

IN THE MATTER OF: *The Registered Nurses Act, 1988*, and Mirella Brousseau, RN  
#45394.

**NOTICE OF HEARING**

TO: Mirella Brousseau

**TAKE NOTICE** that the Investigation Committee of the College of Registered Nurses of Saskatchewan [“CRNS”] is recommending pursuant to section 28(3)(a) of *The Registered Nurses Act, 1988*, SS c R-12.2 [the “Act”] that the Discipline Committee hear and determine the complaint that you are guilty of professional incompetence and professional misconduct which occurred while you were on the Register and a member of the CRNS and held a license from the CRNS to practice registered nursing in Saskatchewan. The Discipline Committee, established in accordance with the *Act* and Bylaws will meet on **November 5<sup>th</sup> and 6<sup>th</sup>, 2024 at 9 a.m.** to conduct a virtual hearing [the “Hearing”].

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

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

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

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

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

- (a) that the nurse pay to the college within a fixed period:
  - (i) a fine in a specified amount;
  - (ii) the costs of the inquiry and hearing into the nurse's conduct and related costs, including the expenses of the investigation committee and the discipline committee; or
  - (iii) both of the things mentioned in subclauses (i) and (ii);and
- (b) where a nurse fails to make payment in college with an order pursuant to clause (a), that the nurse be suspended from the college.

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

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

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

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

**DATED** at Regina, Saskatchewan, this 3rd day of October, 2024.



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

**APPENDIX A**  
**Charges & Particulars**

**It is alleged that:**

1. You committed an act of professional misconduct and/or professional incompetence per sections 25, 26(1), and 26(2)(l) and (q) of *The Registered Nurses Act, 1988*, in that, [REDACTED], between 0200 hours and 0530 hrs, when you were working in the [REDACTED] role at the [REDACTED], you displayed a lack of judgment or a disregard for the welfare of a patient who was brought in by ambulance, and/or you failed to comply with the CRNS Code of Ethics and CRNS Bylaws which require you to adhere to the CRNS Registered Nurse Practice Standards and Registered Nurse Entry-Level Competencies.

In particular:

- (a) You failed to assist, attend to, provide care and assessment to, and/or respond to a patient who had fallen, or had potentially fallen, and/or was repeatedly on the floor of the [REDACTED] waiting room, moaning in pain and calling for help; and/or
  - (b) failed to intervene on behalf of or advocate for the patient when you did not question or communicate with the triage nurse about the patient's condition to ensure appropriate patient prioritization and safety.
2. You committed an act of professional misconduct pursuant to sections 26(1) and 26(2)(l) and (q) of *The Registered Nurses Act, 1988*, in that, on [REDACTED], between 0200 hours and 0530 hrs, when you were working in the [REDACTED] at [REDACTED] [REDACTED] [REDACTED] [REDACTED], you failed to show compassion, professionalism, empathy, and humanity regarding a patient who was present in [REDACTED] [REDACTED] waiting room.

In particular:

- (a) You made disrespectful statements about the patient to, or in the presence of, your co-worker, including: "she could go try that crack cocaine fentanyl again", "why doesn't she go and do some more fentanyl", "do more drugs... more drugs, more drugs", and "I am watching, I don't think I'm going to get involved with this".

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

### The Registered Nurses Act, 1988

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

[...]

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

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

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

[...]

(l) failed to comply with the code of ethics of the college;

[...]

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

### The SRNA Bylaws (2022)

#### 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)

#### A. Providing Safe, Compassionate, Competent and Ethical Care

Nurses provide safe, compassionate, competent and ethical care.

*Ethical responsibilities:*

3. Nurses engage in compassionate care through their speech and body language and through their efforts to understand and care about others' health-care needs.
15. Nurses support each other in providing person-centred care.

**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.
6. Nurses utilize practice standards, best practice guidelines, policies and research to minimize risk and maximize safety, well-being and/or dignity for persons receiving care.
8. In all practice settings where nurses are present, they work to relieve pain and suffering, including appropriate and effective symptom management, to allow persons receiving care to live and die with dignity.

**F. Promoting Justice**

Nurses uphold principles of justice by safeguarding human rights, equity and fairness and by promoting the public good.

*Ethical responsibilities:*

4. Nurses refrain from judging, labelling, stigmatizing and humiliating behaviours toward persons receiving care or toward other health-care providers, students and each other.

**G. Being Accountable**

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

*Ethical responsibilities:*

4. Nurses are accountable for their practice and work together as part of teams. When the acuity, complexity or variability of a person's health condition increases, nurses assist each other (LPNAPEI et al., 2014).

**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:

6. Advocating, intervening and participating with others, as needed, to ensure client safety.
7. Advocating and intervening in the client's best interest, and acting to protect client, self and others from actual or perceived harm.
9. Practicing in accordance with agency policy and legislation, and in a timely manner, recognizes and reports near misses and errors (own and others), adverse events and critical incidents, and taking action to stop and minimize harm.

### **Standard 2. Knowledge-Based Practice**

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

The registered nurse upholds this standard by:

17. Anticipating potential health problems or issues for clients, the possible consequences and responding appropriately.

### **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:

27. Identifying the effect of own values, beliefs and experiences in relationships with clients, recognizing and addressing potential conflicts.
31. Advocating in the best interest of clients to help achieve positive health outcomes, especially when they are unable to advocate for themselves.
33. Promoting and protecting a client's right to autonomy, respect, privacy dignity and access to information.

### **Standard 4: Service to the Public**

The registered nurse demonstrates leadership in quality and ethical nursing practice, delivery of health care services and establishing professional relationships.

The registered nurse upholds this standard by:

35. Demonstrating professional presence and modelling professional behaviour.

## *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.

- 2.2 Demonstrates a professional presence, and confidence, honesty, integrity and respect in all interactions.

Professional presence is the demonstration of respect, confidence, integrity, optimism, passion and empathy in accordance with professional standards, guidelines and codes of ethics. It includes a nurse's verbal and nonverbal communications and the ability to articulate a positive role and professional image, including the use of full name and title. The demonstration of professional presence leads to trusting relationships with clients, families, communities and other health care team members. (CLPNNS and CRNNS, 2018, p. 1)

- 2.5 Identifies the influence of personal values, beliefs and positional power on clients and the health care team and acts to reduce bias and influences.

### **5. Coordinator**

Registered nurses coordinate point-of-care health service delivery with clients, the health care team, and other sectors to ensure continuous, safe care.

- 5.1 Consults with clients and health care team members to make ongoing adjustments required by changes in the availability of services or client health status.
- 5.2 Monitors client care to help ensure needed services happen at the right time and in the correct sequence.

### **6. Leader**

Registered nurses are leaders who influence and inspire others to achieve optimal health outcomes for all.

- 6.4 Participates in creating and maintaining a healthy, respectful and psychologically safe workplace.
- 6.5 Recognizes the impact of organizational culture and acts to enhance the quality of a professional and safe practice environment.