



SASKATCHEWAN  
**RN**  
ASSOCIATION



# SAFE, TRUSTED CARE THROUGH COLLABORATION



ANNUAL  
REPORT / 2016

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

# SRNA's Practice Consultation Service

S  
P  
R

Support our members by answering their practice questions

Reinforce and support the understanding of Standards, Competencies and Code of Ethics

N  
A

Nurture good practice by connecting directly

Advocate for safe patient and family centred care that is evidence-based



# CONTENTS



2	A Year of Collaboration
6	A Message from National Leaders in Nursing
7	A Message from the SRNA President
8	The SRNA Council
9	A Message from the SRNA Executive Director
10	A Mandate in the Public Interest
11	Our Mission
12	2016 Strategic Focus
13	Safe, Competent and Ethical Care
13	Empowering Members Through Support
14	Collaborating to Provide Quality Care
14	Putting Patients and Families in Good Hands
15	Improving Care
16	Putting Standards in Place
17	Defining the Nursing Role in Medical Assistance in Dying
18	Empowering Our Members and the Public
20	Accountable Profession-Led Regulation in the Public Interest
24	2016 Investigations
28	Investigation Participant Feedback
29	2016 Discipline Committee Decisions
30	Annual Audits Ensure Regulatory Competence and Compliance
32	We Listen To...
34	Our Association, Our Membership
36	We are Leaders in Contributing to a Healthy Population
40	Fiscal Responsibility
41	Independent Auditors' Report
44	Staff Directory
45	Annual Meeting

# A Year of Coll



## Advancing our practice

Advancing RN practice and enhancing the delivery of safe patient care, the RNs Leading Change project drove pivotal change as the SRNA, members and employers developed and implemented new processes to replace the Transfer of Medical Function process. December saw the launch of the RN with Additional Authorized Practice – RN(AAP) designation, with 59 RNs completing the required Prior Learning and Assessment Recognition process and/or education to obtain licensure, enabling them to provide enhanced RN care in northern primary care settings. RN(AAP)s are authorized to independently diagnosis and treat limited common medical disorders according to 65 Clinical Decision Tools for the Limited Common Medical Disorders.



*“The process of becoming an RN(AAP) required completion of Prior Learning and Assessment Recognition, to prove I know what the best practice was, even in unfamiliar situations.*

*It was an excellent opportunity to review guidelines for assessing, diagnosing, and treating, and it ensures safe and competent standardized care in the north.”*

**Dre Erwin**, an RN practising in Northern Saskatchewan and a recently-licensed RN(AAP).

# aboration



## Leading change

Evolving with the changing healthcare landscape which saw legislation for medical assistance in dying come into force across Canada in 2016, SRNA took a leading role to define how the changes relate to our practice. The legislation amends the Criminal Code, creating exemptions from criminal prosecution for nurses and their colleagues on the health care team. When eligibility criteria and other conditions are met, RN(NP)s and RNs can be involved legally in medical assistance in dying, should they decide to. SRNA created two practice guideline documents, which highlight the changes to the Criminal Code in relation to practice and delineate the roles of RN(NP)s in administering assistance in dying and RNs giving nursing care who wish to be involved in Saskatchewan.

## Protecting those in our care

Ensuring safe nursing care for the people of Saskatchewan and continuous quality improvement in regulation, the SRNA developed a Vulnerable Sector Check (VSC) reporting requirement in 2016. This new requirement is effective June 1, 2017, new members – a Graduate Nurse or initial registration as a RN or RN(NP) licence – or former members who are renewing their practicing licence after a two-year lapse will require a VSC report. A VSC report is a best practice for confirming whether an individual has a criminal record, and any record of suspensions (formerly pardons) for sexual offences. It includes a search in a national data base maintained by enforcement authorities including the Royal Canadian Mounted Police (RCMP), city police or a police service from the country where an applicant currently resides or has formerly resided.



## Empowering our members

Supporting continuous quality improvement and promoting safe, ethical and competent practice, SRNA Practice Consultation Services (PCS) provided more advice, tools and resources than ever before to empower SRNA members to resolve professional practice issues and concerns. To ensure the PCS are effective in meeting the needs of our members and stakeholders, SRNA issues an online survey for users to provide their feedback.

The majority of users found the 2016 program and the resources valuable, citing helpful resources, timely responses, and knowledgeable, professional advisors: 70.2% of respondents rated the PCS as excellent or good; 72.2% of respondents rated the quality of the information or resources provided as excellent or good.



## Fostering critical thinking and decision making

Supporting critical thinking and decision making for RN and NP practice, SRNA Practice Advisors provide guidance to members, employers and other health providers seeking clarity or direction related to RN and NP practice. Consultation services are provided through phone, email and in person meetings with individual members and groups of members. The program reinforces Standards, Competencies and Code of Ethics as the foundation that nursing practice is built upon. Practice Advisors respond to a range of inquiries, from role clarity, scope of practice, and insufficient staffing and its impact on standards of care, to understanding new standards or guidelines. In 2016, almost 1,100 practice consultations were held, with approximately 15% of the inquiries coming from non-Members, across seven primary categories. The value of the program is reinforced in the feedback received by those who use it.

## Looking ahead

In 2017, SRNA celebrates 100 years of safe nursing care for Saskatchewan citizens. In the year ahead, SRNA will reflect our journey of integrity, leadership and innovation by celebrating with members all across the province. We will commemorate our past without losing focus on the work ahead to create the successes and accomplishments that will better the care for the people of Saskatchewan now and for the next 100 years.



*“Quick response,  
professional manner,  
evidence-informed, understanding,  
excellent resource, knowledge,  
clear, consistent, concise.”*

— **Anonymous**, person who accessed  
SRNA Practice Consultation Services



**Barb Shellian**  
RN, BN, MN  
President, Canadian  
Nurses Association



**Cynthia Johansen**  
MAL, MSc  
President, Canadian Council of  
Registered Nurse Regulators

## *A Message from* National Leaders in Nursing

CNA and our members, including SRNA, work collectively for a strong, sustainable health system, for optimal health and well-being for Canadians and for a united, vibrant nursing profession. It is a pleasure to collaborate with SRNA's leadership, Council and the RNs and RN(NP)s of Saskatchewan to help achieve these goals.

Best wishes to SRNA on your 100th anniversary as Saskatchewan's profession-led nursing regulatory body. As your centennial theme says, that is 100 years of demonstrating "integrity, leadership and innovation". Congratulations! CNA is honoured to have been part of SRNA's journey and we look forward to continued partnership for years ahead.

**Barb Shellian, RN, BN, MN**

*President, Canadian Nurses Association*

CCRNR is maturing into its role as the Canadian voice for nursing regulators. At a special meeting in September 2016, the Chairs/Presidents as well as the CEOs/EDs from each jurisdiction met to clarify and confirm CCRNR's role and mandate. The group came together again in February 2017 for a successful two-day strategic visioning session. Notable achievements for the past year include finalizing national entry-level competencies for nurse practitioners, and playing an active role in responding to the opioid crisis. We look forward to continued successful collaboration in the coming year.

**Cynthia Johansen, MAL, MSc**

*President, Canadian Council of Registered Nurse  
Regulators*





**Joanne Petersen, RN**  
President, SRNA

## *A Message from the* SRNA President

Nursing is one of the most trusted professions. We earned that trust by providing almost 100 years of safe, competent care for the people of Saskatchewan. Public safety and safe care remains at the core of SRNA's business today.

The evolution of the nursing profession is profound. Since SRNA was founded 100 years ago, the nursing role has changed. Today, we collaborate with our patients and families, other health care providers, and each other at the point of care, and in community, academic and boardroom settings. As RNs, RN (NP)s and RN (AAP)s, we are leading health care policy and delivery.

As the nursing profession evolves, so does the SRNA. In 2016, the SRNA took unprecedented steps to engage our members, share ideas and develop new strategies and tools to continue to advance our practice and enable safe care for the people of Saskatchewan. This report reflects our achievements. We share these achievements with our members because it is only through collaboration and working together that our profession is able to do better year after year, and remain a trusted, respected and invaluable partner in the healthcare system.

To my nursing colleagues, as one of Saskatchewan's largest professional groups, we have been bestowed the privilege of self-regulation. We must never lose sight of that privilege. We must remain accountable to each other and to the patients and families in our care. Every year, members give of their time to be part of the many SRNA committees that help make

decisions, help us adhere to the ethics and standards that guide our profession, and ensure members who have delivered outstanding work get the recognition they deserve. This report demonstrates that collective hard work.

To my fellow council members and those who came before, thank you for taking the responsibility to help our profession navigate the evolving needs of healthcare, address the trends and issues in nursing, and keep the best interest of the public we serve at the forefront of every thing we do. Your dedication, expertise and insights helped us achieve so many great things as shown in this report.

To the people of Saskatchewan, patients and families, thank you for your trust. This report highlights the steps we have taken to ensure professional, competent and caring service for you every day. As we embark on our 100 year anniversary, SRNA will continue to ensure our members meet rigorous standards, are licensed to practice and are on a continuous quest for lifelong learning that affords you the best possible care.

Over the past 99 years, SRNA has grown so much and the nursing profession has made great strides. This accomplishment was only achieved by working together in collaboration. As the president leading the SRNA and our members into our centennial year, I am committed to bringing forward that same collaborative spirit in everything we do.

**Joanne Petersen, RN**

*President, SRNA*

# The SRNA Council



**Linda Wasko-Lacey, RN**  
President, Jan-Nov, 2016



**Pam Komonoski, RN(NP),**  
Member-at-Large (Region 6)  
June - Dec, 2016



**Joanne Petersen, RN,**  
President Elect, Jan-Nov, 2016,  
President, December 2016



**Lionel Tancrede, RN,** Member-  
at-Large (Region 7)



**Nicole Gerein, RN,**  
Member-at-Large (Region 1)



**Joanna Alexander,**  
Public Representative,



**Bernadette Wright, RN,**  
Member-at-Large (Region 2)



**Jyotsna (Jo) Custead,**  
Public Representative,



**Ronda Zinger, RN,**  
Member-at-Large (Region 3)



**James (Jamie) Struthers,**  
Public Representative,



**Betty Metzler, RN,**  
Member-at-Large (Region 4)



**Carolyn Hoffman, RN,**  
Executive Director,  
Non-voting member



**Warren Koch, RN,**  
Member-at-Large (Region 5)



**Carolyn Hoffman, RN**  
Executive Director, SRNA

## *A Message from the* SRNA Executive Director

I am very proud to recognize the extraordinary work of our council, staff and members in advancing our regulatory and association activities over the past year. It has been a time of learning, sharing and growing in a wide variety of ways that are highlighted in the report. As we all know, change is constant. By embracing change, the SRNA and our members have become stronger and better positioned to make a difference in the lives of people receiving care from RNs and RN(NP)s.

SRNA embarked on an unprecedented engagement with members, the public, patient and family advisors, government, student nurses and health care advocates. We visited cities and towns across the province. We heard stories of pride, with ideas of working collaboratively to build on those successes for nurses today and future generations. We also heard stories of uncertainty, and concern about the role RNs and NPs will play as the healthcare system evolves and public demand grows.

As this report demonstrates, we channelled what we heard into a strategic plan that has guided us over the year. In 2016, SRNA licensed 59 RNs with Additional Authorized Practice so that – for the first time – RNs have greater tools to deliver better health care to Northern communities. We moved a federal legislative

change on Medical Assistance in Dying collaboratively into a regulatory framework for RNs and RN(NP)s to support our members and the public. We also continued to listen and connect with members in a variety of ways, including the launch of a new learning module, in-person meetings and webinars, so we can all advance health care and better protect the public.

With laser-like focus on improving our financial position, we achieved a financial year-end surplus for 2016, the first surplus in four years. Council and staff reduced expenses and improved financial management processes. SRNA is now in a better financial position. This means no proposed increase to our registration fee for the 2017-18 membership year.

As we launch our centennial year of profession-led regulation of registered nursing in Saskatchewan, we will build on our successes, celebrate the past and meet the challenges of the future together. In doing so, we will continue the path of collaboration by listening and responding to the evolving needs of health care in the province.

**Carolyn Hoffman, RN**  
*Executive Director, SRNA*

# A Mandate in the Public Interest

## Regulation + Association

### As a regulator accountable for public protection by ensuring members are competent, the SRNA:

- › Establishes requirements for licensure
- › Registers and renews licenses
- › Establishes, monitors, and enforces practice standards, the Code of Ethics and a continuing competence program
- › Provides practice advisement and support to members
- › Approves RN, RN(AAP) and RN(NP) nursing programs
- › Establishes and maintains a professional conduct process

### SRNA acts in the interest of the public to:

- › Review and develop RN and RN(NP) legislation
- › Engage effectively with members relating to strategic priorities in better regulation, better professional practice and collaboration
- › Advocate for evidence-informed policies to promote patient-centred care
- › Support and work with members to meet practice standards
- › Promote patient safety

### As an association promoting the professional interest of its members in the public interest, the SRNA:

- › Represents RNs and RN(NP)s to government, employers, and other agencies in the interest of the public
- › Works collaboratively with other healthcare organizations
- › Encourages members to influence policy, support quality practice environments
- › Encourages leadership and member engagement
- › Promotes evidence-based nursing
- › Provides educational resources and opportunities

### SRNA is not responsible to:

- › Act in the interest of the member with regard to socio-economic issues. Unions protect and advance the health, social, and economic well-being of its members
- › Negotiate collective agreements including hours, benefits, and compensation
- › Manage conditions of employment or employment legislative provisions
- › Act on incidents of employer non-compliance with the collective agreement
- › Represent RN interests as they relate to employment human resources issues

# RNs AND RN(NP)s ARE LEADERS IN CONTRIBUTING TO A HEALTHY POPULATION

## Regulation

**Accountable, effective, transparent, profession-led regulation in the public interest**

## Professional Practice

### Excellence in Professional Practice

- 2.1** RNs and RN(NP)s practise safe, competent, ethical, and culturally appropriate individual and family-centred care.
- 2.2** RNs and RN(NP)s understand their role and practise to their full legislated scope.

## Integral Partners in Health

**RNs and RN(NP)s are integral partners in the health-care system.**

- 3.1** RNs and RN(NP)s articulate their role and explain their unique contributions in all domains of practice.
- 3.2** RNs and RN(NP)s are proactive in advocating for evidence-informed practice.
- 3.3** RNs and RN(NP)s are leaders in influencing healthy public policy.

## In the Public Interest

Profession-led regulation is the regulation of a profession by its members. The regulatory body is accountable for ensuring members are competent in providing the services that society has entrusted to them. Individual members are personally accountable for their professional nursing practice through adherence to the code of ethics, practice standards and maintaining competence.

\*RNs - Registered Nurses

\*RN(NP)s - Registered Nurse (Nurse Practitioner)

Effective January, 2016

# 2016 STRATEGIC FOCUS

1

## Safe, competent and ethical care

- RN Role Clarity
- Collaborative Decision-making Framework
- RNs Leading Change-3 new scope of practice processes
- NP Entry-Level Competencies and Standards
- Program Approval
- Medical Assistance in Dying
- Improved public reporting regarding practice concerns

2

## Accountable profession-led regulation in the public interest

- RN with additional authorized practice
- Advance licensure/registration harmonization through NCLEX-RN and NNAS
- NCLEX 1st time pass rates
- Methadone Prescribing for RN(NP)s
- Nurse Verification
- Prescription Review Program Monitoring
- Vulnerable Sector Check
- Jurisprudence

3

## We Listen To...

### Public & Member Engagement

- Engagement Strategies
- Annual Meeting and Conference
- Website redevelopment
- Virtual dialogues
- Inperson dialogues
- Building Momentum for 100th Anniversary in 2017

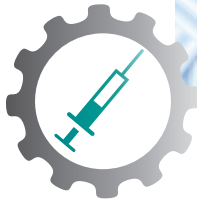
### Staff Engagement

- Fair and respectful culture with open communication
- Clear and consistent strategic organizational plan and workplans
- Role clarity with flexible and supportive workplace (eliminate barriers, worklife balance, etc.)

4

## Fiscal Responsibility

- Improve financial position
- Improve usability and value of IT systems
- Review job descriptions and classifications



# 1 Safe, competent and ethical care

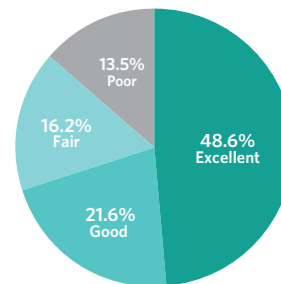
SRNA's mandate is to ensure registered nursing care is safe, competent, ethical and culturally appropriate for the individual and family in our care. Today, RNs and RN(NP)s make up the largest number of healthcare professionals in Saskatchewan. Helping them understand and fulfill the role they play in delivering safe patient and family-centered care is core to our mandate.

## Empowering members through support

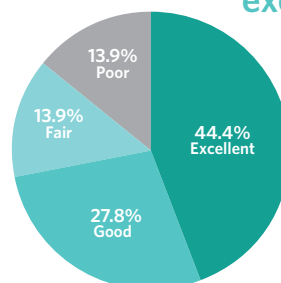
**SRNA Practice Consultation Services (PCS)** are designed to enhance and promote safe, ethical and competent practice by providing advice, tools, and resources to empower SRNA members to resolve professional practice issues and concerns. To ensure the practice consultation services are effective in meeting the needs of our members and stakeholders, we issue an online survey to enable users to provide their feedback.

The majority of users found the 2016 program and the resources valuable citing helpful resources, timely responses, and knowledgeable, professional advisors. They also shared recommendations to improve the program, including information/advice provided should be more specific to the question and/or context provided, more up to date resources should be available, and improve consistency of responses from advisors based on the applicable topic area. The SRNA values the feedback of program users and is implementing changes to enhance to better serve members.

**70.2%** of respondents rated the **value of PCS** as excellent or good



**72.2%** of respondents rated the **quality of the information or resources provided** as excellent or good



## Collaborating to provide quality care

The SRNA, Saskatchewan Association of Licensed Practical Nurses and the Registered Psychiatric Nurses Association of Saskatchewan share the goal of all members providing safe care.

All nurses contribute to patient-centered care goals, drawing upon effective communication skills and teamwork, supported in a climate of mutual understanding and acceptance of each other's roles, and respect for the shared and unique competencies.

Throughout 2016, representatives of the three nursing regulatory bodies worked together to develop a draft Collaborative Decision-Making Framework. The initiative was undertaken to strengthen collaboration, clarify nursing roles, and focus on the client as the primary driver of care needs and services provided by all LPNs, RNs and RPNs. This process included consulting with members, employers, educators and the provincial Chief Nursing Officer.

The framework is intended to assist the healthcare team including nursing groups, multi-disciplinary healthcare providers, employers, educators, government, and the public to have an improved understanding of:

- › the scope of practice, roles and responsibilities of LPNs, RNs and RPNs;
- › the unique value and key contributions of each professional nursing group as part of a collaborative team-focused care environment;
- › the collaborative expectations of healthcare providers to promote high functioning teams; and
- › how the framework can assist nursing and non-nursing leaders to determine the optimal staff mix of LPNs, RNs and RPNs so each client receives the right care, at the right time, from the right nursing care provider resulting in optimal health outcomes.

By the end of 2016, the draft Collaborative Decisions-Making Framework was ready for a broader consultation process and finalization in 2017.



## Putting patients and families in good hands

Last year was pivotal for the RNs Leading Change project, as the SRNA, members and employers developed and implemented new processes to replace the Transfer of Medical Function (TMF) process. The project advances RN practice, while ensuring the safety of the public and delivery of safe care through three processes:

- › The RN with additional authorized practice [RN(AAP)] for RNs working in northern primary care settings. Fifty-nine RNs (AAP) were licensed on December 1. To support the safe, competent nursing services provided by RN(AAP)s, the Interprofessional Advisory Group (IPAG) reviewed and updated the existing 65 Clinical Decision Tools for the Limited Common Medical Disorders that RN(AAP)s are authorized to manage.
- › RN Specialty Practices (RNSPs) for all RNs, giving new authority to RNs and replacing the many activities supported by the TMF.
- › Physician to RN Delegation for RNs working in areas specifically identified in the College of Physicians and Surgeons of Saskatchewan Bylaw 23.3.

RNs and their employers in the northern primary care sites participated in an evaluative survey conducted by an external partner to measure their perceptions of client care, the process, and its impact on client care, during the transition process to RN(AAP)s.





## Improving care

Northern communities now benefit from Registered Nurses with the ability to independently diagnosis and treat limited common medical disorders according to specific SRNA Clinical Decision Tools (CDT). Newly licensed RNs with Additional Authorized Practice – RN(AAP)s – are using CDTs and RN Specialty Practices (RNSP)– Procedures and Clinical Protocols specific to their practice settings and population to manage the primary care needs of the residents in their communities.

The program launched in December, with 59 RNs, practising in 9 sites, completing the required Prior Learning and Assessment Recognition process and/or education to qualify for this designation.

Additional Authorized Practice (AAP) licensing advances the RN profession, using an evidence-based approach to planning, implementing and evaluating the care RNs deliver according to SRNA standards and the CNA Code of Ethics. For many situations, it allows for increased autonomy frequently resulting in faster and more efficient client care.

It also helps to ensure safe and competent standardized care. The process of becoming an RN(AAP) requires RNs to take specific education courses, including clinical requirements or go through Prior Learning and Assessment Recognition (PLAR) to prove they know what the best practice is – assessing, diagnosing, and treating – even in unfamiliar situations. RN(AAP)s use CDTs on a daily basis, routinely guiding their decisions and providing the RN with explicit expectations such as recommended blood tests and medications as well as indications for when to consult a nurse practitioner (NP) or medical doctor (MD).

Implementation under an Advisory Committee is progressing well, education and assessment is continuing, and the program is ensuring accountability and integrity in patient care. The committee includes an RN(AAP), educators and representatives of northern primary care employers as well as representatives of aboriginal, regional, provincial and federal health bodies and the public.

*The results of the independent RN(AAP) evaluation indicate that health care provided by northern RNs is highly rated and perceptions of the care have not significantly changed since 2013.*

*RNs and employers highly rate RN skills, knowledge, and effectiveness.*



*Newly licensed RN(AAP)s in Pinehouse Lake (L-R): Dre Erwin RN(AAP), [Need name] RN(AAP), Alida Holmes RN(AAP) and Carol Pontague RN(AAP)*



## Putting standards in place

SRNA RN(NP) standards and competency documents are fundamental to the regulation of RN(NP)s in the province and for formalizing their evolving scope of practice. They are also used to develop approval requirements for RN(NP) education programs. In 2016, the SRNA joined with other nursing regulatory bodies in the Canadian Council of Registered Nurse Regulators (CCRNR) to consult and achieve agreement on RN(NP) entry-level competencies. This work then informed a provincial process for the development of new RN(NP) Practice Standards.

The current SRNA RN(NP) Standards and Core Competencies (2011) and SRNA Clinical Expectations (2003) documents will shift in format to the SRNA RN(NP) Entry-Level Competencies (2017) and the SRNA RN(NP) Practice Standards (2017). The updated format of these documents received SRNA Council approval in November of 2016. Implementation of the new documents will occur following approval by the SRNA membership at the Annual General Meeting then the approval of the Minister of Health.

Every five years, or earlier as required, the SRNA will review the RN(NP) Entry-Level Competencies and RN(NP) Practice Standards documents to ensure that the documents reflect current provincial and national RN(NP) trends in practice and legislative changes to scope of practice.

*Regular review of RN(NP) competencies and standards will ensure*

*the integrity of the RN(NP) practice and delivery of safe public care.*

*New RN(NP) Entry-level Competencies and Practice Standards will be*

*presented to the SRNA membership for approval in 2017.*



## Defining the Nursing Role in Medical Assistance in Dying

On June 17, 2016, Bill C-14 (legislation regarding medical assistance in dying) received Royal Assent and is now in force across Canada. The legislation amends the *Criminal Code*, creating exemptions from criminal prosecution for nurses and their colleagues on the health care team. This means when eligibility criteria and other conditions are met, RN(NP)s and RNs can be involved in medical assistance in dying, should they decide to.

In an unprecedented area, SRNA took an active and leading role to create two practice guideline documents which highlight the changes to the *Criminal Code* in relation to practice, and delineate the roles of RN(NP)s and RNs who are involved in medical assistance in dying in Saskatchewan. RN(NP)s have a distinct role in being able to administer medical assistance in dying which is within their scope of practice in Saskatchewan.

### A coordinated approach across Saskatchewan

Representatives of the SRNA are collaborating with representatives of the Ministry of Health, other regulatory bodies and the regional health authorities to support a coordinated approach to medical assistance in dying across the province. For more information, visit the Government of Saskatchewan website:

<http://www.saskatchewan.ca/residents/health/accessing-health-care-services/medical-assistance-in-dying>

and/or the SRNA website:

<http://www.srna.org/index.php/17-main-section/340-medical-assistance-in-dying>

### Support for involvement

The SRNA encourages RNs and RN(NP)s to consult the practice team for support for their involvement with medical assistance in dying, or to discuss or obtain resources created by the provincial working group at 1-800-667-9945 ext. 200 or [practiceadvice@srna.org](mailto:practiceadvice@srna.org). Members may refer to the Canadian Nurses Protective Society for professional liability support ([www.cnps.ca](http://www.cnps.ca) or 1-800-267-3390).

# EMPOWERING OUR MEMBERS

## SRNA's Practice Consultation Service

empowers members to deliver safe, competent and ethical care for the people of Saskatchewan.

### By Collaborating . . .



**in requests to the Practice Team for advice, support and collaboration**

Members or non-members can contact a Practice Advisor to get the help they need.

*“Very helpful, very professional and very evidence-based.”*

Anonymous respondent to Practice Consultation Service Survey

**55%** of calls were about RN scope of practice and standards

2016 was a monumental year for RN's advancing scope of practice and that was reflected in the support our members needed. For the first time, RNs have a regulated role in Medical Assistance in Dying. The new RN(AAP) designation launched this year gives licensed RNs a greater role in northern communities. RN Speciality Practices are emerging and evolving across the province.

*“It bolsters the integrity of our profession, using an evidence-based and evaluating the care we deliver*

# MEMBERS AND THE PUBLIC

## By Connecting . . .

To support RNs with Additional Authorized Practice in northern health care settings, the SRNA worked with interprofessional experts to develop **Clinical Decision Tools** that support the assessment, diagnosis, and treatment of limited common medical disorders.

Throughout 2016, SRNA connected with members and northern stakeholders to educate, address questions and clarify the new role.

- › Held 10 in-person meetings with members and northern stakeholders.
- › Ongoing **Prior Learning Assessment (PLAR)** for RNs participating in the program.
- › Educational courses through Saskatchewan Polytechnic to become licensed as an RN(AAP).

To ensure education, assessment and engagement, SRNA provided several ways to get involved:

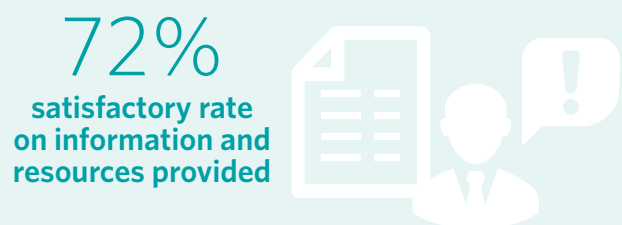
- › Enhanced engagement with members and employers, offering **webinars, face-to-face meetings** and **individual consultations** to increase awareness, understanding and utilization of RN Specialty Practices.
- › Directly through **SRNA practice consultants**

*“Super quick response,  
very helpful,  
answered all the  
questions I had”*

Anonymous respondent to  
Practice Consultation Service Survey

## By Continually Improving . . .

SRNA seeks feedback through a post consultation survey to continue to provide the support that matters the most, and is continually improving the education, assessment and engagement needed to empowering members to deliver safe care.



*approach to planning, implementing  
according to SRNA Standards and the CNA Code of Ethics.”*

Dre Erwin, RN(AAP)

# 2 Accountable profession-led regulation in the public interest

SRNA members are personally accountable for their professional nursing practice through adherence to the code of ethics, practice standards and maintaining competence requirements. As a regulator in the public interest, one of SRNA’s mandates is ensuring SRNA members are competent in providing the services for which society has entrusted to them. Delivering relational and regulatory process oversight of the profession-led regulation is essential for ensuring accountability for public protection and maintaining public trust.

## Licensure examination

The **National Council Licensure Examination** (NCLEX-RN®) is the exam all applicants who have recently graduated from a Canadian nursing program must pass in order to become an RN for the first time in Saskatchewan and most other provinces in Canada. The NCLEX-RN® is administered by the National Council of State Boards of Nursing (NCSBN) and delivered by computer based testing provider Pearson VUE. It was implemented by the Canadian Council of Registered Nurse Regulators (CCRN), of which the SRNA is a member, in January 2015. The computer-adaptive test uses computer technology and measurement theory to provide a more efficient and effective means of assessing an exam writer’s ability. Questions can be targeted to a writer’s level of ability.

### 2015 and 2016 Year End-Pass Rate\*

Province or Territory of Education	2015 COHORT			2016 COHORT	
	Total Writers	2015 Year-End Pass Rate*	2016 Year-End Pass Rate*	Total Writers	2016 Year-End Pass Rate
Saskatchewan	549	79.4%	93.6%	546	84.4%

\*The percentage of those who completed an education program in the jurisdiction, wrote and passed the exam by the end of the specified year.

### 2015 and 2016 First Attempt Pass Rate

Province or Territory of Education	2015 COHORT		2016 COHORT	
	Total Writers	First-Attempt Pass Rate	Total Writers	First-Attempt Pass Rate
Saskatchewan	549	60.5%	546	69.2%

*In Saskatchewan, the NCLEX-RN® Pass Rates are improving. Over 93% of candidates writing the exam in 2015 have now passed. Thank you to the nursing graduates and education programs for your work in attaining these results!*

## Canadian Nurse Practitioner Licensure Exams 2016 Results

The SRNA makes candidates eligible to write the Nurse Practitioner (NP) exams and they vary based on the stream of practice to which candidates are applying. There are four streams: Family/All-Ages Exam (CNPE), Adult Exam (AANPCP), Pediatric Exam (PNCB), Neonatal Exam (NCC).

# 23

### NP Candidates from Saskatchewan wrote exams in 2016

**20** wrote the **Family/All-Ages Exam (CNPE)** with a Saskatchewan **first time pass rate of 85%**

**2** candidates wrote and passed the **Pediatric Primary Care Nurse Practitioner Exam (PNCB)**

**1** candidate wrote and passed the **Adult-Gerontology Primary Care Nurse Practitioner Exam (AANPCP)**

## Nurse Practitioner Licensure in Saskatchewan

# 228<sup>\*</sup>

### Nurse Practitioners (NP) licenced in 2016 registration year

**215** Specialty Primary Care

**7** Specialty Neonatal

**4** Specialty Pediatric

**1** Specialty Adult

**1** Specialty Adult -  
Restricted to Women's Health

*\* Two of the NPs with a Specialty Primary Care licence are also licenced with Specialty Adult designation.*



## Collaborating with other healthcare providers in Controlled Drugs and Substances

In 2016, the SRNA received notification that funding was renewed from the Ministry of Health to monitor the prescribing of Controlled Drugs and Substances (CDS) by RN(NP)s, in collaboration with the Prescription Review Program (PRP). A key directive of the PRP is to support the SRNA to educate and monitor RN(NP)s to ensure compliance with established standards and competencies.

An RN(NP) is contracted to work with SRNA staff and RN(NP) members to fulfil the objectives of the PRP, which include:

- › Reduce the abuse and diversion of a select panel of prescription drugs
- › Minimize risk of harm to patients
- › Alert prescribers to possible inappropriate prescribing
- › Seek an explanation from a prescriber when data indicates prescribing or dispensing practices are not consistent with acceptable professional standards
- › Encourage appropriate prescribing and dispensing

The SRNA's participation in the PRP is driving collaboration in the delivery of safe patient care, through partnership with the Saskatchewan College of Pharmacy Professionals, College of Physicians and Surgeons of Saskatchewan, and the College of Dental Surgeons of Saskatchewan.

## Protecting the most vulnerable

With a mandate to ensure safe nursing care for the people of Saskatchewan and continuous quality improvement in regulation, the SRNA introduced a Vulnerable Sector Check (VSC) reporting requirement in a proposed bylaw in 2016. The bylaw was approved by the SRNA membership (May, 2016) and then the Minister of Health. Beginning June 1, 2017 the new VSC requirement will be officially implemented. Requiring a VSC report will apply to new members – a Graduate Nurse or initial registration as a RN or RN(NP) licence – or former members who are renewing their practicing licence after a two-year lapse.

VSC reports are being introduced to ensure public confidence in the nursing profession and trust they will receive safe, competent care from RNs who practice according to standards and the Code of Ethics.

**VSC reports protect society's most vulnerable —children, the elderly and persons with disabilities.**

*A VSC report is a best practice for confirming whether an individual has a criminal record, and any record of suspensions (formerly pardons) for sexual offences. It includes a search in a national data base maintained by enforcement authorities including the Royal Canadian Mounted Police (RCMP), city police or a police service from the country where an applicant currently resides or has formerly resided.*



## Harmonizing the assessment of internationally-educated nurses

The Canadian National Nursing Assessment Service (NNAS) is an incorporated national body of member nurse regulatory bodies that collectively developed a harmonized approach to conduct the initial assessment of internationally educated nurses (IENs) seeking registration/licensure to practice in Canadian jurisdictions. This includes Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Registered Practical Nurses (RPNs) in Ontario and Registered Psychiatric Nurses (RPNs).

The NNAS collects and assesses verification documents and information. The assessment provides greater transparency, timeliness and predictability across Canadian jurisdictions, in addition to applying rigorous standards for qualification assessment, in the interest of the safe public care.

### 2016 Assessments

As one of the regulatory bodies, the SRNA received 47 NNAS applicants in 2016 (62 applicants in 2015). NNAS, along with the pre-NNAS applicants (prior to June 28, 2014), continue their assessment and completion of licensure requirements, (e.g. Substantially Equivalent Competency (SEC) Assessment, remedial education, and/or writing the NCLEX-RN®). In 2016, 26 pre-NNAS applicants, and 3 NNAS applicants achieved RN licensure; 42 were referred for a Substantially Equivalent Competency (SEC) assessment; 38 referred for remedial courses; and 18 to write the NCLEX-RN®.



# Keeping the public safe with Competence Assurance

To keep the public safe, SRNA must ensure competent, caring, evidence-based registered nursing for the people of Saskatchewan. The Registered Nurses Act, 1988 provides direction for the process of competence assurance. In 2016, SRNA began a review of best practices across Canada and throughout North America to help progress toward the goal of Relational and Right Touch regulatory processes. This environmental scan will be used in 2017 to inform the review and updating of competence assurance policies and processes.

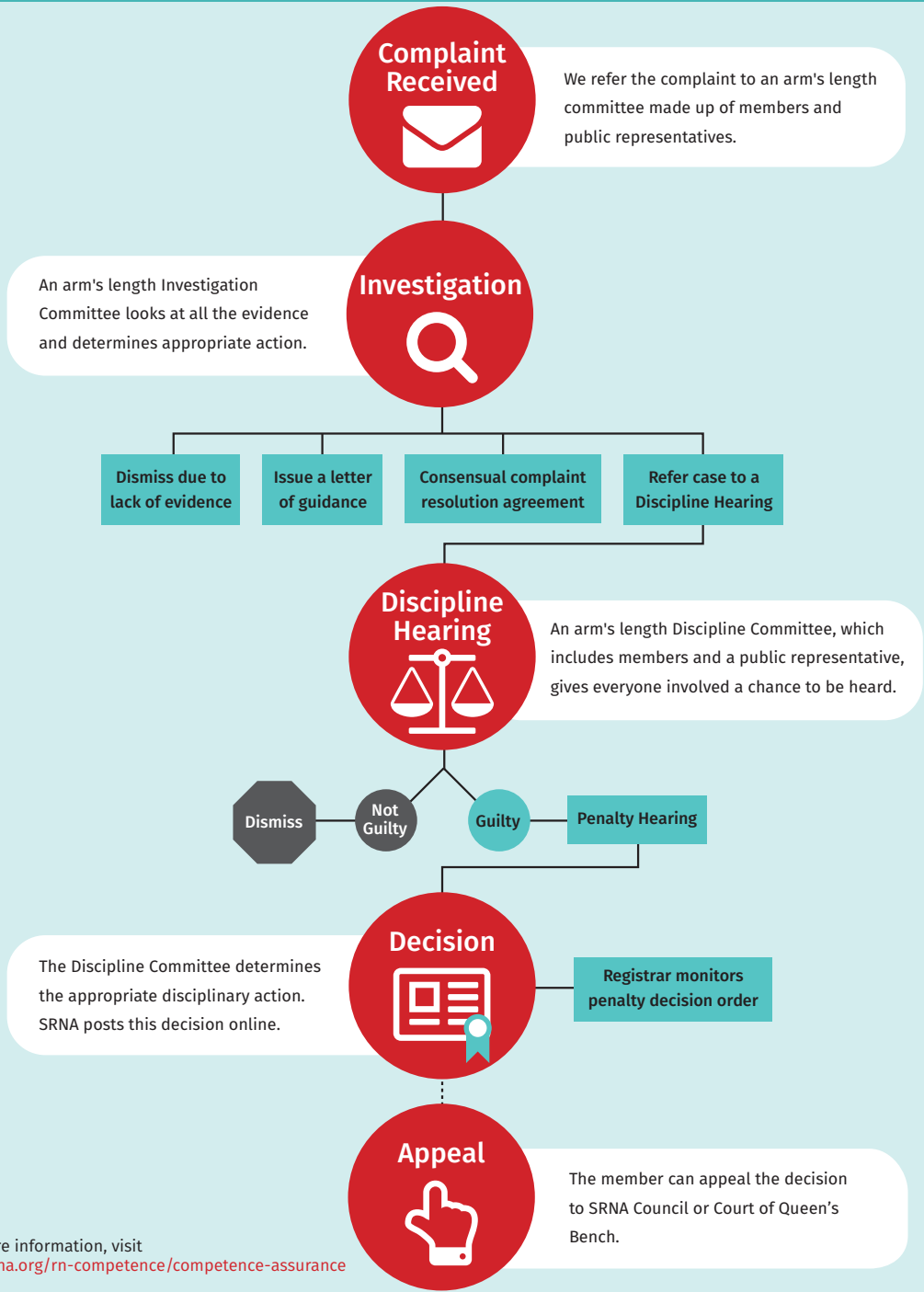


# Competence Assurance

## A Fair and Just Process

### WE CARE ABOUT YOU

If we receive a complaint about a member's practice — we take it seriously and follow a fair and just process for everyone.



For more information, visit [www.srna.org/rn-competence/competence-assurance](http://www.srna.org/rn-competence/competence-assurance)

# 2016 Investigations

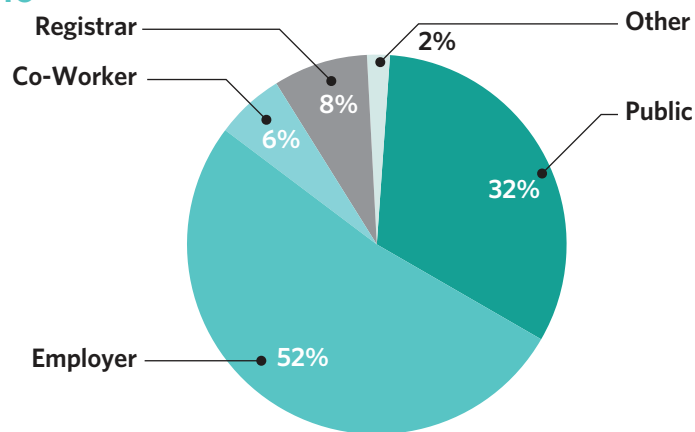


- 94% related to the practice of Registered Nurses
- 4% related to the practice of Registered Nurse (Nurse Practitioners)
- 2% related to the practice of Graduate Nurses.

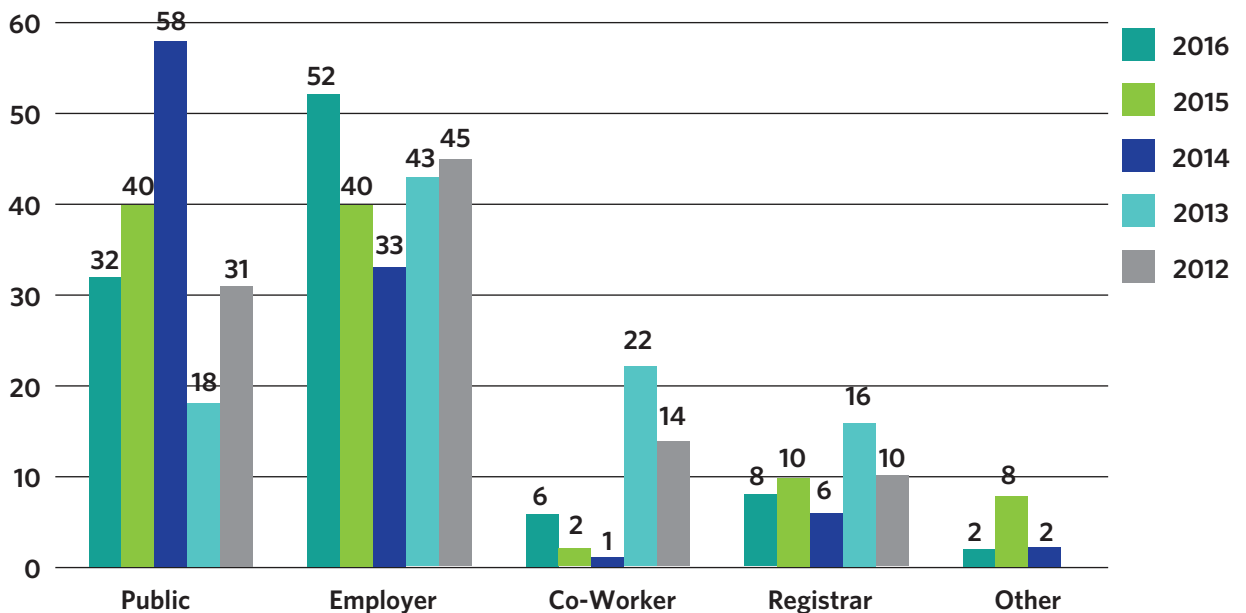
31 decisions rendered (cases initiated in 2016);  
 19 (carried over from 2015);  
 18 cases carried to 2017.

See chart "Percentage of Written Reports by Source: 2012-2016" for a five year analysis.

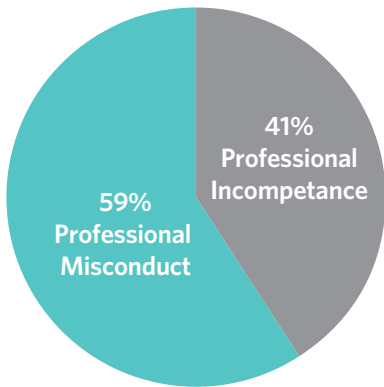
## Source of Reports 2016



## Percentage of Written Reports by Source: 2012-2016



## Nature of Report 2016



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

## Top 3 Allegations of Professional Incompetence

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

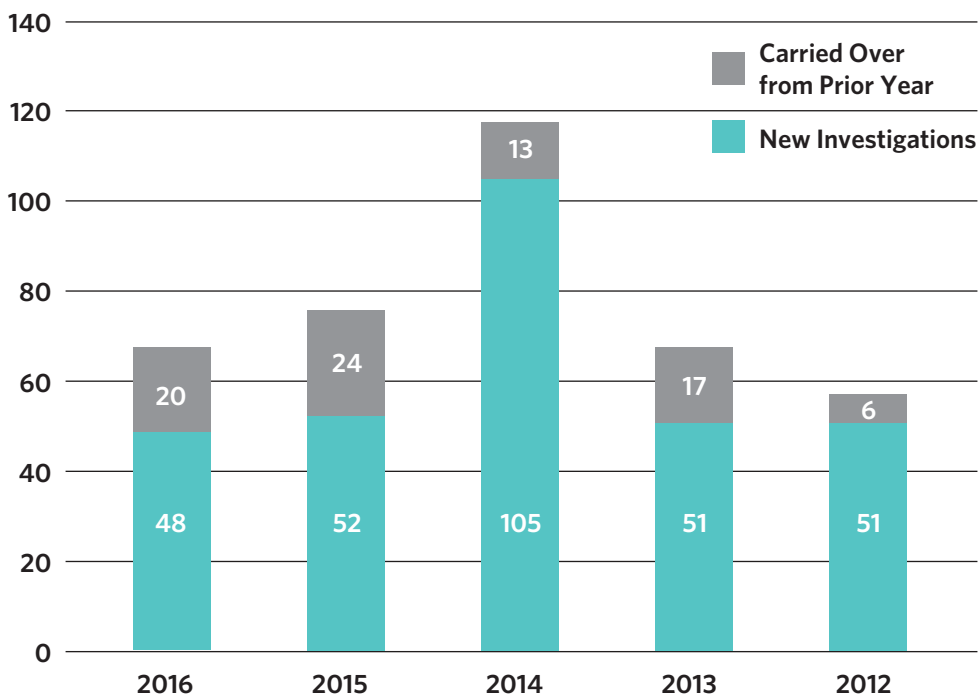
## Top 3 Allegations of Professional Misconduct

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

## Notification Timelines

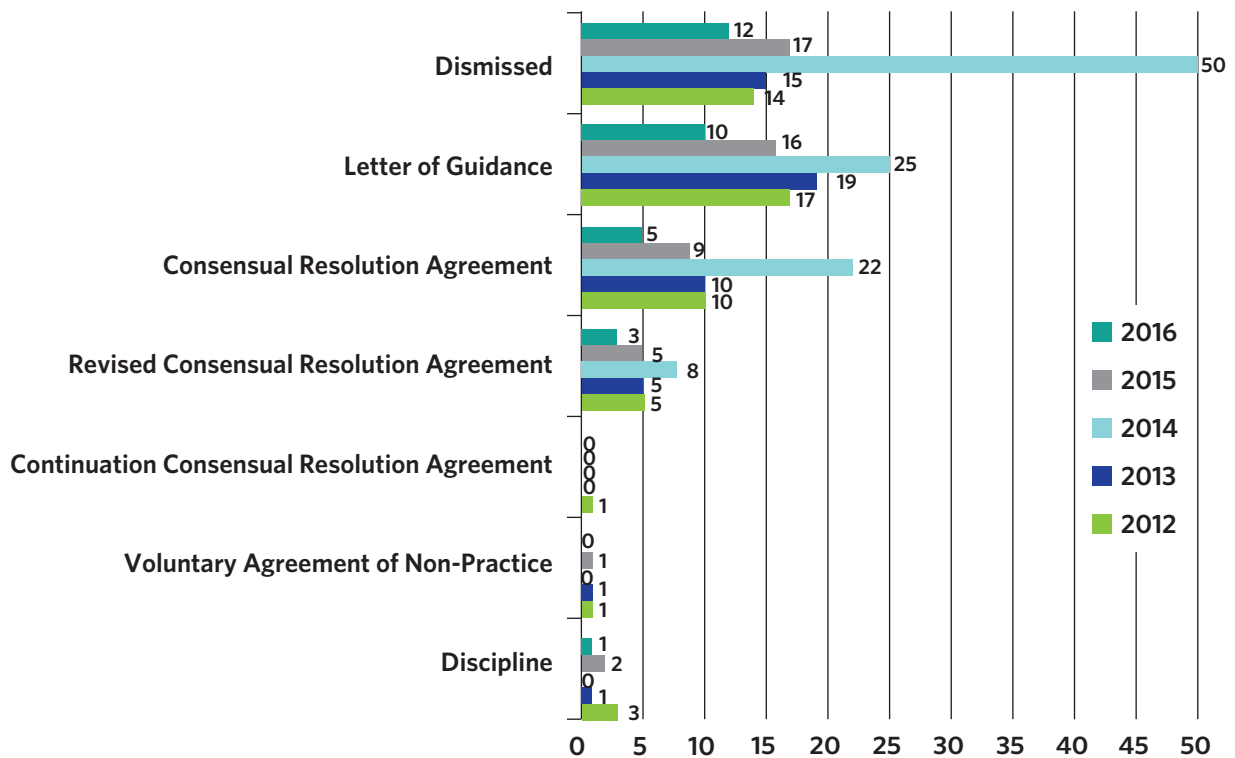
Competence Assurance undertakes to provide written notification of a written report to the report writer and member within 30 days of receipt. In 98% of the cases initiated in 2016 written notification was completed within the expected timeframe. Variance outside the 30 day timeline (one case) occurred as a result of additional time needed to contact the report writer prior to launching the investigation.

## Total Investigation Cases Investigated: 2012-2016



In 2016 the Investigation Committee rendered a decision in 50 cases with 19 arising from 2015 and 31 arising from investigations launched in 2016.

## 5 Year Comparison of Decisions



Investigation Committee Decisions are updated to represent all decisions in investigations launched in a particular year.

### Disposition Resolutions

The 20 cases carried forward from 2015 were resolved with the following disposition:

- › 9 were Dismissed
- › 6 resulted in Letters of Guidance
- › 3 were moved to CRAs
- › 1 was moved to Revised CRA
- › 1 case remained outstanding due to the member's inability to participate in the investigation at this time.

### Disposition Breakdown

- › **Dismissal of a case:** was issued in 39% of the investigations, and occurs based on the investigation and there is no or insufficient evidence to support the allegations provided.
- › **Letter of guidance:** was issued in 32% of the investigations undertaken, and are issued when there is insufficient evidence to refer the matter to a disciplinary process (CRA, Revised CRA, or Discipline Hearing), but tends to show undesirable practice and/or conduct.
- › **Voluntary or Revised CRA:** Members were offered and/or signed a voluntary CRA (16%) or Revised CRA (10%).
- › **Referral for Discipline:** There was one referral made to the Discipline Committee (3%) in 2016.

## Consensual Resolution Agreements Decisions

The CRAs developed in 2016 related to multi-factorial concerns where evidence was found to support concerns with professional competence and/or conduct by members in practice arising from:

- › Medication management: ensuring for rights of administration, errors/ omissions, documentation, transcription errors, assessment/reassessment of medications administered, providing medication without a physician order, and following best practice/ organizational policy and procedure.
- › Professionalism and interpersonal communication: demeanor, deportment, effective communication, functioning as a team member with co-workers and/or patients; and being honest and truthful.
- › Documentation: errors, omissions, or failure to document care provision to patients.
- › Nursing process: completion of assessments, interventions and evaluation of care.
- › Identification and intervention when changes occur in a patient's condition.
- › Privacy and confidentiality.
- › Breach of scope of practice as a registered nurse/failure to follow organizational policy/procedure/ protocol.
- › Existence of an underlying medical or other concern impacting practice.
- › Identification of progressive and unresolved inability to perform the duties of a registered nurse.

## Revised Consensual Resolution Agreements

The Revised CRAs developed in 2016 related to members who were reported back to the Investigation Committee for further investigation, and where evidence was found to support ongoing concerns with practice arising from:

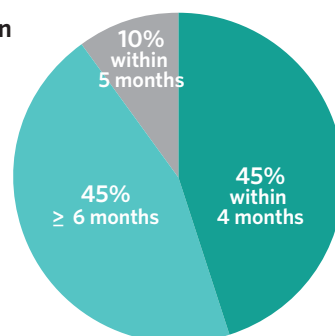
- › Relapse of an addiction to drugs and/or alcohol
- › Identification of underlying mental health/personal concerns
- › Identification of progressive competence concerns in practice, including but not limited to:
  - Inability to consistently perform foundational RN tasks or skills
  - Completion of the nursing process appropriately (e.g. assessment and intervention)
  - Medication management
- › Identification of progressive conduct concerns in practice, including but not limited to:
  - Professionalism, privacy and confidentiality
  - Not functioning as a team member
  - Interpersonal skills (e.g. verbal interactions with team members and/or patients)
  - Not completing conditions for safe competent care or requirements set out in a Consensual Resolution Agreement

## Review and Decision Timelines

Delays in resolution occurred due to a cluster of new cases launched between December 2015 – February 2016 (27 cases) and delays with obtaining documentation and/or scheduling of interviews to conclude the investigation.

## Investigation Committee Decisions:

**Resolution achieved**



**Consensual Resolution Agreements:** As of December 31, 2016, three were completed in 2016 and 16 were subject to monitoring.

## Investigation Participant Feedback

The SRNA Investigation Committee distributes a **voluntary anonymous participant survey** to the person submitting a written report regarding professional incompetence and/or misconduct of a member and to the member who was the subject of the investigation. The surveys are identical in content and are sent out at the conclusion of an investigation.

# 2016 Survey

## PARTICIPATION

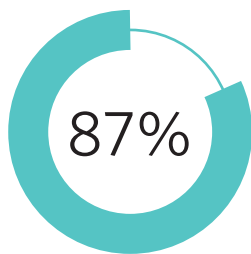


**77** surveys

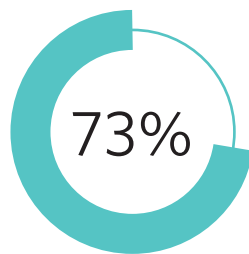
were distributed to participants  
between Jan 1 - Dec 31, 2016.

There was a **32%** response rate for all participants, representing a 6% increase from 2015.

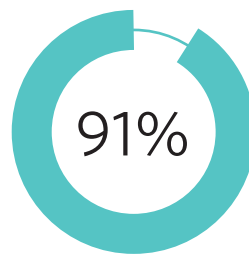
## RESULTS



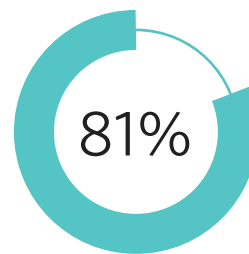
felt the process was  
**fair and unbiased**



felt the process was  
**timely**



felt the process was  
**transparent**



felt the process was  
**effective**



felt the process was  
**confidential**

### INVESTIGATION COMMITTEE MEMBERS

**Andy Anderson**, Public Representative, Regina  
**Dan Pooler**, Public Representative, Regina  
**Noelle Rohatinsky**, RN, Saskatoon  
**Sandra Weseen**, RN, Chair Melfort  
**Yvonne Wozniak**, RN, Moose Jaw

### SRNA STAFF SUPPORT

**Jeanine Brown**, RN, Staff Support/Monitor  
**Marilyn Morrison**  
**Rhonda O'Hagan**, RN, (on leave)  
**Carole Reece**, RN  
**Erika T. Vogel**, RN

## 2016 Discipline Committee Decisions

In 2016, two penalty decisions were rendered by Discipline Panels for:

- 1) **Arla R. Ryan RN#0030061, Saskatchewan.** Was found guilty of professional misconduct pursuant to section 26(1) and 26(2) (g) (l) and (q) of *The Registered Nurses Act, 1988* and sections of the *Standards and Foundation Competencies for the Practice of Registered Nurses, 2007* and the *Code of Ethics*.
- 2) **Michele M. Moore RN # 0035075, Saskatchewan.** Was found guilty of professional misconduct pursuant to section 26(1) and 26(2) (c) (g) and (l) of *The Registered Nurses Act, 1988* and sections of the *Standards and Foundation Competencies for the Practice of Registered Nurses, 2007* and the *Code of Ethics*.

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

### DISCIPLINE COMMITTEE RESOURCE POOL MEMBERS

**Janna Balkwill (Willis)**, RN, Regina  
**Ruth Black**, RN, Vanscoy  
**Joanne Blazieko**, RN, Moose Jaw  
**Stella Devenney**, RN(NP), Regina  
**Anne Marie Edmonds**, RN, Major  
**Christopher Etcheverry**, RN, Battleford  
**Michell Jesse**, RN, Regina  
**Daniel Kishchuk**, Public Representative, Saskatoon  
**Lynda Kushnir Pekrul**, RN, Regina  
**Patricia LeBlanc**, RN, Richardson  
**Russ Marchuk**, Public Representative, Regina  
**David Millar**, Public Representative, Regina  
**Frances Passmore**, Public Representative, White City  
**Valerie Pearson**, Public Representative, Saskatoon (to August 2016)  
**Beth Ann Schiebelbein**, RN, Fort Qu'Appelle  
**Moni Snell**, RN(NP), Regina  
**Elaine Stewart**, RN, Pilot Butte  
**Stella Swertz**, RN, Weyburn  
**Neal Sylvestre**, RN, Maidstone

### SRNA STAFF SUPPORT

**Barb Fitz-Gerald**, RN  
**Deb Mainland**



87%  
of participants felt  
the process was  
fair and unbiased



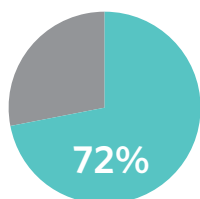
## Annual audits ensure regulatory competence and compliance

Annual audits are conducted to determine compliance with four required Continuing Competence Program (CCP) components: personal assessment, feedback, learning plan and evaluation, as well as to monitor practice hours to ensure members meet bylaw requirements.

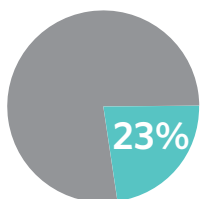
### Continuing Competence Program Audit

The CCP strives to improve the quality of nursing care provided by practicing members to the public. The 2015 Licensure Year audit took place in June 2016 by an SRNA volunteer audit committee. There were 13 NPs and 106 RNs randomly selected from the membership database to participate.

#### RESULTS



members met the CCP audit requirements

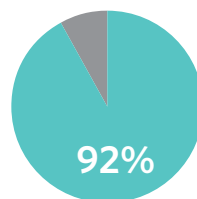


either received a letter suggesting ways to improve their program or were required to work with the Registrar or Regulatory Advisor and complete specific activities.

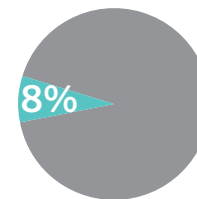
### Annual Hourly Audit

To maintain eligibility for licensure, Registered Nurses (RNs) must maintain a minimum of 1,125 hours within a five-year period preceding the registration year while Nurse Practitioners (NPs) must practice a minimum of 900 hours of which 600 hours must be clinical practice within a three-year period preceding the registration year. In September 2016, 50 RNs and 9 NPs were randomly selected from the membership database to participate.

#### RESULTS



had their documentation returned by the employer and met the requirements



are either waiting for employers to return documentation or did not participate, citing they no longer resided in the province or have retired from the profession. Non-compliant members must meet the requirements before renewing licensure.





*Ensuring safe, competent, ethical and culturally appropriate care for patients and their families.*

# 3

## We Listen to...

Engaging staff, members and the public is a priority. When we listen, we all benefit.

### Learn

- › 21 consultations on RN Specialty Practices
- › 158 attendees at the SRNA Education Day in May
- › 17 engagement opportunities on RN Role Clarity



### Advance

- › ~3,000 members participated in SRNA engagement activities in 2016
- › 1000s of comments on SRNA Practice initiatives
- › 14 webinars on Medical Assistance in Dying, PLAR, RHA Restructuring and many other topics
- › Initiate patient and family advisor engagement in partnership with the Health Quality Council

### Share

- › 4 million hits (website)
- › 300,000 impressions (Twitter)
- › 42% increase in likes (Facebook)



### Involve

- › SRNA presentations to over 400 nursing students in 2016
- › 31 member appointments or re-appointments to SRNA committees



# Recognize

## 5 SRNA Life Membership Awards

**Donna Brunskill**, Indian Head • **Sheila Clements**, Saskatoon •  
**Joan Hiebert**, Dundurn • **Candace Skrapek**, Saskatoon • **Diane Jensen**, Saskatoon

## 5 SRNA Annual Awards of Excellence

- › Effie Feeny Award for Excellence in Nursing Research: **Dr. Angela Bowen**, RN, PhD, Saskatoon
- › Elizabeth Van Valkenburg Award for Excellence in Nursing Education: **Dr. Carol Bullin**, RN, PhD, Grandora
- › Jean Browne Award for Excellence in Nursing Practice Leadership: **Dr. Karen Eisler**, RN, PhD, Regina
- › Granger Campbell Award for Excellence in Clinical Practice: **Student Health Services, University of Saskatchewan, Anne Arguin**, RN, **Kathy Dempsey**, RN, and **Heather Rempel**, RN
- › Ruth Hicks Award for Student Leadership: **Megan Jacobsen**, Melfort.



## Membership Advisory Committee

This committee reviews the terms of reference for the committee, and provides strategies for student and member engagement in SRNA activities. In addition, the committee recommends member and public representation to SRNA internal and external committees. During the year, the committee met by teleconference or email to make thirty-one member appointments or re-appointments to internal and external committees, and recommended to council members for statutory committees.

### COMMITTEE MEMBERS

**Lorraine Barker**, RN(NP), Yorkton  
**Janine Brown**, RN, Saskatoon  
**Linda McPhee**, RN, Chair, Saskatoon (term ended September 2016)  
**Cindy Smith**, RN, Milestone  
**Rena Sutherland**, RN(NP), Nipawin  
**George Thomas**, Public Representative, Regina (term ended September 2016)

### STAFF SUPPORT

**Terri Belcourt**, RN, SRNA Staff Support  
**Lesley Stronach**, SRNA Staff Support

## Awards Committee

The Awards Committee reviews nominations for the SRNA Awards of Excellence, including inductees for the SRNA Memorial Book, based on the criteria for each award. Meeting by a teleconference and two in-person meetings, the committee selected the 2016 recipients. The committee also created the criteria for the 2017 SRNA Centennial Diamond Awards.

### COMMITTEE MEMBERS

**Leah Clement**, RN, Regina (resigned December 2016)  
**Jan Devitt**, Public Representative, Regina  
**Stacy Hunt**, RN, Regina  
**Jayne Naylen Horbach**, RN, Chair, Regina  
**Marlene Strenger**, RN, Saskatoon  
**Staff Support**

**Cheryl Hamilton**, RN, SRNA Staff Support (until October 31, 2016)  
**Lesley Stronach**, SRNA Staff Support

### EXTERNAL COMMITTEE REPRESENTATIVES

**Cheryl Besse**, RN, Saskatoon, Board of Directors of the Saskatchewan Prevention Institute  
**Fred Bordas**, RN, Regina, Nursing Re-entry Program Advisory Committee

**Joyce Bruce**, RN(NP), White City, Canadian Nurse Practitioner Exam Committee

**Jeannie Coe**, RN(NP), Saskatoon, Nurse Practitioner Program Advisory Committee

**Anne Marie Greaves**, RN, Tisdale, University of Regina, Faculty of Nursing and the Student Performance of Professional Responsibilities and Professional Unsuitability Committee

**Carla Hartman**, RN, Regina, Critical Care Nursing Program Advisory Committee

**David Kline**, RN, Drake, Canadian Nurses Protective Society Board

**Fay Michayluk**, RN, Wakaw, Northern Nurses Education Committee

**Kathleen Perrin**, RN, Saskatoon, Orientation to Nursing in Canada for IENs Program Advisory Committee

**Greg Riehl**, RN, Regina, EHR/Saskatchewan Laboratory Results Repository

**Marlene Smadu**, RN, Regina, University of Regina Senate

**Vikki Smart**, RN, Meota, Collaborative Nurse Practitioner Program Advisory Committee

**Sharon Staseson**, RN, Regina, Midwifery Transition Council

**Colleen Toye**, RN, Prince Albert, University of Saskatchewan Senate

# Our Association, Our Membership

As a profession-led organization, SRNA members are the foundation of the Association as we work in collaboration to deliver on our mandate to protect the public and deliver safe patient care. Just as our profession has continued to evolve and innovate in advancing healthcare for the people of Saskatchewan over the decades, so do SRNA members. Understanding the makeup of the membership is essential in providing the educational resources and opportunities to advance our professional practice. Within the spirit of collaboration and innovation, the SRNA encourages leadership and member engagement to influence policy, support quality practice environments.

## We are an evolving profession - SRNA membership by the numbers

Membership Total and Method of Registration					
	2012	2013	2014	2015	2016
Registered by Examination	399	450	462	496	513
Registered by Endorsement	274	245	205	190	257
Renewal/Re-registration	10058	10347	10520	10599	10721
<b>Total Practicing</b>	<b>10731</b>	<b>11042</b>	<b>11187</b>	<b>11285</b>	<b>11491</b>
Graduate Nurses	476	552	509	562	538
Non-Practicing	211	230	226	230	226
Retired	100	121	188	229	283
Life & Honorary	52	53	52	54	50
<b>Total Membership</b>	<b>11570</b>	<b>11998</b>	<b>12162</b>	<b>12358</b>	<b>12588</b>

Trends in Migration					
	2012	2013	2014	2015	2016
In-migration	297	290	246	361	246
Out-migration*	293	313	381	399	432

▶ A total of 432 verifications were sent to other provinces or out of the country, with the most going to: Alberta (111); British Columbia (102); Out of Country (95); Manitoba (37); and Ontario (36).

RN(NP)s by Specialty**					
	2012	2013	2014	2015	2016
Primary Care	150	168	187	202	215
Pediatric	0	0	0	2	4
Neonatal	8	7	7	7	7
Adult	2	3	3	2	1
Adult Women's Health	1	1	1	1	1
<b>Total</b>	<b>161</b>	<b>178</b>	<b>197</b>	<b>214</b>	<b>228</b>

There were 246 incoming applicants with the most coming from: Ontario (96); Alberta (70); British Columbia (23); Nova Scotia (12).

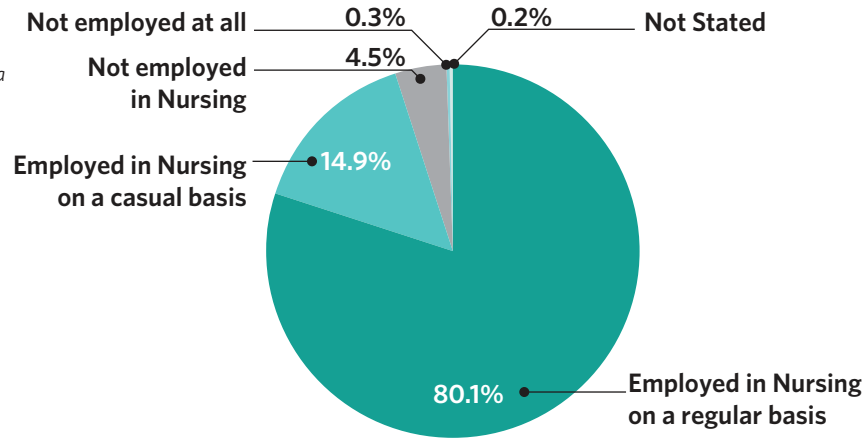
\* The number of verification requests made by out-of-province registering bodies for verification of registration status

\*\*Two of the NPs with a Specialty Primary Care licence are also licensed with Specialty Adult designation.

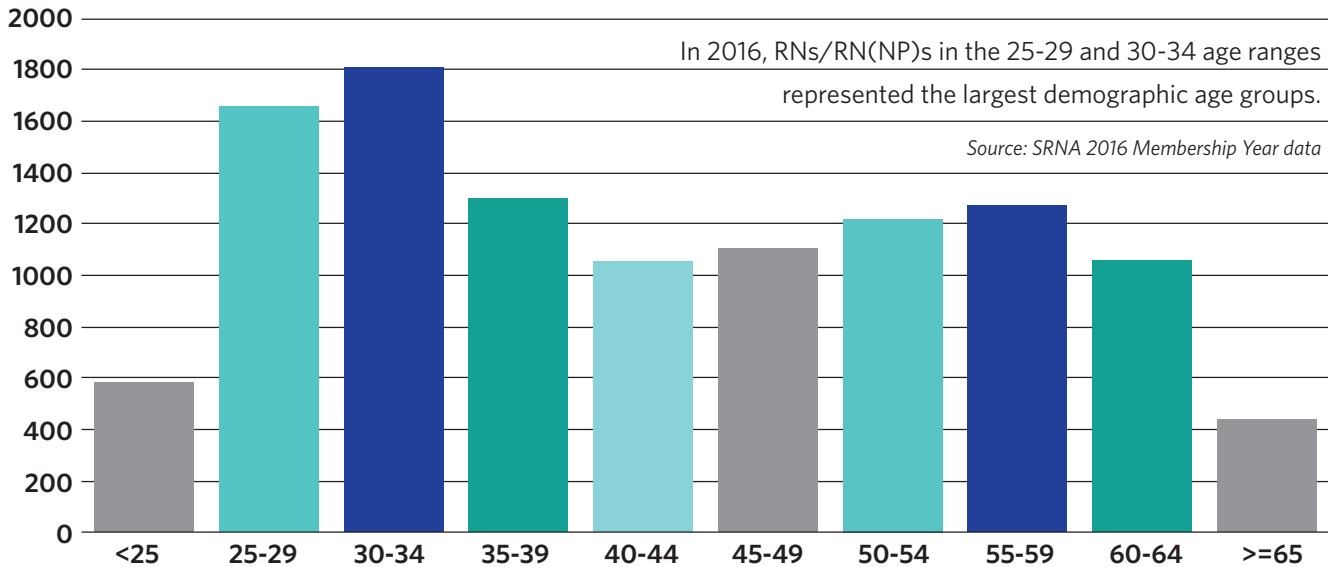
Source for all three tables: SRNA 2016 Membership Year data

## Employed in Nursing

Source: SRNA 2016 Membership Year data



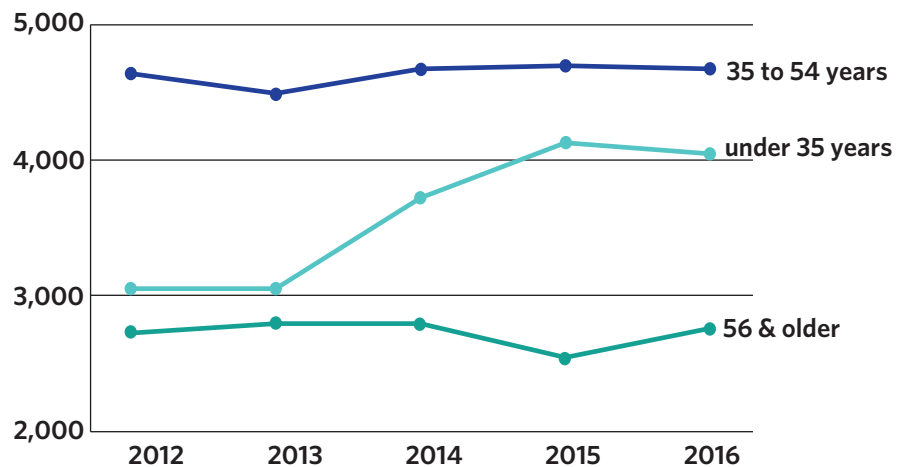
## Age Groups for Practicing RN & RN(NP)s



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

In 2016 we saw a small decline in younger than 35 and small increase in 56 and older RNs/RN(NP)s.

Source: SRNA 2016 Membership Year data





# We are leaders in contributing to a healthy population

Each year, SRNA members contribute time and expertise to more than a dozen committees that provide oversight to the association's work, helping advance the profession and deliver on the mandate as a regulator. The SRNA is greatly appreciative for the commitment, contribution, collaboration and leadership of the members who serve on the committees.

## Legislation & Bylaws Committee

The Legislation and Bylaws Committee discusses and develops options for Council regarding potential changes to The Registered Nurses Act, 1988 or Bylaws, and when directed by Council, to draft, review and recommend revisions. The committee met five times in 2016 to review and recommend the SRNA Bylaw amendments that went to Council meetings in 2016.

The Committee also completed consultation on proposed amendments to:

- › CARNA -Standards for Use of Title
- › CARNA - Restricted Activities: Standards for Regulated Members
- › Health Canada - Naloxone Proposal
- › *The Public Health Act, 1994- Amendment*
- › *The Vital Statistics Act, 2009 - Amendment*
- › SALPN bylaws - *The Licensed Practical Nurses Act, 2000*

It also continued monitoring provincial and national legislative trends related to the nursing profession.

### COMMITTEE MEMBERS

**Joanne Petersen, RN, Chairperson**

**Eunice Abudu-Adam, RN**

**Janice Giroux, RN**

**Karen Ulliyott, RN**

**James Struthers, Public Representative**

### SRNA STAFF SUPPORT

**Carolyn Hoffman, RN**

**Shirley McKay, RN**

**Cheryl Hamilton, RN**

**Julie Szabo**

## Registration & Membership Committee

The Registration & Membership committee provided approval for the Auditors for the 2016 Continuing Competence Audit.

### COMMITTEE MEMBERS

**Jennifer Guzak**, RN, Saskatoon

**Cyril Kesten**, Public Representative

**Debbie Kosabeck**, RN, Regina

**Karen Loveridge**, RN(NP), Melville

**Lorna Weisbrod**, RN, Lumsden

### SRNA STAFF SUPPORT

**Barb Fitz-Gerald**, RN, SRNA, Staff Support

**Shirley McKay**, RN, SRNA, Staff Support

**Erica Pederson**, RN, SRNA, Staff Support

**Karen Rhodes**, SRNA, Staff Support

---

## Nominations Committee

The Nominations Committee recruits potential RN and RN(NP) members for the SRNA annual election. Nomination forms were available online in October. Calls for nominations were included in the January and December messages from the desk of the SRNA Executive Director and in the Fall 2015 issue of the SRNA News Bulletin. Targeted recruitment strategies as well as the use of social media channels were used to recruit members. The committee successfully recruited members for two member-at-large positions and the nominations committee.

The SRNA used an online e-voting system with Balloteer. The independent third-party technology audit ensures compliance with best practices for the security of network assets and their multi-layer perimeter protects the voting application, data, and results.

### COMMITTEE MEMBERS

**Sherry Culham**, RN, Regina (2-year term ended May 2016)

**Signy Klebeck**, RN, Chair, Saskatoon

**Robert Friedrich**, Public Representative, Regina

**Joan Wagner**, RN, Saskatoon

**Linda Delaine**, RN, Regina (2-year term started May 2016)

### SRNA STAFF SUPPORT

**Terri Belcourt**, RN, SRNA Staff Support

**Anita Nivala**, SRNA Staff Support



## Committee for Member Groups

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

In 2016, education days were hosted by a variety of groups including:

- › Pain Management Professional Practice Group
- › Saskatchewan Chapter for Canadian Association of Critical Care Nurses
- › Saskatchewan HIV/AIDS/HCV Nursing Education Organization
- › Skin and Wound Professional Practice Group
- › Nurse Practitioners of Saskatchewan
- › PeriAnesthesia Nurses Group of Saskatchewan
- › Saskatchewan Operating Room Nurses Group

The Nurse Practitioners of Saskatchewan hosted an NP Awareness Day with a flag raising at the Legislature.

## PROFESSIONAL PRACTICE GROUPS

Aboriginal Nursing Professional Practice Group

Administrative Nurses Professional Practice Group

Clinical Nurse Specialists Professional Practice Group

New Nurses of Saskatchewan Professional Practice Group (new in 2015)

Nurse Practitioners of Saskatchewan

Pain Management Professional Practice Group

Parish Nursing Professional Practice Group

PeriAnesthesia Nurses Group of Saskatchewan

Retired Nurses Professional Practice Group

Saskatchewan Chapter for Canadian Association of Critical Care Nurses

Saskatchewan HIV/AIDS/HCV Nursing Education Organization

Saskatchewan Nursing Informatics Association

Saskatchewan Occupational Health Nurses' Group

Saskatchewan Operating Room Nurses Group

Skin and Wound Professional Practice Group

## Workplace Representatives

Workplace Representatives are champions for good registered nursing care in their workplace. They are contact persons for the SRNA and the membership regarding SRNA resources and services. In 2016 there were 177 Workplace Representatives representing every health region in Saskatchewan. We thank them all for their dedication and service to the work of the SRNA.

## Workplace Educators

Workplace Educators are SRNA members who have been educated to provide presentations developed by SRNA Nursing Practice Advisors. At the end of 2016 there were 15 Workplace Educators who provided presentations on the topics of Code of Ethics, Continuing Competence, Documentation, Medication Administration and Mobile Devices, Apps and Social Media, RN Scope of Practice, Using the Three Factor Framework and What's Happening at the SRNA. We thank them all for their dedication to delivering education sessions to members close to their homes across the province.

## The Interprofessional Advisory Group

The Interprofessional Advisory Group (IPAG) reviewed the existing 65 Clinical Decision Tools (CDTs) to ensure that they were up to date, in preparation for the licensure on December 1, 2016 of RNs with Additional Authorized Practice [(RN(AAP))]. SRNA Council adopted all 65 CDTs, upon the IPAG's recommendations. All 2016 business was conducted virtually.

## COMMITTEE MEMBERS

**Alida Holmes**, RN(AAP), Pinehouse

**Heather Keith**, RN(NP), Chair, Christopher Lake

**Dr. Leo Lanoie**, Prince Albert

**Janet Mackasey**, RN, Prince Albert

**Dr. Johann Malan**, Saskatoon

**Heather McAvoy**, Public Representative, Saskatoon

**Loren Regier**, Pharmacist, Chair, Saskatoon

## SRNA STAFF SUPPORT

**Linda Muzio**, RN

**Anita Nivala**



## RN(NP) Advisory Working Group

The Advisory Working Group Committee provides advice for legislation, policy development, registration, licensure and practice, and administrative policy framework for registration and licensure of RN(NP)s. This year much of the committee work was reviewing and providing feedback on the RN(NP) Entry-Level Competencies and RN(NP) Practice Standards.

### COMMITTEE MEMBERS

**Bill Cannon**, RN(NP) – Yorkton, new appointment mid-year

**Mary Ellen Andrews**, RN(NP), Saskatoon, Chair

**Joyce Bruce**, RN(NP), White City

**Shelly Cal**, RN(NP), Hudson Bay

**Leah Currie**, Public Representative, Saskatoon

**Karen Hercina**, RN(NP), Saskatoon – term complete mid-year

**Heather Keith**, RN(NP), Christopher Lake – term complete mid-year

**Moni Snell**, RN(NP), Regina

**Laveena Tratch**, RN, Regina

### SRNA STAFF SUPPORT

**Donna Cooke**, RN, SRNA Staff Support

**Shirley McKay**, RN, SRNA Staff Support

---

## Ad Hoc Jurisprudence Committee

The Ad Hoc Jurisprudence Committee was developed in 2015 to begin developing a framework for implementation of a jurisprudence learning module. The Committee did not meet in 2016.

## Nursing Education Program Approval Committee

As part of its mandate, SRNA is responsible for the approval of RN and RN(NP) education programs. The Nursing Education Program Approval Committee (NEPAC) is integral to this process. In 2016, the NEPAC undertook a number of initiatives, and held five meetings in 2016.

Review of annual updates for institution programs:

- › Collaborative Nurse Practitioner Program (CNPP) (Saskatchewan Polytechnic/University of Regina)
- › Primary Health Care RN(NP) Master of Nursing Program (University of Saskatchewan)
- › Nursing Education Program of Saskatchewan (NEPS) Dissolution
- › Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) Program (University of Regina/Saskatchewan Polytechnic)
- › Bachelor of Science in Nursing (BSN) Program (University of Saskatchewan)
- › RN Re-entry Program (Saskatchewan Polytechnic)
- › Orientation to Nursing in Canada for Internationally Educated Nurses (ONCIEN) Program (Saskatchewan Polytechnic)
- › Courses for the RN with Additional Authorized Practice – RN(AAP) (Saskatchewan Polytechnic)

The committee also gave oversight, and made program approval recommendations, regarding the joint SRNA Program Approval / Canadian Association of Schools of Nursing Accreditation reviews of the SCBScN Program and the BSN Program in 2016. Selection of the Assessment Team for the CNPP Program that is scheduled for May 2017.

### COMMITTEE MEMBERS

**Gillian Oberndorfer**, RN, Regina (Chairperson)

**Patricia Harlton**, Public Representative, Regina

**Kelly Johnson**, RN, Saskatoon

**Laura Matz**, RN, Saskatchewan Ministry of Health Representative, Regina

**Noella Selinger**, Profession Representative, Regina

**Wendy Wilson**, RN, Leader

**Laura Wood**, RN(NP), Carlyle

### SRNA STAFF SUPPORT

**Cheryl Hamilton**, RN, SRNA Staff Support

**Carolyn Hoffman**, RN, SRNA Staff Support (November – December 2016)

**Joanne Hahn**, Senior Assistant, SRNA Staff Support

# 4 Fiscal Responsibility

Maintaining the trust and confidence of members in SRNA's financial stewardship is a strategic imperative. Through stewardship, SRNA ensures the responsible management of revenue to develop and administer programs that deliver on SRNA's mandate as a regulator and an association. SRNA is committed to maintaining the financial sustainability of the association through streamlined processes and fiscal management while supporting members in delivering safe care for the people of Saskatchewan and advancing nursing practice to meet the demands of the evolving health care system.

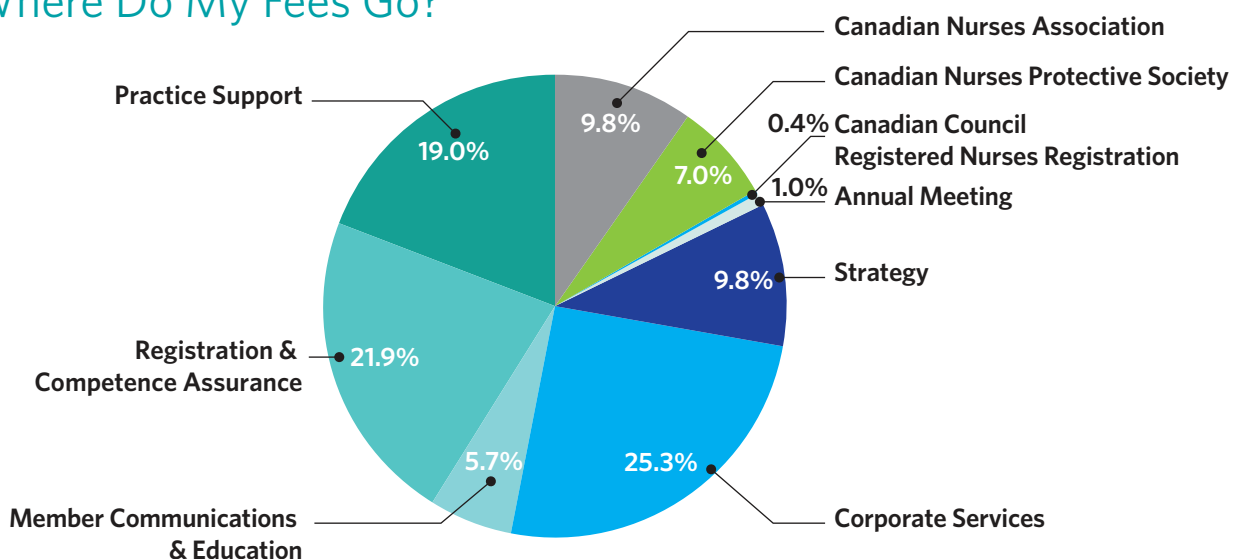
## Bringing Fiscal Accountability to Membership

The SRNA leadership team undertook several strategic initiatives to further strengthen its financial reporting and accountability to SRNA members in 2016. This work was under the leadership of the new Executive Director, the new Director of Corporate Services and the other members of the SRNA Leadership Team.

SRNA council and staff implemented a comprehensive cost reduction strategy. This included reduced staff travel and the introduction of rigorous processes for tracking and calculating revenue as well as expenses to enhance the accuracy of our fiscal reporting. This fiscal management resulted in a meaningful year-end surplus for 2016, which will enable SRNA to maintain the same membership fees for the 2018 membership year.

The year was also a time of strategic investments in improving our membership database as well as the SRNA website refresh project progressed toward a website re-launch in 2017. These important investments will support our efforts to improve engagement with the membership as we continue to work collectively to advance our practice and enable better healthcare for the people of Saskatchewan.

## Where Do My Fees Go?



## INDEPENDENT AUDITORS' REPORT

To the Members

**Saskatchewan Registered Nurses Association**

We have audited the accompanying financial statements of **Saskatchewan Registered Nurses Association** which comprise the statement of financial position as at **December 31, 2016** and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

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

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditors' Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those assessments, the auditor considers internal control relevant to the Association's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### *Opinion*

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Association as at December 31, 2016 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

**March 30, 2017**  
**Regina, Saskatchewan**

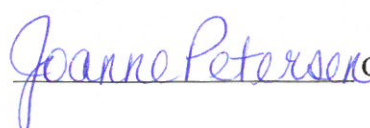
**VIRTUS GROUP LLP**  
**Chartered Professional Accountants**

**SASKATCHEWAN REGISTERED NURSES ASSOCIATION**  
**STATEMENT OF FINANCIAL POSITION**  
**AS AT DECEMBER 31, 2016**  
**(with comparative figures for 2015)**

	<b>ASSETS</b>	
	<u>2016</u>	<u>2015</u>
<b>Current assets</b>		
Cash	\$ 45,456	\$ 5,411,910
Investments (Note 3)	6,487,585	1,063,910
Accounts receivable	45,906	8,927
GST receivable	26,021	-
Prepaid expenses	142,033	84,347
	<u>6,747,001</u>	<u>6,569,094</u>
<b>Tangible capital assets (Note 4)</b>	1,533,479	1,613,598
<b>Intangible asset (Note 5)</b>	304,662	398,606
	<u>\$ 8,585,142</u>	<u>\$ 8,581,298</u>
	<b>LIABILITIES</b>	
<b>Current liabilities</b>		
Accounts payable and accrued liabilities	\$ 508,495	\$ 738,447
GST payable	-	268,926
Deferred revenue and fees collected in advance	5,311,912	5,198,631
Current portion of long-term debt (Note 6)	56,640	54,550
	<u>5,877,047</u>	<u>6,260,554</u>
<b>Long-term debt (Note 6)</b>	473,209	529,849
	<u>6,350,256</u>	<u>6,790,403</u>
	<b>NET ASSETS</b>	
<b>Invested in tangible capital &amp; intangible assets</b>	1,308,292	1,427,805
<b>Internally restricted</b>	58,745	70,000
<b>Unrestricted surplus (Note 10)</b>	867,849	293,090
	<u>2,234,886</u>	<u>1,790,895</u>
	<u>\$ 8,585,142</u>	<u>\$ 8,581,298</u>
<b>Commitments (Note 8)</b>		

See accompanying notes to the financial statements.

Approved on behalf of Council:

 Council Member

 Council Member

**SASKATCHEWAN REGISTERED NURSES ASSOCIATION**  
**STATEMENT OF OPERATIONS**  
**FOR THE YEAR ENDED DECEMBER 31, 2016**  
(with comparative figures for the year ended December 31, 2015)

	<u>2016</u>	<u>2015</u> (restated - Note 10)
<b>Revenue</b>		
Memberships	\$ 6,078,796	\$ 5,882,145
Funding	38,110	148,183
Other revenue	348,821	366,655
	<hr/>	<hr/>
<b>Total revenue</b>	6,465,727	6,396,983
	<hr/>	<hr/>
<b>Expenses</b>		
Change projects	123,233	220,383
Communications	484,564	734,405
Competence assurance	551,283	592,250
Corporate services	655,064	789,291
Council and governance	179,033	182,009
Human resources	179,122	247,881
Information technology	699,914	652,852
Member professional liability	422,049	399,234
National membership fees	616,291	618,584
Practice support	603,804	431,526
Professional standards	350,142	386,039
Program approval	23,731	48,607
Registration	529,403	546,165
Regulatory	217,487	390,832
Special meetings	61,842	-
Strategy and partnership development	350,603	360,540
	<hr/>	<hr/>
	6,047,565	6,600,598
	<hr/>	<hr/>
<b>Excess (deficiency) of revenue over expenses before other items</b>	418,162	(203,615)
	<hr/>	<hr/>
<b>Investment revenue</b>		
Interest	25,829	30,204
	<hr/>	<hr/>
<b>Excess (deficiency) of revenue over expenses</b>	<u>\$ 443,991</u>	<u>\$ (173,411)</u>

See accompanying notes to the financial statements.

# Staff Directory

## EXECUTIVE OFFICE

**Carolyn Hoffman**, RN, Executive Director

**Julie Szabo**, Executive Assistant, Governance

## COMMUNICATIONS

**Shelley Svedahl**, Manager, Communications & Public Relations

**Adam Lark**, Technology & Design Specialist

**Michelle James**, Senior Assistant, Customer Relations (to October 2016)

## CORPORATE SERVICES

**Trevor Wowk**, CPA, Director, Corporate Services (as of June 2016)

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

**Tony Giruzzi**, Coordinator, Network Support

**Emery Wolfe**, Technology & Multimedia Specialist

**Susan Greenman**, Senior Assistant, Corporate Services

**Victoria Kos**, Senior Assistant, Corporate Services

**Edward Pyle**, Business Analyst (to September 2016)

## REGULATORY SERVICES

**Shirley McKay**, RN, Director, Regulatory Services/Registrar

**Barbara Fitz-Gerald**, RN, Manager, Registration & Policy

**Jeanine Brown**, RN, Nursing Advisor, Regulatory Services

**Erica Pederson**, RN, Nursing Advisor, Regulatory Services

**Erika Vogel**, RN, Advisor, Competence Assurance

**Carole Reece**, RN, Advisor, Competence Assurance

**Marilyn Morrison**, Competence Assurance, Regulatory Assistant

**Karen Rhodes**, Executive Assistant, Regulatory Services

**Dawn Aschenbrener**, Senior Assistant, Regulatory Services

**Deb Mainland**, Regulatory Services, PRP Monitoring

**Nikita Schmidt**, Senior Assistant, Regulatory Services

**Regan Bussiere**, Senior Assistant, Regulatory Services

## NURSING PRACTICE

**Cheryl Hamilton**, RN, Manager, RNs Leading Change (as of November 2016)

**Cheryl Hamilton**, RN, Interim Director, Practice & Policy (to October 2016)

**Linda Muzio**, RN, RNs Leading Change Project Manager

**Donna Cooke**, RN, Nursing Advisor, Policy

**Donna Marin**, RN, Nursing Advisor, Policy

**Barbara MacDonald**, RN, Nursing Advisor, Policy (as of January 2016)

**Terri Belcourt**, RN, Nursing Advisor, Learning & Engagement

**Anita Nivala**, Practice Assistant, RNs Leading Change Project

**Lesley Stronach**, Practice Assistant, Member Relations

**Joanne Hahn**, Senior Assistant, Nursing Practice

Saskatchewan Registered Nurses' Association

# Annual Meeting

———— May 4, 2017 TCU ————

0830 to 1700 hours

- 0830 **Call to Order**
  - Welcome and Greetings**
  - Rules and Procedures**
  - Appointment of Scrutineers**
- 0930 **Approval of Agenda**
- 0945 **Member Survey Report**
- 1045 **President's Report**
  - 1115 **Executive Director's Report**
  - 1145 **Lunch**
- 1300 **Bylaws**
- 1430 **Resolutions**
- 1630 **Election Results**
- 1645 **Introduction of  
New Council Members**
- 1700 **Adjournment**

# Our Mission

RNs and RN(NP)s are **leaders** in contributing to a healthy population.



SASKATCHEWAN  
**RN**  
ASSOCIATION

2066 Retallack Street, Regina, SK S4T 7X5  
Phone: (306) 359-4200 (Regina)  
Toll Free: 1-800-667-9945  
Fax: (306) 359-0257  
E-mail: [info@srna.org](mailto:info@srna.org)

[www.srna.org](http://www.srna.org)

