

SASKATCHEWAN



ASSOCIATION

Saskatchewan Registered Nurses' Association

annual report

2013

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Ministry of Health



Minister Duncan



Minister Weekes

A Message from Ministers Duncan & Weekes

We are pleased to extend greetings to members of the Saskatchewan Registered Nurses' Association (SRNA), on behalf of the Government of Saskatchewan and the Ministry of Health.

Thank you for your commitment to supporting high quality nursing care for patients and their families. As important and valued members of the province's health care system, the work RNs do every day is invaluable and deeply appreciated.

Our government is committed to building supportive workplaces and increasing the health system's capacity to meet the needs of patients, their families, RNs and all health care providers. Together we are serving the people of Saskatchewan by completing more surgeries, shortening wait times and improving patient care.

We thank the SRNA for working with us to strengthen and retain Saskatchewan's nursing workforce by exceeding our commitment to hire 800 new RNs. We now have over 1000 more nurses practicing across the province than in 2008. We also met our commitment to add 300 new RN/RPN training seats and we're on target to increase the number of NP training seats by 20. Together we are ensuring that Saskatchewan is an inviting and rewarding place for nurses to live and work.

Saskatchewan's Registered Nurses are an essential part of providing quality health care services to people in urban, rural and remote areas of the province. We recognize and celebrate your dedication to patient and family-centered care and we are proud to partner with you in providing better health, better care, better value and better teams for the people of Saskatchewan.

Your role, as the regulatory professional association of RNs, is critical as we move forward together to enhance and strengthen quality care for Saskatchewan residents.

Dustin Duncan
Minister of Health

Randy Weekes
Minister Responsible for Rural and Remote Health

ICN President



A Message from the International Council of Nurses

As ICN President and as a Canadian, it is my great pleasure to contribute to your 2013 Annual Report. SRNA, as a regulatory body, is concerned with ensuring that RNs are fully competent to carry out their duties and fully accountable for their services. Alongside this, I believe it is critical for RNs to demonstrate the key role we play and to show our communities, the public, and, especially our governments, how we make a positive impact on all citizens.

I encourage you all to read ICN's 2014 International Nursing Day Toolkit which is online at www.icn.ch and to think about these five key considerations:

We need to have nurse leaders at every level of the health system.

We need increased collaboration within the nursing profession and between health care professionals.

We need to be prepared to manage rapid changes in a globalised and technology driven world in which financial and human resources are limited.

We need to develop an education and learning system aimed at improving the performance of health systems.

We need to critically assess our own personal responsibility to improve the image of nursing.

So let me conclude by congratulating the SRNA on your achievements and to ask each and every one of you to show the community and public how nurses are a vital resource for health.

Judith Shamian, RN
President International Council of Nurses

CNA President



A Message from the Canadian Nurses Association

On behalf of the staff and board of directors of the Canadian Nurses Association (CNA), I commend the Saskatchewan Registered Nurses' Association (SRNA) on your notable achievements in 2013, many of which are highlighted in this annual report.

One initiative of particular significance is SRNA's ongoing work to optimize the role of registered nurses. Your steadfast dedication to this cause — which involved legislative reviews, revisions to bylaws and creating standards, competencies and clinical decision tools, among other key documents — is to be applauded.

CNA celebrates and appreciates our long history of collaboration with the SRNA — one that goes back to 1924, when SRNA first became a member of Canada's national nursing association. In the years since, CNA has continually benefited from the expertise and knowledge of SRNA's leaders. In 2013, your immediate past-president Kandice Hennenfent, newly elected president Signy Klebeck, and executive director Karen Eisler brought a high level of insight and experience to the CNA board table; each of them contributed significantly on such initiatives as CNA's position statement on the social determinants of health and CNA's efforts to promote increased attention on aging and seniors care.

The dedication, expertise and efforts of jurisdictional members like SRNA contribute to CNA's achievements in advancing the nursing profession and strengthening the Canadian health-care system. On behalf of the CNA officers, board and staff, I thank the board, staff and members of SRNA for their contributions and for joining CNA's efforts to keep our profession strong and our communities healthy.

Barb Mildon, RN
President Canadian Nurses Association

SRNA President



A Message from our President

It is a privilege to serve as President of the SRNA and member of the CNA board. I am thankful for the opportunity to network and collaborate with you as professional nursing leaders, in your formal or informal leadership positions locally, nationally and internationally. Together we will continue to enhance our nursing profession.

It has been an eventful and exciting year for the Association as we work together to grow the RN profession. Thank you for your feedback and involvement in the projects, committees, and initiatives of our profession-led Association. RNs take a lead role in shaping our future in the interest of the public. Collaboration is essential as we work together to strengthen the nursing profession. In an ever-changing work environment, we continue our efforts to increase role clarity. It is important that we share our stories within the health-care community. It's no secret that the nursing profession is in transition.

There are many leaders within our profession who demonstrate a passion for their work. As students, our emerging RNs witness the passion and excitement RNs embrace within their profession they too will become enthusiastic as they embark on their nursing career. Sharing my passion and experience with others as I near the end of my profession enables me to feel as though I have come full circle in such a rewarding profession.

Signy Klebeck, RN
President SRNA

SRNA Executive Director



A Message from our Executive Director

Transformational change is happening in health care in Saskatchewan and the nursing profession is not exempt.

We can truly say that 2013 was a year full of changes, challenges and opportunities for the SRNA. Two main priorities were – implementation of our new membership database and a process to replace the Transfer of Medical Function (we called this the Optimizing the RN project).

We implemented the membership database and mandatory online registration this year and we would like to thank all our members and employers for their participation and patience during this implementation – we apologize for any inconvenience it caused and we are working on improving the service for next year.

Thank you to the members and stakeholders throughout the province for their participation in the many consultations regarding changes to be implemented over the next year to replace the Transfer of Medical Function process. These changes require RNs to examine their practice and ensure ongoing education so that they are current, competent and using the best evidence.

Thank you to the SRNA Council for their dedication and passion in governing the RN profession in Saskatchewan. The SRNA has a strong and effective governance model, a high-performing regulatory body, and we are proud of the exceptionally talented and committed nursing workforce. We appreciate the members and stakeholders who have contributed their expertise and perspective to our goal of regulatory excellence.

I am proud to provide this annual report that outlines our work of 2013 and I look forward to serving Council, our members and the public as we continue to work together to ensure safe, competent, RN care for the people of Saskatchewan.

Karen Eisler, RN
Executive Director SRNA

“Education is the most powerful weapon which you can use to change the world.”

Nelson Mandela

SRNA Council



Robin Evans, RN



Janice Giroux, RN



Sherry Culham, RN



Noreen Reed, RN



Signy Klebeck, RN



Jeannie Coe, RN(NP)



Glen-mary Christopher, RN



Pamela Komonoski, RN(NP)



Linda Wasko-Lacey, RN



James Leach
Public Representative



Heather McAvoy
Public Representative



Karen Gibbons
Public Representative



Karen Eisler, RN

Vision

Registered Nurses as partners in an informed healthy society.

Mission

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

Ends

END 1 There is profession-led regulation ensuring accountability and professionalism in the public interest.

END 2 RN and RN(NP)s provide individual and family-centred, ethical, compassionate care for the public.

END 3 The nursing profession contributes collaboratively to a proactive health system that meets the present and emerging health needs of the public.

END 4 Public policy makers have compelling evidence of the value of a health system that is universal, accessible, publicly administered, comprehensive, portable and accountable, and the value of primary health care.

In the Public Interest

The SRNA is the professional self-regulatory body for the province's RNs and RN(NP)s. *The Registered Nurses Act (1988)* describes the SRNA's mandate in setting standards of education and practice for the profession and registering nurses to ensure competent, caring, knowledge-based care for the people of Saskatchewan. The SRNA is responsible for ensuring continuing competence, professional conduct, standards of practice, a code of ethics and the approval of education programs.

SRNA

2013

**Accomplish-
ments**

SRNA 2013 Accomplishments

SRNA exists so there will be profession-led regulation for RNs and RN(NP)s; individual and family-centred, ethical compassionate care; a proactive health system that meets the present and emerging health needs of the public; and support for the principles of primary health care. In 2013, programs and services reflected our commitment to enable the registered nursing profession to practice effectively in an ever-changing health care sector while sustaining public confidence in the registered nursing profession. The following provides a summary of activities:

END 1. There is profession-led regulation ensuring accountability and professionalism in the public interest.

Canadian Council of RN Regulators (CCRNR)

The SRNA is an active member and leader in the (CCRNR), a national organization made up of representatives from Canada's 12 provincial/territorial RN regulatory bodies. The SRNA Executive Director was elected in 2011 as the Vice President of CCRNR. The purpose of the CCRNR is to serve and protect the public by advancing excellence in professional nursing regulation.

The work this past year was concentrated on two of the identified priorities for 2013: working on the communication and implementation of the NCLEX®-RN for 2015 and the implementation of the federal regulations enabling RN(NP)s the ability to prescribe controlled drugs and substances.

National Nursing Assessment Service (NNAS)

The past few years SRNA staff have been working with national regulatory bodies to form the NNAS. The purpose of the NNAS is to coordinate a consistent national approach for internationally educated nurses (IENs) seeking registration in Canadian jurisdictions. This includes: Registered Nurses (RNs); Registered Psychiatric Nurses (RPNs); Licensed Practical Nurses (LPNs); and Registered Practical Nurses (RPNs) in Ontario.

The SRNA has been working with the other RN regulatory bodies in Canada to have a harmonized approach to the initial assessment of IENs. This will provide greater transparency, timeliness and predictability across Canadian jurisdictions, in addition to applying rigorous standards for qualification assessment, in the interest of the public.

RN(NP) Controlled Drugs and Substance (CDS) Project

RN(NP)s should soon have provincial authority to prescribe Controlled Drugs and Substances (CDS). SRNA staff are working with provincial partners on the final details of amending the Health Information Protection Regulations, the governance model between the Prescription Review Program and the SRNA, revising prescribing standards and the data service agreement with eHealth.

The SRNA Bylaw authorizing RN(NP)s to participate in the (PRP) was approved by members at the Annual Meeting 2013 and subsequently approved by the Minister of Health.

Nationally, SRNA staff continues to be involved in (CCRNR) Multijurisdictional New Classes of Practitioners Regulations (NCPR) Working Group. SRNA staff participated in a sub-committee to review the content and course delivery methods of four Canadian controlled drugs and substances educational courses, using a public interest lens, to determine their appropriateness for providing nurse practitioners with the required education to safely prescribe and manage controlled drugs and substances.

A total of 81% of practicing RN(NP)s in Saskatchewan attended a one day continuing education opportunity workshop to bridge the information from the mandated CDS course that Saskatchewan RN(NP)s took several years ago. The workshop highlighted new federal and provincial legislation and the need to know information before RN(NP)s have authority to prescribe CDS. Other participants at the workshop included NP students, midwives and several NPs licensed in other provinces.

SRNA staff developed four Continuing Competence tools for RN(NP)s to utilize and adapt as examples of how RN(NP)s might weave federal and provincial legislation and evidence-information resources into their learning plan for 2014. SRNA staff presented three webinars.

SRNA staff are developing knowledge in CDS by engaging in provincial and national committee work, participating in discussions on the provincial Opioid Advisory Committee and one staff attended the Pain Week Conference in Las Vegas. One full day of the conference was dedicated to Opioid Safety.

Optimizing the Scope of the RN and the Dissolution of the Transfer of Medical Function Process

This year new bylaws supporting the RN with Additional Authorized Practice were approved, in addition to the development of standards and competencies for the northern primary care RN, the establishment of the Inter-professional Advisory Group (IPAG), continued work by the Prior Learning Assessment and Recognition (PLAR) groups and Nursing Education Program Approval committees, and a number of consultations and focus groups towards the development of a draft document to support RN Specialty Practices.

The Interprofessional Advisory Group (IPAG)

The role of IPAG is to review and recommend the Clinical Decision Tools (CDTs) for the Limited Common Medical Disorders managed by the RN with Additional Authorized Practice, to SRNA Council.

Canadian RN and RN(NP) Examinations (CRNE & CNPE)

The level of competence of RNs and RN(NP)s is measured in part by the CRNE and CNPE which is developed by CNA and administered by the SRNA.

Results of the CRNE

February 2013:

Saskatchewan graduates: 91% first time pass rate;

National: 88.9%

IENs (Saskatchewan 59% first time pass rate; National: 54%

June 2013:

Saskatchewan graduates: 87 % first time pass rate;

National: 87.6%

IENs (Saskatchewan): 71% first time pass rate;

National: 60.5%

October 2013:

Saskatchewan graduates: 91% first time pass rate;

National: not available

IENs (Saskatchewan): 92% first time pass rate; IENs

National: not available

Results of the CNPE

A total of 17 Candidates wrote the CNPE in 2013.

Saskatchewan first time pass rate is reported for the 2013 year. The National pass rate for the combined writings was 93.5%.

Internationally Educated Nurses

The total number of IEN applicants decreased in 2013. A total of 124 IENs compared to 197 in 2012; 165 in 2011; 350 in 2010; 718 in 2009; and 856 in 2008 applied for licensure in Saskatchewan.

A total of 43 IEN applicants were deemed equivalent (eligible to write the CRNE).

A total of 31 IEN applicants wrote and passed the CRNE on the first attempt.

The remaining applicants have not completed the assessment process due to outstanding documents and English language proficiency requirements; or due to the requirement to complete a substantive equivalent competence assessment and/or remedial education.

A total of 213 IEN files were closed as applicants did not proceed with the application.

A Closer Look at Registration

A total of 399 Nursing Education Program of Saskatchewan (NEPS) graduates were licenced as RNs.

RNs continue to be required to practice a minimum of 1125 hours within a five-year period to be eligible for registration. RN(NP)s are required to practise 1800 hours in three years (600 hours of which must be clinical practice).

In 2013 178 RN(NP)s were practising as of November 30, 2013 with 168* of these in Primary Care, seven in Neonatal, three* in Adult, and one in Adult-Women's Health. (* one RN(NP) licensed in both specialties).

The Employer NewsBulletin, introduced in 2006 to inform RN and RN(NP) employers about regulatory and professional issues, was circulated via e-mail and posted on the SRNA website in March and September.

Supporting RN and RN(NP) Practice

The SRNA Practice Team is available for consultation on professional practice issues. This confidential service is designed to enhance and promote safe, ethical and competent practice. The protection of the public is the primary goal. The provision of support, advice, information and resources assists nurses to meet practice standards, promotes good nursing practice, and prevents poor nursing practice.

SRNA staff are participating on the CCRNR NP Practice Analysis Committee that has launched a project to analyze Nurse Practitioner Practice across Canada.

SRNA Staff attended a Wait 1 meeting at the Ministry of Health in August. This is a provincial initiative to measure the time of a referral for a patient to the time the patient first visits the specialist. A group of RN(NP)s participated in the Wait 1 Visioning Session November 7 & 8, 2013 in Saskatoon.

Competent, Ethical Nursing

In 2013, there were 608 nursing practice advisement calls: 55% of calls in 2013 came from direct care, 20% from administration, 9% from education, and 15% were non-RN calls. Calls were related to safety, nursing practice standards, legal, ethical, information/networking, scope of practice and continuing competence.

Professional Self-Regulation for RNs and RN(NP)s

“Ask a Practice Advisor” columns published in each NewsBulletin focused on: Collaborative Emergency Centers; RN accountability and responsibility for client care; Optimizing the scope of the RN project, Delegation of medications to unregulated care providers.

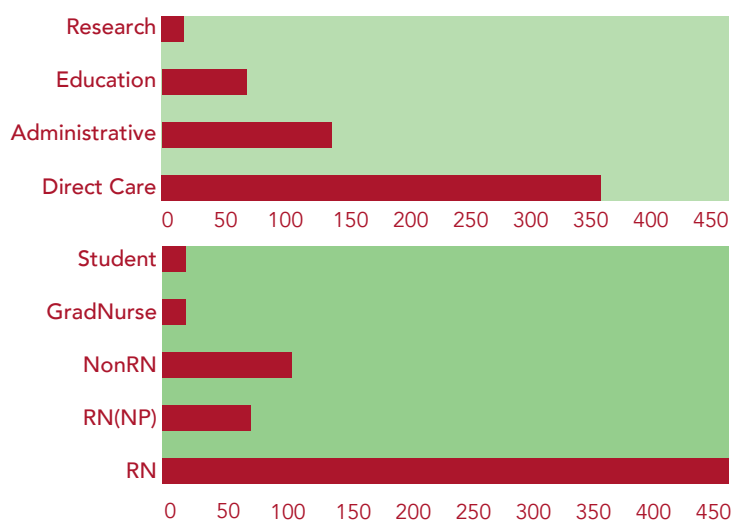
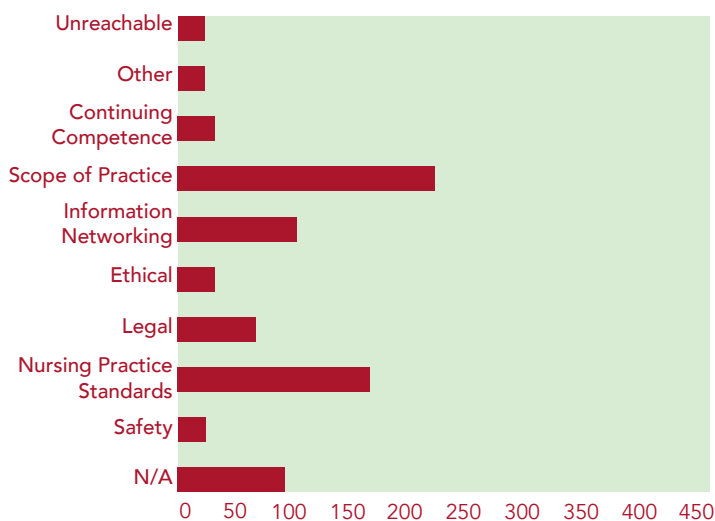
RN practice documents published in 2013 included: Standards and Foundation Competencies for the practice of Registered Nurses; The SRNA Continuing Competence Program and Standards, Competencies and Clinical Decision Tools for the RN with Additional Authorized Practice.

Staff provided telehealth and in-person presentations to members and students on: SRNA Code of Ethics; Continuing Competence Program; Scope of Practice, Documentation and professionalism.

Staff participated in the provincial planning committee for the Nursing Leadership Conference in March 2013.

Staff met with the College of Physicians and Surgeons, College of Pharmacy, Government, Health Regions, Saskatchewan Union of Nurses and other regulatory bodies to discuss collaborative work and the optimizing of the RN and RN(NP) practice.

Practice Calls



The SRNA began work on a nurse manager strategy based on the Member Survey results. SRNA sponsored nurse managers to attend workshops on Resilience and Stress Management. In addition the SRNA sponsored the Administrative Nurses Professional Practice Group to provide workshops for nurse managers.

Staff attended the Emergency Room (ER) wait times and long term care visioning day initiatives led by the Ministry of Health.

In December 2013, a project was launched to provide clarity to the scope of practice of RNs. This aligns the RN with Specialty Practices and RN with Additional Authorized Practice initiatives currently underway. The purpose of the new project is to support RNs to understand their scope, and to be able to articulate their scope to employers, colleagues and members of the public. A new Ad Hoc committee called the RN Scope and Accountability Advisory Committee was created, and its role will be to advise the SRNA working group on strategies to explore how best to protect the public interest by increasing the role clarity and accountability of RN professional practice. The SRNA will also hold focus groups to inform the revisions of the RN scope of practice document, enhancing clarity for RNs in all domains of practice.

National Nursing Week

The theme for the 2013 National Nursing Week was Nursing: A Leading Force for Change.

The SRNA, Saskatchewan Association of Practical Nurses (SALPN) and the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) co-sponsored a National Nursing Week advertisement in the two provincial daily papers.

The National Nursing Week Telehealth conversation moderated by SRNA Executive Director included RN leaders Maureen Klenk, RN(NP), Sarah Liberman, RN and Linda McPhee, RN.

Communications

The SRNA NewsBulletin was published four times in 2013 and made available to all members and to the Saskatchewan Nursing Education Program sites.

Annual Meeting and Conference

A total of 418 RNs, RN(NP)s, students and stakeholders attended the 97th SRNA Annual Meeting and Conference 'Communications and Technology: Transforming RN Practice' in Saskatoon, Saskatchewan, May 1 and 2, 2013.

Competence Assurance

Competence Assurance undertook 51 active investigations in 2013 with 38 decisions made by the Investigation Committee, and 17 carry-over active investigations from 2012 were resolved. 13 active investigations remain as of December 31, 2013 awaiting resolution. The majority of cases resolved in 2013 resulted in a dismissal with a Letter of Guidance.

Competence Assurance undertakes to provide written notification of a report to the report writer and member within 30 days of receipt. In 100% of the cases initiated in 2013 written notification was completed within the expected timeframe, and 98% were completed within 15 days.

A benchmark of four months is utilized for Competence Assurance decisions to be made by the Investigation Committee. Turnaround time is measured from the date the written report is received by the SRNA until the date of decision rendered by the Investigation Committee in an investigation (i.e.: Dismissed, Dismissed with a Letter of Guidance, Consensual Competence Resolution Agreement [CCRA], or referral to Discipline). The turnaround time does not include the negotiation of a CCRA nor the time for the completion of a Discipline Hearing. Decisions by the Investigation Committee were achieved within the benchmark in 90% of the investigations. Delays in resolution occurred in 10% of the investigations related to: completion of required interviews, collection of required evidence/documentation, and general negotiations.

Between January 1, 2013 and December 31, 2013 a total of 41 report writer surveys and 44 member surveys were distributed to participants. There was a 24% return rate for report writers and a 28% return rate for members.

2013 Survey Results indicated: 88% of participants felt the process was fair and unbiased; 52% of participants felt the process was timely; 73% of participants felt the process was transparent; 82% of participants felt the process was effective; and 88% of participants felt the process was confidential. These statistics indicate continued opportunities for improvement with report writers and members.

Low Level Resolution

The SRNA continued its work to enable low-level resolution of written reports as deemed appropriate by the Investigation Committee.

Low Level Resolution Continued

A total of five practicing members of the SRNA signed Consensual Competence Resolution Agreements, and three members of the SRNA signed Revised Consensual Competence Resolution Agreements in 2013.

As of December 1, 2013, there were 20 Consensual Competence Resolution Agreements being monitored by the Registrar's Office. Six members successfully completed the conditions and/or restrictions of their agreements in 2013.

END 2. RNs and RN(NP)s provide individual and family-centred, ethical, compassionate care for the public.

The SRNA Practice Advisors provide consultation to members, employers and the public on the RN scope and role. The purpose of practice support is to enhance and promote safe, ethical and competent practice. The primary focus of practice advisement is the protection of the public which is based on the Registered Nurses Act, 1988, bylaws, approved standards, codes, guidelines and position statements. The Practice Advisors also develop documents and provide presentations to support RN practice.

Ongoing ethics information was highlighted in the SRNA NewsBulletin 'Ethics Corner' including: The Evolution of Ethics in Nursing (Winter 2013), Collaboration and Ethical Practice (Spring 2013), Autonomy and Informed Decision-Making (Summer 2013), and Communication for Competent Nursing Practice (Fall 2013).

SRNA staff co-presented sessions on 'Collaborative Practice' in 2013 with colleagues from SALPN in: Swift Current (January), Lampman (January), Gravelbourg (February, telehealth), Cudworth (March), Estevan (March), Esterhazy (May), Supportive Services Committee, Saskatoon (September), and Arcola (October).

All three regulatory bodies (SRNA, SALPN and RPNAS) presented and answered questions with Luther Care staff and management in Saskatoon (May), to Sunrise managers and union representatives in Yorkton (September), and at Pioneer Village, Regina (September).

All three nursing regulatory bodies also presented to various telehealth sites on September 5, while SRNA and SALPN presented to several sites on September 10.

END 3. The nursing profession contributes to a proactive health system that meets the present and emerging health needs of the public.

Program Approval

SRNA is responsible for the approval of entry level nursing education programs. Activities of the Nursing Education Program Approval Committee included:

Review of the annual update of the following programs: Primary Care Nurse Practitioner Program (SIAST); Primary Health Care RN(NP) Master of Nursing Program (University of Saskatchewan); the Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) Program (University of Regina/SIAST); the Nursing Education Program of Saskatchewan (NEPS) Dissolution; Bachelor of Science in Nursing (BSN) Program (University of Saskatchewan).

Approval granted of the RN Re-entry Program. The Orientation to Nursing in Canada for Internationally Educated Nurses (ONCIEN) program was deemed equivalent to the RN Re-entry Program.

Review of the Bachelor of Science in Nursing Post-Degree Option (PDBSN) (University of Saskatchewan). Effective 2014, annual updates are included with the BSN annual update. Review of the Self-Evaluation Report for the Collaborative Nurse Practitioner Program (CNPP) (University of Regina/SIAST). Completion date for the approval process: 2014.

A call was made for Assessment Team candidates for the Primary Health Care RN(NP) Master of Nursing Program (University of Saskatchewan).

Development of the Nursing Education Program Approval Process Administrative Document for the Registered Nurse with Additional Authorized Practice Courses.

SRNA Continuing Competence Program

The RN and the RN(NP) Continuing Competence Program (CCP) audits ran concurrently in May. Both audits were retrospective for the 2012 registration year.

CCP requirements include: evidence of participation in the CCP for the practice year (self-assessment; peer feedback; learning plan; and evaluation); linkages between the required components; evidence of completion of learning activities and evaluation of the impact of learning on nursing practice; and the relevance of learning plan to practice and role.

The auditors noted one common theme again this year: several members did not obtain their feedback in the appropriate licensure year.

Results of the audits:

RN – 79% compliance;
RN(NP) - 93 % compliance.

Each non-compliant member was contacted and conditions were imposed on their licence. All non-compliant members have met the conditions imposed and have been licensed for 2014.

Member Links

SRNA staff provided five Telehealth sessions on the revised Standards and Foundation Competencies for the Practice of Registered Nurses, 2013 and the enhanced Continuing Competence Program.

Workplace Representative Educators provided 44 sessions on topics including Continuing Competence, Documentation, Code of Ethics and Medication Administration.

A total of ten Internationally Educated Nurses met with SRNA Council in June.

Staff met with nearly 300 nursing students in Saskatoon and Prince Albert in September to share information on the role of the SRNA and available services.

In October, 30 Workplace Representatives attended a Member Education Day. Topics included the new standards and foundation competencies, the enhanced continuing competence program, the competence assurance program and the Optimizing the Role of the RN project.

END 4. Public policy makers have compelling evidence of the value of a health system that is universal, accessible, publicly administered, comprehensive, portable and accountable, and the value of primary health care.

SRNA continues to promote a health system that is based on the principles of The Canada Health Act (1984) and consistent with the principles of Primary Health Care.

SRNA participated in the Saskatchewan Partnership of Professionals for Social Justice which met four times in 2013.

SRNA met with elected and non-elected members of government and participated in government advisory committees such as: E Health Council; Network of Inter-Professional Regulatory Organizations; the Saskatchewan Surgical Initiative; the working group on Information sharing (regarding HIPA regulations); and the committees regarding implementation of the Collaborative Emergency Centres (CECs).

In the 2013 member survey we asked: "in the past year have you helped develop specific strategies at work to incorporate the principles of PHC?" 38% responded almost always or always (32% in 2011). 30% responded never or almost never (40% in 2011). The remaining responses were neutral or didn't know.

Membership & Practice Infor- mation

Trends in Practising RNs & RN(NP)s



The number of practising RNs/RN(NP)s in Saskatchewan has grown by an average of 3.4% per year in the five years from 2008 to 2013. The increase was 2.8% from 2012 to 2013.

Source: SRNA database

Trends in Migration



The number of RNs and RN(NP)s leaving Saskatchewan increased slightly in 2013, and the number moving to Saskatchewan decreased slightly.

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

Source: SRNA database

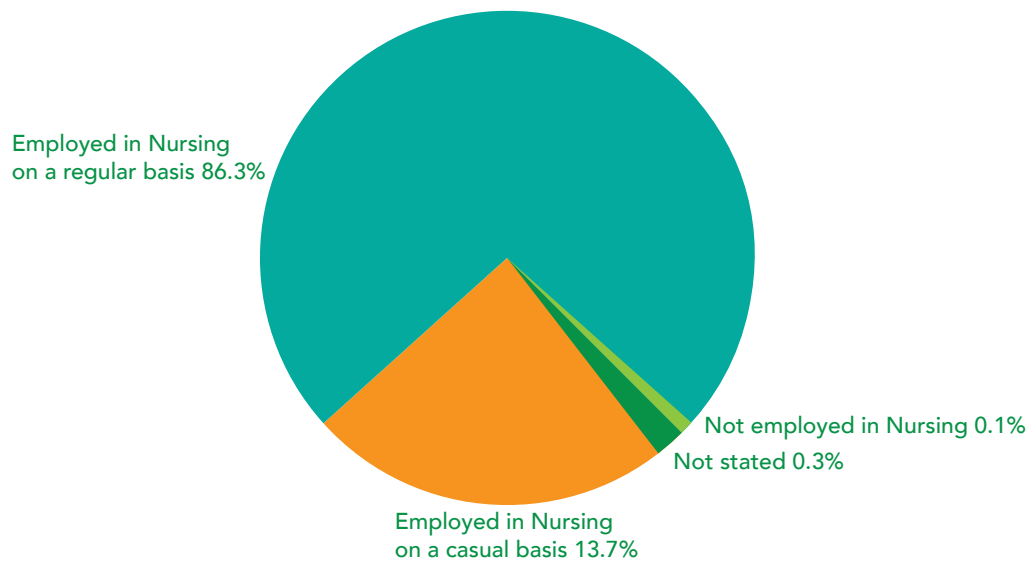
Number of Practising RN(NP)s



The number of practising RN(NP)s in Saskatchewan is 178.

Source: SRNA Data

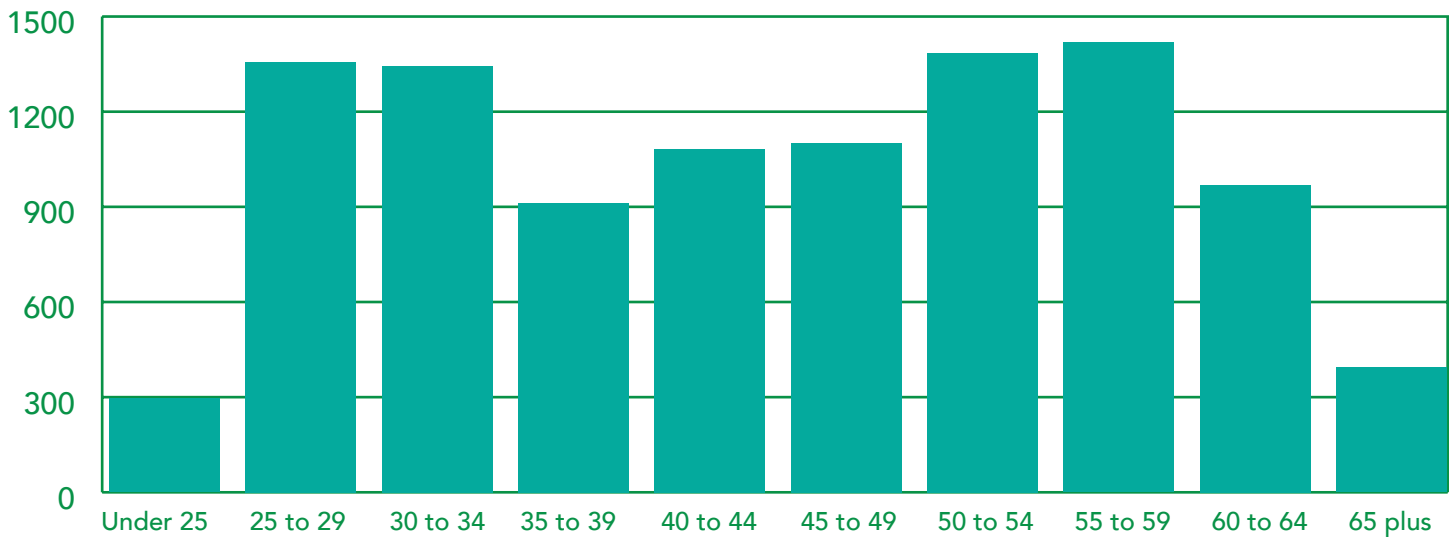
Employed in Nursing



The vast majority (86.3%) of practising SRNA members are employed in nursing on a regular basis.

Source: SRNA Data

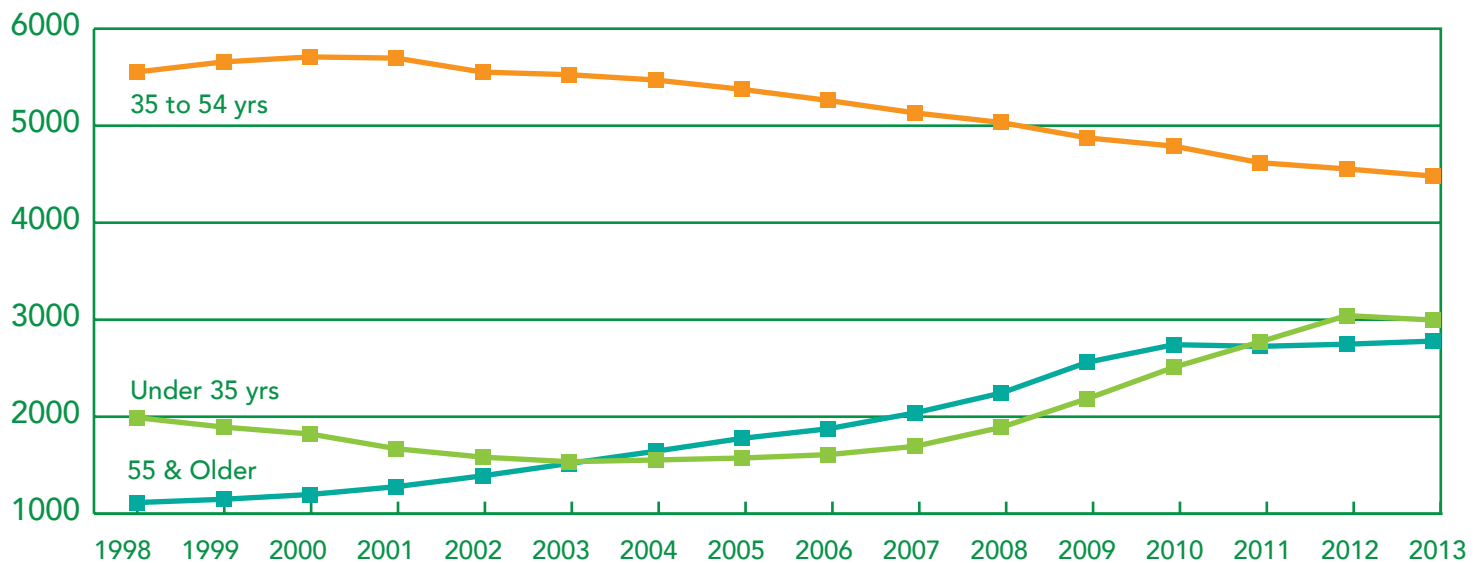
Age Groups for Practicing RNs and RN(NP)s



In 2013, 55 to 59 years of age was the most common age group among practicing RNs/RN(NP)s. The average age of practicing RNs is 43.87.

Source: SRNA Data

Trends in the Age of RNs and RN(NP)s



The number of older RNs/RN(NP)s who are employed in nursing continues to increase. In recent years, this has been matched by an equivalent increase among those under 35 years of age. Younger (under 35) RNs/RN(NP)s now outnumber older (55+) ones.

Source: SRNA Data

Membership Total and Method of Registration

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Registered by Examination	231	234	255	238	225	295	340	699	423	368	399	450
Registered by Endorsement	93	84	100	91	105	158	162	170	225	213	274	245
Renewal/ Re-registration	8,491	8,554	8,577	8,615	8,628	8,698	8,817	9,047	9,640	9,923	10,058	10,347
Total Practising*	8,815	8,872	8,932	8,944	8,958	9,151	9,319	9,916	10,288	10,504	10,731	11,042
Graduate Nurses	253	233	268	249	276	338	618	986	489	458	476	552
Non-Practising	281	290	284	253	274	291	305	250	225	194	211	230
Retired	-	-	-	-	-	-	-	-	19	67	100	121
Life & Honorary	42	42	42	45	47	49	50	52	52	51	52	53
Total Membership	9,391	9,437	9,526	9,491	9,555	9,829	10,292	11,204	11,073	11,274	11,570	11,998

Trends in Migration

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
In-migration	99	129	132	134	108	125	191	213	506	350	245	297	290
Out-migration**	437	344	334	290	281	295	251	313	211	242	287	293	313

*of which 178 are RN(NP)s

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

Initial RN(NP) Licensure

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Registered by Equivalence	35	19	1	-	-	-	-	-	-	-
Registered by Approved Program	7	11	3	-	-	-	-	-	-	-
Registered by Competence Assessment Process (CAP)	0	3	7	-	-	-	-	-	-	-
Registered by Endorsement		-	-	-	-	-	2	5	5	7
Registered by Exam		-	7	14	9	12	9	11	18	14
Initial Registered RN(NP)s	42	33	18	14	9	12	11	16	23	21

Total Active RN(NP)s

	2005	2006	2007	2008	2009	2010	2011	2012	2013
Primary Care	72	88	99	103	116	124	130	150	168*
Neonatal	3	3	3	3	5	5	7	8	7
Adult	-	-	-	-	-	2	2	2	3*
Adult-Restricted to Women's Health	-	-	-	-	1	1	1	1	1
Total Active	75	91	102	106	122	132	140	161	178

* 1 RN(NP) holds both specialties

RN(NP)s represent 1.6% of practising nurses in Saskatchewan and the percentage is increasing.

Summmarized Financial State- ments

Independent Auditors' Report

To the Members of Saskatchewan Registered Nurses' Association:

The accompanying summarized financial statements, which comprise the summary statement of financial position as at December 31, 2013, and the summary statement of operations for the year then ended are derived from the complete financial statements of Saskatchewan Registered Nurses' Association as at December 31, 2013 and for the year then ended, on which we expressed an opinion without reservation in our report dated March 26, 2014. Those financial statements, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our audit report on those financial statements.

The summary financial statements do not contain all the disclosures required by Canadian not-for-profit accounting standards. Readers are cautioned that these statements may not be appropriate for their purposes.

Management's Responsibility for the Summarized Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements in accordance with Canadian not-for-profit accounting standards.

Auditors' Responsibility

Our responsibility is to express an opinion on the summarized financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards (CAS 810), "Engagements to Report on Summary Financial Statements."

In our opinion, the summarized financial statements derived from the audited financial statements of Saskatchewan Registered Nurses' Association as at and for the year ended December 31, 2013 are a fair summary of those financial statements, in accordance with Canadian not-for-profit accounting standards.

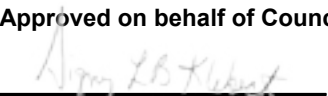
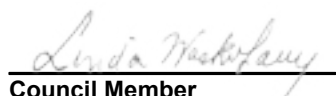
Regina, Saskatchewan
March 26, 2014



MNP LLP – chartered accountants

Saskatchewan Registered Nurses' Association Summary Statement of Financial Position

As at December 31, 2013

	2013	2012
Assets		
Current		
Cash	459,977	950,800
Accounts and fees receivable	-	13,899
Goods and services tax receivable	18,439	-
Short term investments	4,888,084	5,415,516
Prepaid expenses	972,411	43,496
	6,338,911	6,423,711
Capital assets	1,819,067	1,890,376
Intangible assets	427,335	340,650
	8,585,313	8,654,737
Liabilities		
Current		
Accounts payable and accrued charges	413,651	442,779
Goods and services tax payable	-	284,015
Unearned revenue	304,000	840
Fees collected in advance	5,010,018	4,833,406
Current portion of building mortgage	57,046	58,923
Current portion of lease obligations	30,152	37,658
	5,814,867	5,657,621
Building mortgage	643,213	695,912
Lease obligation	-	30,152
	643,213	726,064
	6,458,080	6,383,685
Internally restricted net assets	60,000	50,000
Unrestricted net assets	2,067,233	2,221,052
	2,127,233	2,271,052
	8,585,313	8,654,737
Approved on behalf of Council		
 _____ Council Member	 _____ Council Member	

Saskatchewan Registered Nurses' Association Summary Statement of Operations

For the year ended December 31, 2013

	2013	2012
Revenue		
RN and GN fees	5,588,898	5,553,502
RN and RN(NP) examination fees	294,906	273,421
Newsbulletin	5,679	12,226
Miscellaneous	5,375	(2,216)
Non-practicing fees	8,286	7,037
Conferences and workshops	93,634	157,132
PLAR grant	116,000	-
Total revenue	6,112,778	6,001,102
Expenses		
Council	176,250	143,335
Executive office	1,490,450	1,242,514
Regulatory services	1,675,860	1,484,904
Nursing practice	885,147	1,011,452
Communications & corporate services	2,092,391	2,138,819
Total expenses	6,320,098	6,021,024
Deficiency of revenue over expenses before other items	(207,320)	(19,922)
Investment Income		
Interest	41,594	51,127
Gain on disposal of capital assets	15,438	-
Market value adjustment	6,469	2,748
	63,501	53,875
(Deficiency) excess of revenue over expenses	(143,819)	33,953

Committee Re- ports

Discipline Committee

There was one discipline hearing in 2013:

Gregory W. Pittman RN # 34554 of Saskatoon, Saskatchewan
May 30 & 31; November 30, 2011; October 1, 2013

Decision:

Gregory W. Pittman was charged with professional misconduct contrary to section 26(1) and 26(2)(1) of The Registered Nurses Act, 1988; and subsection 26(2)(l) of The Registered Nurses Act, 1988. The incidents are also contrary to Ethical Responsibilities A1, A3, D1, D10, F2, F3, G1, and G9 of the Code of Ethics for Registered Nurses, 2008.

An Application for Judicial Review of the decision has been filed with the Court of Queen's Bench to review the Discipline Committee's decision to dismiss an Application for Adjournment.

One discipline hearing pursuant to The Registered Nurses' Act, 1988 section 32(1) was stayed because criminal charges have been laid in relation to this matter.

Michele M. Moore
RN # 0035075 of Marshalltown, Nova Scotia
August 7 & 8th, 2013

Decision:

Michele M. Moore was charged with professional misconduct contrary to subsection 26(1) and subsection 26(2)(c), (g), and (l) of The Registered Nurses Act, 1988. The incidents are also contrary to Ethical Responsibility A1, A3, D10, F4, G1 and G2 of the Code of Ethics for Registered Nurses, 2008.

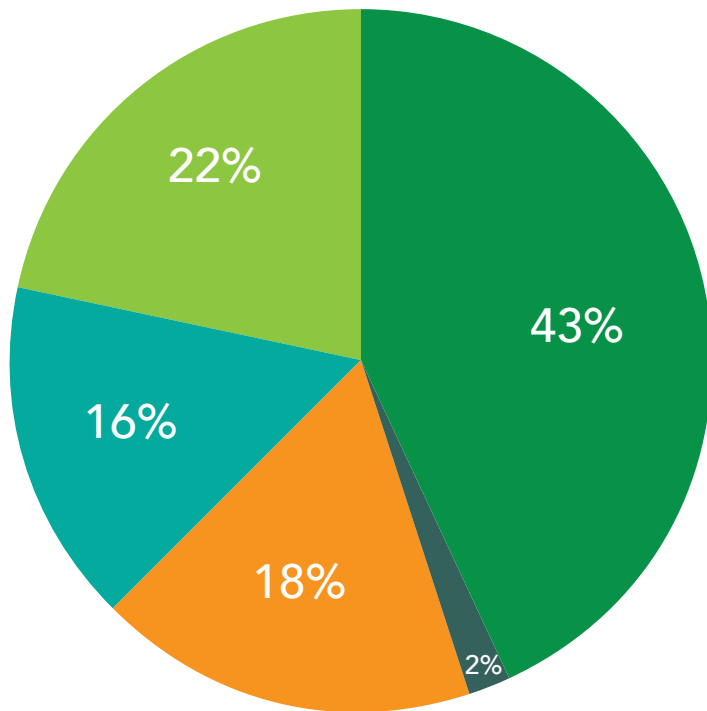
All decisions of the discipline committee are posted on the SRNA website at www.srna.org.

Discipline Committee Resource Pool Members

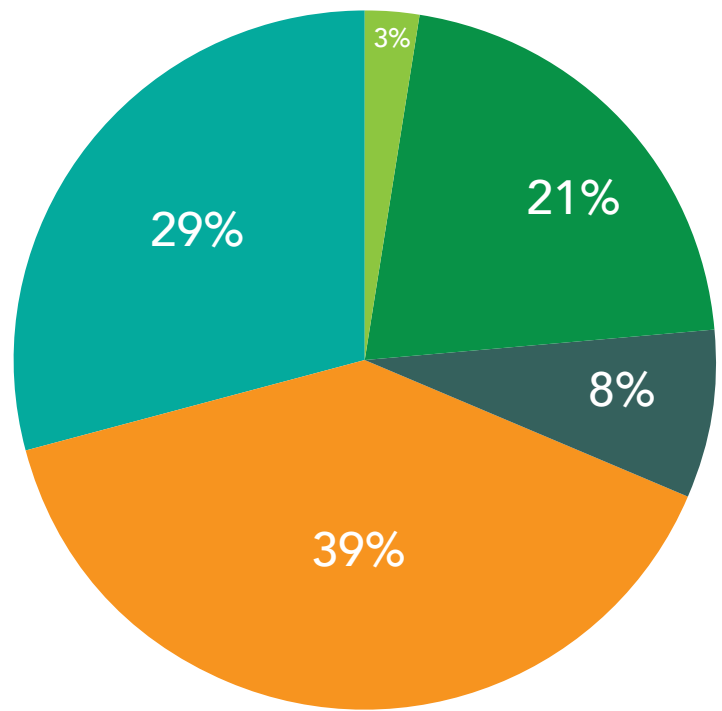
Juliet Smith-Fehr, RN, Chair/Writer, Saskatoon
Brenda Bumphrey, RN, Chair/Writer, Moose Jaw
Valerie Pearson, Public Representative, Writer, Saskatoon
Doreen Pretzlaw, RN, Chair/Writer, Regina
Mark Schramm, RN, Saskatoon
Darlene Sterling, RN, Regina (resigned May 2013)
Frances Passmore, Public Representative, White City
Neal Sylvestre, RN, Chair/Writer, Maidstone
Stella Devenney, RN(NP), Regina
Lynda Kushnir Pekrul, RN, Chair/Writer, Regina
Moni Snell, RN(NP), Regina
Jocelyn Andrews, RN, Regina
Christopher Etcheverry, RN, Chair/Writer, Battleford
Ruth Black, RN, Vanscoy
Daniel Kishchuk, Public Representative, Writer, Saskatoon
Elaine Herasymuik, RN, Balgonie (June 2013)
Janna Willis, RN, Regina (June 2013)

Cheryl Hamilton, RN, SRNA Staff Support
Anita Nivala, SRNA Staff Support

Source of Reports



Investigation Committee Decisions



Public	9
Registrar	8
Employer	22
Other	1
Co-Worker	11

Consensual Competence Resolution Agreement	8
Revised Consensual Competence Resolution Agreement	3
Dismissed with a Letter of Guidance	15
Dismissed	11
Discipline Hearing	1

Investigation Committee

The Investigation Committee met for 12 one-day meetings, 3 partial day meetings, and 1 teleconference in 2013.

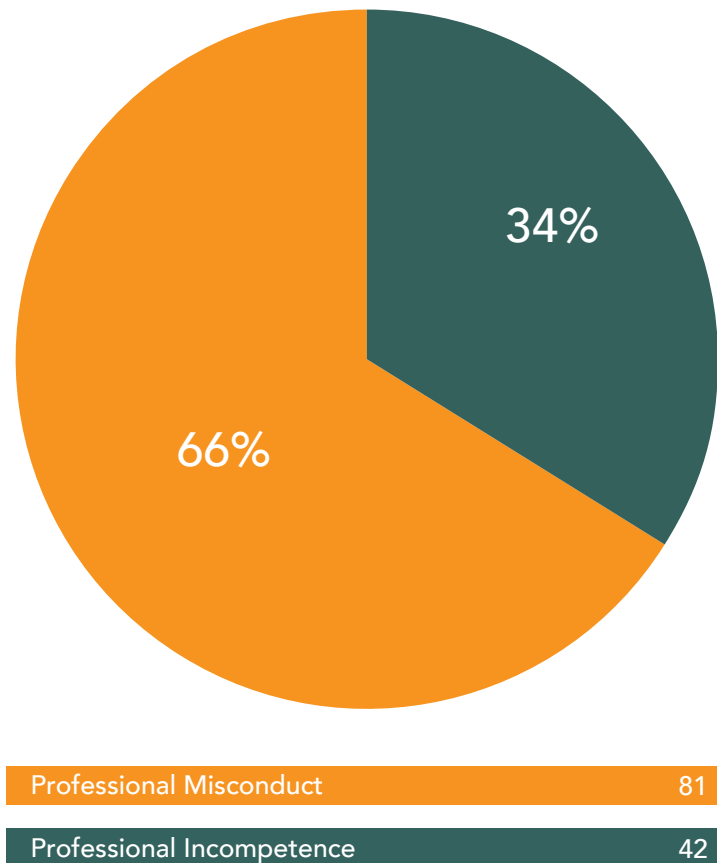
The Committee received 51 written reports concerning the professional competence and/or conduct of registered members in 2013. A total of 45 reports related to the practice of RNs, 5 related to the practice of RN(NP)s, and 1 related to the practice of a Graduate Nurse. The chart entitled 'Source of Reports' indicates the distribution of reporting sources with the majority arising from employers. 4 reports from employers were the result of a termination.

Of the 51 written reports, 11 were Dismissed, 15 were Dismissed with a Letter of Guidance, 8 were moved to Consensual Competence Resolution Agreements (5 were

signed and 3 were pending signature), 3 were moved to Revised Consensual Resolution Agreements, and 1 was referred to a Discipline Hearing. A total of 13 reports remain under Investigation as of January 1, 2014. The chart titled "Investigation Committee Decisions" indicates the distribution of decisions for all reports received and reviewed by the Investigation Committee in 2013.

The Consensual Competence Resolution Agreements developed in 2013 related to multi-factorial concerns where evidence was found to support allegations of professional incompetence and/or misconduct. 3 Revised Consensual Competence Resolution Agreements developed in 2013 related to breach of the conditions and/or restrictions on a license which in once case resulted in a termination of employment.

Nature of Report



Categories of Professional Competence alleged in the reports received in 2013 are noted in the chart titled "Nature of Report" with the majority of allegations arising from concerns regarding professional misconduct.

Please note the chart titled "Trends in Allegations of Professional Incompetence and Professional Misconduct" for a 9 year comparative of concerns arising in written reports.

The 17 cases carried forward from 2012 were resolved with the following disposition: 2 were Dismissed, 4 were Dismissed with a Letter of Guidance, 6 were moved to Consensual Competence Resolution Agreement, 1 was moved to a Revised Consensual Competence Resolution Agreement, 1 was moved to continue with the existing Consensual Resolution Agreement, and 4 were moved to Discipline Hearings.

There are currently 20 Consensual Competence Resolution Agreements being monitored. 6 Consensual Resolution Agreements were completed in 2013.

Committee Members

Michell Jesse, RN, Chair Grand Coulee
Joanne Blazieko, RN, Moose Jaw
Sandy Weseen, RN, Melfort (effective Aug. 2013)
Dan Pooler, Public Representative, Regina
Andy Anderson, Public Representative, Regina (effective Oct. 2013)
Loraine Grychowski-Whitehead, RN, Chair, North Battleford (term completed August 2013)
Gary Andrews, Public Representative, Regina (resigned October 2013)

Erika Vogel, RN, SRNA Staff Support
Lois VanDerVelden, RN, SRNA Staff Support
Rhonda O'Hagan, RN, SRNA Staff Support
Marilyn Morrison, SRNA Staff Support
Jeanine Brown, RN, SRNA Staff Support

Trends in Allegation of Professional Incompetence & Professional Misconduct

Professional Misconduct	2005	2006	2007	2008	2009	2010	2011	2012	2013
Addiction to narcotics	3	7	1	5	3	1	1	3	-
Misappropriated drugs	2	6	-	2	7	-	1	2	-
Addiction to alcohol	1	-	1	-	1	-	1	-	3
Medical illness	1	-	-	-	2	-	-	-	-
Misappropriated clients personal property	1	-	-	-	-	-	-	1	-
Inappropriate interpersonal relationship skills	13	9	5	2	19	19	14	16	9
Harassment of co-workers	1	2	-	1	-	-	4	2	2
Client abuse	-	1	1	1	-	-	3	2	1
Client abandonment	3	1	-	-	1	1	-	-	3
Breach of Consensual Competence Resolution Agreement	-	2	4	3	4	-	4	6	4
Breach of confidentiality	4	2	1	3	3	3	-	6	3
Failure to follow doctors orders	-	1	1	-	-	-	-	6	3
Fraud	-	1	2	1	-	-	2	1	2
Violation of employer contract	-	-	1	-	-	-	-	2	-
Not functioning as a team member	-	-	1	-	-	-	-	1	6
Not advocating for client	-	-	3	-	-	-	-	16	6
Not following hospital policies/protocols	1	1	1	1	6	1	4	5	11
Lying regarding co-workers conduct	1	-	-	-	-	-	-	-	-
Not providing appropriate orientation to new staff	-	1	-	-	-	-	-	-	1
Lack of reporting of illegal activity of others	-	1	-	-	-	-	-	-	-
With-holding/threatening to with-hold medical treatment	3	-	-	-	-	-	3	2	1
Inappropriate billing	-	-	-	-	-	-	-	-	-
Inappropriate use of professional status for personal gain	-	-	-	1	-	-	-	-	1
Discrimination based on sexual orientation	-	-	-	-	-	-	-	-	-
Discrimination based on race	-	-	-	-	1	-	1	1	-
Discrimination based on disability	-	-	-	-	2	-	-	-	-
Falsified patient health record	-	-	-	-	3	-	3	-	-
Practicing outside of scope	-	-	-	-	6	12	5	2	4
Theft from facility	-	-	-	-	-	2	5	1	2
Member unfit to practice	-	-	-	-	-	4	-	3	1
Inappropriate leadership	-	-	-	-	-	3	-	1	3
Not licenced	-	-	-	-	-	1	-	-	-
Sexual harrassment	-	-	-	-	-	1	-	1	-
Improper delegation	-	-	-	-	-	2	-	-	1
Consent issues	-	-	-	-	-	2	-	1	-
Slander	-	-	-	-	-	1	-	-	-
Other	-	-	-	-	-	-	-	8	7

Trends in Allegation of Professional Incompetence & Misconduct continued...

Professional Incompetence	2005	2006	2007	2008	2009	2010	2011	2012	2013
Lack of appropriate assessment, needs identification, outcome identification, planning and intervention skills	8	7	6	14	27	33	11	25	13
Inappropriate documentation	1	3	3	1	12	16	7	9	14
Inappropriate medication practices	2	6	6	2	7	16	6	15	13
Inappropriate administrative practices	-	1	1	2	6	1	3	4	1
Lack of patient teaching	-	-	-	-	3	-	-	-	1
Other	-	-	-	-	-	-	-	1	-

Investigation & Discipline Statistics

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total number of new cases	31	22	34	25	36	54	76	43	51	51
Total number of cases investigated	31	27	36	32	44	66	90	57	57	68
Dismissed on investigation	11	12	9	4	5	14	19	11	12	11
Dismissed on investigation with a letter of guidance	12	5	9	6	9	14	28	22	13	15
Referred to consensual resolution agreement process and agreement signed by member	4	7	9	6	11	16	17	8	3	5
Referred to consensual resolution agreement process and agreement not yet signed by member	-	-	-	-	-	3	10	3	1	3
Referred to agreement revision	-	-	-	3	3	5	-	1	4	3
Voluntary Agreement of Non-Practice signed	-	-	-	-	-	-	-	4	1	-
Referred to discipline	1	-	2	-	6	-	3	2	-	4
Discipline hearings held	2	-	2	-	3	1	1	4	-	1
Carried over year end - reports initiated and unresolved at year end	5	3	7	6	10	14	14	6	17	13
Consensual agreements (ongoing)	17	22	27	24	26	39	28	21	14	20
Consensual agreements (completed)	-	1	2	8	2	4	6	13	9	6

Legislation and Bylaws Committee

The purpose of the legislation and bylaws committee is to discuss and develop options for Council regarding potential changes to the Registered Nurses Act, 1988 or Bylaws and when directed by Council draft, review and recommend revisions.

The Committee met three times in 2013 to review and recommend the SRNA Bylaw amendments that went to Council meetings in 2013 and received government approval for the 2013 administrative SRNA Bylaw amendments

In addition the Committee completed consultations on the proposed amendments to: the College of Physicians and Surgeons of Saskatchewan (CPSS) proposed new bylaw - Medical Marijuana; the Saskatchewan College of Pharmacists (SCP) proposed bylaw authorizing the SCP to participate in the Prescription Review Program (PRP); and the Saskatchewan Association of Naturopathic Practitioners (SANP) Bylaws.

The Committee continued to monitor provincial and national legislative trends related to the regulations of the nursing profession.

Committee Members

Linda Wasko-Lacey, RN, Chairperson
Karen Ulliyott, RN
Beverly Berger, RN (resigned Nov 2013)
Heather Keith, RN(NP)
Heather McAvoy, Public Representative

Karen Eisler, RN, SRNA Staff Support
Julie Benjamin, SRNA Staff Support
Dona-Lynn Morley, SRNA Staff Support

Nursing Education Program Approval Committee

The Nursing Education Program Approval Committee held six meetings in 2013.

Committee Members:

Rhonda Clark, RN, Chair, Punnichy
Laura Matz, RN, Saskatchewan Ministry of Health Representative, Regina
Diane McDougall, RN, Yorkton
Pat Harlton, Public Representative, Regina

Amanda Morrissette, RN, Wadena
Laura Wood, RN(NP), Estevan
Margaret Wheaton, BPHarm, Health Profession Representative, Biggar (resigned May 2013)
Noella Selinger, Profession Representative, Regina (May 2013)

Cheryl Hamilton, RN, SRNA Staff Support
Anita Nivala, SRNA Staff Support

Registration and Membership Committee

The Registration and Membership Committee held two meetings in 2013. The focus of discussion was eligibility for registration related to good character. Three applicants for licensure were presented before the committee.

The Registration and Membership Committee selected RN and RN(NP) continuing competence program auditors. They reviewed the results of the CCP audit. In addition they heard and made recommendations for licensure to the Registrar.

Committee Members

Lorna Weisbrod, RN, Lumsden
Debbie Kosabeck RN, Regina
Jennifer Guzak, RN, Saskatoon
Karen Loveridge, RN(NP), Melville
Cyril Kesten, Public Representative, Regina

Cheryl Hamilton, RN, SRNA Staff Support
Shirley McKay, RN, SRNA Staff Support
Karen Rhodes, SRNA Staff Support

Membership Advisory Committee (MAC)

In September, the committee met by teleconference for its annual planning meeting. The committee reviewed the professional opportunity interest sheets for the new SRNA member database. They also provided strategies for student and member engagement in SRNA activities. During the year, the membership advisory committee met by teleconference or email to make twenty three member appointments or re-appointments to internal and external committees, and recommended to council members for CNA committees. The committee provided recommendations to SRNA staff for the development of a new administrative policy for SRNA appointments to committees that belong to external organizations.

Committee Members

Noelle Rohatinsky, RN, Chair, Saskatoon
Fred Bordas, RN, Regina
Linda McPhee, RN, Regina
George Thomas, Public Representative, Regina
Cindy Smith, RN, Milestone

Barb Fitz-Gerald, RN, SRNA Staff Support
Lesley Stronach, SRNA Staff Support

Nominations Committee

The committee held four teleconference meetings from September, 2013 to December, 2013. The focus of the committee was to recruit potential RN and RN(NP) members for the SRNA annual election.

Calls for Nominations were included in the January e-news e-mail and in three issues of the SRNA NewsBulletin (Summer 2013, Fall 2013 and Winter 2013). A one-page flyer was circulated to the Workplace Representatives; information was made available at several workshops and was mentioned via Twitter several times.

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

Committee Members

Kandice Hennenfent, RN, Chair, Moose Jaw
Karen Marchuk, Public Representative, Regina
Deanna Barlow, RN(NP), Regina
Melanie Woods, RN, Saskatoon

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

Continuing Competence Program

The CCP committee completed its work in January with several recommendations for enhancements to the program. Some recommendations included the incorporation of the new standards and competencies for the personal assessment form, an education strategy, options for obtaining feedback, clear instructions for the mandatory components, maintaining the current audit process, development of a single personal assessment form for RN(NP)s, downloadable electronic forms, the

use of continuing nursing education credits not be an option for maintaining CCP learning hours and others. In February, SRNA council was provided information on the recommendations. The revised CCP document was developed and came into effect on December 1, 2013. Regular reports on the committees work was provided to members in the SRNA NewsBulletin.

Committee Members

Shirley McNeil, RN, Chair, Saskatoon
Carole Reece, RN, Pilot Butte
Darla Cheetham, RN, Saskatoon
Tony Tung, RN(NP), Saskatoon
Liz Domm, RN, Regina
Tracy Zambory, RN, SUN Representative (2010-2012)
Beverly Balaski, RN, SUN Representative (2012-2013)
Mary Ellen Andrews, RN(NP), Saskatoon
Leah Currie, Public Representative, Saskatoon
Janet MacKasey, RN, Prince Albert
Maureen Ferguson, RN (registered in 2013), Govan

Cheryl Hamilton, RN, SRNA Staff Support
Barb Fitz-Gerald, RN, SRNA Staff Support

External Committee Representatives

Victoria Smart, RN, Meota, SIAST Primary Care Nurse Practitioner Program
Joyce Bruce, RN(NP), White City, CNPE Family/All Ages Exam Committee
Marlene Smadu, RN, Regina, University of Regina Senate
David Kline, RN, Drake, Canadian Nurses Protective Society Board
Cheryl Besse, RN, Saskatoon, Saskatchewan Prevention Institute
Gwen Kessler, RN, Saskatoon, Saskatchewan Mental Health Coalition
Elizabeth Domm, RN, Regina, SIAST Nursing Re-entry Program Advisory Committee
Sharon Staseson, RN, Regina, Midwifery Transition Council
Linda Barlow, RN, Melfort, University of Saskatchewan Graduate Studies Committee
Colleen Toye, RN, North Battleford, University of Saskatchewan Senate
Renetta Loewen, RN, Saskatoon, CRNE Exam Committee
Greg Riehl, RN, Regina, EHR/Saskatchewan Laboratory Results Repository Project Advisory Committee
Kathleen Perrin, RN, Saskatoon, Orientation to Nursing for IENs
Mary Martin-Smith, RN, Regina, Northern Nurse Education Joint Plan
Ann Marie Urban, RN, Regina, Ministry of Health E-Health Council

Committee for Member Groups (Chapters, Professional Practice Groups and Special Interest Groups)

In 2013, SRNA staff met with representatives for nine Member Groups for the annual Committee for Member Groups meeting on March 28 in Regina. The meeting was chaired by Valerie Adrian, RN with the Saskatchewan Occupational Health Nurses' Group.

At the meeting, the groups reported on membership, education, advocacy and national group activities; discussed strengths of the program, recruitment strategies to attract new members; and participated in a presentation on the RN with Additional Authorized Practice and RN Specialty Practices.

SRNA Chapters

Amber Barrie, RN, Aylsham, Nipawin Chapter
Dale Ternes, RN, Kindersley, Prairie West Health District Chapter
Karen Gatzke, RN, Watrous, Watrous Chapter

Professional Practice Groups

Cathy Jeffery, RN, Saskatoon, Administrative Nurses Professional Practice Group
Karen Kimpton, RN, Regina, Clinical Nurse Educator Professional Practice Group
Jocelyn Orb, RN, Saskatoon, Environmental Professional Practice Group
Cindy Peternelj-Taylor, RN, Saskatoon, Forensic Nursing Professional Practice Group
Pammla Petrucka, RN, Regina, Global Professional Practice Group
Heather Keith, RN(NP), Saskatoon, Nurse Practitioners of Saskatchewan
Ethna Martin, RN, Saskatoon, Parish Nursing Professional Practice Group
Kathy Jellow, RN, Regina, PeriAnesthesia Nurses Group of Saskatchewan
June Blau, Regina, Retired Nurses Professional Practice Group
Noreen Reed, RN, Shell Lake, Rural and Remote Professional Practice Group in Saskatchewan
Donna Marin, RN, Regina, Saskatchewan Operating Room Nurses Group

Raegan Gardner, RN, Regina, Saskatchewan Emergency Nurses Group
Marian Hutchinson, RN, Regina, Saskatchewan Chapter for Canadian Association of Critical Care Nurses
Laurel Stang, RN, Regina, Saskatchewan HIV/AIDS/HCV Nursing Education Organization
Eithne Reichert, RN, Saskatoon, Saskatchewan Nursing Informatics Association
Valerie Adrian RN, Saskatoon, Saskatchewan Occupational Health Nurses' Group

Special Interest Groups

Rhonda Goodtrack, RN, Saskatoon, Aboriginal Nurses Interest Group Saskatchewan
Karen Jukes, RN, Regina, Nursing Special Interest Group in Pain Management, Saskatchewan
Donna Flahr, RN, Saskatoon, Wound & Skin Care Special Interest Group

The Interprofessional Advisory Group (IPAG)

Three meetings were held from October 2013 to December 2013 and several CDTs were approved. Approximately 57 CDTs are expected to be developed and sent to SRNA Council for approval over 2014.

Committee Members

Loren Regier, Pharmacist, Chair, Saskatoon
Heather McAvoy, Public Representative, Saskatoon
Jeff Orpin, RN, Deschambault Lake
Linda Tsannie, RN, Wollaston Lake
Heather Keith, RN(NP), Fort Qu'Appelle
Rhonda Misponas, RN(NP), Patuanak
Dr. Reid McGonigle, Ile-a-la-Crosse
Dr. Brian Geller, Saskatoon

Linda Muzio, RN SRNA Staff Support
Shaylin Fisher, SRNA Staff Support

Prior Learning Assessment and Recognition (PLAR) Committee

Nine meetings were held this past year. A PLAR framework was developed and a draft assessment document completed.

Committee Members

Karen Hercina, RN(NP), Saskatoon, (resigned Dec 2013)
Katherine Hennessy, RN, Regina
Janet McVicar, RN, Meadow Lake
Janet MacKasey, RN, Prince Albert
Tracy Daigneault, RN(NP), Warman
Fay Michayluk, RN, Wakaw
Pippin O'Neil, (RN(NP), West Vancouver, BC
Heather Keith RN(NP), Fort Qu'Appelle (December 2013)

Cheryl Hamilton, RN, SRNA Staff Support

Awards Committee

The Awards Committee met by teleconference in January, February and October.

Committee activities for 2013 included: review and selection of award recipients for the SRNA Member Recognition Awards including Millennium Awards, Life and Honorary Membership; preparation of recommendations to Council for the Honorary Membership and the CNA Award of Merit recipients; and orientation of new committee members.

Committee Members

Jayne McChesney, RN, Chair, Regina
Nancy Dorion, RN, Chair, Meath Park (resigned August, 2013)
Helen Donald, RN(NP), Big River (resigned August, 2013)
Judy Schwindt, Public Representative, Pangman
Leah Clement, RN, Regina
Marlene Strenger, RN, Saskatoon
Stacy Hunt, RN, Regina

Susan Greenman, SRNA Staff support (June, 2013)
Shelley Svedahl, SRNA Staff Support (June, 2013)
Terri Belcourt, RN, SRNA Staff Support

RN(NP) Advisory Working Group

The RN(NP) Advisory Committee met May 3 and October 30 for full day meetings to review RN(NP) resolutions from the SRNA May Annual Meeting and issues that affect RN(NP) practice and service to the public. Committee discussions included Controlled Drugs and Substances, death certificates, pre-op assessments, framework for re-entry, contrast dye and admitting and discharge.

This committee provides advice for legislation, policy development, registration, licensure and practice, and administrative policy framework for registration and licensure of RN(NP)s.

Committee Members

Mary Ellen Andrews, RN(NP), Saskatoon
Joyce Bruce, RN(NP), White City
Karen Hercina, RN(NP), Saskatoon
Heather Keith, RN(NP), Fort Qu'Appelle
Shelly Cal, RN(NP), Hudson Bay
Laveena Tratch, RN, Regina
Leah Currie, Public Representative, Saskatoon
Lynn Digney Davis, RN(NP), Southey
Moni Snell, RN(NP) Regina

Donna Cooke, RN, SRNA staff support

RN(NP) Controlled Drugs and Substances Act (CDSA) Education Committee

The Ad Hoc committee members reviewed and revised the CDSA Educational Framework and assisted in the development of the agenda for the CDSA workshops. The committee will meet again in early 2014 to discuss additional educational opportunities that could be developed.

Committee Members

Mary Ellen Andrews, RN(NP), Saskatoon
Joyce Bruce, RN(NP), White City
Susan Furman-Pelzer, RN(NP)
Karen Hercina, RN(NP), Saskatoon
Mary Ellen Andrews, RN(NP), Saskatoon
Doug Spitzig, Pharmacist, Prescription Review Program

Shirley McKay, RN, SRNA Staff Support
Donna Cooke, RN, SRNA Staff Support

SRNA Workplace Representatives

Workplace Representatives are champions for good registered nursing care in their workplace. They are contact persons for the SRNA and the membership regarding SRNA resources and services. The following Workplace Representatives have agreed to share their name and place of work.

Workplace Representatives

Karen Abrey, RN, Long Lake Valley Integrated Facility
Angie Achter, RN, Cypress Regional Hospital
Brenda Anderson, RN, Heartland Regional Health Authority
Daphne Andreas, RN, Cypress Regional Hospital
Wanda Atcheson, RN, Prince Albert Parkland Health Region
Carly Babcock, RN, Wakaw Public Health Office
Bev Balaski, RN, Saskatchewan Union of Nurses
Debra Bathgate, RN(NP), Borden Community Health Centre
Blaine Bentley, RN, Battlefords Union Hospital
Beverly Berger, RN, St. Peter's Hospital
Joanne Blazieko, RN, Five Hills Community Health Services
Corrine Bot, RN, St. Anthony's Hospital
Grace Bracewell, RN, Yorkton & District Nursing Home
Jo-anne Braithwaite, RN, Saskatchewan Government Insurance
Denise Brooks, RN, Wascana Rehabilitation Centre
Linda Brothwell, RN, Nipawin Hospital
Wanda Buckberger, RN, St. Anthony's Hospital
Patricia Campbell, RN, Five Hills Health Region
Laurel Charles, RN, Home Care Agency
Rhonda Clark, RN, Silver Heights Special Care Home
Janice Cochrane, RN, Health Canada
Lois Coffey, RN(NP), Lampman Community Health Centre
Marga Cugnet, RN, Sun Country Health District
Celine Czernick, RN, Health Canada
Braden Davie, RN, Royal University Hospital
Constance Denesovych, RN, Palliser Regional Care Centre
Gina Deringer, RN, Five Hills Regional Health Authority
Loretta DeRoose, RN, St. Paul's Hospital
Beverly Desautels, RN, Pioneers Lodge
Esther Dorion, RN, Jeannie Bird Clinic
Beverley Dougan, RN, Spiritwood Office-Home Care
Colleen Easton, RN, Moose Mountain Lodge
Janette Eglund, RN, Shaunavon Hospital
Lynne Eikel, RN, Rosethern Hospital
Jill Eyolfson, RN, Rosetown & District Health Centre
Krista Farthing, RN, Shellbrook Primary Health Care Clinic
Melanie Fidyk, RN, Melfort Public Health Office
Connie Fiorante, RN, Regina Qu'Appelle Health Region
Joanne Franc, RN, Prince Albert Parkland Home Care
Terri Garven, RN, Regina General Hospital
Chrystal Grant, RN, Saskatoon City Hospital
Sara Greeley, RN, Saskatchewan Penitentiary
Brenda Groves, RN, Prairie Health Care Centre
Debora Grywacheski, RN, Sunrise Regional Health Authority
Jennifer Guzak, RN, Royal University Hospital
Barbara Hale, RN, Pasqua Hospital
Janis Hall, RN, Watrous Hospital
Diane Harold, RN, Royal University Hospital
Leah Hasselberg, RN, Battlefords Union Hospital
Christina Heinrichs, RN, St. Joseph's Hospital
Judy Hertlein, RN, Langenburg Health Care Complex
Renee Hovdestad, RN, Palliser Regional Care Centre
Brenda Jackson, RN, St. Pauls Hospital
Ebin Joseph, RN, Canora Gateway Lodge
Rena Kim, RN, Four Directions Community Health Centre
Carolyn Koop, RN, Heartland Regional Health Authority
Danita Lang, RN, Regina General Hospital
Patti LeBlanc, RN, Regina General Hospital

Workplace Representatives continued...

Clint Leonor, RN, Canora Gateway Lodge
Bonnie Letwinetz, RN, Lady Minto Health Care Centre
Sarah Liberman, RN, U of S-College of Nursing
Kellene Lloyd, RN, Victoria Hospital
Patricia MacLean, RN, Royal University Hospital
Michelle Martens, RN, Spiritwood Office-Home Care
Laura Matz, RN, Government of Saskatchewan
Jayne McChesney, RN, SIAST-Wascana Campus
Bernadette McDonald, RN, Royal University Hospital
Sherry McDonald, RN, SIAST-Kelsey Campus
Michelle Meschishnick, RN, Biggar Union Hospital
Melanie Metz, RN, Saskatoon City Hospital
Betty Metzler, RN, Sunrise Health Region
Margaret Miller, RN, Hudson Bay Health Care Facility
Terri Moberg, RN, Cypress Regional Hospital
Amanda Morrissette, RN, Wadena Hospital
Correen Nagy-Malinowski, RN, St. Paul Lutheran Home
Mona Neher, RN, Regina General Hospital
Leann Nixon, RN, Saskatchewan Government Insurance
Alison Noble, RN, Provincial Corrections
Patricia Nykiforuk, RN, Hafford Special Care Centre
Colleen Palchewich, RN, Saskatoon City Hospital
Tammy Parlee, RN, Newmarket Manor
Meagan Parsons, RN, Providence Place
Rhonda Patterson, RN, Battlefords Primary Health Centre
Joanne Petersen, RN, Moose Jaw Union Hospital
Pamella Petrucka, RN, U Of S-College of Nursing
Curtis Pohl, RN, Porcupine Carragana Hospital
Lisa Randall, RN, Balcarres Intergrated Care Centre
Signe Raymond, RN, Prairie View Health Centre
Gloria Sayer, RN, St.Paul's Hospital

Beth Ann Schiebelbein, RN, Saskatchewan Justice
Doreen Scott, RN, North Health Centre
Launel Scott, RN, Bayshore Health Centre
Doreen Sklapsky, RN, Saskatoon City Hospital
Julian Slater, RN, Royal University Hospital
Linda Suchorab, RN, Victoria Hospital
Evelyn Sumakote, RN, Regina General Hospital
Patricia Taciuk, RN, U of S-College of Nursing
Holly Tallon-Dyck, RN, Lafleche & District Health Centre
Deborah Thompson, RN, Fillmore Health Centre
Brenda Toon, RN, Saskatoon Cancer Centre
Colleen Toye, RN, Battlefords Home Care
Celise Treimans, RN, Corrections Services of Canada
Ann Marie Urban, RN, University of Regina
Louise Verklan, RN, Nipawin Hospital
Maria Villarosa, RN, Victoria Hospital
Linda Vincent, RN, Prince Albert Parkland Home Care
Linda Walliser, RN, Parkridge Centre
Ruth Warkentin, RN, Naicam Home Care
Hazel Werle, RN, Langenburg Health Care Complex
Sandra Weseen, RN, Melfort Home Care
Cheryl Whitehead, RN, Extendicare Moose Jaw
Louise Wilk, RN, Canadian Blood Services
Shelley Wilson, RN, Prince Albert Mental Hospital
Nicole Woodrow, RN, Saskatoon Cancer Agency
Melanie Woods, RN, Saskatoon Convalescent Home
Bernadette Wright, RN, Home Care Services South
Ethel Zapata, RN, Yorkton Regional Health Centre
Arlene Zens, RN, Hudson Bay Health Care Facility

2013 Staff Directory

Executive Office

Karen Eisler, RN, Executive Director
Julie Benjamin, Executive Assistant
Dona-Lynn Morley, Legal Advisor (September 2013)
Suzanne Downie, RN, Project Manager (January - July 2013)

Communications & Corporate Services

Susan Smith Brazill, Director, Communications & Corporate Services
Shelley Svedahl, Manager, Communications & Government Relations
Trevor Black, Manager, Finance & Technology
Cheryl Weselak, Coordinator, Human Resources & Events Management
Tony Giruzzi, Coordinator, Network Support
Adam Lark, Technology Application Specialist (January 2013)
Emery Wolfe, Multimedia Designer (February 2013)
Susan Greenman, Senior Assistant, Corporate Services
Maria Victoria Kos, Senior Assistant, Corporate Services (January – February 2013)
Ashley Bisskey, Senior Assistant, Corporate Services
Michelle James, Assistant, Customer Relations (January 2013)
Arlene Ridgway, Assistant, Corporate Services (September 2013)
Amanda Schultz, Assistant, Customer Relations (February – September 2013)

Regulatory Services

Shirley McKay, RN, Director, Regulatory Services/Registrar
Brenda Hahn, Senior Assistant, Regulatory Services (January – December 2013)
Karen Rhodes, Senior Assistant, Regulatory Services
Dawn Aschenbrener, Senior Assistant, Regulatory Services
Deb Mainland, Senior Assistant, Regulatory Services
Anita Nivala, Senior Assistant, Regulatory Services
Joanne Hahn, Senior Assistant, Regulatory Services
Cheryl Hamilton, RN, Deputy Registrar
Karen Turner, RN, Nursing Advisor, Regulatory Services
Jeanine Brown, RN, Nursing Advisor, Regulatory Services
Rhonda O'Hagan, RN, Advisor, Competence Assurance
Erika Vogel, RN, Advisor, Competence Assurance
Lois VanDerVelden, RN, Advisor, Competence Assurance
Marilyn Morrison, Senior Assistant, Competence Assurance
Nikita Schmidt, Senior Assistant, Regulatory Services

Nursing Practice

Barbara Fitz-Gerald, RN, Manager Practice
Debbie Cummings, Senior Assistant, Nursing Practice (January – August 2013)
Lesley Stronach, Practice, Member Relations
Linda Muzio, RN, Project Manager
Terri Belcourt, RN, Nursing Advisor, Nursing Practice
Donna Cooke, Nursing, RN, Policy Advisor
Marg Olfert, Nursing, RN, Policy Advisor
Shaylin Fisher, Senior Assistant, Optimizing the Scope of the RN Project (June 2013)

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