



Amended January 2010

Guidelines for Submitting a Report

EMPLOYER/CO-WORKER

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 (GN), registered nurse (RN) and 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 examinations;
- ensuring other registration and licensure requirements are met; and
- describing standards for nursing practice to which all nurses are held accountable. Responding to reports about the professional competence and conduct of nurses is one way the SRNA meets its mandate of ensuring safe, competent nursing for the people of Saskatchewan.

When To Submit A Report

When terminating a nurse based on incompetence and/or misconduct, employers must inform the SRNA of this action.

The Registered Nurses Act, 1988, Section 43(3) notes "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) termination of the nurse; and
- (b) the grounds of the alleged professional incompetence or professional misconduct"

The investigation committee will investigate written reports regarding a nurse's competence or conduct, when such incompetence or conduct could amount to

professional misconduct and/or incompetence according to *The Registered Nurses Act, 1988*, Section 28(1).

How To Submit A Report

Please ensure that your report is typewritten or legibly handwritten. Provide as many factual details as possible and include your name, address, and telephone number. You will be contacted for an interview. Unsigned reports may be investigated provided there is enough identifying information in the report itself in order to proceed. When submitting a report please provide as much of the following information as possible:

1. State you are reporting a concern regarding a members competency.
2. Provide, if available:
 - the name of the nurse;
 - dates of employment;
 - area of employment;
 - category of employment i.e. full-time, part-time, casual etc.;
 - dates of any transfers or leaves;
 - current employment status of the nurse.
3. List and number the incident(s) you are concerned about. Give the following details:
 - date and time of incident(s);
 - place where incident(s) occurred i.e. room #, conference room, etc;
 - initials or identification # of the patient;
 - names and contact numbers of other individuals who heard or saw the incident(s);
 - description of the incident(s).
4. Attach the following information, if available:
 - any anecdotal notes written by yourself, witnesses or others regarding the incident(s);
 - description of any action taken by employer/others in relation to the incident(s);
 - copies of letters of warning, suspension and/or termination, incident reports.

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

5. Provide your name, address and phone number.
6. Reports should be marked CONFIDENTIAL and addressed to:
Advisor, Competence Assurance
Saskatchewan Registered Nurses' Association
2066 Retallack Street
Regina, SK S4T 7X5

What Will Happen After I Have Submitted My Report?

The Registered Nurses Act, 1988 requires that when a report, in writing, of any person alleging that a nurse is guilty of professional incompetence or professional misconduct is submitted to the SRNA, the investigation committee must review the report and investigate. The exact procedures used to investigate a report will vary. Generally, the process followed is:

- Advisor, Competence Assurance Coordinator (ACA) will contact you to discuss the report and ensure you understand the investigation process.
- The nurse is advised in writing that a report has been received and asked for a written response to the concerns. A copy of your report may be sent to the nurse.
- You will be advised in writing that your report has been received and is being investigated.
- Additional information is obtained from others who may have observed the nurses practice. Information may also come from personnel files, clients' records, incident reports, policies and procedures of the agency.
- The nurse involved, you, and other involved parties will be interviewed by the ACA.
- The investigation committee consists of three registered nurses and two public representatives. This committee will make the decision as to the outcome of the investigation.

What Will Be Done Following The Investigation?

The investigation committee will review and consider all the information obtained during the investigation process and will decide on one of the following actions:

1. Dismiss the case because there is insufficient evidence to support the allegations.
2. After the investigation if there is insufficient evidence to refer a matter to discipline but the investigation tends to show undesirable practice, the investigation committee may issue a letter of guidance for the purpose of giving feedback or suggestions in order to improve nursing practice. In this process the nurse's

licence remains in good standing and there is not a notation made on the register. You and the nurse are notified of this outcome.

3. A second process used is consensual competence resolution agreements. When evidence has been found to support concerns regarding the nurse's professional incompetence or professional misconduct, the investigation committee may decide to enter into an agreement with the nurse to deal with the issues. This is an opportunity for the committee 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 fulfilled the nurse's licence is considered in good standing.
4. The last option of referring the report to a discipline hearing happens in a very small percentage of cases. This is an option used if facts to support concerns regarding the nurse's practice have been identified; the nurse has been asked to enter into a consensual competence resolution agreement with the SRNA and has refused. There are situations that may not be 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 a consensual competence resolution agreement may be referred to a discipline hearing depending upon the circumstances. In the event that the matter proceeds to a discipline hearing, the legal counsel for the investigation committee assists the committee in preparation of the notice of hearing. The notice of hearing describes the charges that the committee has defined. The notice of hearing is served to the nurse, at least 30 days before the hearing date. Once the notice of hearing has been served, full disclosure of information is provided to the nurse in preparation for

his/her defense at the hearing. The investigation committee outlines the charges regarding alleged professional misconduct/incompetence and prepares the prosecution in support of the charges. The investigation committee also recommends penalty. Once a discipline hearing is completed the discipline committee deliberates in reaching a decision. The matter may be dismissed. If a guilty decision is reached a second stage penalty hearing is planned about four weeks after the first stage discipline hearing. Once the penalty charges are completed by the discipline committee, the Registrar becomes responsible for monitoring the penalty decision order. The nurse's license is marked "with conditions and/or restrictions". This is also noted on the register and disclosed to all Canadian nursing jurisdictions. This information is also published in the SRNA newsbulletin on the SRNA website and is available as public information.

What Happens Once The Decision About The Outcome Is Made?

After the committee reaches a decision about the outcome: a written report is prepared by the ACA:

- the nurse is notified of the decision via registered mail; and
- you will be notified of the decision via registered mail.

Sample Report

Attention: Advisor, Competence Assurance

I am submitting a formal report regarding the competence of Sally Jones, RN.

Employment History (if available)

Sally Jones employment history is as follows:

May 15, 1996

- Casual staff nurse July 3, 1996
- FT employment on Medical Unit, 3 West, staff nurse January 1, 1997 to January 1998
- Maternity leave June 1, 1997 to August 5, 1998
- Returned to FT employment, Medical Unit, 3 West, staff nurse November 6th, 2003
- Terminated

Reason for Report

Incident #1 – On November 1, 2003, at approximately 10:00 PM, in Central Hospital, Room 240, 3 West, Sally Jones left a confused, physically disabled patient, Mr. C., unattended in the bathroom for 45 minutes. Despite repeated calls for help, which were brought to the attention of Sally Jones by two other patients, Ms. S. and Ms. M., Sally Jones refused to leave the desk where, according to Ms. S., she was writing on charts. Mr. C. finally attempted to leave the bathroom without assistance. This attempt led to a fall which resulted in a fractured hip. Appendix A and B are anecdotal notes from my discussion with Sally Jones on November 2nd, 2003.

Incident #2 – On November 4, 2003, between 9:00 and 10:00 PM in Central Hospital, Room 246, 3 West, Sally Jones was seen slapping a patient, Ms. A. on the right leg when Ms. A. refused to walk from her chair to her bed. Jane Doe, LPN, was caring for a patient in the next bed to Ms. A. Appendix C is a handwritten note from Jane Doe describing the incident.

Following a November 5, 2003 letter of warning (Appendix D), Sally Jones's employment with Central Hospital was terminated on November 6th, 2003. (Appendix E)

Yours truly

Susan Bond, 3 West, Unit Manager
St. Vics Hospital, Regina
Phone: 234-4657

Advisor, Competence Assurance
Saskatchewan Registered Nurses' Association
2066 Retallack Street Regina, SK S4T 7X5

Phone: (306) 359-4240 or
toll-free: 1-800-667-9945 ext. 240.

Website: www.srna.org
RN Competence

All documents referred to are the current published/amended publications.

DEFINITIONS

“Incompetence” means the display of lack of knowledge, skill or judgment in the nurse’s care of a client, or delivery of nursing services that, having regard to all the circumstances, renders the nurse unsafe to practice nursing or unsafe to continue in the practice of nursing, and to provide one or more services ordinarily provided as part of the practice of nursing.

“Professional misconduct” includes such conduct or acts relevant to the practice of nursing that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonorable or unprofessional which, without limiting the generality of the foregoing, may include:

- (a) abused a client verbally or physically;
- (b) misappropriated a client’s personal property;
- (c) inappropriately used the nurse’s professional status for personal gain;
- (d) influenced a client to change the client’s last will and testament;
- (e) wrongfully abandoned a client;
- (f) misappropriated drugs;
- (g) misappropriated property belonging to a nurse’s employer;
- (h) failed to exercise discretion with respect to the disclosure of confidential information about a client;
- (i) falsified a record with respect to the observation, rehabilitation or treatment of a client;
- (j) failed to inform an employer of the nurse’s inability to accept specific responsibility in areas where special training is required or where the nurse does not feel competent to function without supervision;
- (k) failed to report the incompetence of colleagues whose actions endanger the safety of a client;
- (l) failed to comply with the code of ethics of the association;
- (m) failed without reasonable cause to respond to inquiries from the association regarding alleged professional misconduct or professional incompetence;
- (n) an addiction to the excessive or habitual use of intoxicating liquor, opiates, narcotics or other habit forming substances;
- (o) conspired to do any professional misconduct or counseled a person to do any professional misconduct;
- (p) obtained registration by misrepresentation or fraud;
- (q) contravened any provision of the Act or the bylaws.

(The Registered Nurses’ Act, 1988)

SASKATCHEWAN



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