRNS encourages leadership and registrant engagement to support quality practice environments and deliver on our mandate of protecting the public through regulatory excellence.

## Registrant Total & Method of Registration\*

	2017	2018	2019	2020	2021
Registered by Examination	638	552	610	555	652
Registered by Endorsement	119	123	118	134	263
Renewal/ Re-registration	10,942	11,125	11,230	11,289	11,672
<b>Total Practicing</b>	<b>11,699</b>	<b>11,800</b>	<b>11,958</b>	<b>11,987</b>	<b>12,587</b>
Graduate Nurses	464	327	330	375	363
Non-Practicing	253	260	242	234	280
Retired	360	425	559	649	721
Life & Honorary	42	41	37	40	40
<b>Total Membership</b>	<b>12,588</b>	<b>12,853</b>	<b>13,126</b>	<b>13,285</b>	<b>13,991</b>

\*Registrant numbers may be impacted by the number of RNs and NPs who obtained initial practicing licensure or licensure renewal for the purpose of providing assistance during the pandemic.

## Nurse Practitioners Licensed by Specialty

	2017	2018	2019	2020	2021
Primary Care	217	251	258	269	307
Pediatric	4	5	5	6	6
Neonatal	8	8	7	6	5
Adult	1	2	2	3	3
Adult Women's Health	1	1	1	1	1
<b>Total</b>	<b>231</b>	<b>267</b>	<b>273</b>	<b>285</b>	<b>322</b>

## RN(AAP) Membership

	2017	2018	2019	2020	2021
Total Membership	94	111	115	110	106

## Internationally Educated Nurses (IEN) Applicants

**35** new IEN applications

**8** \*referral: Substantially Equivalent Competency Assessment (SEC)

**24** \*referral: Registered Nurse Bridging Program for Internationally Educated Nurses (RNBP/IEN)

**30** \*offered NCLEX-RN eligibility

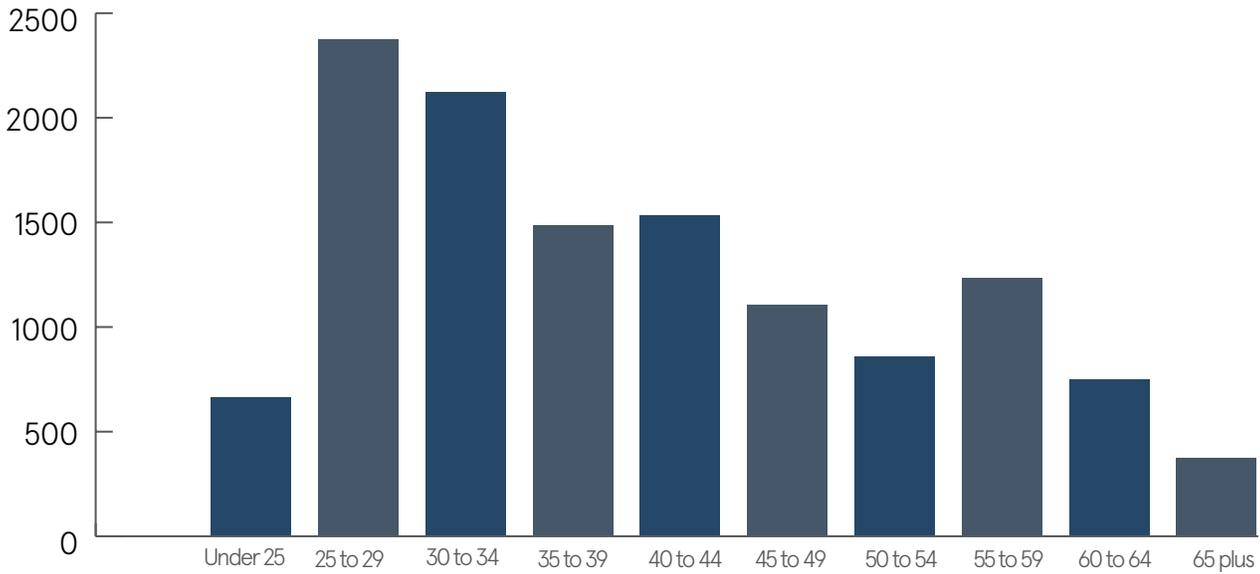
**23** \*passed the NCLEX-RN

**12** \*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.

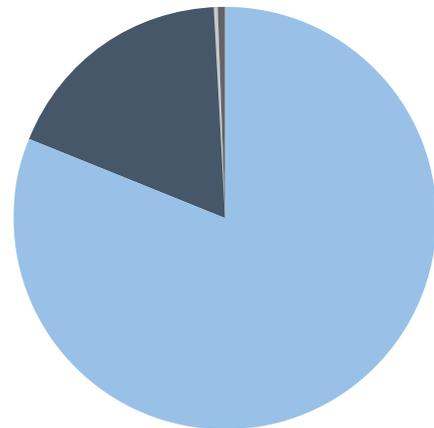
## Age Groups for Practicing RN & NPs

In 2021, RNs and NPs in the 25 to 29 and 30 to 34 age ranges represented the largest demographic age groups. Source: CRNS 2021 Membership Year Data

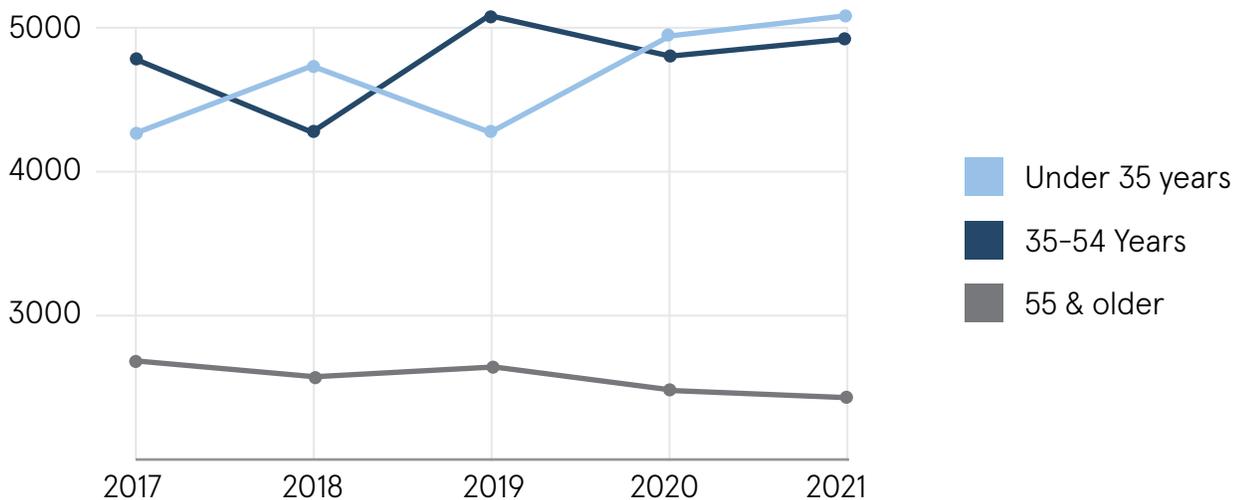


## Employed in Registered Nursing

- Employed in Registered Nursing on a Regular Basis
- Employed in Registered Nursing on a Casual Basis
- Not Employed in Registered Nursing
- Not Employed at All



## Trends in the Age of RNs & NPs



## Trends in Migration

	2017	2018	2019	2020	2021
In-migration	147	157	117	134	263
Out-migration **	310	507	455	412	617

A total of 263 in-coming applicants with the most coming from: Ontario (90); Alberta (71); British Columbia (35); Manitoba (28); New Brunswick (19); Nova Scotia (12); and Quebec (8).

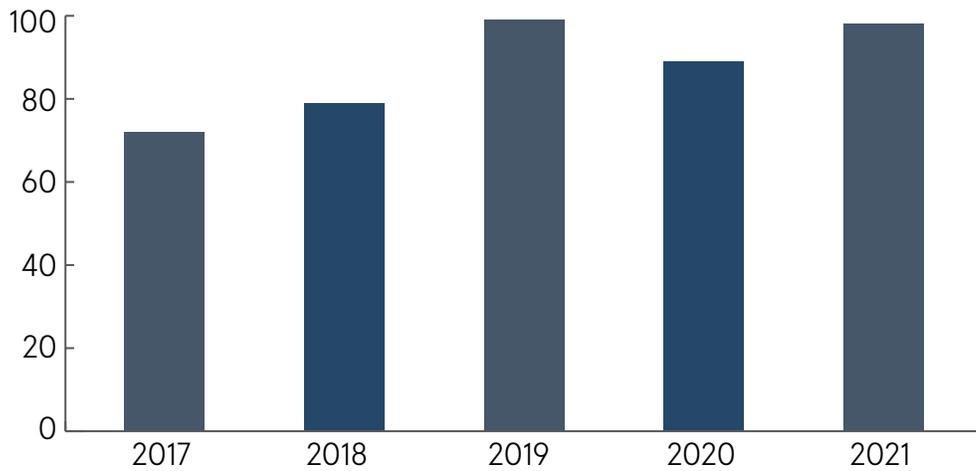
A total of 617 verifications were sent to other provinces or out of the country, with the most sent to: Alberta (136); British Columbia (113); Ontario (70); and Manitoba (36).

\*\*Registrants requesting a verification be sent to other regulatory bodies for verification of registration status. The request for a verification does not necessarily mean that an RN has left the province; it may be requested for reasons other than mobility.

# Investigations



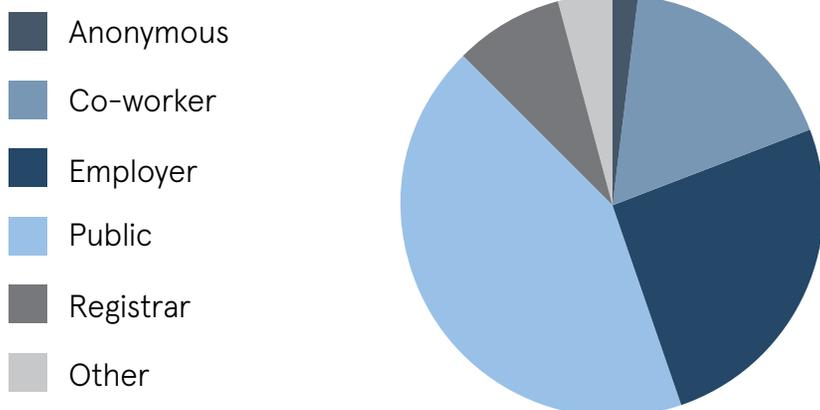
## Reports Received 2017-2021



## Notification Timelines

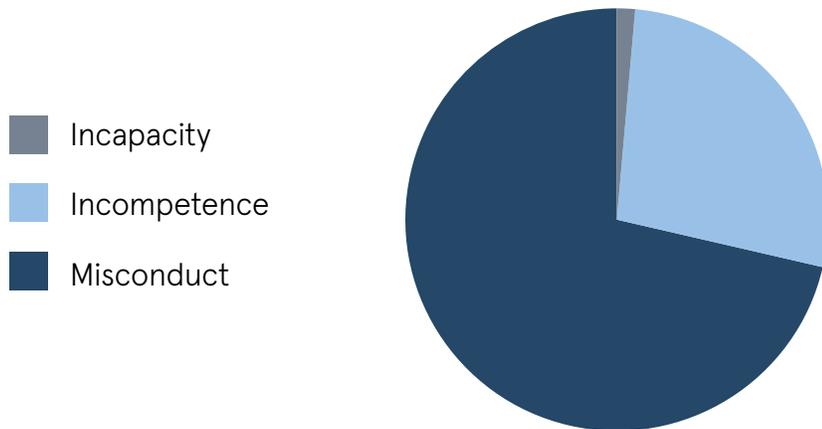
Complaints and Investigation provides written notification of a written report to the writer and registrant within 30 days of receipt. In 49 percent of the cases initiated in 2021, written notification was completed within the expected timeframe. Written notification was completed outside of the expected timeframe in 51 percent of the cases initiated in 2021.

## Reports by Source



## Nature of the Report

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 Three Allegations

### Professional Incompetence

1. Lack of appropriate assessment, needs identification, outcome identification, planning and intervention skills
2. Inappropriate medication practices
3. Inappropriate documentation

### Professional Misconduct

1. Inappropriate interpersonal relationship
2. Not following hospital policies/procedures
3. Not advocating for client

---

## Investigation Committee Decisions

- 31 Closed (insufficient evidence to proceed to full investigation)
- 8 Dismissed
- 26 Letter of Guidance
- 14 Consensual Complaint Resolution Agreement (CCRA)
- 0 Discipline Hearing
- 9 Withdrawn by complainant
- 19 Written Reports not moved to investigation (not covered by *The Registered Nurses Act, 1988*)

# Committees

Each year, members of the public and CRNS registrants – RNs, NPs and RN(AAP)s – contribute time and expertise to more than a dozen committees that provide oversight to the CRNS’s work and deliver on our mandate of protecting the public through regulatory excellence. The CRNS greatly appreciates the commitment, contribution, collaboration and leadership of everyone involved.

## Investigation Committee

Along with the mandated work of reviewing and making decisions related to allegations heard, activities of the Investigation Committee in 2021 included:

- Review and implementation of new processes
- Review and revision of policies and procedures
- Presentation by Roger Lepage, Legal Counsel, on:
  - Key concepts in the investigation process and decision making by the Investigation Committee
  - Contextual factors to consider when complaint regarding use of social media
- Presentation by Christa Weber, Legal Counsel, *COVID-19 Misinformation Analysis Framework*
- Presentation by Diane Aldridge, Office of the SK Information & Privacy Commissioner, on access and privacy
- Presentation by Jo Baumgartner, *Bullying & Harassment in the Workplace*
- Foundation of Administrative Justice Webinar, *Oh Why, Oh Why! – Better decision Through Better Reasons*

### Committee Members

Janice Taschuk-Leibel, Public Representative, Chair, Pilot Butte

Brenda Andreas, Public Representative, Maple Creek

Marlee Cossette, RN, Regina (from November 2021)

Laureen Larson, RN, Regina

Lisa Rock, RN, Prince Albert

Yvonne, Wozniak, RN, Moose Jaw (to November 2021)

### CRNS Staff Support

Susan Bazylewski, RN

Angela Chadek, RN

Melanie Hladun

Billy-Jo Howe, RN

Catherine Jeffery, RN (to May 2021)

Denise Nakonechny, RN

Melissa South, RN (from May 2021)

## Discipline Committee

Any case involving the conduct, competence or behaviour of an RN that is referred for a public disciplinary hearing is heard by the CRNS’s Discipline Committee. The Committee consists of a mix of RNs and Public Representatives, the majority of which must be RNs.

Due to the circumstances of the public health orders, all activities of the Discipline Committee in 2021 were held via video conferencing.

In 2021, the CRNS Discipline Committee convened for five discipline hearings:

### Jessica J.V. McCulloch RN#0039641

Registrant charged with 10 counts of professional misconduct and/or professional incompetence contrary to Section 25 and subsections 26(1) and (2) of *The Registered Nurses Act, 1988, Code of Ethics, 2008* and the *Standards and Foundation Competencies for the Practice of Registered Nurses, 2013*. The disciplinary proceedings, which began in 2020, were carried forward into 2021.

A decision was rendered October 25, 2021.

A penalty hearing was held December 15, 2021. The decision is pending.

### Carol Ann Brander, RN #0039317

Registrant charged with two counts of professional misconduct and/or professional incompetence contrary to Section 25 and 26(1) and (2) of *The Registered Nurses Act, 1988* and the *Code of Ethics, 2008, Code of Ethics, 2017* and the *Standards and Foundation Competencies for the Practice of Registered Nurses, 2013*.

A decision was rendered October 26, 2021.

### Bonnie L Johnson, RN #0041107

Registrant charged with seven counts of professional misconduct and/or professional incompetence contrary to Section 25 and 26(1) and (2) of *The Registered Nurses Act, 1988* and the *Code of Ethics, 2008, Code of Ethics,*

2017, the *Standards and Foundation Competencies for the Practice of Registered Nurses, 2013*, the *Registered Nurse Practice Standards, 2019*, and the *RN Entry-level Competencies, 2019*.

A decision was rendered August 19, 2021.

#### **Shevie Ann Dabao, RN #0044681**

Registrant charged with three counts of professional misconduct and/or professional incompetence contrary to Section 25 and 26(1) and (2) of *The Registered Nurses Act, 1988* and the *Code of Ethics, 2008, Code of Ethics, 2017* and the *Standards and Foundation Competencies for the Practice of Registered Nurses, 2013*.

A decision was rendered March 25, 2021; an addendum to the discipline decision was rendered April 27, 2021.

#### **Jessica L. Wagner, RN #0045495**

Registrant charged with two counts of professional misconduct contrary to Section 26(1) and 26(2) of *The Registered Nurses Act, 1988, Code of Ethics, 2017* and the *Registered Nurse Practice Standards, 2019*.

A decision was rendered July 29, 2021.

#### **Discipline Committee Resource Pool Members**

Janna Balkwill, RN, Regina  
Christine Barlow, RN, Saskatoon  
Ruth Black, RN, Vanscoy (to August 2021)  
Joanne Blazieko, RN, Moose Jaw  
Leah Clement, RN, Regina  
Kristin Dutchak, RN, Regina (from September 2021)  
Christopher Etcheverry, RN, Battleford  
Sophie Grahame, Public Representative, Regina  
Sherstin Heino, RN, Kindersley (from September 2021)  
Michell Jesse, RN, Regina  
Anne KoKesh, RN, Prince Albert  
Diane McDougall, RN, Saskatoon (September – November 2021)  
Russ Marchuk, Public Representative, Regina  
David Millar, Public Representative, Regina  
Jodi Romanow, RN, Melfort (from September 2021)  
Natasha Shyiak, RN, Regina  
Kari Stabblers, RN, Unity  
Elaine Stewart, RN, Pilot Butte  
Frank Suchorab, RN, Prince Albert  
Stella Swertz, RN, Weyburn  
Leonard Wegner, RN, Maidstone  
Ambrosia Varaschin, Public Representative, Martensville

#### **CRNS Support**

Cheryl Hamilton, RN  
Leah White, RN  
Karen Rhodes

## **Legislation & Bylaw 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 the bylaws of the organization, and – when directed by Council – draft, review and recommend revisions.

The Committee met three times in 2021 to review and recommend the SRNA Bylaw amendments that went to Council. CRNS received government approval for the 2021 regulatory Bylaw amendments.

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

#### **Committee Members**

Francoise (Frankie) Verville, NP, Chair, Regina (to June 2021)  
Moni Snell, NP, Chair, Regina (from June 2021)  
Janice Giroux, RN, Weyburn  
Jennifer Radloff, RN, Nipawin  
Ann-Marie Urban, RN, Regina  
James Struthers, Public Representative, Regina

#### **Staff Support**

Cindy Smith, RN  
Donna Marin, RN  
Cheryl Hamilton, RN  
Christa Weber, Legal Counsel (from September 2021)  
Julie Szabo

## **Registration & Membership Committee**

The Registration & Membership Committee makes recommendations to the Registrar with respect to administrative policy and/or individual cases regarding the requirements for registration/licensure and membership in accordance with *The Registered Nurses Act, 1988* and current SRNA Bylaws. The Committee consists of a mix of RNs and Public Representatives.

Activities of the Registration & Membership Committee in 2021 included:

- Two meetings held to review and make recommendations for licensure to the Registrar regarding initial licensure and registration renewal.
- Review of candidates and selection of the auditors for the 2020 CCP audit.

#### **Committee Members**

S. Lynn Jansen, RN, Chair, Regina  
Maria Estorco, RN, Saskatoon  
Gina Fleming, RN, Regina  
Patricia Harlton, Public Representative, Regina

Jennelle Hubick, NP, Strasbourg (from August 2021)  
Rodney Luhning, Public Representative, Lumsden

### **CRNS Staff Support**

Cheryl Hamilton, RN  
Deborah Pearson  
Leah White, RN

## **Nominations Committee 2021**

The Nominations Committee recruits potential RN and NP candidates for the CRNS annual election for positions on Council and the Nominations Committee. The Committee met four times throughout 2021 to discuss strategies for recruiting registrants to let their name stand for election.

For the spring 2021 election, the Nominations Committee provided the following slate of candidates:

- Four candidates for President-Elect (two-year term)
- One candidate for Member-at-Large Electoral Region 1 (two-year term)
- Two candidates for Member-at-Large Electoral Region 4 (three-year term)
- Three candidates for Member-at-Large Nursing Practice Area: nursing education, nursing administration, policy or research (three-year term)
- One candidate for the Nominations Committee (two-year term)
- There were no candidates for Member-at-Large Electoral Region 1 (two-year term)

The CRNS used an online e-voting system with Association Voting for the election that ran from February 25, 2021, to noon on May 5, 2021. 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.

Forms and information for the 2022 CRNS Council Election were available on the CRNS website in November 2021. The Nominations Committee made more than 269 phone calls to registrants who expressed interest through their registrant 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.

In November 2021, the communications strategy promoting the open positions started with a message from the Council President and then an email was sent to all practicing registrants. A poster was mailed out in December 2021 to the Workplace Representatives to share within their locations. A strategic social media campaign was used to promote Council nominations.

The December 2021 digital News Bulletin was also used to promote the call for nominations. An email from the President and Executive Director promoting the nominations was sent to all CRNS registrants in December. For easier access, this email included links to the website that houses information on nominations including the Q&As and the nomination forms. A streamlined process for nominations and submissions was developed to make the process easier for registrants. Facebook groups were utilized to inform registrants of positions open on Council and the Nominations Committee.

### **Committee Members**

Caroline Bykowsky, RN, Saskatoon (to May 2021)  
Jan Devitt, Public Representative, Regina  
Jenise Schneider, RN, Meadow Lake  
Joanne Petersen, RN, Chair, Moose Jaw (to May 2021)  
Warren Kosh, RN, Chair, La Ronge (from May 2021)  
Andriy Guravskyy, RN, Saskatoon (from May 2021)

### **CRNS Staff Support**

Tonya Blakley  
Lesley Stronach (to March 2021)  
Wendy Grant (from March 2021)

## **Professional Practice Groups**

The CRNS Professional Practice Groups (PPG) promote professional growth, provide professional development in nursing practice, and promote networking and support within the community of RNs. As of December 31, 2021, the CRNS has 10 PPGs. The groups along with some of their 2021 updates include:

- Critical Care Nurses Professional Practice Group
- Mental Health Professional Practice Group
  - Hosted numerous Zoom sessions on mental health topics and developed a guided wellness series. The 2021-2022 wellness series provides access to mental health resources and incorporates practice exercises and activities, all of which can be accessed on their website.
- Parish Nurses Professional Practice Group
  - Took part in the national Parish Nursing Conference in May 2021, virtually. The Parish Nurses PPG continues to provide support and education, especially emotional and mental support to parish members, support staff and Parishes during trying COVID-19 times.
- Pain Management Professional Practice Group
  - Collaborated with *SaskPain* and the *Improving Pain in Saskatchewan Research Team* to create a series of *Partners in Pain* events to provide education for individuals living with chronic pain.
- PeriAnesthesia Nurses Group of Saskatchewan (PANGS)

- Held an online conference and Annual General Meeting with National Association of PeriAnesthesia Nurses of Canada (NAPANc).
- Retired Nurses Professional Practice Group
- Skin and Wound Interest Group
- Saskatchewan HIV/HCV Nursing Education Organization Professional Practice Group
- Saskatchewan Nursing Informatics Association of Saskatchewan (SNIA)
  - Involved in various nursing informatics projects provincially, nationally and internationally.
- Saskatchewan periOperative RN Professional Practice Group (SORNG)
  - SORNG won the annual Perioperative Nurses Week poster contest. The poster is available for all members and associates to download and was highlighted during Perioperative Nurses Week and published in the ORNAC Journal. Additionally, Sharon Wandzura, RN from Saskatoon, was recognized as an outstanding nurse who has made a significant contribution to perioperative nursing in Canada. Sharon won the *2021 Isabelle Adams Award for Excellence in Perioperative Nursing*.

## Interprofessional Advisory Group (IPAG)

The Interprofessional Advisory Group (IPAG), which provides content expertise for the Clinical Decision Tools (CDT) for RNs with Additional Authorized Practice [RN(AAP)], was reactivated in the final quarter of 2021 to begin the process for updating the CDTs throughout 2022. The Terms of Reference document was updated to accommodate this work.

### Committee Members

Greg Lawrence, Public Representative, Regina  
 Doria Melville, NP, Saskatoon  
 David Oppen, Physician, Brantford  
 Judy Rhode, RN(AAP), Saskatoon  
 John-Michael Stevens, Physician, Warman

### CRNS Staff Support

Barbara MacDonald, RN  
 Michelle Duncan

## NP Advisory Working Group

The NP Advisory Working Group met twice in 2021. Key activities for the Committee included:

- Nurse Practitioner Regulation Framework Implementation Plan Project (NPR-FIPP) – The group was provided an update on the national multi-jurisdictional work being done. The goal of this work is to implement one national entry-level exam for all NPs across the country, refresh the entry-level

competencies (ELC) and one registration category based on the ELCs.

- Consultation on proposed SRNA Medical Imaging Bylaws.

### Committee Members

Cindy Smith, RN, CRNS Executive Director  
 William Cannon, NP, Yorkton  
 Leah Currie, Public Representative, Saskatoon  
 Brittany Stephenson, NP  
 Brenda Mishak, NP, Saskatoon  
 Arlene Eckert, NP, Saskatoon  
 Maureen Klenk, NP, Regina  
 Johanne Rust, NP, Chair, Assiniboia  
 Tara Schmalenberg, NP, Raymore

### CRNS Staff Support

Carole Reece, RN (from April 2021)  
 Jolene Issel, NP (to April 2021)  
 Faith Antiporta

## Nursing Education Program Approval Committee (NEPAC)

As part of its mandate, the CRNS is responsible for approving RN and NP education programs in the province. All program approval documents are available on the CRNS website, keeping with right-touch regulation and transparency.

In 2021, NEPAC held three virtual meetings and supported provincial nursing programs through key activities, including:

- University of Saskatchewan NP Comprehensive Review on May 28, 2021, and September 21, 2021 – The program received a seven-year approval from the Committee.
- SRNA Accreditation Orientation Day for University of Saskatchewan College of Nursing on August 23, 2021 – Staff from the University of Saskatchewan, College of Nursing, received orientation for the comprehensive review process. This program is due for a comprehensive review in June 2022.
- Meeting with the Deans (SaskPolytechnic and University of Saskatchewan) on September 2, 2021, and University of Regina September 14, 2021 – A high-level orientation of NEPAC and the process for approval of nursing education programs in Saskatchewan.
- Annual Report Review on September 20, 2021 – In 2021, programs were required to submit an annual review of their respective programs. Feedback was provided to each program by NEPAC regarding their submissions. A new standardized online submission form was used for this process.
- Comprehensive Review Orientation October 19, 2021, and November 26, 2021 – Orientation for the two bridging programs offered at Saskatchewan PolyTechic

to the new program approval process for curriculum mapping and comprehensive review process provided. There were also attendees from the SCBScN programs offered in collaboration by Saskatchewan PolyTechic and the University of Regina, as this program is due for a comprehensive review in 2023.

- NEPAC Member Interviews and Orientation – Recruitment for three positions on NEPAC occurred in 2021 – a public representative, a representative from another health profession and an NP. Candidates were chosen and recommended for approval. One of the three positions was approved by Council in late 2021, and the final two will be decided upon by Council in 2022. Additionally, the new provincial Chief Nursing Officer, Liliana Canadic, was appointed, and orientation was provided.

### **Committee Members**

Dan Pooler, Public Representative, Chair, Regina  
Liliana Canadic, RN, Government Representative, Regina (from August 2021)  
Mary Martin Smith, RN, Regina (from April 2021)  
Wendy Wilson, RN, Leader  
Ivy Poulin, NP, Spiritwood  
Lana Dean, Pharmacist, Representative from Another Health Profession, Regina  
Linda McPhee, RN, Regina, (to March 2021)  
Michelle Sorenson, Public Representative, Strasbourg (to September 2021)

### **CRNS Staff Support**

Carole Reece, RN (from October 2021)  
Faith Antiporta  
Jolene Issel, NP (to April 2021)  
Yvonne Harris, RN (to November 2021)

## **Membership Advisory Committee 2021**

The Membership Advisory Committee provides strategies for student and registrant engagement in CRNS activities. In addition, the Committee recommends registrant and public representation to CRNS internal and external committees. During the year, the Committee appointed or re-appointed 20 CRNS registrants to internal and external committees and made recommendations to Council for appointments to Statutory and Council committees.

### **Committee Members**

Sarabjeet Singh, RN, Chair, Saskatoon  
Lori Boen, RN, Neuanlage  
Janine Brown, RN, Saskatoon  
Liz Domm, RN, Regina  
Karen Gibbons, Public Representative, Regina

### **CRNS Staff Support**

Tonya Blakley  
Lesley Stronach (until March 2021)  
Wendy Grant (from March 2021)

## **RN Practice Advisory Committee**

The RN Practice Advisory Committee met in 2021 to continue to discuss optimization of RN practice in the interest of the public. The broad group of representatives from across the province engaged in discussions focused on the potential for RN prescribing. Committee meetings were postponed in late 2021 in response to the increasing pressures of the pandemic and plans to continue these important discussions in 2022 are underway.

## **Audit and Finance Committee**

The purpose of the Audit and Finance Committee is to assist the Council in fulfilling its oversight responsibilities related to the financial affairs of the organization. The Committee met five times in 2021 to review and monitor the integrity and accuracy of financial reporting, systems of financial control, audit functions and budget process.

### **Committee Members**

Doug Finnie, Chair, Public Representative, Saskatoon  
Warren Koch, RN, La Ronge (to May 2021)  
Betty Metzler, RN, Yorkton (to May 2021)  
Moni Snell, NP, Regina  
Leah Thorp, RN, Regina (from June 2021)  
Mary Ellen Walker, RN, Saskatoon (from June 2021)  
James (Jamie) Struthers, Public Representative, Regina

### **Staff Support**

Cindy Smith, RN  
Randle Green, Chief Financial Officer  
Julie Szabo

## **Continuing Competence Program (CCP) Advisory Committee**

The purpose of the Continuing Competence Program (CCP) Advisory Committee was to make recommendations to CRNS staff regarding the review and implementation of the mandatory CCP content and process.

The CCP Advisory Committee members met virtually twice in 2021 to review and discuss the current CCP. Activities of the Committee included:

- Reviewing best practice and current information, including conducting an environmental scan;
- Providing input to assist with the development of an electronic survey and focus group questions;

- Reviewing the results of the survey and focus group responses and identified common themes; and,
- Providing recommendations on how to revise the mandatory CCP.

### **Committee Members**

Sarah Burns, RN(AAP), Regina  
 Sydney Davis, GN, Saskatoon  
 Heather Keith, NP, Christopher Lake  
 Dr. Madeline Press, RN, Saskatoon  
 Shelly Luhnig, RN, Saskatoon  
 Joanne Petersen, RN, Moose Jaw  
 Erika Vogel, RN, Regina  
 Karen Marchuk, Public Representative, Regina  
 Heather Thiessen, Public Representative, Saskatoon

### **Staff Support**

Donna Marin, RN  
 Sherry Joa, RN  
 Deborah Pearson  
 Tonya Blakley  
 Talitha Smadu McCloskey (from September 2021)  
 Madeleine Christopherson (to September 2021)

### **External Committee Representatives**

Donna Brunskill, RN(retired), University of Regina Senate,  
 Indian Head  
 Cheryl Besse, RN, Board of Directors of the Saskatchewan  
 Prevention Institute, Saskatoon  
 Karen Eisler, RN, Canadian Nurses Protective Society  
 Board of Directors, Regina

### **Workplace Representatives**

The role of a Workplace Representative (WPR) is to be a connection between the CRNS and its registrants, sharing information and CRNS resources about registered nursing, health care issues and other topics within the mandate of the CRNS. As of December 31, 2021, the CRNS had 82 WPRs representing health regions across the province. We thank them all for their dedication and service to the work of the CRNS.

### **Workplace Educators**

Workplace Educators (WPE) are CRNS registrants who have been educated to provide educational presentations developed by the CRNS. As of December 31, 2021, there are nine WPEs engaged in the program. Throughout the past year, presentations were offered on the topics of Medication Management: Best Practices and Professional Accountability, Continuing Competence, Documentation and the Code of Ethics. Due to the pandemic, there were fewer presentations than in previous years. We thank the WPEs for their dedication and service to the work of the CRNS.

# Financial Statements



## 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, 2021, 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 (operating as the College of Registered Nurses of Saskatchewan) for the year ended December 31, 2021.

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 16, 2022.

#### *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 16, 2022**  
**Regina, Saskatchewan**

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

**SASKATCHEWAN REGISTERED NURSES' ASSOCIATION**  
 (operating as the College of Registered Nurses of Saskatchewan)  
**SUMMARY STATEMENT OF FINANCIAL POSITION**  
**AS AT DECEMBER 31, 2021**  
 (with comparative figures for 2020)

	<u>2021</u>	<u>2020</u>
<b>Assets</b>		
Cash	\$ 4,424,253	\$ 4,588,305
Investments	2,482,221	2,453,648
Accounts receivable and prepaid expenses	1,026,813	1,661,650
Tangible capital assets	1,299,920	1,346,336
Intangible asset	154,134	229,999
	<u>\$ 9,387,341</u>	<u>\$ 10,279,938</u>
 <b>Liabilities</b>		
Accounts payable and accrued liabilities	\$ 427,012	\$ 815,342
Deferred revenue and fees collected in advance	5,621,405	5,951,238
Long-term debt	222,395	288,838
	<u>6,270,812</u>	<u>7,055,418</u>
 <b>Net Assets</b>		
Invested in tangible capital & intangible assets	1,231,659	1,287,497
Unrestricted surplus	1,884,870	1,937,023
	<u>3,116,529</u>	<u>3,224,520</u>
	<u>\$ 9,387,341</u>	<u>\$ 10,279,938</u>

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

**Approved on behalf of Council:**



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



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

**SASKATCHEWAN REGISTERED NURSES' ASSOCIATION**  
**(operating as the College of Registered Nurses of Saskatchewan)**  
**SUMMARY STATEMENT OF OPERATIONS**  
**FOR THE YEAR ENDED DECEMBER 31, 2021**  
**(with comparative figures for the year ended December 31, 2020)**

	<u>2021</u>	<u>2020</u>
<b>Revenue</b>		
Memberships	\$ 6,843,335	\$ 6,697,395
Interest	43,541	108,009
Other revenue	404,455	416,671
	<u>7,291,331</u>	<u>7,222,075</u>
<b>Expenses</b>		
Affiliation fees	1,372,534	1,383,446
Amortization	171,332	182,163
Communications	35,316	11,103
Contracts and consulting	974,272	936,622
Grants, sponsorships, and awards	9,825	21,616
Insurance and property tax	38,356	34,527
Interest and bank charges	65,879	78,771
Miscellaneous	45,843	39,842
Professional development and meetings	352,668	279,119
Rent and lease	3,359	17,793
Repairs and maintenance	66,741	63,258
Supplies, equipment and software	420,228	387,370
Utilities	57,984	61,190
Wages and benefits	3,784,985	3,483,540
	<u>7,399,322</u>	<u>6,980,360</u>
<b>Excess (deficiency) of revenue over expenses</b>	<u>\$ (107,991)</u>	<u>\$ 241,715</u>

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

# CRNS Staff 2021

## Executive Office

Cindy Smith, RN, Executive Director  
Christa Weber, Legal Counsel (from September 2021)  
Cheryl Weselak, Human Resources Generalist  
Julie Szabo, Executive Assistant, Governance  
Victoria Kos, General Accounting Specialist  
Susan Greenman, Senior Assistant, Facilities, Accounting & Administration

## Communications & Public Relations

Tonya Blakley, Director, Communications & Public Relations  
Marin Pinku, Information & Technology Specialist (from March 2021)  
Adam Lark, Technology & Design Specialist  
Brad Yarotsky, Technology & Multimedia Specialist  
Talitha Smadu McCloskey, Communications Specialist (on leave to September 2021)  
Madeleine Christopherson, Communications Specialist (to September 2021)  
Lesley Stronach, Senior Assistant, Communications & Public Relations (on leave April 2021)  
Wendy Grant, Casual, Assistant, Communications & Customer Relations (to March 2021)  
Wendy Grant, Term, Senior Assistant, Communications & Public Relations (from March 2021)  
Tracy Gartner, Assistant, Communications & Customer Relations (on leave)  
Brenda McLeish, Term, Assistant, Communications & Customer Relations (from March 2021)

## Regulatory Services

Cheryl Hamilton, RN, Registrar & Director, Regulatory Services  
Donna Cooke, RN, Nursing Advisor, Regulatory  
Susan Bazylewski, RN, Casual, Nursing Advisor, Complaints & Investigation  
Cathy Jeffery, RN, Casual, Nursing Advisor, Complaints & Investigation (to April 2021)  
Denise Nakonechny, RN, Casual, Nursing Advisor, Complaints & Investigation  
Angela Chadek, RN, Term, Nursing Advisor, Complaints & Investigation (to December 2021)  
Billy-Jo Howe, RN, Nursing Advisor, Complaints & Investigation  
Sherry Joa, RN, Nursing Advisor, Regulatory Services  
Leah White, RN, Nursing Advisor, Regulatory Services  
Susan Furman-Pelzer, RN, Term, Nursing Advisor, Prescription Review Program

Melanie Hladun, Program Assistant, Complaints & Investigation  
Deborah Pearson, Senior Assistant, Regulatory Services  
Karen Rhodes, Program Assistant, Regulatory Services  
Dawn Aschenbrener, Administrative Assistant, Regulatory Services  
Nikita Schmidt, Administrative Assistant, Regulatory Services

## Nursing Practice

Terri Belcourt, RN, Director, Practice  
Donna Marin, RN, Nursing Advisor, Practice  
Jolene Issel, RN, Nursing Advisor, Practice (on leave from April 2021)  
Shayna Moore, RN, Term, Nursing Advisor, Practice (from March to October 2021)  
Shayna Moore, RN, Nursing Advisor, Practice (from November 2021)  
Barbara MacDonald, RN, Nursing Advisor, Practice  
Carole Reece, RN, Nursing Advisor, Practice  
Yvonne Harris, RN, Nursing Advisor, Practice (to November 2021)  
Anita Nivala, Program Assistant, Practice (to August 2021)  
Faith Antiporta, Senior Assistant, Practice  
Michelle Duncan, Administrative Assistant, Nursing Practice (from October 2021)

# CRNS Virtual Annual Meeting Agenda

MAY 5, 2022

Time	Agenda Item
1:00 pm	<b>1. Call to Order</b> 1.1 Welcome 1.2 Opening Blessing: Judy Pelly 1.3 Call to Order 1.4 Rules of Order 1.5 Approval of Agenda
1:20 pm	<b>2. CRNS President's Report</b>
1:35 pm	<b>3. CRNS Executive Director's Report</b> 3.1 Financial Report
1:50 pm	<b>4. Bylaws</b>
2:50 pm	<b>5. Resolutions</b>
3:00 pm	<b>6. Election Results</b>
3:15 pm	<b>7. Closing Blessing: Judy Pelly</b>
3:30 pm	<b>8. Adjournment</b>