

INVESTIGATION COMMITTEE
of the
College of Registered Nurses of Saskatchewan

-and-

Kelsey Bosch (Kruesel)
Saskatchewan RN #0045879
[REDACTED] SASKATCHEWAN

DECISION
of the
DISCIPLINE COMMITTEE
of the
COLLEGE OF REGISTERED NURSES OF SASKATCHEWAN

Legal Counsel for the Investigation Committee:	Titli Datta
Legal Counsel for Kelsey Bosch (Kruesel)	Keir Vallance
Legal Counsel for the Discipline Committee:	Brittnee J. Holliday
Chairperson for the Discipline Committee:	Joanne Blazieko, RN

Date of Hearing: April 19, 2023

Location: *Via Videoconference*
College of Registered Nurses of Saskatchewan
1-3710 Eastgate Drive
Regina, Saskatchewan
S4Z 1A5

Date of Decision: June 20, 2023

INTRODUCTION

1. The Discipline Committee of the College of Registered Nurses of Saskatchewan (“CRNS”) convened to hear and determine a complaint of professional incompetence and/or professional misconduct against Registered Nurse #0045879, Kelsey Bosch (Kruesel) on April 19, 2023. The Discipline Committee is established pursuant to section 30 of *The Registered Nurses Act 1988 (The Act)*. Throughout this decision, Kelsey Bosch (Kruesel) will be referred to as Ms. Bosch.
2. The charges against Ms. Bosch are outlined in a Notice of Hearing of Complaint dated March 13, 2023. There are two charges, one charge of professional incompetence and one charge of professional misconduct:

Charge Number 1

You have committed an act of professional incompetence as per section 25 of *The Registered Nurses Act, 1988*, in that, on May 29, 2022, during your care of a pediatric patient who presented to the emergency department at the [REDACTED] after an accidental ingestion of infant liquid acetaminophen, you displayed a lack of knowledge, skill, or judgment of a nature or to an extent that demonstrates you are unfit to provide one or more services ordinarily provided as part of the practice of registered nursing. More particularly:

- (a) You failed to thoroughly and appropriately assess and monitor the pediatric patient.
- (b) You failed to competently review and assess the Medication Administration Record (MAR) and/or the physician’s order for the patient.
- (c) You failed to recognize that the SMART pump was infusing the wrong dose of N-acetylcysteine until after the patient lost consciousness at 1150.
- (d) You administered 150 mg/kg instead of 15 mg/kg of N-acetylcysteine to the pediatric patient from the start of your shift at 0700 until the infusion was stopped at 1216.
- (e) You failed to take the proper steps to be knowledgeable of the protocol for infusing N-acetylcysteine using the SMART pump by not reviewing

the SK SMART Pump Program Parenteral Manual for N-acetylcysteine (monograph) at any time during your shift.

Charge Number 2

You have committed an act of professional misconduct as per section 26(2)(l) and (q) of *The Registered Nurses Act, 1988*, in that, on May 29, 2022, during your care of a pediatric patient who presented to the emergency department at the [REDACTED] after an accidental ingestion of infant liquid acetaminophen, you failed to comply with the code of ethics of the association, and contravened provisions of *The Registered Nurses Act, 1988*, and the SRNA bylaws.

3. The Notice alleges that Ms. Bosch is guilty of professional incompetence and professional misconduct contrary to sections 25 and 26(1) and (2) of the Act, as follows:

25 For the purposes of this Act, professional incompetence is a question of fact, but the display by a nurse in the professional care of a client of a lack of knowledge, skill or judgment or a disregard for the welfare of a client of a nature or to an extent that demonstrates that the nurse is unfit:

- (a) to continue in the practice of registered nursing; or
- (b) to provide one or more services ordinarily provided as part of the practice of registered nursing; is professional incompetence within the meaning of this Act

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

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

- ...
- (l) failed to comply with the code of ethics of the association;
- ...
- (q) contravened any provision of this Act or the bylaws

4. It is also alleged that a number of *Practice Standards, Entry Level Competencies* and *Code of Ethics* provisions have been breached. Those are set out in the Notice of Hearing and Appendix "A".

HEARING

5. At the outset of the hearing, counsel for the Investigation Committee tendered a binder entitled "Evidence Binder". The binder consisted of an Agreed Statement of Facts, Notice of Hearing, Joint Submission regarding Proposed Penalty, Ms. Bosch's verification of registration with the CRNS, and a series of documents relevant to the Charges. The following were marked as Exhibits:

Exhibit P1: Notice of Hearing with proof of service, dated March 13-16, 2023 (Tab 1 of Evidence Binder)

Exhibit P2: Agreed Statement of Facts, supporting documents, Joint Submission regarding Proposed Penalty (Tabs A, 2-16, and Tab B of Evidence Binder)

6. At the hearing, Ms. Bosch, through her counsel, confirmed her admissions to the Charges for the record.
7. Paragraphs 38 and 39 of the Agreed Statement of Facts (Exhibit P2, Tab A) set out these admissions:

38. Ms. Bosch admits that she erred in not realizing that the SMART pump was set and continued to be set at the STEP 1 Loading Dose until after the Patient lost consciousness, recognizes that she should have assessed and monitored the Patient more thoroughly and that she should have reviewed the NAC Monograph, the MAR and the Physicians Order to N-acetylcysteine and compared the same to the SMART pump infusion competently, recognizes that she failed to take the proper steps to follow the N-acetylcysteine protocol, and takes responsibility for the errors she made.

39. Ms. Bosch admits that her conduct on May 29, 2022, as outlined in the Notice of Hearing ... and this Agreed Statement of Facts constitutes professional incompetence and professional misconduct as defined in sections 25, 26(2)(l) and (q) of *The Registered Nurses Act, 1988*, and the delineated provision of the SRNA Bylaws, *Code of Ethics for Registered Nurses*, and SRNA *Registered Nurse Practice Standards, 2019* as outlined in the Notice of Hearing.

FACTS

8. Based on the documents filed by the Investigation Committee and the submissions of legal counsel, these are the key facts:
- a. Ms. Bosch of [REDACTED], Saskatchewan is a Registered Nurse and member of the CRNS.
 - b. Based on a document entitled "Verification of Registration Status" (P2, Tab 2), Ms. Bosch first registered with the CRNS on June 5, 2018. She remains a practicing member up and until November 30, 2023. Her current registration status is "active".
 - c. Ms. Bosch has been working as a full-time RN at the [REDACTED] since June 2018 in the Emergency Department (the "ER") and in acute care.
 - d. Throughout her registration, Ms. Bosch has been in good standing and with no previous complaints.
 - e. On August 15, 2022, the CRNS received information that Ms. Bosch was involved in professional incompetence and/or professional misconduct in her nursing practice regarding the care she provided to a pediatric patient (the "Patient") during the day shift on May 29, 2022 in the ER.
 - f. On May 28, 2022, the Patient, a [REDACTED] pediatric patient, was brought into the ER at the [REDACTED] after an accidental ingestion of infant liquid acetaminophen which required an antidotal IV medication, N-acetylcysteine ("NAC") to be administered. This medication is often referred to as N-acetylcysteine, acetylcysteine, NAC, and/or Mucomyst.
 - g. The antidotal IV medication infusion is a two-step process, with an initial loading dose that is infused over one hour followed by a maintenance dose that is infused over 20 hours. The Physicians Order indicated the loading dose was to be 150mg/kg over 1 hour and the maintenance dose was to be 15 mg/kg/hour over 20 hours.
 - h. Ms. Bosch started her 12 hour day shift at 0700 hrs on May 29, 2022 in the ER and was responsible for the Patient.

- i. Prior to this shift, Ms. Bosch had no experience administering NAC and was not experienced in caring for pediatric patients, except for handling cases such as minor fevers.
- j. Based on the verbal report Ms. Bosch received from the night-shift RN, Ms. Bosch's understanding was that there were two steps in the NAC protocol, that all steps were complete, and that she would not have to make changes to the SMART pump infusion. Ms. Bosch also understood the Patient had been vomiting throughout the night and had received anti-emetics throughout the night as well.
- k. Ms. Bosch completed a focused assessment on the Patient at 0745 hrs. Assessment findings included stable vital signs, the Patient was breathing easily, and the Patient's mother had reported the Patient was waking up every 20 minutes. A late entry, between 1100 and 1150 hrs was also made in the Nursing Notes, indicating the Patient's lungs were clear and the Patient was crying upon assessment.
- l. Ms. Bosch did not look at the SMART pump to confirm the NAC was running as ordered, rather she looked at the IV fluid bag and noted it was "Mucomyst". Ms. Bosch did not competently review the Physician Orders for the NAC and did not compare the Physicians Order to the NAC infusion on the SMART pump. Ms. Bosch also did not review the NAC Monograph or the MAR during her shift.
- m. Ms. Bosch spoke to the ER physician at approximately 0800 hrs and provided an update regarding the Patient vomiting all night and concern the Patient was dehydrated. The ER Physician provided an order for IV fluids to be administered concurrently with the NAC. Ms. Bosch initiated the IV fluids to run concurrent with the NAC. She did not review the rate the NAC was running at this time.
- n. On May 29, 2022 at 1150 hrs, after the Patient's mother rang the call bell, the Patient was found unresponsive, cyanotic, and without a pulse. CPR was initiated and spontaneous circulation was regained.
- o. It was determined through review of the Pump Event/Alarm Log that the NAC infusion had been running at the Loading Dose rate instead of the Maintenance Dose rate since it had been initiated by the night nurse on May 28, 2022.

- p. The patient was transferred by Air Ambulance to Jim Pattison's Children's Hospital in Saskatoon. Brain death was declared after extensive testing; the Patient ultimately passed away.
 - q. Ms. Bosch was put on a paid leave while a workplace investigation was undertaken. After investigation, Ms. Bosch was not formally disciplined but received a Letter of Expectation with educational requirements to be completed.
 - r. Ms. Bosch completed the educational requirements prescribed by her employer.
9. The Discipline Committee finds that the evidence substantiates both charges and the Discipline Committee accepts Ms. Bosch's guilty pleas to the charges.

SANCTION

10. Having found that the charges are sustained and that the guilty pleas were appropriate, the next task for the Discipline Committee is the appropriate sanction under section 31 of the Act.
11. A Joint Submission regarding Proposed Penalty ("Joint Submission") was submitted (Exhibit P2, Tab B) which can be summarized as follows:
- (a) Ms. Bosch shall be suspended for a period of two weeks, commencing April 26, 2023;
 - (b) Ms. Bosch shall complete, at her expense, three courses and provide confirmation of completion and as set out further;
 - (c) Ms. Bosch may continue to practice under supervision following her suspension until proof of completion of the courses;
 - (d) Ms. Bosch shall pay \$15,000.00 of costs of the inquiry and hearing into the nurse's conduct and related costs, including the expenses of the Investigation Committee and the Discipline Committee.

12. An Affidavit of [REDACTED], [REDACTED] legal assistant, was filed with the Discipline Committee which showed that the total approximate costs were \$34,531.92. Although that was the total actual and anticipated cost, the Joint Proposal provides that Ms. Bosch would pay \$15,000.00 of that amount or 43%.

13. A number of factors are considered when determining an appropriate sanction for a professional. While the list is not intended to be exhaustive, a frequently cited list of factors established by case law can be found in the decision of *Jaswal v. Medical Board (Newfoundland)*, 1996 CanLII 11630 (NL SC), 138 Nfld & PEIR 181 ["*Jaswal*"]:
 1. the nature and gravity of the proven allegations;
 2. the age and experience of the offending [professional];
 3. the previous character of the [professional] and in particular the presence or absence of any prior complaints or convictions;
 4. the age and mental condition of the offended [party];
 5. the number of times the offence was proven to have occurred;
 6. the role of the [professional] in acknowledging what had occurred;
 7. whether the offending [professional] had already suffered other serious financial or other penalties as a result of the allegations having been made;
 8. the impact of the incident on the offended [party];
 9. the presence or absence of any mitigating circumstances;
 10. the need to promote specific and general deterrence and, thereby, to protect the public and ensure the safe and proper practice of [the profession];
 11. the need to maintain the public's confidence in the integrity of the profession;
 12. the degree to which the offensive conduct that was found to have occurred was clearly regarded, by consensus, as being the type of conduct that would fall outside the range of permitted conduct; and
 13. the range of sentence in other similar cases.

14. In *Camgoz v. College of Physicians and Surgeons (Saskatchewan)*, 1993 SK QB 8952, 114 Sask R 161, the Court of King's Bench in Saskatchewan also outlined the above list as factors to consider when determining penalty. The list is not exhaustive and does not mean that each specified factor will be relevant in every case. As such, the factors need to be considered in relation to the specific facts of each case.
15. The Discipline Committee must bear in mind the gravity and the negative impact on the nursing profession in considering Ms. Bosch's sanction in this matter. A pediatric patient died because the loading dose of the prescribed medication was not changed to the maintenance dose and continued to run during Ms. Bosch's shift. Ms. Bosch's inexperience in pediatric care, her acknowledgment and remorse for the incident, the fact that Ms. Bosch has not had prior history of discipline with the CRNS, and that she has agreed to a joint submission on penalty, including agreement to undergo training, courses, and supervision also must be considered.
16. In considering similar cases, the Investigation Committee pointed to *College of Nurses of Ontario v. Soriano and Doerksen*, 2005 ON CNO 79616 [*"Doerksen"*], a decision by the Discipline Committee of the College of Nurses of Ontario following charges of professional misconduct against two registered nurses for their care of a 10 year old pediatric patient, who ultimately died. In that case, the nurses admitted professional misconduct for failing to: adequately assess the patient by completing vital signs and pain and sedation scales, determine whether further assessments or interventions were necessary, ensure timely advice from the physician was obtained, and adequately document the patient's condition and care. The nurses admitted their conduct had failed to meet the standards of the medical profession and proceeded by way of an Agreed Statement of Facts and Joint Proposal as to Penalty. The Discipline Committee accepted the Joint Proposal and ordered the nurses be reprimanded and serve a one-month suspension. This matter highlighted that when there is an isolated instance of failing to meet the standard of practice, the main concern of the College is that there is effective remediation to ensure safe, competent nursing care in the future. It was also important to highlight the seriousness of failing to assess patients and intervene as necessary or seek out the help required to provide appropriate care.

17. Turning back to the present case, this was also an isolated incident and Ms. Bosch's conduct was not intentional. The Discipline Committee recognizes that it is not appropriate to harshly penalize Ms. Bosch solely because the consequence was tragic, however, the outcome certainly points to the gravity of the situation, an important consideration. Ms. Bosch has taken responsibility and by entering guilty pleas, she has acknowledged her responsibility and shortfalls that lead to this tragic event. Through counsel, Ms. Bosch expressed her regret and shared her deepest sympathy for the family's loss. Ms. Bosch acknowledged that she has undertaken and will continue to undertake steps to ensure nothing like this happens again. The Discipline Committee recognizes Ms. Bosch's inexperience in pediatric care and is of the opinion that remediation through education and supervision is of the utmost importance in this matter.
18. The Discipline Committee appreciates Ms. Bosch's cooperation and insight and recognizes how difficult adverse medical outcomes are, particularly in the case of errors or mistakes. The Discipline Committee encourages Ms. Bosch to access any supports she may need, such as counselling, moving forward.
19. The Discipline Committee is aware of the legal principles regarding joint submissions and concludes that the Joint Submission is fit, reasonable and consistent with the public interest mandate of the CRNS. The Discipline Committee concludes the penalty also properly addresses both specific and general deterrence, the principles to consider when determining sanction, and is within the sentencing range of similar cases when considering all factors.
20. As a result, and after hearing from counsel and considering all of the material, the Discipline Committee issued an Order on April 20, 2023 endorsing the Joint Proposal.

ORDER OF THE DISCIPLINE COMMITTEE

21. Following the Hearing, the Discipline Committee made the following Order, dated April 20, 2023:

1. Pursuant to section 31(1)(b) of *The Registered Nurses Act, 1988*, Ms. Bosch shall be suspended from the College of Registered Nurses of Saskatchewan (“CRNS”) for a period of two weeks, commencing April 26, 2023;
2. Pursuant to section 31(1)(e) of *The Registered Nurses Act, 1988*, Ms. Bosch shall satisfactorily complete and bear the costs of the following courses:
 - a) John Collins Consulting – Critical Thinking in Nursing (CTNRN01)
 - b) Saskatchewan Polytechnic Course – Safe Medication Administration (PHAR – 1608)
 - c) Saskatchewan Polytechnic Course – Health Assessment (NRSG – 104). The CRNS will assist in arranging for this course to be offered to Ms. Bosch as a stand-alone course.
3. Within 30 days of her completion of each of the courses outlined above, Ms. Bosch shall provide to the Registrar a written certificate or confirmation from each course provider stating:
 - a) That Ms. Bosch has successfully completed the required course; and,
 - b) Regarding the John Collins Consulting course, the course provider should also confirm that a copy of the Agreed Statement of Facts, the Joint Submission on Penalty, and the Order of the Discipline Committee has been received and reviewed.
4. Following completion of the suspension and pursuant to section 31(1)(c) of *The Registered Nurses Act, 1988*, Ms. Bosch may continue to practice, subject to the condition that she shall be under direct supervision of a Registered Nurse in relation to:

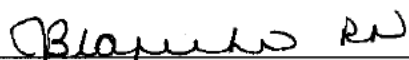
- a) the administration of IV medications delivered via smart pump; and
- b) administration of all medication for pediatric patients within the acute care facility and emergency department at the [REDACTED]

5. The condition of direct supervision shall remain in place until Ms. Bosch provides proof, as set out in paragraph 3, of successful completion of all the courses set out in paragraph 2.

6. Pursuant to section 31(2)(a)(ii) of *The Registered Nurses Act, 1988*, Ms. Bosch shall pay the costs of the inquiry and hearing which shall be fixed in the amount of \$15,000.00. The costs shall be paid on or before October 31, 2024. If Ms. Bosch fails to make payment in accordance with this Order, pursuant to section 31(2)(b) of *The Registered Nurses Act, 1988*, Ms. Bosch shall be suspended until payment is made in full.

22. Pursuant to section 31(2)(a)(ii) of *The Act*, a copy of this decision shall be sent to Ms. Bosch and the complainant.

June 20, 2023



Joanne Blazieko, RN, Chairperson
*On behalf of Members of the
Discipline Committee*
Frank Suchorab, RN
Kristin Dutchak, RN
Leah Clement, RN
David Millar, Public Representative

Right of Appeal

Pursuant to section 34(1) of *The Registered Nurses Act, 1988*, a nurse who has been found guilty by the discipline committee or who has been expelled pursuant to section 33 may appeal the decision or any order of the discipline committee within 30 days of the decision or order to:

- (a) the council by serving the executive director with a copy of the notice of appeal; or
- (b) a judge of the court by serving the executive director with a copy of the notice of appeal and filing it with a local registrar of the court.

APPENDIX A

BYLAWS, CODE OF ETHICS, PRACTICE STANDARDS & COMPETENCIES CONTRAVENED:

The SRNA Bylaws (2021)

Bylaw IV, Section 2(3)(a) and(b): Practicing Membership

Bylaw XIV Section 1: Code of Ethics of the Association

Bylaw XV Section 1: Standards and Competencies

Code of Ethics for Registered Nurses (2017)

A. Providing Safe, Compassionate, competent and Ethical Care

Nurses provide safe, compassionate, competent and ethical care.

Ethical responsibilities:

1. Nurses have a responsibility to conduct themselves according to the ethical responsibilities outlined in this document and in practice standards in what they do and how they interact with persons receiving care and other members of the health-care team.

D. Honoring Dignity

Nurses recognize and respect the intrinsic worth of each person.

Ethical Responsibilities:

6. Nurses utilize practice standards, best practice guidelines, policies, and research to minimize risk and maximize safety, well-being and/or dignity for person receiving care.

G. Being Accountable

Nurses are accountable for their actions and answerable for their practice.

Ethical Responsibilities:

1. Nurses, as members of a self-regulating profession, practise according to the values and responsibilities in the *Code* and in keeping with the professional standards, laws and regulation supporting ethical practice.
3. Nurses practise within the limits of their competence, they seek additional information or knowledge, report to their supervisor or a competent practitioner and/or request a different work assignment. In the meantime, nurses remain with the person receiving care until another nurse is available.

SRNA Registered Nurse Practice Standards (2019)

Standard 1: Professional Responsibility and Accountability

The registered nurse is responsible for practicing safely, competently and ethically, and is accountable to the client, public, employer and profession.

The registered nurse upholds this standard by:

3. Recognizing the registered nurse scope of practice and individual competence limitations within the practice setting and seeking guidance as necessary.
9. Practicing in accordance with agency policy and legislation, and in a timely manner recognizes and reports near misses and errors (own and others), adverse events, and critical incidents and taking action to stop and minimize harm.

Standard 2: Knowledge-Based Practice

The registered nurse practices using evidence-informed knowledge, skills, and judgment from diverse sources of knowledge and ways of knowing.

The registered nurse upholds this standard by:

12. Applying a knowledge base from nursing in the practice of registered nursing.
17. Anticipating potential health problems or issues for clients, the possible consequences and responding appropriately.
18. Proactively seeking new information and knowledge, employing a critical inquiry process and utilizing best practice in the provision of registered nursing care.

Standard 3: Ethical Practice

The registered nurse applies the principles in the current *CNA Code of Ethics for Registered Nurses* when making practice decisions and using professional judgment. The registered nurse engages in critical inquiry to inform clinical decision-making and establishes therapeutic caring and culturally-safe relationships with clients and the health care team.

The registered nurse upholds this standard by:

26. Practicing in accordance with the current *CNA Code of Ethics for Registered Nurses*.

Standard 5: Self-Regulation

The registered nurse demonstrates an accountability to regulate themselves in accordance with their legislated scope of practice.

The registered nurse upholds this standard by:

49. Practicing in accordance with *The Registered Nurses Act, 1988*, other current relevant legislation, bylaws, scope of practice, standards, entry-level competencies, guidelines and employer policies.

SRNA Registered Nurse Entry-Level Competencies (2019)

1. Clinician

Registered nurses are clinicians who provide safe, competent, ethical, compassionate and evidence-informed care across the lifespan in response to client needs. Registered nurses integrate knowledge, skills, judgment, and professional values from nursing and other diverse sources into their practice.

- 1.1 Provides safe, ethical, competent, compassionate, client-centred and evidence-informed nursing care across the lifespan in response to client needs.
- 1.2 Conducts a holistic nursing assessment to collect comprehensive information on client health status.

- 1.4 Analyses and interprets data obtained in the client assessment to inform ongoing decision-making about client health status.
- 1.5 Develops plans of care using critical inquiry to support professional judgment and reasoned decision-making.
- 1.7 Anticipates actual and potential health risks and possible unintended outcomes.
- 1.8 Recognizes and responds immediately when client safety is affected.
- 1.11 Applies knowledge of pharmacology and principles of safe medication practice.

2. Professional

Registered nurses are professionals who are committed to the health and well-being of clients. Registered nurses uphold the profession's practice standards and ethics and are accountable to the public and the profession. Registered nurses demonstrate accountability, accepts responsibility and seeks assistance as necessary for decisions and actions within the legislated scope of practice.

- 1.1 Demonstrates accountability, accepts responsibility, and seeks assistance as necessary for decisions and actions within the legislated scope of practice.
- 2.3 Exercises professional judgment when using agency policies and procedures, or when practicing in their absence.

7. Advocate

Registered nurses are advocates who support clients to voice their needs to achieve optimal health outcomes. Registered nurses also support clients who cannot advocate for themselves.

- 7.1 Recognizes and takes action in situations where client safety is actually or potentially compromised.
- 7.2 Resolves questions about unclear orders, decisions, actions, or treatments.

9. Scholar

Registered nurse are scholars who demonstrate a lifelong commitment to excellence in practice through critical inquiry, continuous learning, application of evidence to practice and support of research activities.

- 9.1 Uses best evidence to make informed decisions.