



Amended January, 2010

Responding to a Report Submitted About My Nursing Practice

Competent, caring, knowledge-based registered nursing for the people of Saskatchewan

The Saskatchewan Registered Nurses' Association (SRNA) is the professional regulatory body for the registered nursing profession with the mandate to promote and ensure competent, caring, knowledge-based nursing for the people of Saskatchewan.

The SRNA fulfills its mandate in a variety of ways. The SRNA establishes a minimum or safe level of competence on the part of the beginning graduate nurse (GN), the registered nurse (RN), and the registered nurse(nurse practitioner) RN(NP) by:

- identifying foundation competencies which nurses must be capable of demonstrating;
- setting educational standards for entry to the profession;
- collaborating on the competencies to be tested on the nurse registration/licensure examination;
- ensuring other registration and licensure requirements are met; and
- describing standards for nursing practice to which all nurses are held accountable.

When you receive a letter stating that a report has been lodged with the SRNA against you and your nursing practice you may feel shocked, angry, confused, afraid, overwhelmed, or defensive. While perfectly normal, these feelings can make it difficult to think clearly. It is important to take some time to become informed about the competence assurance process before you make any important decisions about how to respond to the report.

Please take the time to read this guide to learn more about the process.

If you have any questions or particular needs, please do not hesitate to contact the Advisor, Competence Assurance (ACA) at the SRNA.

THE INVESTIGATION OF THE REPORT

The SRNA is the governing body for nurses in Saskatchewan. The SRNA's mission is to regulate nursing to ensure competent, caring, knowledge-based nursing for the people of Saskatchewan.

Common Questions About The Process

Q. Why is the SRNA investigating me?

- A. The SRNA received a report about your nursing practice. Investigating reports is one of the ways the SRNA addresses concerns about the quality of nursing care provided by its members. According to *The Registered Nurses Act, 1988* and *Bylaws*, the SRNA must investigate all written reports we receive about a member.

Q. What is the purpose of an investigation?

- A. Every report received at the SRNA is considered an allegation, or an unproved accusation. The purpose of the investigation is to gather all information relevant to the information provided in the report. Information which supports or refutes the incident(s) is then reviewed by the investigation committee to decide if any action is required.

Q. What is the role of the Advisor, Competence Assurance (ACA) in the investigation?

- A. The ACA acts as an impartial or objective fact-finder, and must obtain sufficient relevant information to clearly understand the allegations under investigation. In addition, the ACA makes sure that both you and the writer of the report understand the competence assurance process.

The type of information the ACA may gather includes but is not limited to the following:

- nursing notes,
- doctor's orders,
- medication administration records (MARs),
- narcotic control records,
- nursing care plans,
- unusual occurrence or incident reports,
- rotation schedules and/or patient assignment sheets,
- relevant policies and procedures,
- job descriptions,
- informal handwritten records (anecdotal notes),
- performance assessments or evaluation.

"nurse" means a graduate nurse or a registered nurse or a registered nurse (nurse practitioner)

The ACA might also interview people with knowledge of the report, including, but not limited to:

- the person who submitted the report (“the writer of the report”),
- you (“the subject of the report”),
- the client, if that person is different from the person who made the report,
- the client’s family members,
- other nurses,
- other health care providers,
- any witnesses,
- others who may assist in the investigations e.g. police, employers.

The ACA does not look only at the present allegations in isolation but will be looking at the pattern of your past nursing practice. If new concerns are discovered during the course of the investigation, the ACA can ask you to also comment about them. New concerns can form the basis of a referral for further action to the same extent as the concern in the initial written report.

Q. Who are the investigation committee and what is their role in the investigation?

- A. The SRNA investigation committee is made up of three registered nurses and two public representatives appointed by the Council of the SRNA.

Based on your written response to the report, and the information collected by the ACA, the investigation committee decides whether the allegation(s) against you are substantiated, i.e. whether the information suggests that the incident(s) are true.

Q. What information from the investigation will the SRNA share with me?

- A. The SRNA may share a copy of the report with you and/or an outline of the concerns noted, so you will know the specific allegation(s) being investigated.

When the ACA provides you with any confidential client information, you must agree to treat that information appropriately (i.e. only use it to respond to the report, and dispose of it in a way that maintains the client’s confidentiality once the process is over).

Failure to protect the privacy of the client(s) is considered professional misconduct.

Q. Do I need a lawyer?

- A. At this time the investigation is a fact finding process. You are not required to have a lawyer, this is a personal decision. If you belong to a labour union you may wish to contact your union representative.

Q. Can I meet with the ACA about my side of the story?

- A. Yes. In fact, the ACA will contact you to set up an

interview. This interview will give you an opportunity to provide the ACA with a clear understanding of the situation from your perspective.

Q. Do I have to make a response or submission in writing? What should I include in it?

- A. Section 26(2)(m) of *The Registered Nurses Act, 1988* does require you to respond to inquiries from the association. Failure to respond without reasonable cause may be considered professional misconduct.

The investigation committee can then review the report with as much information as possible, including a very important perspective – yours. Participating in the competence assurance process demonstrates a commitment to the profession of nursing and respect for your membership in a self-governing body.

To help prepare your written response, read carefully through the allegations in the report and comment on them from your own perspective. This could include either disagreeing or agreeing with the allegations made, or relating a different perspective from what is noted in the report. Feel free to include any other information you think is relevant and important.

Please note the date given for the submission of your written response. The ACA will interview you after your written response has been received and reviewed.

THE DECISION OF THE INVESTIGATION COMMITTEE

Q. What action can the investigation committee take?

- A. The investigation committee will review and consider all the information obtained during the investigation process. The investigation committee may decide on one of the following further actions:
1. There is no evidence to support the allegations and the report is dismissed.
 2. Issue a letter of guidance for the purpose of giving confidential feedback or suggestions in order to improve nursing practice. In this process the nurse’s licence remains in good standing. Only the writer of the report and the nurse are notified of this outcome.
 3. Refer case to a consensual competence resolution agreements. When evidence has been found to support concerns regarding the nurse’s professional incompetence or professional misconduct, the committee may decide to enter into an agreement with the nurse to deal with the issues. This is an opportunity for the committee
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and the nurse to identify the most effective measures to be taken to improve the nurse's practice. Protection of the public is paramount in any decisions. The investigation committee will in the agreement note the competencies of concern and outline terms/undertakings that the nurse must complete. This is a legally binding agreement and disregard for complying with the terms of the agreement is considered professional misconduct.

During the time that the nurse is involved in the agreement with the SRNA, his/her licence is marked "with conditions and/or restrictions". This is also noted on the register and disclosed to all Canadian nursing jurisdictions and any other nursing jurisdictions the member is registered with. The nurse's employer is sent a copy of the agreement. Once an agreement is in place the Registrar of the SRNA monitors the agreement until it is completed. Once all the terms of the agreement are completed the nurse's licence is considered in good standing.

4. The last option is to refer the report to a discipline hearing. This happens in a very small percentage of cases. Referral to a discipline hearing occurs if there is sufficient evidence to support the concerns identified in the report regarding the nurse's practice and the nurse has refused to participate in a consensual competence resolution agreements. There are situations that are not deemed appropriate for a consensual competence resolution agreement to occur, in which case the investigation committee will move the case immediately to a discipline hearing. A breakdown in agreement also may be referred to a discipline hearing depending upon the circumstances.

Q. When will I know what the investigation committee has decided?

- A. You will be notified, by phone if possible, as soon as the investigation committee has reached a decision. Following this you will be sent a letter informing you of the decision.

Q. Who else will know about the decision of the investigation committee?

- A. You and the writer of the report receive a copy of the decision except as noted in the "disclosures" involved in the consensual competence resolution agreements.

Your file and the information obtained during the investigation process are stored at the SRNA office in a safe and secure manner.

Q. What happens if my case is referred to a discipline hearing?

- A. The discipline hearing process is quite different from the investigation process. It is similar to proceedings in a court of law. You will be served with a notice of hearing that defines the charges being brought against you, at the discipline hearing. This notice will also indicate the time, date and place where the hearing will be held.

Hearings are open to the public. Evidence may be given in the form of testimony from the nurse, the writer of the report, other witnesses and submission of documentation.

ADDITIONAL INFORMATION

Q. My nursing practice has been investigated in the past. Will that affect the investigation of this current report ?

- A. Yes. All prior decisions about your nursing practice made by the investigation, or discipline committees are retained. The investigation committee might consider these earlier decisions when the current report is reviewed. The way in which the investigation committee receives and uses this prior information varies, depending on whether:
- the earlier incident was substantiated; and
 - the earlier incident was strikingly similar in nature to the current incident(s).

Q. I still have some questions. What should I do?

- A. Please feel free to contact the ACA at any time.

The main telephone numbers for the Advisor, Competence Assurance at the SRNA are:
(306) 359-4240 or toll-free: 1-800-667-9945 ext. 240.

Saskatchewan Registered Nurses' Association,
2066 Retallack Street
Regina, SK S4T 7X5
Website: <http://www.srna.org>
RN Competence

All documents referred to are the current published/amended publications

SASKATCHEWAN



ASSOCIATION

Saskatchewan Registered Nurses' Association

2066 Retallack Street
Regina, Saskatchewan S4T 7X5
(306) 359-4200

Toll Free 1-800-667-9945

FAX (306) 525-0849

Email: professionalconduct@srna.org

Website: <http://www.srna.org>
