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## PANDEMIC INFLUENZA IMMUNIZATION PLANS

by Beverly Balaski, RN, Nursing Advisor, Practice

As employers finalize their pandemic influenza contingency plans, the issue of timely immunization programs arises. RNs are the care providers with expertise in establishing and administering mass immunization clinics. The operation of these clinics requires the knowledge, skill and judgment of a RN. This includes the set up of the clinic, management of the vaccine, and the assessment of the client. The RN must possess a thorough knowledge of the vaccine so that an assessment of the client can be done to determine the appropriateness of the vaccine. Additionally, the RN is responsible for obtaining informed consent, providing teaching, and identifying and managing any adverse events post immunization. In the event of a pandemic, it may be necessary to have other health care providers assist in performing some of the "tasks" related to immunization through a delegation model (please see SRNA RN Assignment and Delegation document @ [http://www.srna.org/nurse\\_resources/2004\\_RN\\_assignment\\_delegation.pdf](http://www.srna.org/nurse_resources/2004_RN_assignment_delegation.pdf)). When utilizing the delegation model, the RN maintains responsibility for the appropriate teaching to the health care provider assisting with the care. The RN also retains responsibility for the assessment, planning and evaluation of the client. If you require further information pertaining to RN responsibilities for immunization or on the delegation process please contact a practice advisor at 1-800-667-9945.

## REGISTRATION RENEWAL

RNs are encouraged to apply for registration renewal online. If this is not possible, we will accept forms by mail again this year. We will send a spreadsheet of RNs who have applied by email to the employer. The employer will choose who they are paying for and send us a cheque for the appropriate amount. Deadlines for RNs to apply are:

- Online October 28, 2009 • Paper forms October 14, 2009

The deadline for employers to pay the fees to SRNA is November 16, 2009. SRNA cannot issue RN licences until the payment has been processed.



Practising membership must be maintained in order to count RN and RN(NP) hours.

*The Registered Nurses Act, 1988, Section 43:*

“(1) No person shall knowingly employ or continue to employ a person who is not a registered nurse or a graduate nurse to perform the practice of registered nursing.

(2) Every employer shall annually review the registration status under this Act of all nurses employed by the employer.

(3) Any employer who terminates the employment of a nurse on the grounds of alleged professional incompetence or professional misconduct shall report in writing to the association:  
(a) the termination of the nurse; and  
(b) the grounds of the alleged professional incompetence or professional misconduct.”

## RNs ON DISABILITY LEAVE

RNs must have worked at least 1125 hours in the previous five years to be eligible for registration. To maintain registration eligibility, RNs on disability leave have several options, including:

- Participating at CNE workshops
- Taking classes towards a certificate/degree in nursing
- Participating on health boards

If you know RNs who are on disability leave, please check [www.srna.org](http://www.srna.org) for information regarding maintaining eligibility for licensure.

## GRADUATE NURSE (GN) LICENCES

A GN licence is a temporary, four-month licence with two possible four-month extensions, available until the GN has passed the Canadian Registered Nurse Examination (CRNE). It is the responsibility of the GN and the employer to make sure the extension is in place before the expiry date of the GN licence.

To extend the GN licence, SRNA requires:

- Signed and dated letter from the GN, including address and phone number, with the fee; and,
- 1st Extension: Letter directly from the employer to the SRNA, signed and on letterhead, confirming the GN’s employment will be extended and that he/she is practising at a safe and competent level. This letter should be dated within 4 weeks of GN expiry date.; or,
- 2nd Extension: Reference questionnaire completed by the employer and returned directly to the SRNA, dated within 4 weeks of the GN expiry date.

All documentation can be faxed to 306-359-0257 followed by the original in the mail.

Even though a GN has passed the CRNE, he/she is not eligible to work as a RN until he/she has obtained RN licensure.

## NURSE PRACTITIONER SPECIALTY EXAMS – ADULT/PEDIATRIC

We have recently recognized Adult and Pediatric as specialties in the nurse practitioner category. The American Nurses Credentialing Centre (ANCC) Nurse Practitioner Examinations, Adult and Pediatric, are now available in Saskatchewan. Applicants must be eligible for licensure in Saskatchewan and complete the necessary SRNA ANCC application forms.

## EXAMINATION DATES

**Canadian Registered Nurse Examination (CRNE)**

- October 7, 2009 • February 3, 2010 • June 2, 2010 • October 6, 2010

**Canadian Nurse Practitioner Examination (CNPE)**

- October 21, 2009 • May 12, 2010 • October 20, 2010

**ANCC Nurse Practitioner Examination**

- October 13 – November 12, 2009

## 2009 3rd Annual Interdisciplinary Conference

TCU Place, Saskatoon, September 18 & 19, 2009

InterD<sup>3</sup> is coordinated by the following three host organizations and is pleased to be partnering with the Saskatchewan members of Patients for Patient Safety Canada.



Non-compliance with the Continuing Competence Program will delay licensure.

Recruiting Internationally Educated Nurses? Visit [www.srna.org](http://www.srna.org)

**Registration Service Delays**  
 Effective August 24th, 2009 until September 20, you may experience delays in registration service. We are implementing new automated business processes and will be moving into our newly renovated office space. Our goal is to enhance our present communications and registration service to members. Registration Services will only be handling emergency inquiries from August 24th to 28th inclusive as staff will be in training.

## SRNA FEE SCHEDULE – 2010

RN Licences Expire November 30, 2010

	Full Fees Dec 1/09 to Nov 30/10	Pro-rated fees for June 1/10 and Sept 1/10 will be sent at a later date
Practising or Initial	510.00 + 25.50 GST = <b>535.50</b>	
*Practising with CNA Reduction (particularly Alberta Border Employees)	510.00 – 56.48 + 22.68 GST = <b>476.20</b>	Copy of 2010 RN Practising Licence must accompany form in order to be able to submit CNA Reduction.
Non-Practising to Practising	510.00 – 35.00 + 23.75 GST = <b>498.75</b>	
*Non-Practising to Practising with CNA Reduction (particularly Alberta Border Employees)	510.00 - 35.00 - 56.48 + 20.93 GST = <b>439.45</b>	Copy of 2010 RN Practising Licence must accompany form in order to be able to submit CNA Reduction.
2010 Canadian Grads	<b>267.75</b>	
Temporary Grad Nurse Licence	170.00 + 8.50 GST = <b>178.50</b>	4 month licence with 2 possible extensions of 4 months each (GN Licence total of 12 months)
Non-Practising Membership	<b>36.75</b>	

\*Prior to December 1, 2009 CNA reduction pertains to RNs who hold 2010 practising licensure in Alberta, Nova Scotia or PEI.

### THE ROLE OF THE SRNA

The purpose of the SRNA is to protect the public by ensuring registered nurses are safe, competent, ethical practitioners. The SRNA fulfills its mandate by:

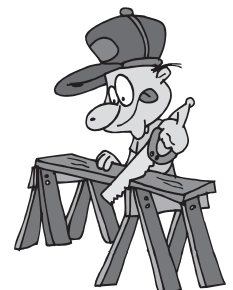
- Setting standards of practice for RNs and RN(NP)s
- Approving nursing education programs so that graduates are prepared to meet nursing standards
- Responding to complaints of professional misconduct or incompetence against a nurse
- Ensuring nurses maintain competence by mandatory compliance with a continuing competence program and by practising a minimum of 1125 hours in five years
- Providing liability protection for all nurses who maintain a practicing licence
- Provide practice advisement to RNs and RN(NP)s
- Establishing registration and licensure requirements



*Renovations are underway at the SRNA offices at 2066 Retallack Street, Regina, Saskatchewan.*

*Although we do not anticipate any disruption in the services we provide to our members, things may be noisier and messier than usual.*

*Construction will be complete prior to Christmas, 2009.*



## REVISED BYLAWS APPROVED BY MEMBERSHIP

*by David Kline, RN, Chair, Legislation & Bylaw Committee*

All bylaw revisions recommended and presented in the April\May 2009 Newsbulletin have been approved by the membership at the 2009 Annual Meeting on May 6, 2009 with one editorial revision (noted below). These bylaws (editorial and substantive) have been approved by the Minister of Health.

For your information, the complete bylaw revisions are posted on our website. Also noted is an indication of which bylaws are administrative, therefore approved as of May 6, 2009, and which are regulatory, requiring submission to government for approval.

Revision to the original recommended editorial revision, as approved by membership at the annual meeting:

### Bylaw II – Elections Section 1. Election of Council

(4) Council members-at-large from SRNA Electoral Regions #03, #04, #06 and #07 shall be elected in even-numbered years and council members-at-large from SRNA Electoral Regions #01, #02 and #05 shall be elected in odd-numbered years.

**Initial recommended revision:**  
 (4) Council members-at-large from Electoral Regions #03, #04, #06 and #07 shall **usually** be elected in even-numbered years and council members-at-large from Electoral Regions #01, #02 and #05 shall **usually** be elected in odd-numbered years.

**Final revision:**  
 (4) Council members-at-large from Electoral Regions #03, #04, #06 and #07 shall be elected in even-numbered years and council members-at-large from Electoral Regions #01, #02 and #05 shall be elected in odd-numbered years **except in the case of a vacancy for the remainder of a term.**

Editorial revision  
 Wording change made to allow for some flexibility in case of early resignations from the council of members, etc.  
 Remove SRNA. Not required.

Editorial revision  
 Removal of the wording “usually” and adding the wording of “except in the case of a vacancy for the remainder of a term” to clearly articulate the intent of the early revision and ensure this is the only reason for exception.

## 2009 SRNA Resolutions

Four resolutions were brought forward at the SRNA Annual Meeting on May 6th in North Battleford. All were passed by the membership.

1. **BE IT RESOLVED** that SRNA sign on to the Canada Hand Hygiene Campaign; and be it further resolved that SRNA engages multidisciplinary partnership with the College of Physicians and Surgeons of Saskatchewan, Saskatchewan Registered Psychiatric Nurses Association, Saskatchewan Association of Licensed Practical Nurses, and Saskatchewan College of Pharmacists, to develop a plan for working together to support, supplement and integrate existing hand hygiene initiatives provincially for health care workers and for the public by June 2010.
2. **BE IT RESOLVED THAT** the fee for a retired member be set at a one-time fee of \$50.00.
3. **BE IT RESOLVED THAT** the SRNA encourage the employers to provide internet access for interdisciplinary teams in the workplace, including clients, in the interest of optimizing health care (Revised by Council, June 2009).
4. **BE IT RESOLVED** that the SRNA develop a position statement on Pain Symptom Management for the citizens of Saskatchewan to promote and provide competent pain symptom management: 1) throughout the lifespan; 2) across the continuum of care.



## Advancing RN Practice - Where to from here?

SRNA Annual Meeting and Conference  
 May 4, 5 and 6, 2010 • Temple Garden Spa, Moose Jaw

YOU GOTTA BE THERE!

## COLLABORATIVE NURSING PRACTICE

The SRNA will be offering presentations jointly with SALPN and RPNAS on 'Collaborative Nursing Practice.' The presentations will be in Prairie North and Heartland Regions September 28 to October 1, 2009 and in Prince Albert Parkland and Saskatoon Health Region November 2-5, 2009. Please watch for posters in your facility advertizing the specific date, time and location. You can also find this information on the SRNA website ([www.srna.org](http://www.srna.org)). The purpose of these presentations is to promote collaborative nursing and to enhance understanding of the roles and value of all nursing professionals.

## INTERNATIONALLY-EDUCATED NURSES (IEN) UPDATE

Since April 2008, SRNA Nursing Advisors have given 23 presentations to 330 IENS arriving in our province on the professional accountability and responsibility of grad nurses and RNs. Included in this 3-4 hour presentation are: an overview of the SRNA, its vision, mission and self-regulatory mandate of public protection; *The RN Act, 1988* and the authority RNs derive from it; the CNA Code of Ethics; scope of practice of RNs and grad nurses and how these relate to other members of the nursing team; and assignment of client care and tasks and delegation of care to unregulated care providers. The presentation is evaluated by the participants and adapted according to the feedback provided. To request the SRNA presentation please contact: [dcummings@srna.org](mailto:dcummings@srna.org) Ph: 1-800-667-9945 ext. 237 or in Regina Ph: (306) 359-4237

## RECOGNIZING EXCELLENCE THROUGH THE ANNUAL SRNA MEMBER RECOGNITION AWARDS

The SRNA celebrates the work of its members and non-members who have contributed to improving and advancing the health of the people of Saskatchewan and the registered nursing profession by maintaining an annual awards celebration. Five categories of SRNA awards are offered to RNs, RN(NP)s, nursing students, retired SRNA members, employers and the public. Nomination guidelines and forms can be found on the SRNA website [www.srna.org](http://www.srna.org) or by contacting Barb Fitz-Gerald, RN, Nursing Advisor, Member Relations at [bfitz-gerald@srna.org](mailto:bfitz-gerald@srna.org). The member Recognition Awards Banquet and Ceremony will be held in Moose Jaw on May 5, 2010. Join us as we celebrate the exemplary work of RNs and RN(NP)s from across Saskatchewan.

## QUALITY HEALTH CARE BEGINS WITH KNOWING WHO THE CAREGIVER IS

In April 2009, over 9300 RNs and RN(NP)s from across Saskatchewan received the new SRNA pin as part of the SRNA's campaign to improve RN and RN(NP) identity in the workplace. When utilizing health care services, the public wants and deserves to know who is taking care of them. The SRNA pin is a visual cue that prompts the public to understand the role of the RN and RN(NP). With the increased complexity of patient care, safety and care concerns, human resource challenges and seemingly endless, there has never been a more important time for RNs and RN(NP)s to promote their identity. We encourage employers to ask RNs and RN(NP)s to wear their SRNA pin and introduce themselves with their first and last name when meeting patients, clients or residents. Saskatchewan citizens deserve the best and quality care begins with understanding who is caring for them when they enter the healthcare system.



Darlene Sterling, RN, Regina General Hospital sporting the new SRNA pin.

### Optimizing the Role of the RN Initiative

In the past RNs have been supported to practice in an expanded role through the transfer of medical function model. This model is no longer viable and the SRNA is working proactively to establish a framework that recognizes the role of the RN. This framework is currently in draft format and is anticipated for release for feedback from members and stakeholders in September, 2009. For more information please contact Beverly Balaski, RN, Practice Advisor, Nursing at 359-4230 (1-800-667-9945 ext 230).

## RESOLUTION #3: RNs HAVING ACCESS TO THE INTERNET IN THE WORKPLACE.

At the 2009 SRNA annual meeting in North Battleford the following resolution was passed by the membership.

BE IT RESOLVED THAT the SRNA encourage the employers to provide internet access for interdisciplinary teams in the workplace, including clients, in the interest of optimizing health care (Revised by Council, June 2009).

In the 2009 membership survey approximately nine tenths of respondents (89%) had used the Internet in the past year to find information related to their work as a nurse. The survey also showed that RNs in Direct Care were less likely to have used the internet for work purposes than those in Education and Administration/Policy (87%, 96% and 92% respectively). It is important for patient safety to have access to sites that support practice in the work place. With better access to the most current best practices, RN's are taking the lead in finding the information to provide the best care possible. We encourage all employers to dialogue with front line staff to find ways for RN's to access information in a timely and convenient manner in their work place. One example is access to the NurseOne Portal, which is a website sponsored by the Canadian Nurses Association and provides current information for RNs to support nursing practice. The SRNA encourages all employers to provide internet access to information that optimizes best practice in healthcare.

Please see our SRNA website for more information on informatics at [www.srna.org](http://www.srna.org).

## TWO MORE RN(NP) SPECIALTIES

*by Patrick Livingstone, RN, Nursing Advisor, Practice*

An important event occurred at the February SRNA Council Meeting regarding the regulation of Registered Nurse (Nurse Practitioners) in the province of Saskatchewan. Council approved the introduction of two new RN(NP) specialties: Adult and Pediatrics. In 2004, RN(NP)s were initially licensed in Saskatchewan. At that time they could be licensed under one of two specialties – Primary Care or Neonatal. The RN(NP) is recognized as a valuable, and essential resource within the current health care organization/structure.

The new specialties of Adult and Pediatrics will facilitate patient care and the timely licensure of RN(NP)s migrating to Saskatchewan who have a specialty not currently licensed within Saskatchewan. The facilitation of RN(NP) mobility from jurisdiction to jurisdiction is essential given the changes to Chapter Seven of the Agreement on Internal Trade effective April 1st 2009.

The SRNA sees the role of the RN(NP) expanding into many areas of the health system. This will allow for better access for the people of Saskatchewan to timely and appropriate care.

For more information please contact [plivingstone@srna.org](mailto:plivingstone@srna.org)

### 2009 SRNA Council

<b>President:</b> David Kline, RN	<b>Members-At-Large:</b> Sandra Brown, RN Janice Giroux, RN Edith Gross, RN(NP) Debbie Kosabek, RN Elaine Stefanick, RN Mark Tarry, RN(NP) Sandra Weseen, RN	<b>Public Representative:</b> Karen Gibbons Richard Kleer Heather McAvoy
<b>President-Elect:</b> Kandice Hennenfent, RN		



### Employer Newsbulletin

*Published twice yearly  
in March and  
September.*

**Donna Brunskill, RN,  
Executive Director**

**David Kline, RN,  
President**

*Your feedback is  
welcome. Contact:  
Shelley Svedahl  
[ssvedahl@srna.org](mailto:ssvedahl@srna.org)*