

ANNUAL REPORT 2000

2066

2066

OFFICE HOURS
8:00a.m. - 4:30p.m.

ALARM



SASKATCHEWAN
NURSES ASSOCIATION

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SASKATCHEWAN



ASSOCIATION

***Registered Nurses as
Partners in an informed healthy society***

Cover Photography by Maureen Belanger, Communications Coordinator, SRNA

SRNA 2001 Annual Meeting

Council of the Saskatchewan Registered Nurses' Association invites you to participate in the Annual Meeting, May 16, 2001. The format has changed to allow for more member input. We are excited about our Annual Meeting and look forward to your participation.

- 0830 - 0930** Registration/Coffee
- 0845 - 0915** Students' and First Timers' Orientation
- 0930 - 1000** Welcome/Opening Remarks
 Nurses... Champions For Health, **L. Krause, SRNA President**
 Greetings from the City of Regina,
His Worship Mayor P. Fiacco
 Greetings from the Canadian Nurses Association,
G. Rodger, CNA President
- 1000 - 1030** Break and Displays
- 1030 - 1200** ACCOUNTABILITY SESSIONS
 Session 1: Operations & Budget,
D. Brunskill, SRNA Executive Director
 Session 2: Council Ends, **L. Krause, Council**
 Session 3: Reports from Committees and Deans of Nursing
 Education Programs, **B. Horsburgh, D. Davidson Dick,**
Committee Representatives
 Speakers will move every 30 minutes so participants in each room
 will have input into each accountability session.
- 1200 - 1300** Lunch Break, **Honourable Minister of Health J. Nilson**
- 1300 - 1345** CONCURRENT SMALL GROUP SESSIONS
 A. Increasing SRNA Presence in the Workplace,
J. Shanks, SRNA, J. Ellis, RNABC
 B. Advanced Practice Legislation,
J. Blau, D. Brunskill, SRNA
 C. Collaborative Practice, **W. Swenson, Consultant to SRNA**
 D. Issues in Liability Protection & National Policy Dialogue,
G. Rodger, CNA, A. Tapp, CNPS
 E. Quality Workplaces & RN Retention,
G. Coleman-Miller, SRNA, L. O'Brien Pallas, Chair,
Nursing Human Resources
- 1345 - 1430** CONCURRENT SMALL GROUP SESSIONS (repeated)
- 1430 - 1500** Break and Displays
- 1500 - 1630** Business Meeting
- 1630** Evaluation and Adjournment

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The Saskatchewan Registered Nurses' Association Council and Committee Membership



Council President

Lily Krause, RN, Saskatoon

President-Elect

June Blau, RN, Regina

Members-at-Large

Sharon DeSantis, RN, Nipawin
 Heather Keith, RN, Regina
 Patrick Livingstone, RN, Norquay
 Deanna Palmier, RN, Lafleche
 C. Fay Puckett, RN, Saskatoon
 Stella Swertz, RN, Weyburn
 Colleen Toye, RN, North Battleford

Public Representatives

Mildred Reynolds, Saskatoon
 Heather Schnell, Torquay

Executive Director

Donna Brunskill, RN, Pense

Council Committees

Discipline Committee

Rita Ledingham, RN, Saskatoon
 Helen Grimm, RN, Regina
 Carol Unchunlenko, RN, Esterhazy

Legislation and Bylaws Committee

June Blau, RN, Regina

Investigation Committee

Rhonda O'Hagan, RN, Allan

Nominations Committee

Linda Wallis, RN, Eatonia

Staff Committees

Nursing Education Approval Committee

Sylvia Gent, RN, Prince Albert

Continuing Competence Committee

Cindy Sherban, RN, Saskatoon

Registration and Membership Committee

Marlene Lindberg, RN, Regina

Membership Advisory Committee

Sandra Bassendowski, RN, Regina

International Council of Nursing President's Message

A Bold New Initiative Drives the Vision for the Future of ICN and Nursing Internationally

The International Council of Nurses (ICN) has launched the new century and signalled its intent to deliver a renewed structure and strategy appropriate for the realities of today's world.

At its historic 1999 Centennial Conference in London, ICN's Board of Directors and Council of National Representatives proclaimed a new vision for ICN, along with a strong mandate and set of values. At the same time they foresaw the need to review ICN's structure to ensure it meets the needs of the diverse 122 national nurses' associations (NNA) that are its strength. To carry out this mandate, ICN has developed a strategy and framework, From Vision to Action, laying out processes, principles, and structure to bring the vision to life.

ICN is proposing a new structure that includes four different membership models and leaves each member association to choose the one that best suits their needs. These models will be presented to our member associations for review and discussion, with a final decision on the new structure to be taken at the 2001 CNR meeting in Denmark.

What does ICN want to achieve in changing its membership structure?

- **Enhanced National and Global Recognition:** ICN is recognized by nursing, government and non-governmental organizations, and we want to bring recognition for the increasing number of nurses' organizations within countries and regions.
- **International Connection:** Globalization encourages international connections among nursing organizations. There is a proliferation of national and international nursing organizations wanting links to ICN and we want to respond to that demand.
- **Flexibility and Choice:** Nurses want and do have more choices to access services from a range of nursing organizations. ICN wants to provide NNAs the flexibility required to broaden relationships with international and national nursing organizations and thus better serve their individual members.

ICN is a federation of 122 national nurses' associations representing millions of nurses world-wide. Operated by nurses for nurses since 1899, ICN is the international voice of nursing and works to ensure quality care for all and sound health policies globally.

Kirsten Stallknecht, RN, ICN President

Canadian Nurses Association President's Message

CNA's vision and initiatives



Ginette Lemire Rodger, RN, PhD
President, Canadian Nurses
Association (CNA)

Nursing is a profession in transformation. What is being transformed is how we provide care. This transformation is provoked by the ever-increasing knowledge in the art and the science of nursing. It is provoked by new technologies, by the development of new roles and new environments of practice. It is also the by-product of the information age.

The breathtaking speed of the technological changes brought about by the information age has required nurses to shift gears and head into uncharted waters – to face new, and sometimes old, challenges.

But the challenges we face offer considerable opportunities to solidify our unique position in health care.

Nurses in the future will enjoy an exciting range of new roles in this changing environment: working in advanced practice, as nurse practitioners, on telehealth hotlines, in home care and on multidisciplinary teams.

But nurses must become active participants in molding the organizational and societal transitions that are taking place. We need to be politically active and visible and not be afraid to be more vocal and take a stand; to communicate our views on health care issues with stakeholders and clients; to build alliances; and to sit at the

decision-making table.

It is through our leadership and vision, our innovation and determination that we will be able to transform our dreams into reality; bring about positive change; and enjoy a true sense of empowerment.

CNA believes we all have a part to play in leading nursing into the future. We can start by making sure people are listening to us. CNA has concentrated efforts on lobbying the government on behalf of quality nursing care. We have brought to the government's attention and have taken a leadership role on the necessary recruitment and retention of the nursing workforce.

We will continue to pressure governments to use additional funds to create full-time positions, quality workplaces and more education seats for nursing. We will continue to advocate that the principles of primary health care, and the conditions set out in the *Canada Health Act* provide the framework on which Canada's health system of the 21st century must be built.

Nurses know the health care needs of Canadians. Nurses know where health services must be realigned to meet those needs. Nurses know where the health system must be repaired to ensure the safety and health of Canadians. Nurses know where money must be directed to sustain the health system.

Nurses have the education, experience, knowledge, skills and desire to inform the public about health care issues, and to influence both policy-making and funding of the health care system. CNA's Action 301, started last year to ensure the nursing voice was heard in all of Canada's 301 federal jurisdictions

throughout the election campaign, is just one example of becoming involved; just one example of turning a challenge into an opportunity.

Poll after poll indicates that the public consistently and unfailingly trusts nurses more than any other professional. We have earned that trust through advocacy,

tenacity and dexterity. By telling the public about the challenges nurses face and the solutions we propose, we can continue to earn that trust and turn it into action that will benefit the health of all Canadians.

Ginette Rodger, RN, CNA President

SRNA President's Message



Lily Krause, RN
 President

On behalf of the SRNA Council, I am pleased to report on the activities we have undertaken towards our long-term vision, during the period of January 1st to December 31st, 2000. Council is working toward

the **VISION** of Registered Nurses as partners in an informed, healthy society and a **MISSION** of competent, caring nursing for the people of Saskatchewan. Council's priority long-term goals/outcomes or **ENDs** are embodied in the following six broad statements:

- competent, ethical practice of nursing;
- professional self-regulation for Registered Nurses;
- practice environments conducive to quality care;
- Registered Nurses understand and demonstrate the practice of nursing;
- healthy public policy; and
- members feel supported.

To meet the demands of increased political and legal activity in addition to the ongoing governance work of Council, Council met face-to-face at four regular meetings and the pre-Annual Meeting; via teleconference for eight

meetings; with the membership at the Annual Meeting; and with SRNA staff for a Retreat.

In my attempt to clearly inform you on the activities of Council, this report is organized under the following headings: Challenges to Achievement of ENDs; Actions Related to Executive Director Responsibilities; Actions Related to Relationship between Council and Executive Director; and Ongoing Governance Activities.

1. Challenges to Achievement of ENDs

Progress toward achieving the ENDs of 'competent, ethical practice of nursing', and 'professional self-regulation for registered nurses' was challenged by government's affront on self-regulation in the beginning of the year 2000. Due to the nursing shortage, government announced that they would not support baccalaureate entry to practice. Council remained firm on its decision to restrict registration of new graduates of the Nursing Education Program of Saskatchewan to those who completed the approved four year program. Following much lobbying by both registered nurses and student nurses, including many meetings with the Minister of Health and representatives of the Opposition party, and a student march on the Legislature, a Memorandum of Understanding between

the Government of Saskatchewan, (as represented by the Minister of Health), the Saskatchewan Registered Nurses' Association, and the Deans of the Nursing Education Program of Saskatchewan was signed. It was agreed that eight strategies to facilitate an adequate supply of competent Registered Nurses to meet the needs of the health system, be implemented.

Challenges toward achieving the END of 'Registered Nurses understand and demonstrate the practice of nursing' were presented by the proposed amendments to the *Licensed Practical Nurses Act* and the two Statements of Claim issued by the Saskatchewan Association of Licensed Practical Nurses against the Saskatchewan Registered Nurses' Association. As Council continued to oppose the proposed changes to the SALPN legislation, following the successful striking out of these Statements of Claim, SRNA entered into mediated sessions with SALPN and Registered Psychiatric Nurses Association of Saskatchewan. Following the completion of these mediated sessions, Council approved the document entitled '*Nursing in Collaborative Environments*'.

2. Actions Related to Executive Director Responsibilities

The following actions related to Executive Director responsibilities were taken:

- monitored compliance to 'treatment of staff' policy more frequently than regularly scheduled as the result of restructuring the management team and the consequent impact on staff;
- approved the 1999 audited financial statements to ensure the status of the financial condition;
- released the Executive Director from the requirement to not exceed a 2% variance of budgeted revenue for the year 2000 as the result of the

unanticipated cost of contracting an Executive Search firm at an anticipated \$60,000 cost overrun;

- purchased Directors' and Officers' Insurance from Wellington Insurance, following the review of proposals from several Insurance companies, to prevent the exposure of the SRNA, its Council Members, staff or individuals engaged in Association business to claims of liability; and
- increased the regular monitoring frequency of 'communication and support to the Council' and 'accountability' policies as the result of member concerns and the hiring of a new Executive Director.

3. Actions Related to Relationship Between Council and Executive Director

The following actions related to Council and Executive Director interaction were taken:

- requested the Executive Director to develop an introduction/orientation plan including target dates, based on Council's input;
- approved a 3% salary increase for the Executive Director (consistent with that of other management staff), effective on her anniversary date, 2000, and also that it be provided in a lump sum, however, reimbursement of 1999 parking fees were not reimbursed, as requested, as the initial salary had been negotiated to include car related expenses;
- accepted the resignation of the Executive Director, effective November 10th, 2000, as tendered in July, 2000;
- supported the four-month management plan, as outlined by the Executive Director. This plan focused on the following areas: human resources; operational policies and procedures; strategic planning and communications; regulatory and consultation services; nursing

leadership initiative; registration processes; and budgetary considerations;

- struck a search committee which included both members from the previous search Committee and some new members;
- contracted the services of Bill Chadwick to again facilitate the search process;
- posted the Executive Director position in August;
- contracted the services of Executive Source, a search firm as there was no response to the initial posting;
- appointed an Acting Executive Director for an interim period of four months;
- contracted the services of the resigned Executive Director to assist with the work of the Search Committee with the understanding that she would not be involved in the final selection as that decision would be made by Council;
- interviewed potential candidates; and
- hired a new Executive Director, effective December 1st, 2000.

4. Ongoing Governance Activities

Actions related to governing style:

- developed new policy on 'Membership Units';
- reviewed, and revised existing policies according to the approved Planning Cycle and Agenda Control;
- monitored existing policies according to the approved Planning Cycle and Agenda Control;
- adopted Council's Governance Action Plan;
- approved the present arrangement with Jan Moore as Policy Governance Consultant; and
- adopted a Budget for Council and regularly monitored expenses incurred by Council.

Actions related to Investigation and Disciplinary Responsibilities:

- requested information about preliminary steps used by other jurisdictions regarding the investigation process and also that these steps be reviewed by Council's legal Counsel;
- regularly reviewed reports received from the Investigation Committee;
- appointed members to the Investigation Committee;
- appointed members to the Discipline Committee Resource Pool as needed; and
- approved, in principle, procedures for Appeal and Reinstatement Hearings.

Actions related to Conflict of Interest:

- severed the relationship with Merrilee Rasmussen as SRNA's legal Counsel as she was also the legal Counsel to the Council of the Saskatchewan Association of Licensed Practical Nurses. Following review of potential candidates, Anna Crugnale-Reid of Gerrand, Rath and Johnson was approved as Council's legal Counsel.

Actions related to Annual Meeting:

- reviewed and revised contents of the Nominations Kit;
- approved recipients for Life and Honorary Membership in the SRNA;
- recommended bylaw changes to be taken to the membership to the Year 2000;
- approved a review schedule for all remaining bylaws to be completed by the end of Year 2001 for presentation to the Year 2002;
- approved two options for an increase in membership fees to be taken to the Year 2000;
- established and presented Millennium Awards at the Year 2000;

- referred follow-up to the resolution for funding for attendance to a Council sub-committee for review;
- approved the week preceding Nursing Week to be the week in which the Annual Meeting is to be held; and
- requested information on the financial impact of holding the Annual Meetings in locations other than Saskatoon or Regina.

Actions related to Linkage with other Organizations:

- attended the Annual Meeting of the Canadian Nurses Association and since the President is a member of the CNA Board of Directors, she participated in three meetings of the Board;
- participated in the 2000 National Nursing Forum - Positioning Nursing for the Millennium -Part 2;
- participated in a Joint Breakfast Meeting with Canadian Federation of Nurses' Unions and Canadian Nurses Association;
- participated in two meetings of the Integrated Primary Health Care Working Group;
- attended the Annual Meeting of the Canadian Mental Health Association;
- attended the Annual Meeting of the Saskatchewan Licensed Practical Nurses;
- attended the Annual Meeting of the Registered Psychiatric Nurses Association;
- appointed an SRNA representative to the Saskatchewan Indian Federated College of Education for Nurses Employed in Saskatchewan First Nations Communities Advisory Committee;
- attended the Annual Meeting of the Saskatchewan Association of Health Organizations;
- attended the Annual Meeting of the Saskatchewan Nurses Foundation;
- attended the Annual Meeting of the

- Saskatchewan Union of Nurses;
- participated in a joint dinner with members of the Board of the Saskatchewan Union of Nurses; and
- participated in a joint educational session and dinner with members of the Board of the Saskatchewan Union of Nurses.

Actions related to Linkage with Owners (People of Saskatchewan):

- reviewed the Issues Session held with Regina Seniors' group;
- attended the Women's Legal Education and Action Fund Breakfasts in Regina and Saskatoon;
- received the requested presentation of an environmental scan which was to include, but not be limited to, information regarding Aboriginal people, seniors, palliative care, advanced nursing practice, infant mortality, agriculture, home care studies, and the results of the Remus and Smith Study;
- met with representatives of the administration team of the Saskatoon Health District;
- discussed Saskatchewan Health Information Network's presentation;
- discussed SRNA's brief with members of the Fyke Commission on Medicare; and
- participated on the Health Provider's Forum, Commission on Medicare. In addition, the President participated in the following Media events: one press release; one press conference; two CBC radio interviews and one with CKOM; a CKOM round table; two SRNA Nursing Week Media Breakfasts; one interview with the Saskatoon Star Phoenix; a meeting with the Editorial Board of the Saskatoon Star Phoenix; and two letters to the Editor of the Regina Leader Post were published.

Actions related to Linkage with Members (Practicing or Potential):

- met with the membership at the Annual Meeting;
- discussed concerns with a delegation of members at the November/December Council meeting;
- met with members of the Nursing Management team and Human Resources of the Saskatoon Health District;
- participated in two meetings which focused on Recruitment and Retention of Registered Nurses;
- participated in one Focus Group on Competence Assurance;
- presented to Year One students in the NEPs Program in Saskatoon and Regina;
- presented to Year Three students in the NEPs Program in both Saskatoon and Regina;
- attended 3rd Annual College of Nursing Research Day;
- attended SIAST Wascana Campus Ribbon Cutting and Grand Opening Gala Dinner;
- met with members of the Parkridge Nursing Leadership Team;
- attended the SRNA Workshop - 'RN Workplace Representatives LINKING WITH MEMBERS';
- attended the Nurse Administrators' dinner in Saskatoon; and
- participated in a meeting with research chair Health Human Resources.

In addition, the President brought greetings/remarks on behalf of the SRNA, at the following functions:

- 'Honoring the Healers' Conference;
- 'Facing the Challenge - Partners in RN Recruitment' Workshop;
- Gathering of nursing students, Minister of Health, Deans of NEPs Faculty at SIAST Kelsey Campus, and SRNA;
- Annual Meeting of the

- Saskatchewan Union of Nurses;
- Nursing Education Program of Saskatchewan Graduation Banquet;
- SRNA 2000 Annual Meeting;
- SRNA's Professional Conference Day;
- College of Nursing Spring Awards Tea;
- Coffee with André Picard;
- Retirement Reception for Dean Brown, College of Nursing;
- Post Registration Nursing Student's Orientation;
- Open House and Farewell Reception for Executive Director Rivie Seaberg;
- SRNA Workshop - RN Workplace Representatives 'Linking With Members'; and
- Opening of the Saskatoon SRNA office.

Written communication with members and members of the public cannot be omitted as many letters were written and many articles published in the Newsbulletin including Council Highlights, Report on CNA Biennium, President's Messages, Updates on the Executive Director Search, and a Report on the Council and Staff retreat.

Actions related to Council education:

- attended the Canadian Nurses Association Biennium;
- participated in sessions on Advanced Nursing Practice, Magnet Environments, Clinical Ladders, and Aboriginal Health; and
- attended a Conference on Primary Health Care.

On behalf of Council, I thank all members for their valuable input and support given to each other in the workplace and in membership units, be they chapters or special interest groups or other groupings. I also thank all of you who served on SRNA committees, as representatives on other committees or to other organizations. A special

thanks to both Rivie Seaberg and Donna Brunskill, as our Executive Directors, and to all of their staff. Last but not least, a special thank you to all members of Council, both outgoing and present, your input and support has been much appreciated. It has been an honor for me to be your President and it has become very clear to me that we are all leaders and together we have made and will continue to make a difference!

Respectfully submitted by:



Lily Krause, RN
President

Current SRNA Council

President: Lily Krause, RN

President-Elect: June Blau, RN

Members-at-Large:

Sharon DeSantis, RN

Heather Keith, RN

Patrick Livingstone, RN

Deanna Palmier, RN

C. Fay Puckett, RN

Stella Swertz, RN

Colleen Toye, RN

Public Representatives:

Mildred Reynolds

Heather Schnell

Executive Director: Donna Brunskill, RN (Interim November 11th to November 30th, 2000; Executive Director, December 1st, 2000)

Outgoing SRNA Council

Members-at-Large:

Karen Eisler, RN

Lynne Kuspira, RN

Bev Pongracz, RN

Doris Wreford, RN

Public Representative: Ferdie Ewald

Executive Director: Rivie Seaberg, RN (November 10th, 2000)

Note:

If you have questions about the contents of this report and are unable to attend the Annual Meeting, please do not hesitate to contact Lily Krause at (306) 652-8209 or e-mail calm2@sk.sympatico.ca

SRNA Council Public Representatives' Message



Heather Schnell
 Public Representative



Millie Reynolds
 Public Representative

Public representatives are appointed to professional organizations by an Order-in-Council which requires approval by Cabinet and the Lieutenant Governor. Public representatives are expected to perform the same duties as their elected counterparts, with the exception of holding office. The public representatives are to bring the consumer point of view to the Council table. There are currently two public representatives on the SRNA Council.

The SRNA through *The Registered Nurses Act, 1988* is one of the 26 health related professions in Saskatchewan mandated to protect the public by self-regulation.

The SRNA Council has been involved in numerous proceedings this year, some of which include:

1. hiring an Executive Director.
2. meeting with the membership and the public
3. maintaining a governance action plan and budget for:
 - strong linkages
 - current policy
 - executive performance
 - strong Council
 - ensuring key priorities, outcomes and accountability of the organization

Council continues to address the area of communications through the Newsbulletin; email; press releases; changes in the telephone system; and dialogue with variety of individuals, groups, organizations and government. In spite of this, effective communication is a challenge.

Other initiatives of particular public interest that SRNA Council participated in and/or continues to participate in included a presentation to the Fyke Commission; dialogue with the government on the nursing shortage; recruitment and retention; becoming more informed about Aboriginal health; and implications of an aging population.

We recognize the value and importance to the people of Saskatchewan of having public representation on Council. We would like to thank the elected councillors and the staff for their continued support over the last year and look forward to working on Council in the next year.

Heather Schnell
 Millie Reynolds
 Public Representatives

SRNA's Executive Director's Message



Donna Brunskill, RN
Executive Director

It has been a busy and challenging year for nurse members and a year of significant change within the SRNA.

Having assumed the role of Executive Director in

December, 2000, it is indeed a pleasure to provide you with a year 2000 progress report towards the attainment of Council defined goals. RN recruitment/retention/re-entry has been a priority. I look forward to continuing to serve Council, our members and the citizens of our province as we work together to ensure competent, caring nursing for the people of Saskatchewan.

Goal 1: Competent, ethical practice of nursing.

1.1 Participate in development of national and international standards: Mutual Recognition Agreement: In 1998, the SRNA signed an agreement with all Canadian nursing jurisdictions except Quebec and Ontario, to facilitate RN mobility throughout Canada, in an effort to comply with the Agreement on Internal Trade. Throughout this year, the Registrar and Executive Director participated in ongoing national dialogue with other Canadian jurisdictions regarding the creation of an updated agreement that will include all Canadian jurisdictions.

Canadian Nurse Registration Exam: Based on a broader base of entry competencies, a re-designed Canadian Registered Nurse Examination framework to reflect the changing health system was introduced in June, 2000.

Exams continue to be offered four times per year.

Entry Standards: Provincial entry standards now require that beginning graduates be prepared to work with individual, groups, communities and populations throughout the life cycle. *Other National Standards:* SRNA staff participated in national standards development in three key areas: registration standards, prescriptive authority for advanced nursing practice and registered nurse continuing competence.

Registration: Registration statistics are noted in this report. The outmigration pattern remained relatively stable, having peaked in the early 1990s. Of greatest concern is the continuing decline in the overall number of Registered Nurses. There remains a continuing low number of funded basic nursing education seats within our province compared to the early 1990s.

Regulation of Advanced Nursing Practice: SRNA participated in the development of national standards for advanced nursing practice, beginning with a May, 2000 CNA document entitled *Advanced Nursing Practice*, based on provincial member input. In December, the provincial government announced that it is prepared to immediately move forward with legislative reform to support advanced nursing practice, planned for the spring 2001 sitting of the legislature.

1.2 Graduates from Saskatchewan nursing education programs are eligible for registration.

The Nursing Education Program of Saskatchewan is an SRNA approved basic nursing education program. The Year 2000 first time writing pass rate of graduates of this program on the nurse registration examination was 95%. Following a challenge from the provincial

government, a mutually satisfactory result was achieved and the baccalaureate as an entry requirement was maintained. At the same time, nursing education programs, the SRNA and government worked together to find a common solution with alternate programming options to facilitate compressed time frames for accelerated students, providing multiple program completion timelines.

1.3 Just and timely resolution of complaints regarding RN incompetence and misconduct.

Mediation continued to be a successful strategy and is described in the Investigation and Discipline Committee reports.

1.4 RNs maintain competence in their practice throughout their careers.

Members continue to be required to practice a minimum of 1125 hours within a five-year period in order to be eligible for continuing registration eligibility. The Continuing Competence Committee continues to study draft national standards for continuing competence.

1.5 Re-integration of former members as effective practitioners.

The SIAST Nurse Re-entry program received a five-year program approval rating. This is in effect until 2005.

Goal 2: Professional self-regulation for RNs.

2.1 Legislation supports/mandates self-regulations.

The Registered Nurses Act, 1988 is based on the principles of professional self-regulation. Regulatory bylaws require Ministerial approval before they have force and effect. The SRNA mounted a successful political action campaign against the government's January, 2000 announcement that it intended to register nurses without complying with the SRNA entry standards. The

government signed a memorandum of understanding with the SRNA and Nursing Education Program of Saskatchewan that ensured baccalaureate entry to practice. The SRNA opposed selected revisions to the LPN legislation. Specifically, the SRNA unsuccessfully opposed the removal of the requirement for LPNs to function under the direction of registered nurses without legislation specifying LPN scope of practice. Secondly, the SRNA unsuccessfully opposed the ability of government to unilaterally impose bylaws upon the Saskatchewan Association of Licensed Practical Nurses (SALPN).

2.2 RNs understand self-regulation.

Baseline data obtained in a 1998 survey indicates that 2/3 of SRNA members have a general understanding of the purpose of professional self-regulation. In the year 2000, staff was hired to specifically work with the membership to build stronger links with members in the workplace and within special interest groups and chapters. One of the goals of strengthened linkages is that members will have increased understanding of the role of the SRNA in professional self-regulation.

2.3 Public confidence in the competence of registered nurses.

In an effort to maintain public trust, the SRNA continued to conduct its business in an open, transparent manner. Public complaints remain relatively stable. All complainants about RN competence were provided with a written report from the SRNA of the results of an investigation. Baseline data obtained from a public survey conducted in December, 2000 shows that there is a high level of relative confidence in the competence of RNs:

Confidence rating of health professionals	
December 2000 survey (competence on a scale of 1 to 10, with 10 being very competent and 1 being not competent at all)	
% who provided a 'very competent' (8-10) rating	
Pharmacists:	76.2 %
Registered Nurses:	71.4 %
Doctors	64.3 %
% who provided a 'not at all competent' (1-4) rating:	
Doctors	4.5 %
Registered Nurses	2.3 %
Pharmacists	1.0 %

Goal 3: Practice environments conducive to quality care.

3.1 National and provincial human resource plan.

Nursing recruitment and retention remains a top priority. Between February and June, the SRNA initiated four recruitment/retention/re-entry workshops, as reported in the Newsbulletins. There was broad representation from Registered Nurse members, students, employers, government, unions and educators. Summaries were provided to the provincial Nursing Council which was formed by Sask Health in the spring, 2000. The SRNA is an active participant on the provincial Council. The Council has three sub-committees, with SRNA representation on two of the three working groups: The Working Group on Magnet Environments, the Working Group on Casualization and the Working Group on Retention of Nurse Graduates.

The former Executive Director also participated on a national nursing advisory group. As well, the SRNA provided detailed input to the

Federal/Provincial Advisory Committee's draft on a nursing human resource strategy that ultimately resulted in a national nursing strategy, released in the fall.

The SRNA has been invited to provide three nominees (Diana Davidson Dick, Dean of Nursing, SIAST; Rosalee Longmoore, SUN President; Cecile Hunt, V/P Client Services at the North Central Health District) to a 15 member national Canadian Nursing Advisory Committee. In 2001, this committee will pursue recommendations contained in the National Nursing Strategy paper. In December, the SRNA coordinated a meeting with Linda Lee O'Brien Pallas, National Research Chair on Nursing Human Resources. Dr. O'Brien Pallas met with a small group of nurses from throughout the province.

3.2 Practice environments support nurses to practice according to definition and practice standard.

The SRNA supported research on RN satisfaction in the workplace, conducted by faculty at the University of Saskatchewan College of Nursing, released at the 2000 Annual Meeting. Research continues to indicate that a significant barrier to RN retention is the lack of a quality practice environment. Research shows that RN frustration results from the fact that the workplace environment is a real barrier to the provision of quality nursing care. During 2000, the SRNA created an overall design for a SRNA workplace consultation. Subsequently, an SRNA Workplace Consultation Program Steering Committee was established with membership consisting of: SRNA Executive Director, Director of Practice and Regulation, Director of Policy and Communications, 2-3 Senior Nursing Administrators and the President of SUN together with a contracted facilitator and an external expert to the committee. The Advisory Committee for this project is the Nursing Council Working Group

on Magnet Environments. Using a priority needs based approach, this consultation program will enable nursing staff to improve the quality of their practice environment and quality of client care in a systematic manner. Phase I implementation is targeted for spring, 2001.

3.3 RNs are able to articulate their role to the public.

In the spring, 2000, SRNA consulted with registered nurses and employers in 38 health districts based on a collaborative framework regarding the collaborative nature of registered nurse and licenced practical nurse practice. On two occasions, the SRNA was successful in arguing a lawsuit initiated by the Saskatchewan Association of Licenced Practical Nurses against the SRNA be dismissed by the courts.

Based on ten months of mediated discussions, a joint collaborative practice document was developed in collaboration with Sask Health, the Saskatchewan Association of Licenced Practical Nurses and the Registered Psychiatric Nurses Association of Saskatchewan. 'Nursing in Collaborative Environments (2000)' was mailed to all members in December, 2000.

3.4 RNs value the contribution of nursing as a profession.

SRNA Millennium Awards and a recognition banquet were introduced at the Annual Meeting. The award recipients have been featured in the SRNA Newsbulletin.

3.5 Organizational climates within the health system support RNs in quality practice.

As reported in 3.2.

3.6 The public is informed regarding a quality practice environment and the role of the SRNA in relation to quality practice environments.

In all media interviews related to RN recruitment and retention, the SRNA has consistently emphasized the importance of a quality practice environment as an essential retention strategy.

Further, the SRNA has consistently emphasized that RN retention has received inadequate attention.

3.7 RNs understand the role of SRNA in relation to a quality practice environment.

The SRNA Newsbulletin has focused on program area updates on a regular basis.

3.8 The health system addresses the impact of the practice environment on the public.

The SRNA has met with the Fyke Commission on several occasions and emphasized the importance of quality care and quality practice environments as essential components of the health system.

Goal 4: RNs understand and demonstrate the practice of nursing.

4.1 RNs provide leadership in the public interest.

The SRNA Education Day focused on nursing leadership with the conference theme of "Taking Control when you're not in charge". A panel of provincial nursing leaders was well received. SRNA's response to the provincial Emergency Medical Systems consultation in September, 2000 emphasized primary nursing and use of full RN competence, including the importance of province wide access to nursing call centres.

The SRNA has supported the need for primary health care reform through the development of a draft position statement on primary health care.

The SRNA has consistently lobbied for the need for professional self-regulation of advanced nursing practice. In December, 2000, the provincial government indicated support for the advancement of legislation to support

special category licensure for the regulation of advanced nursing practice.

4.2 RNs make effective independent and interdependent contributions to a dynamic multi-dimensional health system.

Members are provided with a copy of all standards and guidelines at no charge. SRNA nursing practice standards support the independent and interdependent role of all registered nurses (*Standards and Foundation Competencies for the Practice of Registered Nurses - 2000*).

As well as practising in expanded roles in northern Saskatchewan, registered nurses are practising in 18 primary health service sites in accordance within a delegation model, based on a joint framework developed between the SRNA, the College of Physicians and Surgeons and the Pharmaceutical Association (*The Registered Nurse Scope of Practice: Guidelines for Nurses Prescribing and/or Distributing Drugs by Transfer of Functions, 1999.*)

Goal 5: Healthy public policy.

5.1 A dynamic, multi-dimensional health system consistent with the Principles of the Canada Health Act. The SRNA communicated extensively its opposition to the Alberta governments' introduction of Bill 11, which the nursing profession believes further erodes the principles of The Canada Health Act.

The SRNA was an active participant in the federal Canadian Nurses Association lobby 'Action 301' during the fall federal election, supporting the need for a strengthened publicly funded health system.

5.2 Public policy which supports the principles of primary health care. The SRNA drafted an updated position statement on primary health care. SRNA support for the need for a comprehensive primary health care

approach as the basis of our provincial health system was articulated to the Fyke Commission.

5.3 RN leadership in the provincial, national and international health agenda.

SRNA is a key participant on a number of provincial committees including the Nursing Council, the Primary Health Care Working Group and the Primary Health Care Advisory Group.

The SRNA is initiating a province wide quality workplace consultation program. The SRNA participated in the National Nursing Forum, in June, 2000.

The SRNA is a member of the Canadian Nurses Association and the International Council of Nurses.

Goal 6: Members feel supported.

In an effort to increase member support, significant structural and program changes were introduced throughout 2000. Within a reorganized structure, staffing was reconfigured to support not only Chapters and Special Interest Groups, but also the development of a SRNA worksite representative program. At the same time, Nursing Practice consultation was redesigned from a centralized Regina based program to a decentralized practice advisor model, linking members with practice advisors with current clinical experience to members, closer to their workplace, when possible. Consistent with decentralization, the SRNA opened a small office in Saskatoon. The SRNA Communications area also underwent significant revision, retiring the newsmagazine ConceRN and replacing it with an SRNA Newsbulletin, featuring Saskatchewan nurses, SRNA governance and operations, together with applicable provincial health news.

6.1 Members understand and believe in the relevance of the SRNA. Nursing practice advisors currently involved in clinical practice have been recruited.

Staff has been hired to enable the strengthening of member links using a community development approach. Bylaws have been amended to enable more flexible, customized member linkage structures and processes. A worksite representative program is in its developmental stage. A Membership Advisory Committee has been established.

Baseline data, obtained from a 1998 SRNA commissioned survey confirms that:

- 67% chose correct mission when given a choice;
- 96.5% support that professional licensure is important for nurses;
- 82.3% indicates SRNA is effective to very effective in self-regulation;
- 32.4% indicated they had attended a chapter meeting in past five years;
- approximately 20+% indicated they had attended an SRNA education day in past five years; and
- approximately 15% indicated they had attended an Annual Meeting in past five years.

6.2 Members are engaged in professional activities.

One hundred and thirty two members attended the Annual Meeting and Education Day. Through a comprehensive internal evaluation of the Annual Meeting, Council clarified the purpose of the Annual Meeting and created a policy emphasizing the need for multi-year planning, increased accountability and dialogue sessions and need to consider alternate site locations. In February, more than 100 members participated in the SRNA political action campaign re: the government opposition to SRNA entry requirements.

During May, 11 Registered Nurses participated in media breakfasts during Nursing Week. Many local worksites

sought SRNA resources for local Nursing Week activities.

In the fall, about 25 members participated in Action 301 national political action campaign. In November, 2000, more than 60 members attended the conference on strengthening links with members.

There are seven active Chapters (Saskatoon, South Central, Swift Current, Living Sky, Prairie West, North East and North Valley) and six special interest groups (Operating Room, Emergency, Rehabilitative, Oncology, Occupational Health and Critical Care). Two additional groups have expressed interest in forming: primary care nurses and community health nurses. A group of northern nurse administrators expressed interest in maintaining some level of an administrative nurses special interest group.

The SRNA has established a short term reserve to host the 2006 CNA Biennium. This fund will cover expenses of a provincial host committee, yet to be formed, to plan special events and to serve as ambassadors at the 2004 Biennium, inviting Canadian nurses to come to Saskatoon, Saskatchewan in 2006.

6.3 Members are supported by their employers to engage in professional activities and continuing education. Council added this goal in October, 2000. To date, no baseline data is available. Initially, the SRNA will approach CEOs and V/Ps within each health district emphasizing the importance of providing this support. One of the selection criteria for a SRNA worksite consultation is an employer's commitment to the importance of continuing nursing education.

Summary:

The superb work that has been completed to date has been made possible because of three main reasons:

firstly, the strong leadership provided by Council and the former Executive Director, Rivie Seaberg; secondly, the high quality hard work of a very committed SRNA staff and member committees; and finally and most importantly, the membership who ceaselessly strive, in often difficult circumstances, to provide competent, caring nursing for the citizens of our province.

The SRNA has much work to do. That being said, the SRNA is well positioned

to work strategically with our members and key partners in moving towards the creation of an informed, healthy society. I invite you to come to visit our new Saskatoon office and our newly renovated office in Regina.

Respectfully submitted by:


 Donna Brunskill, RN
 Executive Director

Statistical Information

INVESTIGATION AND DISCIPLINE STATISTICS

	1996	1997	1998	1999	2000
Total number of new cases	26	33	42	14	30
Total number of cases investigated	31	54	60	34	54
Dismissed on Investigation	9	34	36	9	13
Dismissed on Investigation with letter of guidance	2	2	2	2	2
Referred to Mediation	0	0	3	6	5
Referred to Discipline	4	4	3	2	1
Discipline Hearings held	3	3	2	2	2
Carried over year end	21	18	20	24	30*

*includes seven mediation cases and one discipline case.

MEMBERSHIP COUNT & METHOD OF REGISTRATION

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Examination	269	290	241	360	359	343	360	193	368	263	200	168	251	150	119	172
Reciprocity/Equivalence	116	116	91	116	124	133	132	91	76	85	121	76	112	96	143	98
Renewal/Re-registration	8605	8641	8806	8847	8961	9035	9120	9078	8892	8817	8891	8918	8768	8774	8773	8717
Total - Practising	8990	9047	9138	9323	9444	9511	9612	9362	9336	9165	9212	9162	9131	9020	9035	8987
Graduates				11	308	323	225	161	126	85	133	91	152	101	115	149
Non-Practising	446	471	495	397	350	336	338	344	336	380	487	441	403	344	358	326
Life & Honorary								49	48	47	46	45	45	47	44	44
Total - Membership	9436	9518	9633	9731	10102	10170	10175	9916	9846	9677	9878	9739	9731	9512	9552	9506
MIGRATION	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
IN	128	129	85	124	129	140	141	98	82	93	126	78	112	100	155	146
Out-(All Requests)	439	491	554	544	607	553	569	461	444	371	315	345	350	353	341	369
Out(Only Practising Requests)															213	252

Auditor's Report

Deloitte & Touche LLP
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Deloitte
& Touche

To the Members of
Saskatchewan Registered Nurses' Association

We have audited the balance sheet of Saskatchewan Registered Nurses' Association as at December 31, 2000 and the statements of operations and operating fund balance and cash flows for the year then ended. These financial statements are the responsibility of the Association's management. 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 plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Association as at December 31, 2000 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte + Touche LLP

Chartered Accountants

March 7, 2001

Balance Sheet

December 31, 2000

	2000	1999
CURRENT ASSETS		
Cash	\$ 37,377	\$ 239,908
Short term investments	2,196,719	2,273,259
Accounts and fees receivable	19,188	28,400
Accrued interest receivable	84,386	83,200
Prepaid expenses	121,850	122,860
	2,459,520	2,747,627
INVESTMENTS (Note 3)	643,370	249,684
PROPERTY AND EQUIPMENT (Note 4)		
	527,289	315,106
	\$3,630,179	\$3,312,417
CURRENT LIABILITIES		
Accounts payable and accrued charges	\$ 346,670	\$ 205,355
Goods and Services Tax payable	137,393	117,733
Fees collected in advance	2,117,550	1,864,390
	2,601,613	2,187,478
FUND BALANCES		
Building fund reserve (Note 5)	-	60,333
Competence assurance reserve (Note 6)	102,147	102,147
CNA biennium reserve (Note 7)	30,000	20,000
Operating fund	896,419	942,459
	1,028,566	1,124,939
	\$3,630,179	\$3,312,417

APPROVED BY THE COUNCIL

..... *Neville Stewart* Member

..... *Lily Krause* Member

Statement of Operations and Operating Fund Balance

Year ended December 31, 2000

	2000	1999
REVENUE		
Registered nurses' fees	\$2,294,466	\$2,304,503
Registered nurses' examination fees	45,900	27,060
Annual meeting/convention	-	830
Non-practicing fees	11,410	12,530
Interest	107,143	101,004
Miscellaneous	12,051	17,106
Concern	1,440	14,007
	<u>2,472,410</u>	<u>2,477,040</u>
EXPENDITURE		
Governance	838,580	896,323
Regulation and Practice	565,968	534,697
Complaints	190,128	207,834
Finance and Administration	515,943	444,081
Policy and Communication	397,831	254,024
	<u>2,508,450</u>	<u>2,336,959</u>
EXCESS OF (EXPENDITURE) REVENUE	(36,040)	140,081
OPERATING FUND BALANCE, BEGINNING OF YEAR	942,459	848,749
Less: Allocation to Building fund reserve	-	(2,264)
Allocation to Competence assurance reserve	-	(24,107)
Allocation to CNA biennium reserve	(10,000)	(20,000)
	<u> </u>	<u> </u>
OPERATING FUND BALANCE, END OF YEAR	<u>\$ 896,419</u>	<u>\$ 942,459</u>

Statement of Cash Flows

Year ended December 31, 2000

	2000	1999
CASH FLOWS FROM (USED IN) OPERATING ACTIVITIES		
Excess of (expenditure) revenue	\$ (36,040)	\$ 140,081
Adjustments for		
Depreciation	82,775	74,928
Loss (gain) on disposal of equipment	3,357	(220)
Changes in non-cash working capital items (Note 8)	423,172	81,876
Building fund reserve interest	-	2,843
	<u>473,264</u>	<u>299,508</u>
CASH FLOWS FROM (USED IN) INVESTING ACTIVITIES		
Purchase of long term investments	(423,575)	(100,000)
Redemption and transfer of investments	29,889	381,764
Purchase of property and equipment	(299,413)	(108,150)
Decrease in building reserve (Note 5)	(60,333)	-
Proceeds on disposal of equipment	1,097	440
	<u>(752,335)</u>	<u>174,054</u>
(DECREASE) INCREASE IN CASH AND SHORT TERM INVESTMENTS	(279,071)	473,562
CASH AND SHORT TERM INVESTMENTS, BEGINNING OF YEAR	<u>2,513,167</u>	<u>2,039,605</u>
CASH AND SHORT TERM INVESTMENTS, END OF YEAR	<u>\$2,234,096</u>	<u>\$2,513,167</u>
Cash and short term investments		
Cash	\$ 37,377	\$ 239,908
Short term investments	<u>2,196,719</u>	<u>2,273,259</u>
	<u>\$2,234,096</u>	<u>\$2,513,167</u>

Notes to the Financial Statements

1. DESCRIPTION OF ORGANIZATION

Saskatchewan Registered Nurses' Association (SRNA) is a non-profit organization and as such, is exempt from income taxes. SRNA was established in 1917 by provincial legislation and is the professional, self-regulatory body for the province's 9,000 registered nurses. The SRNA mission is to ensure competent, caring nursing for the people of Saskatchewan.

2. SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles, and reflect the following policies:

a) *Investments*

Short term investments are recorded at the lower of cost and market value. Long term investments are accounted for using the cost method. All short term investments may be liquidated promptly and have maturities less than one year.

b) *Property and equipment*

Property and equipment are stated at cost and are depreciated using the diminishing balance method. A full year's depreciation is taken in the year of purchase.

c) *Recognition of revenue*

Fees are taken into revenue over the applicable membership period.

d) *Building fund reserve*

The reserve was established to provide funds for major renovations. During the year, major renovations were made to the building and as such, this reserve was relieved.

e) *Competence assurance reserve*

The reserve was established in 1997 to provide funds for the development and implementation of a competence assurance program for Saskatchewan registered nurses. Funds shall be transferred annually to the reserve from general revenue as directed in the approved budget. Program expenditures related to both development and implementation shall be charged against the reserve as they are incurred.

f) *CNA biennium reserve*

The reserve was established in 1999 to provide funds for Saskatchewan to host the CNA biennium in 2006. Funds shall be transferred to the reserve at the executive director's discretion to ensure no less than \$20,000 and no more than \$30,000 is available by 2005. Expenditures related to hosting the biennium shall be charged against the reserve as they are incurred.

Notes to the Financial Statements (cont'd.)

3. INVESTMENTS

	2000	1999
Corporate bonds and debentures (quoted market value - \$668,688; 1999 - \$275,043)	<u>\$ 643,370</u>	<u>\$ 249,684</u>

4. PROPERTY AND EQUIPMENT

	Rates	Cost	Accumulated Depreciation	Net Book Value	
				2000	1999
Building	5%	\$ 620,710	\$ 268,730	\$ 351,980	\$ 143,826
Computer	33%	518,748	408,470	110,278	124,274
Furniture	20%	166,550	128,150	38,399	23,840
Parking lot	4%	<u>11,207</u>	<u>3,192</u>	<u>8,015</u>	<u>4,549</u>
		1,317,215	808,542	508,672	296,489
Land		<u>18,617</u>	<u>-</u>	<u>18,617</u>	<u>18,617</u>
		<u>\$1,335,832</u>	<u>\$ 808,542</u>	<u>\$ 527,289</u>	<u>\$ 315,106</u>

5. BUILDING FUND RESERVE

	2000	1999
Balance, beginning of year	\$ 60,333	\$ 55,226
Add: Interest	-	2,843
Allocated from operating fund	-	2,264
Less: Funds dispersed for renovations	<u>(60,333)</u>	<u>-</u>
Balance, end of year	<u>\$ -</u>	<u>\$ 60,333</u>

6. COMPETENCE ASSURANCE RESERVE

	2000	1999
Balance, beginning of year	\$ 102,147	\$ 78,040
Add: Allocated from operating fund	-	31,975
Less: Amount expended	<u>-</u>	<u>(7,868)</u>
Balance, end of year	<u>\$ 102,147</u>	<u>\$ 102,147</u>

Notes to the Financial Statements (cont'd.)

7. CNA BIENNIUM RESERVE

	2000	1999
Balance, beginning of year	\$ 20,000	\$ -
Add: Allocated from operating fund	<u>10,000</u>	<u>20,000</u>
Balance, end of year	<u>\$ 30,000</u>	<u>\$ 20,000</u>

8. CHANGES IN NON-CASH WORKING CAPITAL ITEMS

	2000	1999
Accounts and fees receivable	\$ 9,212	\$ 24,142
Accrued interest receivable	(1,186)	4,307
Prepaid expenses	1,011	4,913
Accounts payable and accrued charges	141,315	58,170
Goods and Services Tax payable	19,660	(12,896)
Fees collected in advance	<u>253,160</u>	<u>3,240</u>
	<u>\$ 423,172</u>	<u>\$ 81,876</u>

9. COMPARATIVE FIGURES

Certain of prior year's comparative figures have been reclassified to conform to the current year's presentation.

Planning for 2001

REVENUE		
FEES		
Practicing, Non-practicing, Graduate		\$2,423,000
OTHER		
Examinations, Advertising, Interest, Quality workplace funding, Sundry		<u>263,800</u>
TOTAL REVENUE		\$2,686,800
EXPENDITURE		
COUNCIL		
Meetings, President's allowance, Linkages, Education		142,850
GOVERNANCE		
Council support, Nominations & elections, External networks & partnerships, CNA, CNPS & ICN memberships, Annual meeting		695,378
POLICY AND COMMUNICATIONS		
Policy development & advocacy, Evaluation, Member networks & communications, Public linkages, Continuing competence		480,196
REGISTRATION AND PRACTICE		
Examinations, Education program approval, Licencing, Discipline, Codes and standards, Quality workplace initiatives, Consultation		637,014
COMPLAINTS		
Investigation, Resolution processes		210,721
FINANCE AND ADMINISTRATION		
Office services, Building & equipment, Information systems, Financial management, Human resources		573,682
TOTAL EXPENDITURE		<u>\$2,739,841</u>
EXCESS OF EXPENDITURE OVER REVENUE		\$ 53,041

PLANNED EXPENDITURE EXPRESSED ACCORDING TO COUNCIL ENDS

Competent, Ethical Practice of Nursing	\$ 825,733	30%
Professional Self-Regulation for RNs	650,032	24%
Practice Environments Conducive to Quality Care	226,538	8%
RNs Understand and Demonstrate the Practice of Nursing	53,734	2%
Healthy Public Policy	49,734	2%
Members Feel Supported	<u>934,070</u>	34%
Total Expenditure	\$2,739,841	

Resolutions

Summary of Actions on 2000 Resolutions

The following action was taken on resolutions passed at the Annual Meeting of the Association held in May, 2000.

Resolution #1:

BE IT RESOLVED that SRNA allot funding to one member per Chapter to attend each Annual Meeting, as this relates to meeting the ends of "Linkages"

AMENDMENT: June Blau and Suzanne Stewart

THAT the resolution be referred to Council for consideration of its incorporation into its policy on membership linkages.

AMENDMENT CARRIED

MOTION AS AMENDED CARRIED

Council amended its policy on support of membership units to include "The CEO shall not fail to provide support to membership units, including but not limited to funding up to \$10,000.00, consistent with operational policy." All active Chapter and Special Interest Groups have been advised that they are eligible for \$250.00 to support member attendance at the Annual Meeting.

2001 Resolutions

Resolution #1

Since the function of a profession is by definition to serve society, nursing should be encouraged to reach its greatest capacity to serve. As the complexities of health care and society increase, so must the capabilities of nurses, as citizens and practitioners, be extended to meet new challenges (ICN 1989).

As practice changes and the profession strives toward its potential, flexibility is required for creativity and growth to occur and for professional judgement to be developed (NANB).

There is a movement within the nursing community toward a caring environment in which the nurse is a participant in the healing process through the use of complementary therapies in a holistic approach to assist individuals, families and communities to participate in their own health care.

Whereas the public is seeking information about the access to nontraditional treatment modalities for a variety of conditions;

Whereas registered nurses themselves are seeking skills in offering complementary therapies for their patients/clients;

Whereas the CNA recognizes holistic nursing as a specialty of nursing practice;

Whereas nursing is a self-regulated profession and nurses serve to provide safe, competent and ethical nursing care;

Therefore, be it resolved;

1. THAT the SRNA utilize a broader definition of nursing to include complementary therapies in assessing nursing practice hours for the purpose of registration renewal for those using such therapies in their nursing practice.

-
2. THAT the present criteria used for determining registration renewal be revised to allow positive consideration of nursing practices offering complementary therapies to be integrated and included in the registration renewal process.

Submitted by,
Carol Kostiuk, RN
Nancy Milligen, RN

Resolution #2

THAT the SRNA actively support comprehensive primary health care programming that is consistent with the principles articulated by the World Health Organization.

Submitted by
SRNA Council

Resolution #3

THAT in the interest of decreasing social isolation, teen sex trade, and antisocial behaviours, the SRNA lobby federal and provincial governments, SAHO and health districts to increase intersectoral collaboration to develop preventative and early intervention infrastructures that provide needs based social support for young people.

Submitted by
SRNA Council

Committee Reports

The following are reports from the Council and Staff Advisory Committees of the Saskatchewan Registered Nurses' Association.

Discipline Committee

The Discipline Committee met two times in 2000 to conduct hearings. A planned education day was held in March of 2000. The Committee was updated by the Complaints Resolution Consultant on progress in the use of Alternate Dispute Resolution. Legal Counsel for the Discipline Committee provided education on the issue of bias, emerging trends in case law and the use of random drug screening.

In February of 2000, Cheryl J. Runns, RN # 33921, of Regina, Saskatchewan was found guilty of professional misconduct for practicing as a registered nurse without being registered with the SRNA. Ms. Runns also failed to respond to numerous attempts by the SRNA to request a response to the allegations of professional misconduct. The Discipline Committee ordered the following penalty for Ms. Runns: when she applies to be registered again, she must pay the SRNA

\$126.79 (the required remaining fee of her 1998 registration), plus a \$20 NSF fee and meet the requirements of eligibility; provide a letter of apology to the SRNA acknowledging and accepting responsibility for her breach of *The Act and Bylaws*; a fine of \$500.00 to be paid by June 29, 2001, a portion of the cost of the inquiry and hearing and related costs including the expenses of the Investigation and Discipline Committee of \$500.00 to be paid by June 29, 2001. Pursuant to Section 34(1) of *The Registered Nurses Act*, a nurse who has been found guilty by the Discipline Committee may appeal the decision or any order of the committee, within 30 days, to the Council of the SRNA, or to a Judge of Her Majesty's Court of Queen's Bench for Saskatchewan. Ms. Runns did not appeal the decision.

The SRNA makes every effort to be transparent in its discipline processes. To

this end, all hearings are open to the public. In addition, copies of the discipline decisions, with witness and client names removed, are available to members of the Association and to the public, upon request. The Discipline Committee takes very seriously its responsibility to conduct fair hearings and to promote safe nursing practice.

Sincere appreciation is extended to Patti Manson for her support and assistance to the Committee. Patti has left the position of Hearings Facilitator to go to a fulltime teaching position. We wish her continued success in her new position. We would like to thank all members of the Discipline Committee Resource Pool for their expertise, hard work and commitment, as this committee has such an onerous task.

Helen Grimm, RN Regina Co-Chair
 Rita Ledingham, RN, Saskatoon Co-Chair
 Carol Unchulenko, RN, Esterhazy Co-Chair

Committee Members

Joanne Blazieko, RN, Moose Jaw
 Jo-Anne Braithwaite, RN, Indian Head
 Louise Frederick, RN, Regina
 Janice Giroux, RN, Weyburn
 Janice Messner, RN, Porcupine Plain
 Lee Murray, RN, Saskatoon
 Karen Stevely, RN, Yorkton
 Susan Tetreault, RN, Spiritwood
 Murray Knuttila, Public Representative, Regina
 Roy Wagner, Public Representative, Saskatoon

Legislation & Bylaws Committee

The Committee met on five occasions for one day each. Matters considered included:

LPN legislation; schedule for review of Bylaws; updates on legislative trends across Canada; preparation of Bylaw amendments for the 2000 Annual Meeting; initiation of review of Bylaws I, II and III; response to a request from Council to consider certain amendments to Bylaw VIII, Section 3; Investigation Committee and; opening of The

Registered Nurses Act, 1988 to enable regulation of nurses practicing in expanded roles.

June Blau, RN, Regina, Chair

Committee Members

Lorna Cospers, RN, Regina
 Marion Fritz, RN, Biggar
 Patrick Livingstone, RN, Norquay
 Heather Schnell, SRNA Council Public Representative, Torquay
 Donna Brunskill, RN, Staff Resource

Nominations Committee

The 2000 Nominations Committee attempted to have a nominations slate requiring an election for each position. The Committee sought nominations for the Nominations Committee, Member at Large Regions 1, 2, and 5, President Elect and Public Representatives.

With the assistance of Council members, the Committee streamlined the Nominations Kit, making it more user friendly. We also developed several procedures to make the Committee's efforts more efficient and effective.

Work pressures, overtime, staff shortage and especially the exhaustion resulting from these working conditions were some of the reasons cited by nurses in informing the Committee of their decision to accept or defer a commitment. Many nurses commented on the lack of employer support.

We were successful in finding a candidate for Region 5. This resulted in several recommendations being put forth to Council for their consideration.

We thank the membership for the opportunity to serve on this interesting and challenging committee.

Lynda Wallis, RN, Eatonia
Chairperson

Committee Members

Kim VanCaesele, RN, Indian Head
Arlene Kuntz, BSP, Regina
Sandra Brown, RN, Saskatoon
Jill Shanks, RN, SRNA Staff Resource

Nursing Education Approval Committee

In 2000, an approval process was carried out for the Nursing Update Program which resulted in the Program receiving approval for the full term of five years. The Approval Committee appreciated the work done by the Program staff which facilitated the process and made the work of the assessors and our Committee much easier.

The approval process for the Nursing Education Program of Saskatchewan (NEPS) was initiated in 2000 with the site visit to occur in 2001.

2000 saw a change in the NEPS Program which allows students to fast track their courses and graduate earlier with their degree, in order to help relieve the nursing shortage in our Province. SRNA, Saskatchewan Health, and NEPS Program administration were able to work together to produce this mutually agreed upon solution following a

Government decision, in response to the shortage, to remove the entry requirement for practice of a four year degree.

The Committee would like to express our appreciation to Joyce Butler for her expert and invaluable assistance in our work throughout the year.

Sylvia Gent, RN, Prince Albert
Chair

Committee Members

Shirley Galloway, RN, Oxbow
Larry Hein, Consumer Representative, Regina,
Susan Wood, Public Representative, Regina
Diane Anderson, Saskatchewan Education Representative, Regina
Jill Johnson, RN, Saskatoon
Anne-Marie Urban, RN, Regina
Megan Linklater, Public Representative, Regina Beach

Investigation Committee

The Committee met ten times (7 one-day meetings and 3 two-day meetings) during the year to consider the complaints submitted.

The Committee received new complaints concerning the nursing practice of 30 practicing members. Three other complaints that were received related to three acute care facilities in the province. No specific Registered Nurses were identified. After preliminary investigation all three acute care cases were dismissed, because accurate

identification of Registered Nurses involved was not available. The complaints were lodged by members of the public, managerial staff, peers and co-workers. These complaints alleged professional misconduct and/or professional incompetence, and incapacity to work due to illness. There were a total of 24 cases carried over from 1999 including nine mediation cases.

Representatives of the Committee made 30 on-site visits for interviews.

In 2000, one case was referred to the Discipline Committee, while 15 cases were dismissed for insufficient evidence of professional misconduct or professional incompetence. Two of these cases were issued letters of guidance and advice. Discipline Hearings were held for two cases. Five cases were referred to mediation. During the year three mediation agreements were returned to the Investigation Committee for further investigation. In all three cases another complaint was received about that nurse member and the nurse members had also not completed the terms of the current Mediation Agreement.

In three cases, all terms of the Mediation Agreement were met and the cases were closed.

The mediation process is one form of alternative dispute resolution. This process provides for a neutral mediator to work with the Registered Nurse, members of the Investigation Committee and other involved parties to develop a mediation agreement that addresses the interests of all involved. The Committee

monitors the mediation agreements to ensure that the terms of the agreement are met.

The Investigation Committee did not negotiate any agreements of non-practice. One member met all the terms of the voluntary agreement of non-practice and received her license.

There were 30 members under investigation (including 7 mediation cases and one discipline case) at the end of 2000, which have been carried into 2001.

The Committee would like to thank Dolores Ast and Chris Dyck, SRNA staff, for their support and assistance throughout the year.

Rhonda O'Hagan, RN, Allan
 Chair

Committee Members

Lyn G. Beaucamp, RN, Birch Hills
 Wayne Busch, Public Representative, Nokomis
 Marlene J. Strenger, RN, Saskatoon
 Margaret Wheaton, Public Representative, Biggar
 Dolores Ast, RN, SRNA Staff

Continuing Competence Committee

The Committee met in April and July. Subsequent to our July meeting, an employer representative, to replace Stan Rice was found.

The Committee was able to review various self-evaluation tools and select two to be used. Baseline questions were also formulated, and when we left off, Joyce Butler was to determine what information we might already have available based on, amongst other things, Joan Sawatsky's last project.

Two different options were explored for piloting the tools. Our work plan for October that was set, has been stalled, due to organizational changes.

I would like to thank the committee members for their work and support and their patience. I appreciate their efforts and commitment to the committee. Thanks again to Rosalee for the use of the SUN

boardroom. I would also like to recognize and thank Joyce Butler for the many ways that she helped this group to be productive. We have lost so much history, and of course the continuity with her leaving. Finally, thanks to Debbie Cummings, SRNA staff, who helps with overall organization, preparation and many other tasks. I have enjoyed my work on this committee and found it challenging.

Cindy Sherban, RN, Saskatoon, Chair

Committee Members

Shannon Runcie, RN, Saskatoon
 Tess Gieg, RN, Saskatoon
 Mark Schnell, Public Representative, Regina
 Rosalee Longmoore, RN, Regina
 Jean Morrison, CEO, Parkland Health District, Spiritwood
 Joyce Butler, RN, SRNA Staff

Registration & Membership Committee

The Registration and Membership Committee met four times in 2000. The Committee developed a plan of action to gather further information on many issues that came up in discussion. Issues such as, Fitness to Practice, the effect on nurses' practice hours, the role of nursing in Telepractice, assessment of foreign graduates, preparation for monitoring continuing competency and the role of Advanced Practice in Saskatchewan. The document on Complementary Therapies was reviewed. Discussions will be held in the future, about the implications the document will have on recognition of nursing practice hours.

We welcomed a new member to our committee, Yvonne Warnes, Program Head, Continuing Nursing Education, SIAST and said a fond farewell to our Chairperson Joan Dudgeon, who so ably chaired the Committee for the last three years.

Taking into account, the worldwide shortage of nurses, the challenge of registering foreign trained nurses by equating educational requirements that are mandated by SRNA, as well as the diversity of nursing practice today and in the future, many challenges lie ahead for this Committee in 2001.

A most sincere thank-you to all the members for their time and expertise.

Marlene Lindberg, RN, Regina
Acting Chair

Glenda Coleman-Miller, RN, Regina
Director of Regulation & Practice

Term Completed
Joan Dudgeon, RN, Regina

Committee Members

Sharon Chesley, RN, Prince Albert
Dr. B. S. (Randy) Randhawa, Public Representative, Saskatoon
Marilyn Smith, RN, Lanigan
Yvonne Warnes, RN, Regina

Membership Advisory Committee

The first Membership Advisory Committee meeting was held on Oct. 5th, 2000. Committee terms of reference were approved with the purpose of the Committee to provide advice to Policy and Communications, including strategies for member communication, selection of SRNA representatives for committees and external appointments, as well as selection of the Millennium Awards.

The Committee had two teleconferences in November. The Committee has provided advice on the Newsbulletin, Nursing Week and the SRNA Workplace

Representative Program. The Committee's terms of reference will continue to be reviewed, as we work to increase communication to the membership.

Committee Members

Sandra Bassendowski, RN, Chair, Regina
Sandra Blevins, RN, Saskatoon
Marlene Brown, RN, Regina
Lois Dixon, RN, Balcarres
Diana Ermel, RN, Regina
Angela Bowmen, RN, Saskatoon
Kandice Hennenfent, RN, Moose Jaw
Jill Shanks, RN, SRNA staff

There are 40 registered nurses on external committees. If you wish to receive a copy of their reports please contact the SRNA office, 1-800-667-9945.



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ASSOCIATION