

IN THE MATTER OF: *The Registered Nurses Act, 1988.*

BETWEEN:

INVESTIGATION COMMITTEE OF THE
COLLEGE OF REGISTERED NURSES OF SASKATCHEWAN

- And -

ANDREA ULMER, RN #0037560

NOTICE OF HEARING

TO: Andrea Ulmer

TAKE NOTICE that the Investigation Committee of the College of Registered Nurses of Saskatchewan is recommending pursuant to section 28(3)(a) of *The Registered Nurses Act, 1988, SS c R-12.2* [the “*Act*”] that the Discipline Committee hear and determine the complaint that you are guilty of professional misconduct which occurred while you were on the Register and a member of the CRNS and held a license from the CRNS to practice registered nursing in Saskatchewan. The Discipline Committee, established in accordance with the *Act* and Bylaws will meet on **March 3, 2026, at 9 a.m.** to conduct a virtual hearing [the “**Hearing**”].

The particulars of your alleged professional misconduct are set out in Appendix A which is attached to and forms part of this Notice of Hearing of Complaint.

AND FURTHER TAKE NOTICE THAT where the Discipline Committee finds you guilty of professional misconduct or professional incompetence, pursuant to section 31(1) of the *Act*, the Discipline Committee may:

- (a) **order that the nurse be expelled from the college and that the nurse’s name be struck from the register;**
- (b) **order that the nurse be suspended from the college for a specified period;**
- (c) **order that the nurse may continue to practise only under conditions specified in the order which may include, but are not restricted to, an order that the nurse:**
 - (i) **not do specified types of work;**
 - (ii) **successfully complete specified classes or courses of instruction;**
 - (iii) **obtain treatment, counselling or both;**

- (d) reprimand the nurse; or**
- (e) make any other order that to it seems just.**

AND pursuant to section 31(2) of the *Act*, in addition to any order made pursuant to (1), the Discipline Committee may order:

- (a) that the nurse pay to the college within a fixed period:**
 - (i) a fine in a specified amount;**
 - (ii) the 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; or**
 - (iii) both of the things mentioned in subclauses (i) and (ii); and**
- (b) where a nurse fails to make payment in college with an order pursuant to clause (a), that the nurse be suspended from the college.**

AND FURTHER TAKE NOTICE THAT pursuant to section 31(3) of the *Act*, the Discipline Committee will be sending a copy of an order made pursuant to sections 31(1) and 31(2) to you and to the person who made the report against you.

AND FURTHER TAKE NOTICE THAT at your own expense, you may choose to be represented by counsel or an agent at the Hearing before the Discipline Committee and have the right to call evidence and examine or cross-examine witnesses pursuant to sections 30(5) and (7) of the *Act*.

AND FURTHER TAKE NOTICE THAT if you fail to attend the Hearing, the Discipline Committee may, on proof of service of this Notice on you and/or your legal counsel, proceed with the Hearing in your absence pursuant to section 30(9) of the *Act*.

If you wish to admit the allegations contained in this Notice of Hearing, you and your legal counsel should contact legal counsel for the Investigation Committee of the CRNS at the earliest opportunity in order to implement the appropriate procedure.

DATED at Regina, Saskatchewan, this 20th day of January, 2026.



Cindy Smith, RN, Executive Director & Registrar
College of Registered Nurses of Saskatchewan

APPENDIX A
Charges & Particulars

It is alleged that:

1. Between August 23, 2021 and December 14, 2021, while you were on a [REDACTED] leave of absence from your registered nursing employment with the Saskatchewan Health Authority [REDACTED], you breached the privacy and confidentiality of 274 patients when, without authorization, you remotely accessed their personal health information in electronic medical records, thereby committing an act of professional misconduct contrary to section 26 of *The Registered Nurses Act, 1988*.

SPECIFIC PROVISIONS OF THE LEGISLATION, BYLAWS, CODE OF ETHICS, PRACTICE STANDARDS & COMPETENCIES CONTRAVENED:

The Registered Nurses Act, 1988

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 dishonorable, 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 college;

[...]

(q) contravened any provision of this Act or the bylaws.

***The SRNA Bylaws (2021)*¹**

Bylaw IV Section 2: Practicing Membership

(3) Practicing membership carries obligations including but not limited to the following:

(a) to adhere to the Canadian Nurses Association *Code of Ethics for Registered Nurses* adopted at bylaw XIV;

(b) to adhere to the nursing practice standards and entry-level competencies for the practice of registered nursing adopted at bylaw XV;

¹ SRNA 2021 Bylaws were approved and published in The Saskatchewan Gazette on August 13, 2021

Code of Ethics for Registered Nurses (2017)

D. Honouring Dignity

Nurses recognize and respect the intrinsic worth of each person.

Ethical responsibilities:

1. Nurses, in their professional capacity, relate to all persons receiving care with respect.
5. Nurses respect the privacy of persons receiving care by providing care in a discreet manner and by minimizing intrusions.

E. Maintaining Privacy and Confidentiality

Nurses recognize the importance of privacy and confidentiality and safeguard personal, family and community information obtained in the context of a professional relationship.

Ethical responsibilities:

1. Nurses respect the interests of persons receiving care in the lawful collection, use, access and disclosure of personal information.
3. Nurses collect, use and disclose health information on a need-to-know basis with the highest degree of anonymity possible in the circumstances and in accordance with privacy laws.
7. Nurses respect policies that protect and preserve the privacy of persons receiving care, including security safeguards in information technology.
8. Nurses do not abuse their access to information by accessing health-care records, including those of a family member or any other person, for purposes inconsistent with their professional obligations. [...]

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 regulations supporting ethical practice.
5. Nurses maintain their **fitness to practise**. If they are aware that they do not have the necessary physical, mental or emotional capacity to practise safely and competently, they withdraw from the provision of care after consulting with their employer. [...]

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:

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 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:

30. Upholding and maintaining professional boundaries, privacy, and confidentiality with clients.
33. Promoting and protecting a client's right to autonomy, respect, privacy dignity and access to information.

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.
51. Recognizing and addressing professional practice, legal or ethical violations by themselves or others in a timely and appropriate manner.

SRNA Registered Nurse Entry-Level Competencies (2019)

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.

2.4 Maintains client privacy, confidentiality and security by complying with legislation, practice standards, ethics and organizational policies.

2.8 Demonstrates professional judgment to ensure social media and information and communication technologies (ICTs) are used in a way that maintains public trust in the profession. Information and communication technologies "Encompasses all those digital and analogue technologies that facilitate the capturing, processing, storage, and exchange of information via electronic communication" (Canadian Association of Schools of Nursing, Canada Health Infoway, 2012, p. 13).

2.10 Demonstrates fitness to practice.

Fitness to practice are "all the qualities and capabilities of an individual relevant to their practice as a nurse, including but not limited to the freedom from any cognitive, physical, psychological or emotional condition and dependence from alcohol or drugs that impairs their ability to practice nursing" (CNA, 2017b, p.22).