INVESTIGATION COMMITTEE
of the
COLLEGE OF REGISTERED NURSES OF SASKATCHEWAN

-and-

Taylor Nesbitt
RN #0045835
[redacted], SASKATCHEWAN

DECISION

of the

DISCIPLINE COMMITTEE

of the

COLLEGE OF REGISTERED NURSES OF SASKATCHEWAN

Legal Counsel for the Investigation Committee:	Christa Weber
Legal Counsel for Taylor Nesbitt:	Ron Balacko
Legal Counsel for the Discipline Committee:	Brittnee Holliday
Chairperson for the Discipline Committee:	Anne KoKesch

Date of Hearing:	**May 7, 2026**
Location:	*Via Videoconference* College of Registered Nurses of Saskatchewan 1-3710 Eastgate Drive Regina, Saskatchewan S4Z 1A5
Date of Decision:	**July 24, 2026**

I. INTRODUCTION

1. The Discipline Committee of the College of Registered Nurses of Saskatchewan ("CRNS") convened on May 7, 2026 via videoconference, to hear and determine a complaint of professional misconduct against Registered Nurse, Taylor Nesbitt (RN #0045835). The Discipline Committee is established pursuant to section 30 of *The Registered Nurses Act, 1988* (the "Act").

2. The charges against Taylor Nesbitt are outlined in a Notice of Hearing dated April 2, 2026 There is one charge of professional misconduct, and that charge is as follows:

> **It is alleged that:**
>
> **1. Between November 1, 2023 to January 19, 2024 you breached patient confidentiality by accessing electronic medical records and viewing multiple patients' personal health information without proper authorization, appropriate clinical justification, and/or a legitimate or documented 'need-to-know' on the patient's chart, thereby committing an act of professional misconduct contrary to section 26 of *The Registered Nurses Act, 1988*.**

II. RELEVANT LEGISLATION

3. The Notice of Hearing alleges that Taylor Nesbitt is guilty of professional misconduct contrary to section 26(1), 26(2), subsections (l) and (q) of the Act, and those provisions provide:

> **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.**

4. The provisions of the *CRNS Bylaws, 2023*, the *Code of Ethics for Registered Nurses (2017)*, the *SRNA Registered Nurse Practice Standards (2019)*, and the *SRNA Registered Nurse Entry-Level Competencies (2019),* alleged to have been contravened in the Notice of Hearing are set out in Appendix A of this Decision.

III. HEARING

5. When the Discipline Hearing began on May 7, 2026 neither counsel for the Investigation Committee nor counsel for Ms. Nesbitt raised any objection regarding the composition of the Discipline Committee.

6. Prior to the Hearing, counsel for the Investigation Committee tendered a binder described as "Document Package for The Discipline Committee Filed on Behalf of The Investigation Committee". The binder included the Notice of Hearing, Agreed Statement of Facts, Costs Evidence, Joint Submission as to Penalty & Costs, and supporting Case Law. The following were marked as Exhibits by agreement between the parties:

Exhibit P1: Notice of Hearing
Exhibit P2: Agreed Statement of Facts
Exhibit P3: Costs Evidence
Exhibit P4: Joint Submission as to Penalty & Costs

7. Paragraphs 8 and 9 of the Agreed Statement of Facts (Exhibit P2) contain the following admissions made by Taylor Nesbitt:

> 8. Ms. Nesbitt admits to the allegation in Appendix A of the Notice of Hearing.
>
> 9. Ms. Nesbitt further admits that her conduct between November 1, 2023, and January 19, 2024, constitutes professional misconduct as defined in section 26 of *The Registered Nurses Act, 1988*, and amounts to a breach of the provisions of the *CRNS Bylaws, Code of Ethics for Registered Nurses, SRNA Registered Nurse Entry-Level Competencies* and *SRNA Registered Nurse Practice Standards* as outlined in Appendix A of the Notice of Hearing.

8. Taylor Nesbitt's legal counsel waived reading of the charge and confirmed Taylor Nesbitt's guilty plea to the charge set out in Appendix "A" to the Notice of Hearing.

9. Following the Hearing, the Discipline Committee deliberated and accepted Taylor Nesbitt's Guilty Plea as well as the Joint Submission on Penalty & Costs, advising the parties of the same by way of an Order dated May 11, 2026. The following are the reasons for such Order.

IV. FACTS

10. Ms. Nesbitt, of [redacted], Saskatchewan, is a registered nurse ["RN"] and practicing member of the CRNS.

11. Ms. Nesbitt graduated from the University of Saskatchewan's nursing program on May 10, 2018 and has been registered with the CRNS since May 24, 2018.

12. Ms. Nesbitt worked across several units at the [redacted] and had employer approved access to electronic medical records (EMRs) as per her job requirements specific to those clinical units. On or about January 3, 2022, she began working as the full-time nurse for the [redacted], while maintaining casual status on the other units.

13. [redacted] nurses did not require EMR access to complete their routine clinical duties and using retained access from prior roles to review patient personal health information unrelated to or unnecessary for the [redacted] was not authorized.

14. Ms. Nesbitt continued to access EMRs of [redacted] patients, potential patients, a former patient and a patient she knew personally without appropriate clinical justification or authorization.

15. Ms. Nesbitt was monitoring patients by accessing their EMRs to determine if outpatients had been admitted, accessed patient chart information to obtain information about actual patients, potential patients, and while conducting consultations.

16. Ms. Nesbitt's access to patient EMRs had no clinical justification and did not meet the legitimate "need to know" threshold for her assigned duties.

17. Following an internal employer audit of Ms. Nesbitt's access to EMRs she was suspended from employment and later terminated by her employer.

18. Ms. Nesbitt ought to have been familiar with the employer policies on "Privacy and Confidentiality", her employer required annual training in this regard and she had signed a declaration dated November 6, 2023 that she had reviewed the training.

19. The Discipline Committee found that the Agreed Statement of Facts and supporting evidence substantiated the Charge and the Discipline Committee accepted Ms. Nesbitt's guilty plea to the Charge. Ms. Nesbitt has been found to have contravened section 26(1) and 26(2)(l) and (q) of the Act, as well as the following, which are specifically laid out in Appendix A:

1. *CRNS Bylaws (2023)*, Bylaw IV Section 2: Practicing Membership
2. Section D *Code of Ethics for Registered Nurses (2017)*: Honouring Dignity
3. Section E *Code of Ethics for Registered Nurses (2017)*: Maintaining Privacy and Confidentiality
4. Section G *Code of Ethics for Registered Nurses (2017)*: Being Accountable
5. *SRNA Registered Nurse Practice Standards (2019)*:
    a. Standard 1: Professional Responsibility and Accountability
    b. Standard 3: Ethical Practice
    c. Standard 5: Self-Regulation
6. *SRNA Registered Nurse Entry-Level Competencies, 2019*:
    a. Competency 2: Professional

V. PROPOSED SANCTION

20. Having found that the Charge is substantiated, and the guilty plea is accepted, the next task for the Discipline Committee is the imposition of an appropriate sanction pursuant to section 31 of the Act.

21. The Discipline Committee was presented with a Joint Submission as to Penalty & Costs, Exhibit P4 ("Joint Submission"), which broadly consists of the following:

- Suspension for a period of five weeks, educational reading and training, meeting with a CRNS Practice Advisor, reprimand, and notification to employers of this decision; and,
- Payment of costs of the investigation and hearing in the amount of $5,500.00 within two years of the effective date of the Discipline Committee's Order.

22. Exhibit P3 outlines the total approximate costs to the CRNS in this professional disciplinary proceeding as $21,467.48. Although this is described as the total actual and anticipated costs, the Joint Submission provides that Taylor Nesbitt would pay $5,500.00 of the total actual and anticipated costs of the investigation and hearing.

Sanction

23. Several 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*"], at paragraph 35:

> **1. the nature and gravity of the proven allegations**
> **2. the age and experience of the offending physician**
> **3. the previous character of the physician and in particular the presence or absence of any prior complaints or convictions**
> **4. the age and mental condition of the offended patient**
> **5. the number of times the offence was proven to have occurred**
> **6. the role of the physician in acknowledging what had occurred**
> **7. whether the offending physician 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 patient**
> **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 medicine**
> **11. the need to maintain the public's confidence in the integrity of the medical 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**

13. the range of sentence in other similar cases

24. In *Camgoz v College of Physicians and Surgeons (Sask.)*, 1993 CanLII 8952, 114 Sask R 161, the Court of Queen's Bench, as it then was, also outlined the *Jaswal* factors as factors to consider when determining penalty. The Court specifically noted that the list is not exhaustive and does not mean that each specified factor will be relevant in every instance. As such, the factors need to be considered in relation to the specific facts of each case.

25. By their very nature, breaching a patient's confidentiality and privacy is considered a serious offence. Individuals have a right to assume their personal health information is kept private, this is a sacred trust. Privacy breaches violate nurse's ethical responsibilities and erode public trust in the profession.

26. Ms. Nesbitt had been a practicing registered nurse for approximately five years at the time of this incident and was in a new clinical practice role thus she would be considered a novice nurse.

27. Ms. Nesbitt has no prior history of complaints or discipline with the CRNS.

28. The employer audit of the EMRs revealed the privacy breaches occurred multiple times between November 2023 and January 2024.

29. Ms. Nesbitt took full responsibility for her actions and plead guilty to the charges of professional misconduct. She was cooperative throughout the investigation, and it is accepted that her actions did not have malicious intent. The Discipline Committee took note that Ms. Nesbitt is remorseful and does not want this incident to define her career and that she holds her professional integrity and role as a RN in the highest regard.

30. The Discipline Committee acknowledges Ms. Nesbitt was without employment and wages for a period of approximately eight months following employer termination.

31. The many patients who were impacted by this serious breach were notified by her employer as is required in legislation. The Discipline Committee acknowledges that many

likely felt emotional stress, feelings of personal violation, and a loss of trust. Personal health information must be protected and a failure to do so by a registered nurse is very serious.

32. There is a growing trend of electronic health record privacy breaches and in today's electronic world it is easy and convenient to have personal health information at our fingertips. Nurses must refrain from satisfying their curiosity in this regard. The Discipline Committee felt a strong message needs to be sent to curb this improper, unethical and cavalier behaviour in order to maintain the public's confidence and the highly valued integrity and trust that is placed in Registered Nurses as they provide competent and ethical care. Registered Nurses must maintain professional boundaries as it relates to the legitimate "need to know" threshold versus "nice to know".

33. The Investigation Committee filed case law summaries of 25 similar cases, with copies of decisions where available, all of which has been reviewed. The more recent decisions (2020 to present) show a range of lengths of suspensions from two weeks to four months for accessing confidential patient information without a legitimate "need to know" basis. While a seven month suspension was imposed in the *College of Nurses of Ontario v. Araya,* 2021 CanLII 152560, there were additional charges of medication misappropriation which makes this case an outlier. In *College of Registered Nurses of Saskatchewan v. Ulmer* (2026), Ms. Ulmer accessed much EMR data without authorization, including while on a leave. She received a one month suspension; however, there were mitigating factors of mental health challenges present.

34. Overall, the Discipline Committee finds the proposed sanctions address the requirements of specific and general deterrence, remediation, and maintaining public confidence and integrity of the profession.

Costs

35. Pursuant to section 31(2)(a)(ii), the Discipline Committee may order costs of the investigation and hearing, and related costs of the Investigation Committee and the Discipline Committee.

36. In regard to costs, the Discipline Committee acknowledges that costs should not be punitive, and they can not strike a crushing blow to the individual. Costs must also be balanced between the effects of the costs on Ms. Nesbitt and the need for the CRNS to effectively administer the discipline process without the general membership bearing the full costs. The Discipline Committee thus accepts that the proposed costs in the amount of $5,500.00 payable over two years is appropriate and reasonable in this case. The Discipline Committee also considered that there are no fees to access the required CNPS remediation documents or online training course.

Conclusion on Joint Submission

37. The Discipline Committee has considered the legal principles regarding joint submissions on penalty and, after deliberation, has concluded that the Joint Submission on Penalty & Costs is fit, reasonable, and consistent with the public interest mandate of the CRNS.

VI. ORDER

38. In light of the above conclusions, the Discipline Committee made the following Order, on May 11, 2026, pursuant to section 31 of the Act:

1. Pursuant to section 31(1)(b) of *The Registered Nurses Act*, [the "Act"], Taylor Nesbitt (Trost) ["Taylor Nesbitt"] shall be suspended from the College of Registered Nurses of Saskatchewan for a period of five (5) weeks effective seven (7) days from the date of this Order.

2. Pursuant to section 31(1)(c) of the Act, following the completion of the period of suspension and upon their return to the practice of registered nursing, Taylor Nesbitt may continue to practice under the conditions that within three (3) months they:

    (a) Review the following documents from CNPS:
        i. InfoLAW: *Confidentiality of Health Information* found at: https:cnps.ca/article/confidentiality-of-health-information/
        ii. InfoLAW: *Privacy* found at: https://cnps.ca/article/privacy/
        iii. InfoLAW: *Privacy and Electronic Medical Records* found at: https://cnps.ca/article/privacy-and-electronic-medical-records/

(b) Successfully complete the Saskatchewan Health Training: *Privacy Training- Need to Know* found at:
https://skhalearinganddevelopment.thinkific.com/courses/privacy-need-to know.

(c) Meet with a CRNS Practice Advisor within one (1) month after completing their remedial requirements per 2(a) and 2(b) above to reflect on and discuss, to the satisfaction of the Practice Advisor, the following:
   i. the conduct for which they were found to have committed professional misconduct;
   ii. the potential and actual consequences of the misconduct to their patients, colleagues, the profession, themselves, and the public; and,
   iii. what they learned from the remedial coursework and education, how this learning will impact their practice as a Registered Nurse, and strategies they will use to prevent the misconduct from recurring.

(d) At least seven (7) days before the discussion, provide the CRNS Practice Advisor with a copy of:
   i. the Order of the Discipline Committee;
   ii. a copy of the Discipline Committee's Decision and Reasons; and,
   iii. proof of successful completion of the required course.

3. Pursuant to section 31(1)(d) of the Act, Taylor Nesbitt shall be reprimanded.

4. Pursuant to section 31(1)(e) of the Act, for a period of twelve (12) months following the completion of the period of suspension and upon their return to the practice of registered nursing, they will notify any and all nursing employers of the decision of the Discipline Committee. To comply, Taylor Nesbitt is required to:

(a) Inform any employer of the decision prior to commencing or prior to resuming employment in any registered nursing position;
(b) Ensure the CRNS is notified of the name, address, and telephone number of their employer(s) within fourteen (14) days of commencing or resuming employment in any registered nursing position;
(c) Provide the employer(s) with a copy of:
   i. The Decision of the Discipline Committee; and,
   ii. The Order of the Discipline Committee (once available); and,

(d) Ensure that within fourteen (14) days of the commencement or resumption of employment in any registered nursing position, the employer confirms with the CRNS that they received a copy of the required documents.

5. Pursuant to section 31(2)(a)(ii) of the Act, Taylor Nesbitt shall pay costs of the investigation and hearing process fixed in the amount of $5,500.00.

6. Costs shall be paid within two (2) years of the date of the Discipline Order. Failure to pay the costs within the time set by the Discipline Committee shall result in the immediate suspension of Taylor Nesbitt's license until payment is made in full pursuant to section 31(2)(b) of the Act.

39. Pursuant to section 31(3) of the Act, a copy of this decision shall be sent to Taylor Nesbitt and the complainant.

July 24, 2026

Anne KoKesch, RN Chairperson
On behalf of Members of the Discipline Committee
Joanne Petersen, RN
Michell Jesse, RN
Stella Swertz, RN (retired)
Karen Gibbons, Public Representative

Pursuant to section 31(1)(e) of the Act, a copy of this decision will also be forwarded to:

(a) The editor of the CRNS news bulletin and the administrator for the CRNS website;

(b) All Canadian Registrars of registered nurses;

(c) College of Licensed Practical Nurses of Saskatchewan;

(d) College of Registered Psychiatric Nurses of Saskatchewan;

(e) The College of Physicians and Surgeons of Saskatchewan; and,

(f) Any other jurisdictions or other stakeholders as may be seen as appropriate by the Registrar.

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

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.

CRNS Bylaws 2023

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;

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.

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)

1. **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).