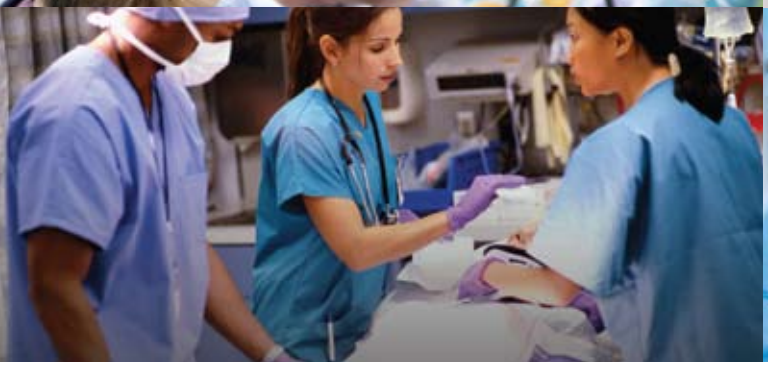
Expert CaRiNg – RNs Make a Difference

CARNA annual report 2008/09



COLLEGE & ASSOCIATION
OF REGISTERED NURSES
OF ALBERTA

Expert Ca**R**i**N**g – RNs Make a Difference

Research tells us that RN care has a measurable impact on the health of their patients. Higher levels of RN staff results in fewer medical errors, fewer adverse events and better patient outcomes. The theme of this year's annual report, speaks to our belief that the kind of expert care that RNs can provide makes a difference – to patients, their families and the entire health-care system. There is no substitute for the expertise and experience that RNs bring to their work, and nothing as important as ensuring patients receive safe, competent, ethical nursing care.

President's Report

Patients come first

Where do I even begin to describe a year that defies description? In October 2008, the start of our practice year, RNs were facing many of the same issues that dominated previous years, due largely to ongoing nursing shortages that aggravated patient wait times and impacted the quality of patient care, while causing moral distress for RNs who try to do too much with too little.

One year later, we found ourselves in the unenviable position of dealing with those same challenges, while having to convince others that the nursing shortage actually still exists. We're also faced with the task of educating others about the value of the work RNs do on behalf of patients and the health-care system.

In March 2009, Alberta was facing a shortage of 1,483 nurses, a statistic that seemed entirely feasible in light of what we were hearing from our members: increasing workloads, mandatory overtime, inability to deliver quality patient care and patients at risk. At the same time, Alberta Health and Wellness was projecting a shortage of 6,000 nurses by 2016. In an effort to address this urgent problem, CARNA continued to devote time and resources to tackling the shortage and alleviating pressure on our members and the system by advocating for and supporting recruitment, retention and education initiatives. We redoubled efforts to streamline our process for issuing practice permits to internationally educated nurses (IENs), and collaborated with educational institutions to advocate for an increase in the number of seats in nursing education programs.

Then suddenly, everything changed. Vacant nursing positions were no longer being filled, nursing students were left worried about finding work after graduation and internationally educated nurses wondered if they had made a mistake in coming here.

What happened? I wish there was an easy explanation, but there isn't. We know that our health-care system is in an unprecedented state of flux. The dissolution of the regional health authorities, the creation of Alberta Health Services (AHS), and a $500 million health-care deficit in the midst of the global economic crisis have created enormous pressures on the system. But we also know that in times of transition, it is crucial to retain experienced RNs who can provide the level of expert care that all patients deserve. CARNA has continuously stressed that RNs and nurse practitioners can improve access to primary health care, support illness prevention and ensure improved patient safety and quality care – things that alleviate pressure on the health-care system. These are messages that CARNA will continue to share with government and all Albertans.

Although there are reasons to be concerned about the future of Alberta's health-care system, there are also reasons to be hopeful. As president of CARNA, I have the opportunity to travel our province and meet many of our members. I am awed by the dedication they bring to their work, and the impact they have on patients and their families. And I know that no matter what the future holds, Alberta's RNs will always continue to put patients first.

Joan Petruk, RN, MHS
President

Chief Executive Officer's Report

Expert CaRiNg – RNs make a difference

Alberta's registered nurses have always personified tenacity. Despite an ongoing nursing shortage and the myriad issues it creates, our members have never waivered in their commitment to safe, competent, ethical nursing care. RNs know that no matter what challenges they face, there is still work to be done. And they know that the work they do makes a difference in the lives of their patients, their families and the entire community.

CARNA took its cue this year from our members and their tenacity. Although changes in Alberta's health-care system sometimes exacerbated existing challenges, we did more than raise objections to any changes we felt could undermine the delivery of safe nursing care. We got to work to ensure we were part of the solution to Alberta's health care challenges.

We educated government and the public about why RNs are integral to our health-care system and how higher levels of RN staffing can result in fewer errors, less infections and better patient outcomes. We hosted several meetings to increase collaboration between CARNA, deans and directors of nursing programs and the Alberta Government on the issues that impact nursing education and the future of the profession. We joined the National Council of State Boards of Nursing to reflect the ongoing emphasis at the national and international level on harmonizing regulatory processes and to ensure our regulatory processes continue to be based on best-practice.

We continued creating, developing and expanding processes, initiatives and resources that would support our members and strengthen our commitment to patient safety. We introduced blood borne virus infection (BBVI) reporting requirements for members and expanded education sessions to increase understanding by members of our continuing competence program.

Although aggressive employer recruitment initiatives mostly stalled mid-year, we continue to improve processes for assessing the eligibility of internationally educated nurses (IENs) to practice in Alberta and introduced changes to our English language proficiency policy. We also developed new policies designed to address the disproportionate rate of failure for IENs writing the Canadian Registered Nurse Exam (CRNE).

Growing interest in the role of nurse practitioners (NPs) led CARNA to devote considerable time to share information on NP competencies and standards. NP exams were administered for the first time in Alberta in May 2009, and work is currently underway to develop the approval requirements and approaches for NP education programs.

And our commitment to excellence in health care delivery led us to become involved in several collaborative initiatives, including another successful tri-profession conference and my participation in the Minister's Advisory Committee on Health (MACH).

We also realized many important successes related to member services during the past year, including seeing a record 72 per cent of members renew online, the launch of an online job board and the introduction of a dynamic new registrar team.

I have always been proud of our members, and the skill, knowledge, compassion and professionalism they bring to their work. This year, I was prouder than ever. Despite the challenges our profession faced, Alberta's RNs never lost sight of the fact that our first responsibility is to patients, who deserve the expert caring only RNs can provide.

Mary-Anne Robinson, RN, BN, MSA
Chief Executive Officer

When Catherine Savard was diagnosed with meningitis a few years ago, her case was so severe that it led to her being hospitalized and quarantined. As her body fought off the infection, Catherine saw first-hand how important registered nurses are to their patients. "My registered nurse was phenomenal," recalls Catherine, who relied on her RN for expert caring, compassion and information about her illness. Her RN made sure she understood what was happening, and stayed with her throughout her treatment and recovery. "She was a continuous presence in my healing process and made my health her personal mission." Even though her family was on the other side of the country, Catherine never felt alone. "My RN calmed a very scared young woman who was very far from home."

Nursing shortages continue to impact patient care

Throughout the year, our members continued to report chronic understaffing, increased overtime and a struggle to ensure patients receive safe, timely, ethical care. Regardless of ongoing changes within Alberta's health-care system, CARNA remained resolute that retention, recruitment and education are key to resolving the difficult issues related to the nursing shortage.

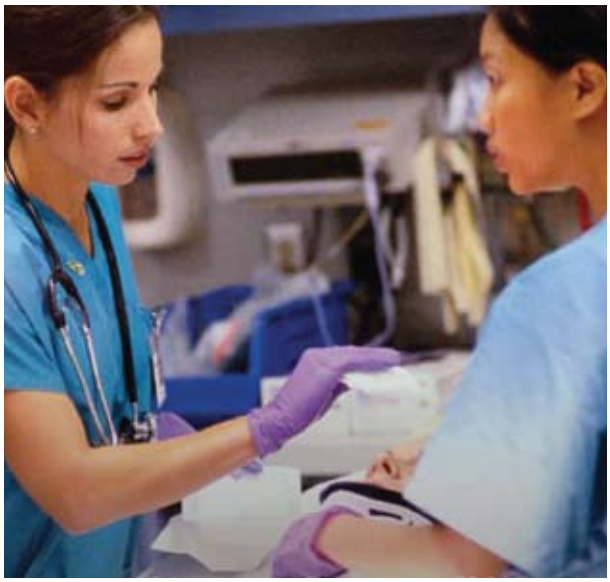
Internationally educated nurses (IENs)

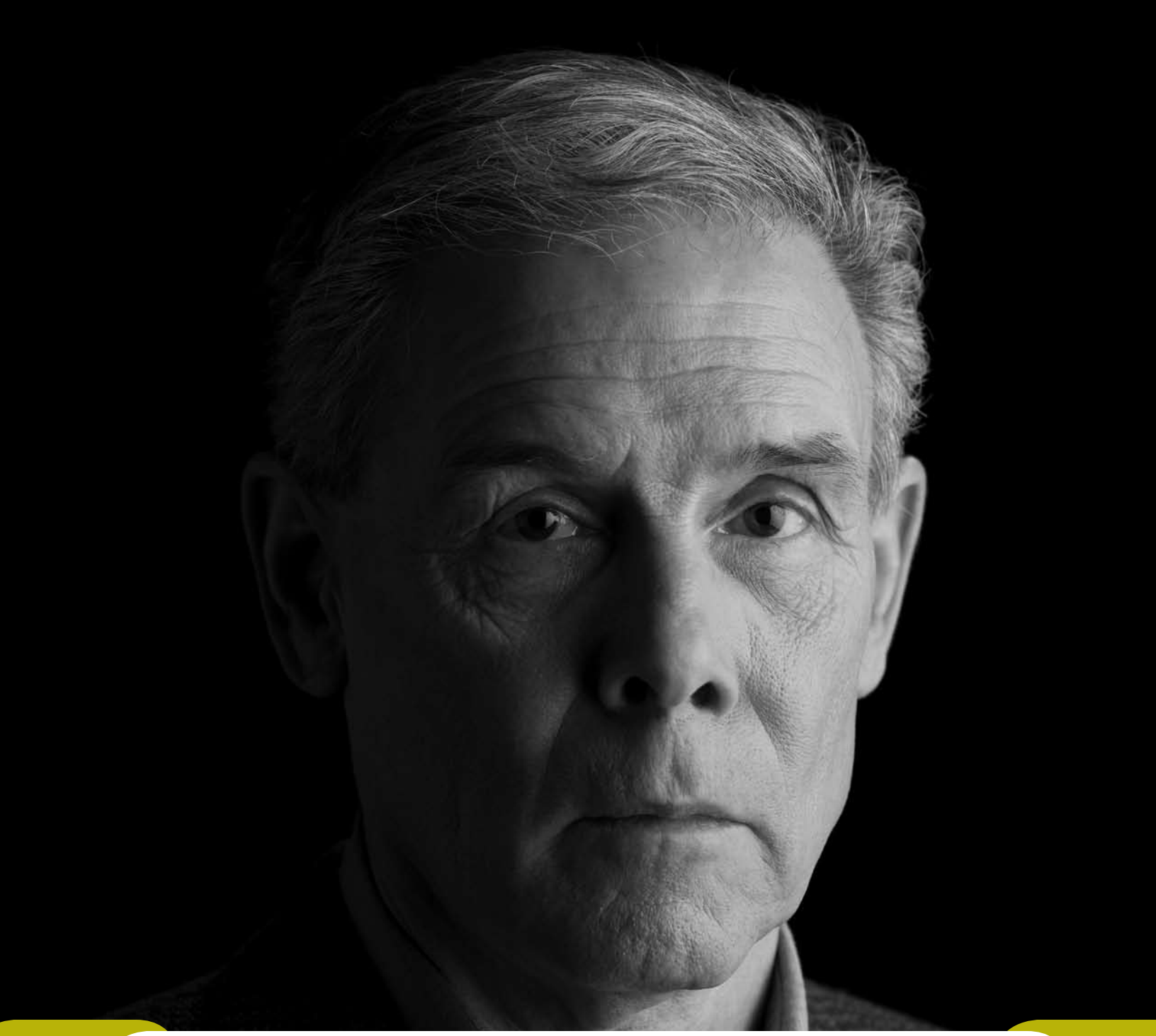
Although CARNA has always maintained that education and retention strategies were our preferred method for alleviating the nursing shortage, we recognized that recruiting IENs could play an important role in addressing the immediate need for more nurses. At the request of both employers and the government, we provided support to delegations designed to attract more IENs to Alberta. In May 2009, at the request of Alberta Employment and Immigration, CARNA participated in the Royal College of Nursing Exhibition in the United Kingdom to raise awareness of opportunities for RNs in Alberta. We also created processes and policies designed to ensure IENs applying for licensure in Alberta possessed the skills and experience necessary to ensure public safety and quality patient care.

CARNA has worked closely with many stakeholders to expedite the hiring of IENs, including working with Mount Royal University to increase IEN access to the substantially equivalent competence (SEC) assessment program. SEC is used to assess the competency of IENs in different practice areas, and had proven so effective that the government funded a second SEC assessment centre, which opened in Edmonton in late 2008. All four western provinces have adopted the SEC program and interest has been expressed across the country.

At the request of government and employers, CARNA created a model for a restricted temporary permit that allowed IENs requiring SEC assessment and remedial education in one or two defined areas to practice as a graduate nurse with restrictions while they completed their requirements. The temporary permit, introduced on June 1, 2008, made it possible for IENs to work in a limited capacity in certain practice settings while they continued to complete the necessary assessments. The model set out clear responsibilities for employers, CARNA and IENs that assured patient safety, while alleviating pressure on the system and fellow nurses. Between June 2008 and December 2009, 19 restricted temporary permits were issued to IENs: 13 for one deficit and six for two deficits. CARNA will perform a retrospective evaluation of the RTP model in the 2010 practice year.

In anticipation of the continuing emphasis on IEN recruitment, in late 2008 Alberta Health and Wellness agreed to support the IEN operating costs for CARNA from Dec. 1, 2008 to March 31, 2012. Although the number of applications from IENs remained high during the first months of the 2009 practice year, by the last quarter they showed a marked decrease in response to changes to Alberta's health system. In total, CARNA received 3,306 IEN applications in 2009 up from 2,339 in 2008 and 1,012 in 2007.





Heart attacks are sometimes hard to spot, especially for women, whose symptoms can be different from what men commonly report. Three years ago, when Bob Bear's wife began to experience pressure and discomfort, the couple knew something was wrong and headed to their local hospital. But after arriving at the emergency room, her symptoms weren't immediately clear. "Her blood pressure was fine and she had no chest pain. Fortunately, we had a registered nurse who paid attention to her shoulder ache and immediately recognized what it meant," remembers Bob. The RN swung into action and ensured his wife was assessed, diagnosed and treated quickly and compassionately. "It's because of that RN's skill and knowledge that my wife got a stent that afternoon that cleared the blockage and saved her life."

Retention of experienced nurses

In August 2009, Alberta announced plans to encourage nurses and other health professionals to consider early retirement as one way to tackle the health system's budget deficit. The news was a disappointment for CARNA after years spent persuading government and employers to develop retention strategies that would keep experienced nurses in the workplace longer.

At present, nearly 6,600 of Alberta's registered nurses are over the age of 56 and eligible to retire. If even a fraction of those nurses choose retirement, the impact on the system and on patient care would be devastating. These experienced nurses have the specialized knowledge required to care for the most complex cases, and to act as a resource for less experienced nurses. They are also well equipped to help the health system meet its own performance measures of reducing harm, reducing infection rates and reducing response time to adverse events with "the application of valid, reliable, timely and meaningful information to inform the organization, help us learn from mistakes and continually improve the services we provide." (AHS Quality and Patient Safety Strategic Outline, Final Approved by AHS Board Tuesday, June 30, 2009)

Instead of encouraging experienced nurses to leave the profession, CARNA believes employers and the government should be doing everything possible to entice RNs to stay.

Educating more nurses

At the beginning of this practice year, CARNA was pleased to see progress had been made in creating more seats in nursing education programs. The Government of Alberta remains committed to increasing the number of available nursing education seats to 2,000 per year by 2012. Although that number would not have been adequate in and of itself to address the nursing shortage, it was an important step in the right direction.

By June 2009, conflicting reports began to emerge that as few as 40 per cent of future nursing graduates would be hired in Alberta. CARNA is concerned that many of the nursing graduates our province so desperately needs may begin looking to other provinces for employment. CARNA worries that if we lose the young nurses just as they are beginning their careers, we may never get them back.

As part of CARNA's continuing commitment to education, we hosted several meetings between deans and directors from each of Alberta's nursing education programs and representatives from the Government of Alberta. Topics explored at the meetings included ongoing and emerging issues such as nurse practitioners, transition of entry-level workers into the workforce, future workforce supply needs, current RN education enrollments, H1N1 preparations, and the future role of the RN. CARNA will continue to host these meetings as a way to increase dialogue between key stakeholders and emphasize the importance of education as a strategy for alleviating nursing shortages.

For Andrew Misle, the diagnosis of Crohn's disease was a life-changing experience. Crohn's disease is an often debilitating chronic inflammation of the digestive tract that in the most severe cases can require hospitalization to stabilize the patient. In Andrew's case, his Crohn's disease led to a six-month stay in hospital and a chance to witness the important role registered nurses play in the health of their patients. "I was under the care of some really good registered nurses," notes Andrew. " The whole experience gave me a huge respect for RNs and the work they do. For them, it's more than a job or a career – it's a passion. Registered nurses are on health-care's front line every day and they're making a difference in people's lives."

Ensuring patients receive safe, competent, ethical care

As the professional and regulatory body for Alberta's more than 32,000 RNs, CARNA sets nursing practice standards and ensures Albertans receive safe, competent and ethical nursing care. No matter what challenges our members may face, or issues the health-care system may experience, RNs are committed to providing patients with the expert caring they deserve.

H1N1 pandemic preparedness

In early 2009, reports began to surface of a potentially deadly new virus that had appeared in Mexico. Within weeks, a human variant of the swine flu virus called H1N1 had caught the attention of the World Health Organization, which warned of potential pandemic. In late April, the World Health Organization raised the pandemic alert level for H1N1 to five, indicating that pandemic was imminent, and countries began preparing for a mass vaccination campaign to protect their citizens.

RNs played a crucial role in administering vaccines and in educating the public about protecting themselves and their families from H1N1. It is a testament to the professionalism and dedication of Alberta's RNs that they stepped up to this unprecedented challenge, and once again ensured that patients continued to receive safe, competent, ethical care.

Introduction of the *Nursing Intervention Classification* (NIC)

In 2009, CARNA increased awareness among RNs of their competency profile by offering educational sessions and disseminating information via our website and newsletters about the *Nursing Intervention Classification* (NIC). NIC was first included in CARNA's competency profile for RNs in 1999 and provides a comprehensive and detailed description of more than 500 nursing interventions, organized in an easy-to-use structure, as well as by nursing specialty.

NIC is evidence-based, internationally recognized and continually updated, and provides a language for RNs to use when describing their scope of practice in a specific practice setting, with a specific client population. This standardized language supports continuity of care and strengthens communication among RNs and other health-care providers. NIC is also licensed for inclusion in SNOMED (Systemeized Nomenclature of Medicine) used in Alberta's electronic health record system, which in turn allows for the collection of databases that will make it easier to research the effectiveness of nursing treatments. In combination, NIC, the *International Classification of Nursing Practice* (ICNP) and CARNA's entry-to-practice competencies describe the competency profile for registered nurses in Alberta and provide insight into the knowledge, analysis, decision-making and critical judgment of RN practice.

Mandatory reporting of blood borne virus infection (BBVI)

In November 2007, CARNA Provincial Council carried a motion to introduce mandatory reporting of blood borne virus infection (BBVI) by all RNs applying to renew their practice permit. Beginning in 2009, members were expected to indicate their BBVI status on their annual application for licensure renewal. Mandatory reporting to CARNA is intended to protect patients and the public, by reducing the risk of inadvertent transmission of BBVI to patients/clients while receiving nursing care. Although very few members are performing exposure prone procedures, BBVI reporting, assessment and follow-up ensures a high standard of public safety and provides CARNA with the opportunity to provide a consistent level of support and guidance to members with BBVI.

New *Code of Ethics*

In June 2008, CARNA Provincial Council endorsed the revised *Canadian Nurses Association (CNA) Code of Ethics*. Effective Oct. 1, 2008, the new code of ethics applies to all RNs in all practice settings and provides guidance for ethical decision-making in everyday situations. It serves as a means for self-evaluation and reflection and provides a basis for peer-review initiatives. The *Code of Ethics for Registered Nurses* informs the public and other health professionals about the moral commitments and ethical responsibilities expected of registered nurses. It is to be used in conjunction with the *Health Professions Act, Registered Nurse Profession Regulation* and CARNA standards, policies and guidelines.

Watching a loved one struggle with the final stages of a terminal illness can be a heart wrenching experience. For Michelle Anstead, sitting by her stepmother's bedside as she faced her final days with cancer was both emotionally and physically exhausting. Fortunately, her family was able to rely on registered nurses for care and compassion. "When she was in pain, her registered nurses made sure she had what she needed," recalls Michelle. "RNs were there for us, medically and compassionately. And they cared about all of us, the patient and the family." Although there is little that can ease the pain of losing a loved one, for Michelle and her family, RNs were essential in helping guide them through the process. "Their support made all the difference in the world."

Putting patients first

Supporting nurse practitioners

In Alberta, NPs are authorized to diagnose and treat common illnesses and injuries, write prescriptions, and order lab tests, x-rays and other diagnostic tests. As of Sept. 30, 2009 there were 270 NPs licensed to practice in Alberta, compared to 257 in 2008 and 206 in 2007. That number is expected to continue to grow, which is good news for a health-care system that is facing shortages of primary health-care practitioners and overflowing walk-in clinics and emergency rooms.

In 2008, CARNA Provincial Council delegated its authority to approve NP education programs to the Nursing Education Program Approval Board (NEPAB), which is also responsible for approving nursing education programs that lead to entry-to-practice processes. In December 2008, CARNA Provincial Council selected and approved the written examinations for the purposes of licensing NPs in Alberta. The first of these exams was administered in May 2009, with 10 candidates writing one of the three exams offered in three streams of practice – pediatric/neonatal, adult, and family all ages.

Agreement on Internal Trade (AIT)

The Agreement on Internal Trade (AIT) came into effect on April 1, 2009, and allows for any worker certified for an occupation by a regulatory authority of one province or territory to be automatically recognized as qualified to practice that occupation in all other jurisdictions. CARNA has expressed several concerns with AIT, including a lack of consultation with health professions and the fact that CARNA may be forced to license RNs and nurse practitioners (NP) from other jurisdictions regardless of whether they meet our licensing requirements.

CARNA is particularly concerned about the impact this may have on our ability to assess applications from outside of Alberta for NP permits. NPs are a relatively new addition to Canada's health-care system, and as such there are broad variations across the country in NP legislation, regulation, policies, scope of practice and competencies. Although CARNA has met the necessary AIT requirements, our overriding commitment is to ensuring that RNs and NPs coming from other jurisdictions can deliver the same level of expert care as our current members.

Although much of what RNs do in providing safe, competent, ethical nursing care to patients takes place in traditional practice settings such as hospitals, RNs' commitment to patients encompasses all areas of their health and wellness. As part of this commitment, CARNA will speak out about legislative or policy issues that could negatively impact patients and their families.

Asking questions about legislative changes

CARNA has an obligation to express our concerns about legislation that may impact the health, privacy or well-being of Albertans. In 2009, Bill 52, the *Health Information Amendment Act*, was introduced to expand the scope of the *Health Information Act* and include all health services and create health information repositories. The concerns expressed by CARNA, other health professions and Alberta's Information and Privacy Commissioner about the infringement on the privacy rights of patients were acknowledged and the bill was subsequently referred to the Field Policy Committee on Health, chaired by Fred Horne, MLA. Subsequent changes were made to Bill 52 that addressed some of these concerns and made it satisfactory to the College.

CARNA will continue to voice concerns about the implementation of any legislation that we perceive as inconsistent with the interest of the public and patients.

Protecting vulnerable patients

CARNA expressed serious concerns about the Alberta Pharmaceutical Strategy, announced in December 2008, which would have required the majority of the province's seniors to pay a deductable based on total income for their prescription drugs. CARNA opposes the transferring of health system costs to a vulnerable population that may then be required to choose between rent, food or medication. We know from evidence and experience that when faced with this choice, people will often skip dosages for entire days to make medications last, a decision that can worsen chronic diseases or mental health conditions. Any cost savings resulting from the strategy were at risk of being cancelled out by the cost of hospital care and the detriment to patient safety and well-being.

Having a family member in hospital is a stressful experience for anyone, but when that loved one is a child, the stress in amplified. When a puncture wound on Jeff Bisanz's five-year old granddaughter's foot developed into a bone infection, she spent several days in hospital receiving IV antibiotic treatment, under the watchful eyes of registered nurses. "The RNs were fantastic; they really took the time to listen to her." During difficult procedures, like starting an IV, RNs took special care to offer reassurances and explain what was happening directly to his granddaughter. That willingness to share information extended to the family as well. "They were excellent about explaining the medications to us, letting us know what was going on and tracking down doctors whenever we needed more information."

In response to feedback from CARNA and other professional associations, the strategy was amended to address some of these concerns.

During the year, we also voiced concerns about plans to delist 30 services not specifically listed under the *Canada Health Act*, including foot care and free annual eye exams for children and seniors. These services are crucial to the treatment and prevention of disease, and play an important role in allowing seniors to continue living independently in the community.

Collaboration with other health-care providers

CARNA remains committed to working with other health-care associations and stakeholders who share our commitment to patient care and to improving Alberta's health-care system.

"Strengthening the Bond: Culture, Collaboration and Care," a joint conference hosted by CARNA, the Alberta Medical Association (AMA), the Alberta College of Pharmacists, the Alberta Pharmacists Association and the College of Physicians and Surgeons of Alberta (CPSA) was held May 21-23, 2009 in Banff. More than 500 health-care professionals attended the three-day conference, which focused on improving inter-professional relationships in order to promote better patient care.

CARNA is a member of the HealthVision 2020 coalition, which unites 15 different health organizations to advocate for dedicated funding to promote population health in Alberta and has worked with the Alberta Centre for Injury Control and Research and the AMA on their Finding Balance campaign, which aims to prevent seniors' falls.

In August 2009, CARNA, along with the College of Nurses of Ontario and the College of Registered Nurses of Manitoba joined the College of Registered Nurses of British Columbia in becoming associate members of the National Council of State Boards of Nursing (NCSBN). Established in 1978, NCSBN is the collective voice of nursing regulation in the United States, representing dozens of nursing boards who act and counsel together on common issues and interests. CARNA's decision to join NCSBN allows us to draw upon the experience and expertise of their member boards as we continue to deal with increasingly complicated regulatory processes. As an associate member, CARNA has already been invited to participate in monthly teleconferences on issues such as nursing education, practice, conduct and executive oversight.

In early September 2009, the Minister of Alberta Health and Wellness invited CARNA's Chief Executive Officer to represent CARNA on the Minister's Advisory Committee on Health (MACH). The 16-member committee was asked to ensure appropriate legislation is in place to remove barriers to accessing health care, encourage evidence-informed innovation, promote wellness and community-based care and establish clear lines of accountability. CARNA's participation would ensure that a registered nursing perspective was included in the discussions of health system change, and that our members' commitment to patient safety guided the development of any recommendations.

Strengthening the Bond | Collaborating for Optimal Patient Care

When Jack Alexis underwent knee replacement surgery two years ago, he never expected his recovery to be so difficult. Upon release from hospital, he returned home to Alexis Nakota Sioux Nation located west of Edmonton and attempted to handle aftercare on his own. Despite his efforts, when his homecare RN stopped by to check on him she discovered a potentially life-threatening infection that required immediate attention. "My nurse was terrific. She got on the phone, and got me in to see my doctor so he could arrange for me to go back to the surgeon that operated on me," recalls Jack, who required a second surgery to clean out the infection. His RN's quick thinking and expert care made all the difference. "My doctor told me that my nurse probably saved my leg and my life."

Helping patients understand expert caRiNg

In an effort to help Albertans better understand the importance of the work done by RNs, CARNA launched a province-wide advertising campaign in 2009 that focused on how the knowledge, education and skills of RNs contribute to safe, quality patient care. The multi-media campaign featured print, outdoor and transit advertising that highlighted the letters RN in headlines such as "People need expert caRiNg," and "Care that matters moRe thaN you think." These ads both literally and figuratively pointed out the importance of RNs. An extension of the campaign incorporating radio and television was planned for early 2010.

Improving member services

CARNA constantly looks for ways to streamline processes and procedures, while improving member services. Our goal is to make it easier for members to complete the necessary registration and reporting requirements, and to provide support and assistance whenever possible.

Putting technology to work

CARNA continues to look for ways to make online licensure renewal easier for members, and this year introduced improvements such as on-screen assistance and the removal of pop-ups. CARNA's online renewal system is now compatible with Mac Safari, Google Chrome and Mozilla Firefox. We also sent e-mail reminders to members who have indicated they wish to renew online instead of sending paper forms that are ultimately a waste. As a result of these initiatives, as of Sept. 30, 2009 a record 72 per cent of members renewed online – an increase of 10 per cent over the previous year. An overwhelming majority of members also complied with the earlier September 1 submission deadline. CARNA will continue to work toward helping members better utilize online renewal services.

CARNA also launched an electronic job board in January 2009, in partnership with Workopolis to help connect RNs with Alberta employers. Although the job board was an instant hit with Alberta RNs and prospective IENs, the unofficial hiring freeze that was imposed just a few months later has hampered its use. CARNA will continue to monitor usage of the job board to determine its value to RNs and employers.

New registrar team aims to support member needs

CARNA's registrar team is made up of five registered nurses, who serve in the roles of one registrar and four deputy registrars. Each oversees a distinct area of registration, including areas such as internationally educated nurses, continuing competence, entry-to-practice and special registers. Many of the people on the team are undoubtedly familiar to CARNA members, as they have been involved with CARNA in various capacities, including as members themselves and even award of excellence recipients. Team members represent a broad spectrum of RN expertise and experience.

The registrar team is:

Registrar/Director, Registration Services
Cathy Giblin RN, MS

Deputy Registrar – Internationally Educated Nurses
Jean Farrar, RN, BSN, M.Ed.

Deputy Registrar – Continuing Competence
Terry Gushuliak RN, BA, BScN, MN

Deputy Registrar – Entry-to-Practice and Renewals
Rosie Thornton RN, BScN, M.Ad.Ed.

Deputy Registrar – Special Registers
Barbara Waters NP, BScN, MN

Rosie Thornton, Cathy Giblin, Jean Farrar, Barbara Waters, Terry Gushuliak

2009 CARNA Awards of Nursing Excellence

Recognizing Outstanding Registered Nursing Practice

More than 170 colleagues, friends and family gathered in Edmonton on April 16, 2009 to celebrate the achievements of the 2009 CARNA Award recipients. The nominees and recipients provide insight into the breadth and depth of RN knowledge, skill and achievement.

Lifetime Achievement
Dr. Sandra Hirst
University of Calgary
Faculty of Nursing

The care of older adults has always been Sandra Hirst's passion throughout her nearly 40 year career. In 1999, she was one of the first nurses in Canada to achieve certification in gerontological nursing. She is a founding member of the Canadian Gerontological Nursing Association, founder of the Alberta Gerontological Nurses Association, and an active member of the Alberta Association of Gerontology. In 2007, she received a prime ministerial appointment to the National Seniors' Council and while working with the Senior's Advisory Council of Alberta was instrumental in developing the province's *Protection for Persons in Care Act*. A gifted educator, she has taught at the undergraduate, graduate and doctoral levels.

Rising Star
Shirley Daniel
Alberta Health Services, Calgary, Chronic Disease Management

Shirley Daniel's enthusiasm for learning continually inspires her colleagues. Soon after beginning her career as an RN, she organized a working group to develop a referral process and patient letters. She has participated in in-services and information sessions relating to chronic disease management, and often seeks out information and answers that create learning opportunities for both her and her colleagues. Daniel has also demonstrated a keen sensitivity in understanding the lifestyle choices, personal beliefs and cultural practices that impact her patient's ability to manage their disease. Respected by colleagues and trusted by patients, Shirley Daniel is destined to make a significant contribution to nursing practice.

Nursing Excellence in Administration
Reynold Sookhoo
CASA House

As the director of residential services at CASA Child, Adolescent and Family Mental Health, Reynold Sookhoo has had a profound impact on improving access to mental health services for emotionally disturbed adolescents and their families. He has worked tirelessly to secure funds to provide services to northern communities, expand beds at CASA and add much needed staff. In 2005, under his leadership, CASA was recognized by the Canadian Council of Health Services Accreditation for Leading Practice in the area of mental health – resulting in international requests for consultation on policy development and practice. He is highly respected by his CASA colleagues, patients and their families.

Nursing Excellence in Research
Dr. Wendy Austin
University of Alberta
Faculty of Nursing

Wendy Austin's research into competent, ethical care for patients with health issues such as terminal illnesses, HIV/AIDS or a history of sexual abuse has evolved into the exploration of relational ethics and their application in the practice setting, and has created practical suggestions for improvements in nursing practice. Austin currently holds a Canada research chair in relational ethics, and her work has been funded provincially, nationally and internationally by organizations such as the World Health Collaborating Centre in Nursing and Mental Health. In addition to her pivotal research work, Austin is a consummate teacher to graduate students, researchers and co-investigators at the University of Alberta.

Nursing Excellence in Clinical Practice

Allison MacGregor

Calgary Foothills Primary Care Network, Chronic Disease Management

Allison MacGregor is committed to working with patients living with chronic disease. Her compassion and understanding of the myriad challenges people with chronic diseases face in managing their condition has led her to spearhead a number of initiatives, including chairing working groups on improving patient care delivery, and standardizing and organizing procedures for her program. She schedules presenters for monthly Lunch and Learn sessions, and has created a resource binder for colleagues. Respected for her patient-centred approach, and team-based attitude, she recently worked with several health-care disciplines to streamline the referral process within multiple medical clinics in the Foothills Primary Care Network.

Nursing Excellence in Education

Dr. Joyce Woods-Surrendi

Mount Royal University, Faculty of Nursing

An impassioned educator, Joyce Woods-Surrendi has devoted the last seven years to coordinating the senior nursing focus practicum for students at Mount Royal University. In that time, she has worked diligently to respond to changes and innovations in health-care, incorporating inter-professional education and practice into the curriculum. Considered by many to be an expert on the nursing environment, she is often invited to serve as a guest lecturer and mentor at other educational institutions. Woods-Surrendi has created a certificate course on children's environmental health and wellness, and was instrumental in developing the senior's health theory course, which is not a component of the BN program.

Committee's Choice Award

Jacqueline Simms

Alberta Health Services, Calgary Interventional Services

Jacqueline Simms is known for her innovative and unconventional approach to teaching and learning. Her enthusiasm and creativity has led to a number of unique educational initiatives, including on-the-spot quizzes on acute pain and educational events that challenge conventional learning. In 2007, she created Amnesty Days, which saw surgical nursing staff carry passports and travel through "countries" relating to specific surgical skills. A Speakers Corner, mimicking the iconic MuchMusic version, allowed staff to speak openly about retention and recruitment. Recently she worked with educators, managers and staff of the Interventional Services Portfolio to develop COMBO – a monthly education day promoting inter-disciplinary collaboration for newly hired team members.

Partner in Health Award

Margaret Linklater

Lacombe Palliative Care Society

Inspired by the devastating loss of her daughter, Margaret Linklater has dedicated untold time and energy to providing comfort and support to patients in palliative care. A founding member of the Lacombe Palliative Care Society, she works in partnership with registered nurses at the Lacombe Hospital and Care Centre to support patients and their families dealing with terminal illness. She organizes community activities that bring the community together to share information on hope, pain control and family support, oversees an annual Day of Remembrance to help those grieving during the Christmas season, and helps arrange funding for volunteers and health-care professionals to attend conferences and workshops.

CARNA Provincial Council 2008–2009

Provincial Council sets the policies that direct CARNA in meeting its responsibilities as a regulatory college and professional association. Provincial Council is mandated by the *Health Professions Act* to manage and conduct the business affairs of CARNA.

Council consists of 18 members including 13 elected registered nurses (president, president-elect and 11 councillors) and five public representatives appointed by the Minister of Health and Wellness.

President
Margaret Hadley (until Aug. 21, 2009)
Joan Petruk (as of Aug. 21, 2009)

President-Elect
Joan Petruk

Northwest
Ellen Jones

Northeast
Debra Ransom

Edmonton/West
Cheryl Deckert
Scott Fielding
Lloyd Tapper

Central
Andrea Reber
Tammy Syrnyk

Calgary/West
Sandra Cook Wright
Dianne Dyer
Maureen Jamison

South
Leslie McCoy

Public Members
Mark Zivot
Margaret Hunziker
Mark Tims
Dr. Rene Weber

Sitting l to r: Lloyd Tapper, Mary-Anne Robinson, Margaret Hadley, Joan Petruk, Cheryl Deckert; Standing l to r: Sandra Cook Wright, Leslie McCoy, Ellen Jones, Andrea Reber, Tammy Syrnyk, Maureen Jamison, Mark Tims, Rene Weber, Mark Zivot, Debra Ransom Margaret Hunziker, Dianne Dyer, Scott Fielding

Governance committees 2008–2009

Governance committees are fully accountable to Provincial Council and help to fulfill the responsibilities of Council specified in legislation. The chief purpose of these committees is to assist in developing policy alternatives and implications for Council deliberation.

Provincial Executive Committee

The Provincial Executive Committee acts on any urgent matters that arise between Provincial Council meetings.

Members
Margaret Hadley, President
Joan Petruk, President Elect
Cheryl Deckert
Lloyd Tapper
Mary-Anne Robinson, Executive Director, ex-officio

Leadership Review Committee

The role of the Leadership Review Committee is to facilitate the annual performance review of the executive director by Provincial Council.

Members
Margaret Hunziker
Ellen Jones
Debra Ransom
Tammy Syrnyk
Lloyd Tapper

Elections and Resolutions Committee

The Elections and Resolutions Committee recommends a slate of nominations of qualified candidates for president-elect and for Provincial Council. The committee also recommends rules governing the CARNA campaign and election process, recommends a slate of candidates for Canadian Nurses Association (CNA) offices and provides support for members submitting resolutions at both CARNA and CNA annual general meetings.

Members
Maureen Jamison, Chair
Sheila McKay, CARNA Past President
Deborah Elliott
Nora Ostrup
Gisland Moehrle
Leslie McCoy
Ruth Stewart

Audit Committee

The Audit Committee has the responsibility of ensuring the financial reports of the organization are a fair representation of the financial health of CARNA and that management is adhering to generally accepted Canadian accounting principles. The committee is responsible for overseeing the financial integrity and internal control systems of CARNA and assessing business risk practices and ethical behaviour.

Members
Joan Petruk, Chair
Dianne Dyer
Tammy Syrnyk
Mark Tims
Rene Weber

Regulatory Committees 2008–2009

As part of a self-regulated profession, CARNA regulatory committees carry out some of the college's responsibilities outlined in the *Health Professions Act*. These responsibilities include registration, continuing competence, professional conduct and approval of entry-level nursing education programs. CARNA Provincial Council appoints members to regulatory committees by recruiting volunteer members from a range of practice settings and diverse geographical regions to sit on the regulatory committees.

Registration Committee

The Registration Committee, established under Section 9 of the *Health Professions Act*, reviews applications for registration and initial or renewed practice permits if there is a question about whether the applicant or member has met the legislated registration requirements. The committee may approve, defer, or refuse eligibility for registration, and may also identify needed conditions or restrictions that should be placed on a permit in the interest of protecting the public. The committee also considers requests for exemptions, due to extraordinary circumstances. CARNA Provincial Council has also delegated the ongoing role of approving the Nursing Refresher Program to the Registration Committee.

Between Oct. 1, 2008 and Sept. 20, 2009 the Registration Committee reviewed 219 files referred to it by the Registrar/Deputy Registrar. This compares to 259 files that were reviewed for the previous reporting period.

During the reporting period, the Registration Committee further refined policies in the areas of:

- conduct of registration committee meetings
- good character and reputation
- recognition of nursing practice
- fitness to practice (including blood-borne virus infection)
- English language proficiency
- application for temporary permit
- application for graduate nurse practitioner register
- registration in emergency situations
- renewal of practice permit
- reporting of nursing practice hours
- nurse practitioner entry to practice exams
- nurses applying via the substantially equivalent competency (SEC) route
- managing unsuccessful outcomes in remedial/bridging nursing education programs

To assist with the clarification and development of these and future policies, discussions supported by staff presentations and a review of related documents were held on various topics, including health care workers with blood borne virus infections (BBVI) in Alberta; mutual recognition, trade and labour mobility agreements; and considerations for member presentations to Registration Committee.

During the reporting period, the Registration Committee identified several emerging issues and trends, including:

- the high number of applications for additional temporary permits (after three have been issued) and additional attempts at the Canadian Registered Nurse Examination (CRNE) (after three unsuccessful attempts) and the lack of extenuating circumstances that would warrant approval of these requests
- an increasing number of applicants who demonstrate difficulties with English as evidenced by comments included in SEC assessment reports or employer references. In response, CARNA has made significant changes to its English language proficiency requirements
- continued high volume of nurses applying for self-employed practice approval
- an increase in the number of applications received where the member or applicant does not meet currency of practice requirements as defined in the regulations

As the committee looks ahead, they have identified a need to develop a number of new or revised policies in response to changes in the *Registered Nurses Profession Regulation*. Work is also underway to update program standards and create an annual report structure and guidelines in preparation for the review and approval of the Nursing Refresher Program. As always, the committee continues to focus on development, review and revision of its current policies to support its functions and mandate, and has planned a comprehensive review with legal input for the 2010 registration year.

Seven RN members, recruited at large from CARNA membership, and reflecting a range of nursing roles – including direct care, administration, education and advanced practice – serve on the Registration Committee.

Committee Members
Anita Thomas, Chair
Laurie Lundy, Vice Chair
Laurel Diprose
Diane Denham
Shelley MacGregor
Kim Scherr
Lisa McKendrick-Calder

Registration Review Committee

Established under Section 31, 32 and 41 of the *Health Professions Act,* the Registration Review Committee conducts a review of applications for registration when formally requested by an applicant. As part of this process, the committee may conduct a formal hearing of the applicant/member's reason for requesting the review, hear sworn testimony and review documents submitted by the applicant/member and CARNA. Upon reviewing the matter, the Registration Review Committee may confirm, reverse or vary the decision, or may refer the application back to the Registrar, Registration Committee or Competence Committee with directions to make further assessment. The committee also has the authority to make any further order it believes necessary to carry out its decision, and provide a written copy of the decision supported by a rationale.

During the 2009 practice year, there were two requests for review. One request was from an applicant whose application to the nurse practitioner register was refused by the Registration Review Committee, and the other was from an applicant whose request for an additional writing of the CRNE (after three failures) was refused by the Registration Committee. Both requests were withdrawn prior to being commenced.

Members
Catherine Mah
Dianne Kunyk
Donna Fayant
Fiona Jakielaszek
Susan Koshy
Naomi Thick
Kristine Smith

Competence Committee

CARNA Provincial Council established the Competence Committee to provide for regulated members to maintain competence, to enhance the provision of professional services, and to provide for practice visits for regulated members.

During the reporting period, the Competence Committee imposed competence conditions on 622 members who had not met CARNA Continuing Competence Program requirements – a significant drop from the 784 conditions imposed during the previous reporting year. Of the 622 members who had conditions imposed, 387 were due to failure to identify indicators for the upcoming practice year, 224 were for failure to implement a learning plan during the practice year just completed, and 11 were for a combination of both failing to identify indicators for the upcoming practice year and failure to implement learning plans during the practice year just completed. In total, 14 practice permits were suspended with 11 practice permits subsequently reinstated.

In January 2009, a random sample of 2,054 members was selected to complete the Continuing Competence basic audit (questionnaire only) for the 2008 practice year, with 206 members randomly selected to participate in the advanced audit (questionnaire and document audit). Of those selected for the basic

Regulatory Committees

audit, 89 per cent met the requirements, while 94 per cent of those completing the advanced audit met the requirements. In September 2009, another audit was conducted, with 2,119 members randomly selected for the basic audit, and 235 selected to complete the advanced audit. In the September sampling, 80 per cent of those completing the basic audit met the requirements, while 69 per cent of those completing the advance audit met the requirements. In all instances where remedial requirements were directed, activities were designed to assist members in understanding their professional responsibilities. In identifying trends related to the basic audit, the Competence Committee noted that:

- members rated feedback as very helpful in assisting them in prioritizing their learning needs
- respondents felt the Assessing My Practice worksheet was the most helpful tool in documenting their continuing competence activities, followed by the Learning Plan worksheet and the Tracking Other Learning worksheet
- 92 per cent of audit respondents felt that the CARNA Continuing Competence Program enhances the provision of professional nursing services by registered nurses
- 89 per cent of respondents indicated that the CARNA Continuing Competence Program contributes to increased knowledge and the use of CARNA Nursing Practice Standards by registered nurses

As in previous years, the Competence Committee devoted considerable time to meeting critical success factors (CSF) in key areas such as communicating strategically, promoting effective relationships, and managing resources with wisdom and foresight.

As part of communicating strategically, CARNA staff offered 105 Continuing Competence education sessions with more than 1,142 CARNA members attending. These education sessions are designed to assist members in understanding the reflective practice process, how to document continuing competence activities and provide information on the annual questionnaire/document audit. CARNA staff also provided members with support and guidance on the reflective practice process through in-person consultations, telephone conversations, email correspondence and group meetings. In addition, nine articles related to the Continuing Competence Program were published in *Alberta RN* during the practice year.

Looking ahead, CARNA and its Competence Committee will conduct a Continuing Competence Program review to determine the need for other methods of ensuring continuing competence in addition to reflective practice and practice visits.

Members
Bridget Faherty, Chair
Nicole Barrett, Vice Chair
Ann Bevan
Jane Manning
April Boddy
Carol Brouwer
Debbie Germaine

Nursing Education Program Approval Board

The Nursing Education Program Approval Board (NEPAB) reviews and approves Alberta nursing education programs leading to initial entry-to-practice as a registered nurse and nurse practitioner education programs. The reviews are completed to ensure that these programs are in compliance with NEPAB's nursing education standards.

As of December 2008, all of Alberta's entry-level registered nursing education programs had begun the review process to ensure compliance with NEPAB's standards. In the past year, NEPAB approved two new nursing education programs; Between fall 2006 and December 2008, NEPAB completed 12 full reviews as part of the transition to new standards introduced as a result of HPA in 2005. In July 2009, NEPAB released a revised *List of Approved Nursing Education Programs Leading to Initial Entry to Practice as a Registered Nurse*. With the initial program review complete as part of the transition to the new nursing education standards

NEPAB will, for the first time since they began program approvals in 2001, begin a more stable cycle of program reviews for re-approval within the next year.

Since the approval of CARNA's new entry-to-practice competencies (ETP Cs) in 2006, NEPAB has shifted the earlier focus of extensive reporting on competencies at the course level, to a more substantive reporting on the results of program self-evaluation of how the competencies are being applied to the evaluation of student and graduate performance – or outcomes. Information on NEPAB's revised ETP Cs reporting requirements were shared with educational institutions during information sessions held during March and April 2009. A transition schedule to the new ETP Cs reporting requirements was subsequently developed and forwarded to the educational institutions in June 2009.

NEPAB also updated their approval mechanism and implemented a number of additional changes to their approval and re-approval processes. This included updating the definition and reporting requirements for new programs, and clarifying the self-report submission expectations.

As part of NEPAB's ongoing efforts to streamline internal processes and improve efficiency, an external consultant was hired to examine NEPAB's approval and re-approval processes, and determine key workload areas. Preliminary findings were presented in May 2009, and NEPAB determined the following areas warranted further examination:

- the feasibility of incorporating site visits into the program approval and re-approval process
- implications of providing NEPAB members with summary reports
- alternatives to face-to-face meetings
- need to maintain open and ongoing communications with key stakeholders
- the NEPAB evaluation framework

The 2009 reporting year marked the first year that NEPAB assumed the authority to approve nursing education programs leading to initial entry-to-practice as a nurse practitioner (NP). Although NEPAB has already begun work on developing the necessary approval requirements, factors such as proposed changes to the *Registered Nurses Profession Regulation* (2005), the work of national regulatory working groups, and potential revisions to the Canadian Nurses Association *Canadian Nurse Practitioner Examination Core Competencies Framework* (2005) will undoubtedly impact the development of NEPAB's requirements.

Looking ahead, NEPAB will continue to focus its efforts on the development of the nurse practitioner reporting requirements, and ensuring Alberta's educational institutions understand the new ETP Cs requirements. Work will also continue on refining and improving NEPAB's internal processes and policies.

Members

Alberta Nursing Education Administrator Representatives
Joanne Profetto-McGrath, Chair
Jean Harrowing, Vice Chair
Florence Mechior

Registered Nurse Representatives
Elizabeth Tanti
Carol Ulliac, Vice Chair
Lincoln Taylor

Alberta Health Services Representatives
Heather Crawford
Annjanette Weddell
Ellen Billay (until March 2009)

Public Representative
Douglas Fletcher (as of June 2009)

Regulatory Committees

Professional Conduct Committees

Since the *Health Professions Act* (HPA) came into effect for RNs on Nov. 30, 2005, CARNA has been administering a dual system regarding complaints. Under the transitional provisions of Schedule 24 of HPA, all complaints received up to Nov. 30, 2005 must be completed according to the provisions of the *Nursing Profession Act* (NPA) by persons or committees identified under HPA. In this report, complaints received before Nov. 30, 2005 are referred to as NPA complaints while those received after Nov. 30, 2005 are referred to as HPA complaints.

From Oct. 1, 2008 to Sept. 30, 2009, CARNA managed 321 complaints: 12 were NPA complaints and 309 were HPA complaints. Of the 309 HPA complaints, nearly half (146) were complaints carried over from the previous reporting year. Of the 163 complaints received during the 2009 reporting year, employers initiated 72 per cent (117), with 10.4 per cent (17) initiated by co-workers, and 6.7 per cent (11) initiated by patients. The Complaints Director dismissed 46 complaints: six prior to investigation and 40 following an investigation. Another 36 complaints were either resolved by the complainant and the investigated person or withdrawn by the complainant. At year-end, 164 complaints – both HPA and NPA – remain under investigation.

Although the number of new complaints for this past reporting year did not increase significantly over last year (163 for 2009 versus 152 for 2008), CARNA identified a number of troubling trends. Specifically, committee members noted an increase in the number of hearings in which illness or drug dependency is a significant contributor to unprofessional conduct including the theft of medications or falsification of patient records to cover the theft of drugs or error. Likewise, unprofessional behaviour toward co-workers and behaviour shared on social networking sites like Facebook has increased.

Hearing Tribunals

During the 2008/2009 practice year, the Hearing Tribunals completed 25 HPA hearings and held 13 meetings to deal with issues of rehabilitation and compliance with an NPA or HPA discipline order. Many of these hearings were more complex than those seen in previous years. There was also an increase in the number of hearings that were contested by members, with five contested hearings totaling 19 separate hearing days. All of those hearings are expected to be resolved in the 2010 membership year.

Panel members preside at hearings against both HPA and NPA complaints, and at regularly scheduled rehabilitation meetings to determine if a disciplined member has complied with an order resulting from a hearing. Hearing Tribunals are appointed by the Hearing Director, with each tribunal heard by a panel of two to three RN members, as well as one public representative.

RN Members
Betty Anderson
Heather Anderson
Elenor Benterud
John Bradbury (effective Oct. 5, 2008)
Susanne Brick (effective June 5, 2009)
Geraldine Gordon
James Graham
Mary Haase (term ended June 2, 2009)
Valerie Hall (term ended Oct. 30, 2008)
Willemyntje (Willy) Kabotoff (effective Sept. 18, 2009)
Geraldine Lasiuk (effective Sept. 18, 2009)
Rosemary McGinnis
Kim Nickel (effective Sept. 18, 2009)
Brenda Solberg
Donna Spaner
Kathleen (Joan) Thors
Colleen Zimmel

In addition, the following public representatives participated in Hearing Tribunals

Gordon Dunn
Larry Kelly
Lawrence Tymko
Barry Whistlecraft
Aaron Zelmer
Diane Adams

Complaint Review Committee

During the 2008/2009 practice year, the Complaint Review Committee undertook 13 complainant reviews regarding HPA complaints, all of which were dismissed by the committee. In one situation, the committee sent the matter back for further investigation, and upon receipt of the information, upheld the dismissal of the Complaints Director. The Complaint Review Committee is responsible for both Complainant Appeals and Alternative Complaint Resolution (ARC) Agreement Review.

Under HPA, if a complainant requests a review of the dismissal of an HPA complaint, the Complaint Review Committee must review the HPA investigation report and any further information to determine whether to uphold the dismissal, refer the matter to a hearing or request further investigation. The Complaint Review Committee must also review any proposed settlement agreement arising from alternative complaint resolution. The Committee has the authority to ratify an agreement, refuse to ratify an agreement or, with the consent of the parties, amend and then ratify the agreement.

Complaint Review Committees are appointed by the Hearings Director and are comprised of two or three RN members and one public representative.

RN Members
Carol Anderson
Leanne Betts (effective Dec. 5, 2008)
Donelda Danforth
Nancy Goddard (effective Dec. 5, 2008)
Valerie Hall (effective Dec 5. 2008)

In addition, the following public representatives participated in the complainant appeals of the Complaint Review Committees.

Barry Whistlecraft
Michael Dungey

Appeals Committee

During the 2008/2009 practice year, one appeal to the panel of council was completed following the hearing of an HPA complaint. In that appeal, the panel upheld the finding of unprofessional conduct and the sanction imposed by the Hearing Tribunal. A second appeal was withdrawn by the member.

The Hearings Director is authorized to appoint a panel of council from the Appeals Committee to hear appeals. The panel of council consists of at least three people: two regulated members and one public representative. The panel may uphold, overturn, or vary the original decision made by the Hearing Tribunal, or refer the matter to the Hearings Director to be re-heard before a different Hearing Tribunal. The panel is also responsible for presiding at appeals regarding HPA and applying HPA. The panel has the authority to handle requests for a variation of an order pursuant to section 93 of HPA and to handle appeals of the member from a direction of the Complaints Director made under section 118 (incapacity).

The investigated person or the Complaints Director may appeal a decision made by the Hearing Tribunal to a panel of council within 30 days of receipt of the decision.

Provincial Council appoints five members to the Appeals Committee, which consists of three regulated members and two public representatives.

Members
Cheryl Deckert
Maureen Jamison
Scott Fielding
Margaret Hunziker (Public Representative)
Mark Zivot (Public Representative)

Disposition of Complaints lodged under *Health Professions Act*

Oct. 1, 2008 – Sept. 30, 2009

The following table lists statistics regarding complaints dealt with in the 2008–2009 membership year.

Action Taken	For complaints received in the 2008–2009 membership year	Notes	For complaints initially received in a previous membership year	Notes	Total HPA complaints on which action was taken in 2008–2009
Total for 2008–2009	163		146		309
Resolved by Complaints Director or parties (s. 55(2)(a) or (a.1)) Encourage complainant and investigated person to communicate and resolve; or with consent of parties, Complaints Director attempts to resolve	36	Complainant was satisfied with discipline imposed at the workplace; or complainant withdrew complaint	0		36
Referred to Alternative Complaint Resolution (ACR) by Complaints Director (s. 55(2)(b) HPA)	0	ACR was offered in 7 cases. In all cases the complainant refused to participate in ACR.	0	ACR was offered in 4 cases. In all cases the complainant refused to participate in ACR.	0
Request Expert to assess and write report on subject matter of complaint (s. 55(2)(c) HPA)	0		0		0
Referred to investigation by Complaints Director on receipt of complaint (s. 55(2)(d) HPA)	117		138	Investigation may have been completed in a prior membership year or ongoing in this membership year.	255
Dismissed by Complaints Director Prior to Investigation [s. 55(2)(e) or (f) HPA) After Investigation (s. 66 HPA)	7	6 prior to investigation 1 after investigation	39	All after investigation	46 (6 prior to investigation; 40 after investigation)
Being managed under section 118 (incapacity) by Complaints Director (s. 55(2)(g) HPA)	2	1 resolved & undertaking was lifted; 1 remains under an undertaking to not practice pending proof of fitness to practice	4	All remain under an undertaking to not practice pending proof of fitness to practice	6
Complaint Review Committees: ACR meetings to review ACR agreements	0		0		0
Complaint Review Committees: Complainant Appeal	0		13	All upheld dismissal of complaint; In one case the CRC requested further investigation and subsequently upheld the dismissal by the complaints director	13
Hearing Tribunals: Hearings	1	Sanction: reprimand & stipulations	24	Sanction: 3 reprimand only; 21 reprimands & stipulations; 1 dismissal	25

Continued on the next page.

Continued Disposition of Complaints lodged under the Health Professions Act

Action Taken	For complaints received in the 2008–2009 membership year	Notes	For complaints initially received in a previous membership year	Notes	Total HPA complaints on which action was taken in 2008–2009
Appeals completed After Hearing (To Appeals Committee's Panel of Council or Court of Appeal)	0		1	1 appeal from a member completed: AC upheld findings and sanction of the Hearing Tribunal. A second appeal was withdrawn by a member. Two other appeals have been launched but not yet heard. A section 93 application has been launched but not completed.	1
Active investigations (cases still under investigation at year end)	111		49		160
Referred to Hearing By Complaints Director (case has been referred to hearing but hearing not completed or not commenced as of year end)	4		25	4 contested hearings have commenced – using 19 hearing days. 1 hearing is adjourned sine die and not expected to be completed.	29

Note: There are at least 50 HPA cases at the post hearing, active rehabilitation phase, with members in the process of complying with the Order of the Hearing Tribunal.

Disposition of Complaints continuing from previous years and lodged under the *Nursing Profession Act*

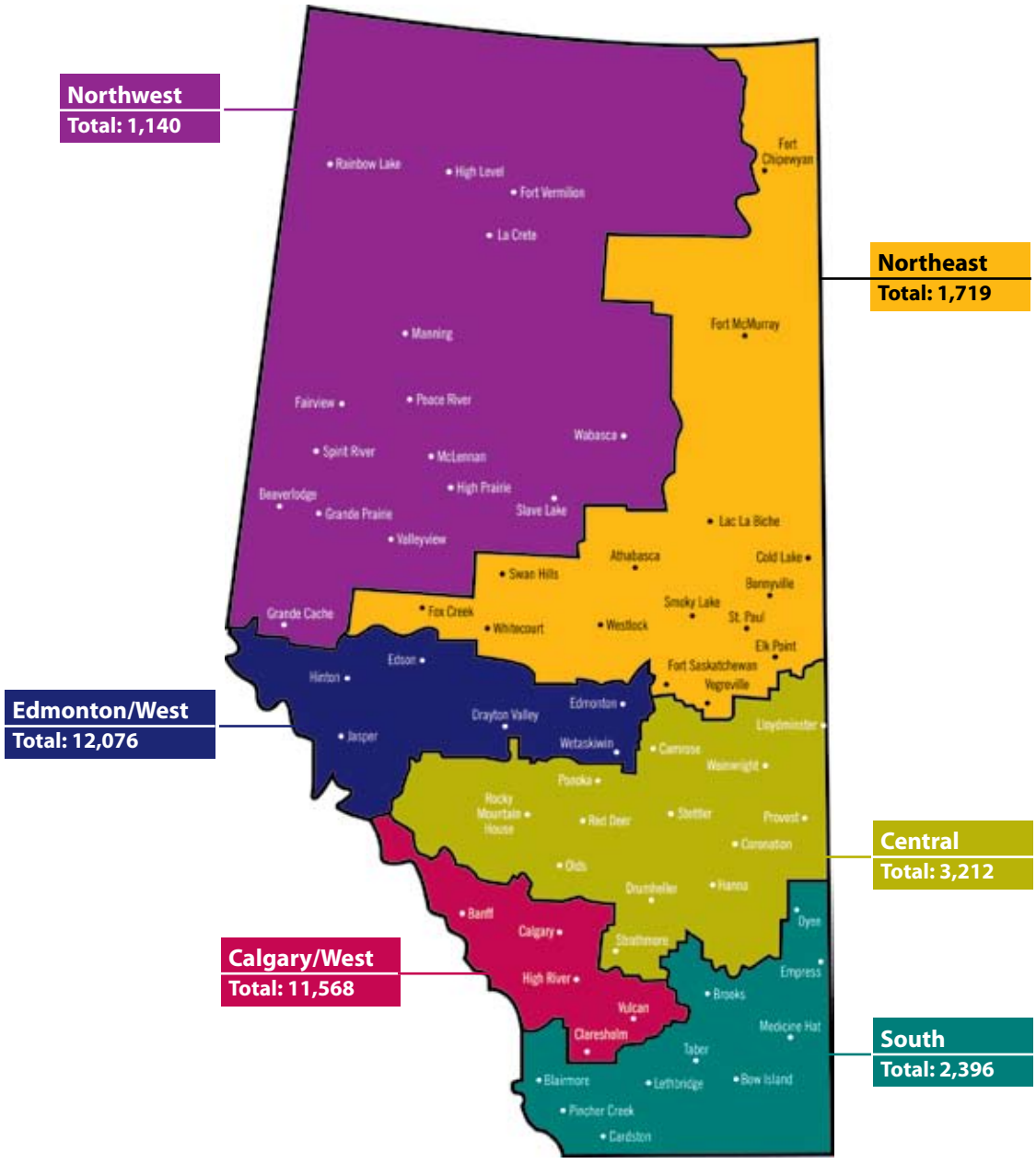
Oct. 1, 2008 – Sept. 30, 2009

The following table lists statistics regarding complaints continuing from previous years dealt with in the 2008–2009 membership year.

Action Taken in 2008–2009	Total	Notes
Total for 2008-2009	12	
Complaints dismissed after investigation	0	
Complainant Appeals	0	
Hearings	1	unskilled practice Sanction: reprimand and stipulation
Appeals after Hearing (Panel of Council presided)	0	
Investigations (case still under investigation)	4	All 4 are under an undertaking or have lapsed practice and are not expected to return to nursing.
Referred to Hearing (case has been referred to hearing but hearing not completed or commenced)	7	All 7 are under an undertaking or have lapsed practice. 5 are not expected to return to nursing

Note: In addition, there are at least 15 files open for persons who are still in the process of complying with an order of the Professional Conduct Committee after a hearing.

Distribution of CARNA Practicing Members as of Sept. 30, 2009



Registration Status	CARNA Region: Calgary/ West	Central	Edmonton/ West	Northeast	Northwest	South	Outside Alberta	Grand Total
Nurse Practitioner	78	10	150	6	11	2	13	270
Registered Nurse	11,047	3,100	11,424	1,662	1,065	2,339	718	31,355
Certified Graduate Nurse	13	1	16	4	5	1		40
RN/Graduate NP	9	2	20	1	3	1	2	38
Graduate Nurse	403	97	461	46	56	53	22	1,138
Limited Temporary Permit	18	2	5					25
Grand Total Members	**11,568**	**3,212**	**12,076**	**1,719**	**1,140**	**2,396**	**755**	**32,866**

Demographic Profile of Nursing in Alberta

2009 2008

Working Status

Employed on a regular basis, full time

37.2%
38.1%

Employed on a regular basis, part time

41.8%
42.5%

Employed on a casual basis

13.6%
13.2%

Remainder are employed in other industries and seeking employment in nursing, employed in other and not seeking employment in nursing, not employed and seeking employment in nursing, not employed and not seeking employment in nursing, did not respond or are on leave.

Top Three Employment Sectors*

Hospital

58%
58%

Nursing home or in long-term care

6.5%
6.1%

Community health agency

6.2%
6.4%

**Note: Employment sector for 7.6% of applicants was not reported.*

Highest Level of Nursing Education

Diploma

47.9%
50.3%

Baccalaureate

48.2%
46.2%

Masters

3.4%
3.2%

Doctorate

<1%
<1%

Age

51 or older

33.9%
33.5%

41 to 50

24.2%
25.1%

31 to 40

23.2%
22.9%

30 and under

18.7%
18.5%

Gender

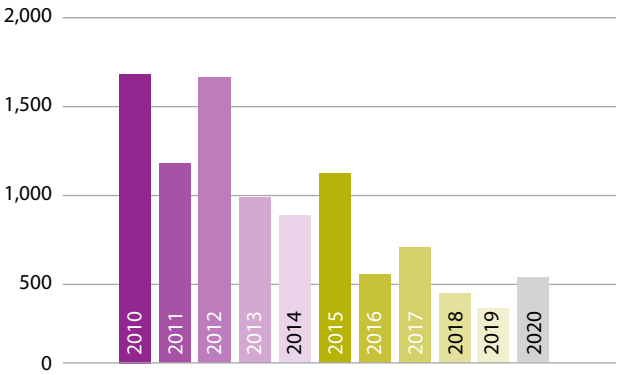
Male

5.0%
4.7%

Female

95%
95.3%

Expected Losses to Retirement 2010–2020



**Note: Expected losses are based on number of RNs over 50 reporting projected year of retirement to CARNA.*

Registration Statistics

Table 1: Practicing Members by Status at Sept. 30, 2009

	2009	2008
Registered Nurse	31,343	30,391
Nurse Practitioner	270	257
Graduate Nurse	1,138	1,075
CGN	40	43
RN/Graduate Nurse Practitioner	38	n/a
Limited Temporary Permit	25	66
Temporary Permit Renew	n/a	144
Courtesy	12	40
TOTAL Practicing Members	**32,866**	**32,016**

Table 2: Non-practicing Member to Practicing Between Oct. 1, 2008 to Sept. 30, 2009

	2009	2008
Associate/Retired to RN	394	387
Former Member to RN	31	52
Suspended to RN	171	58
Total Practicing RN	**596**	**497**

Table 3: Non-regulated Members/Non-practising as at Sept. 30, 2009*

	2009	2008
Associate	1,211	1,181
Honourary	0	n/a
Initial Non-Practicing	81	104
Retired Nurse	504	501
Student	17	16
Former Member	458	457
Total non-regulated/non-practicing	**2,271**	**2,259**

Table 4: Temporary Permits (TPs) Issued to Graduate Nurse Members between Oct. 1, 2008 to Sept. 30, 2009

	2009	2008
Restricted Temporary Permit	14	2
Temporary Permit (Alberta)	1,214	1,277
Temporary Permit (Canadian)	93	110
Temporary Permit (International)	281	277
Temporary Permit (Renew)	380	214
Total	**1,982**	**1,880**

Table 5: Initial RN Practice Permits Issued Between Oct. 1, 2008 to Sept. 30, 2009 by Geographic Origin (number and percent of total)

	2009	2008
Alberta Graduate Registrations	1,231 (58.82%)	1,279(60.24%)
Other Canadian Registrations	512 (24.46%)	654 (30.80%)
Non-Canadian Registrations	350 (16.72%)	190 (8.94%)
Total Initial RN Practice Permits	**2,093**	**2,123**

Table 6: Initial Practice Permits Issued to Alberta Graduates by Type of Nursing Education Program since 1999

	Diploma		Baccalaureate	
	College	Hospital*	University	Total
2009	133	–	1,098	1,231
2008	243	–	1,036	1,279
2007	171	1	1,009	1,181
2006	247	1	1,034	1,282
2005	262	0	641	903
2004	256	0	804	1,060
2003	151	0	618	769
2002	141	1	506	648
2001	124	2	456	582
2000	88	0	456	544
1999	97	5	373	475

**Alberta hospital schools of nursing have been closed for several years. Numbers reporting initial registration of Alberta graduates of hospital programs refer to graduates from those closed programs who are only now finalizing their nursing registration in Alberta.*

Registration Statistics

Table 7: Geographic Origin of Canadian RNs Issued Practice Permits by Province or Territory

This table shows the geographic origin of RNs who were issued a practice permit in Alberta for the first time in 2009 compared to the previous four years.

	2005	2006	2007	2008	2009
British Columbia	68	81	120	126	86
Alberta	**903**	**1,282**	**1,181**	**1,279**	**1,231**
Saskatchewan	58	68	66	55	50
Manitoba	48	58	78	54	34
Ontario	108	134	196	181	159
Quebec	11	19	22	35	29
New Brunswick	14	29	43	31	28
Nova Scotia	39	46	60	70	54
Prince Edward Island	5	5	10	9	4
Newfoundland and Labrador	32	78	93	75	60
Yukon			–	2	1
Northwest Territories and Nunavut	4	3	6	16	7
CANADA TOTAL	**1,290**	**1,803**	**1,875**	**1,933**	**1,743**

Table 8: Geographic Origin of International Educated RNs Issued Practice Permits by Continent

This table shows the geographic origin of RNs who were issued a practice permit in Alberta for the first time in 2009 compared to the previous four years.

	2005	2006	2007	2008	2009
Africa	7	8	9	5	22
Asia	81	82	113	91	215
Europe	32	21	29	44	64
North America *Excluding Canada	13	14	26	29	30
Oceana	8	4	8	15	17
South America	0	3	0	0	2
Central America		1	1	1	0
INTERNATIONAL TOTAL	**141**	**133**	**186**	**185**	**350**

Statement of Financial Position

September 30, 2009

		2009		2008
ASSETS				
CURRENT				
Cash and cash equivalents	**$**	**18,512,774**	$	16,365,083
Accounts receivable		**113,429**		158,523
Prepaid expenses		**591,969**		590,144
		19,218,172		17,113,750
INVESTMENTS		**4,395,809**		4,043,827
CAPITAL ASSETS		**3,388,567**		3,699,997
	$	**27,002,548**	$	24,857,574
LIABILITIES AND NET ASSETS				
CURRENT				
Accounts payable and accrued liabilities	**$**	**471,836**	$	1,023,876
Accrued vacation payable		**431,589**		335,873
Deferred registration fee revenue		**13,474,833**		11,398,626
Deferred grants		**667,088**		507,477
Deferred contributions relating to capital assets		**2,581,100**		2,391,892
Deferred contributions relating to Legacy Project		**89,604**		72,796
Callable debt		**950,000**		1,250,000
		18,666,050		16,980,540
ACCRUED PENSION BENEFIT LIABILITY		**61,600**		175,200
		18,727,650		17,155,740
NET ASSETS				
Invested in capital assets		**837,824**		844,892
Internally restricted		**110,355**		194,763
Unrestricted fund		**7,238,102**		6,657,035
Cumulative net unrealized gains on available for sale financial assets		**88,617**		5,144
		8,274,898		7,701,834
	$	**27,002,548**	$	24,857,574

The complete audited financial statements are available at www.nurses.ab.ca.

Statement of Operations

Year Ended September 30, 2009

	2009	2008
REVENUE		
Registration fees	**$ 12,293,498**	$ 10,298,658
CNA affiliate fee	**(1,610,011)**	(1,544,798)
Other fees	**2,184,189**	1,743,153
Grants	**1,014,419**	655,465
Amortization of deferred capital contributions	**476,252**	399,010
Investment income	**346,381**	568,004
Advertising	**289,792**	233,245
Sundry	**112,079**	94,590
Annual general meeting	**33,827**	39,761
	15,140,426	12,487,088
EXPENSES		
Registration services	**$ 4,167,202**	$ 2,857,871
Corporate services	**3,149,861**	2,798,974
Policy and practice	**2,502,855**	2,059,965
Communication	**2,003,511**	1,615,229
Professional conduct	**1,359,056**	1,276,660
Governance	**1,014,222**	874,787
Amortization	**483,320**	407,165
	14,680,027	11,890,651
EXCESS OF REVENUE OVER EXPENSES BEFORE OTHER ITEMS	**460,399**	596,437
OTHER ITEMS		
Pension obligation adjustment	**113,600**	165,700
Staff development fund	**(12,484)**	(19,601)
Project consulting	**(71,924)**	(87,110)
	29,192	58,989
EXCESS OF REVENUE OVER EXPENSES	**$ 489,591**	$ 655,426

Statement of Changes in Net Assets

Year Ended September 30, 2009

	Invested in Capital Assets	Internally Restricted	Unrestricted Fund	**2009**	2008
BALANCE, BEGINNING OF YEAR	$ 844,892	$ 194,763	$ 6,657,035	**$ 7,696,690**	$ 7,041,264
Excess of revenue over expenses	(7,068)	(84,408)	581,067	**489,591**	655,426
Subtotal, end of year	837,824	110,355	7,238,102	**8,186,281**	7,696,690
Accumulated gains, beginning of year	–	–	5,144	**5,144**	341,724
Unrealized gains (losses) on available for sale financial assets arising during the period	–	–	83,473	**83,473**	(336,580)
Accumulated gains included directly in the Statement of Changes in Net Assets	–	–	88,617	**88,617**	5,144
BALANCE, END OF YEAR	$ 837,824	$ 110,355	$ 7,326,719	**$ 8,274,898**	$ 7,701,834

COLLEGE & ASSOCIATION
OF REGISTERED NURSES
OF ALBERTA

Vision

Excellence in nursing regulation and practice for the health of all Albertans

Mission

The College and Association of Registered Nurses of Alberta serves the public by regulating registered nurses in order to promote and support safe, competent, ethical nursing care and providing progressive, innovative leadership that encourages professional excellence and influences health policy.

11620 – 168 Street
Edmonton, Alberta T5M 4A6
Tel: 780.451.0043 or 1.800.252.9392
Fax: 780.452.3276
e-mail: carna@nurses.ab.ca
www.nurses.ab.ca

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