

COLLEGE AND ASSOCIATION OF REGISTERED NURSES OF ALBERTA

DECISION OF THE HEARING TRIBUNAL

RE: CONDUCT OF **VALERIE JOHNSON**, R.N. REGISTRATION #**95,848**

AS A RESULT OF A HEARING HELD BEFORE

THE HEARING TRIBUNAL

OF THE

COLLEGE AND ASSOCIATION OF REGISTERED NURSES OF ALBERTA

11120 178 STREET

EDMONTON, ALBERTA

ON

FEBRUARY 5, 2020

INTRODUCTION

A hearing was held on February 5, 2020 at the College and Association of Registered Nurses of Alberta (“CARNA”) by the Hearing Tribunal of CARNA to hear four complaints against Valerie Johnson, R.N. registration #95,848.

Those present at the hearing were:

a. Hearing Tribunal Members:

Lisa Heighington, Chairperson
Tracy Cowden
Carol Brouwer
Nancy Brook, Public Representative

b. Independent Legal Counsel to the Hearing Tribunal:

Julie Gagnon

c. CARNA Representative:

Gwendolyn Parsons, Conduct Counsel

d. Regulated Member Under Investigation:

Valerie Johnson (sometimes hereinafter referred to as “the Regulated Member”)

e. Regulated Member’s Labour Relations Officer:

Brady Holroyd

PRELIMINARY MATTERS

Conduct Counsel and the Labour Relations Officer for the Regulated Member confirmed that there were no objections to the composition of the Hearing Tribunal or to the Hearing Tribunal’s jurisdiction to proceed with the hearing. No preliminary applications were made.

The Chairperson noted that pursuant to section 78 of the *Health Professions Act*, RSA 2000, c. H-7 (“HPA”), the hearing was open to the public. No application was made to close the hearing.

Conduct Counsel confirmed that the matter was proceeding by Agreement.

ALLEGATIONS AND ADMISSION

Conduct Counsel noted that there were three Notices to Attend a Hearing (addressing four complaints) for this hearing. Conduct Counsel noted small grammatical changes and an error in the initials of one patient, which the Hearing Tribunal agreed to amend in the Notices to Attend.

The Allegations in the Notices to Attend are as follows:

First Amended Notice to Attend (Complaints 1 and 2):

While employed as a Registered Nurse at the [site redacted], Alberta Health Services (AHS), [city redacted], Alberta, your practice fell below the standard expected of an RN when, despite prior warnings and development of a learning plan to address ongoing documentation concerns,

1. On or about October 11, 2017, you failed to document in a timely manner, in Meditech, your immunizations of [Patient 1] and her [Infant 1].
2. On or about February 6, 2018, you failed to complete your documentation of a home visit to [Infant 2] in a timely manner.
3. On or about May 31, 2018, you:
 - a. failed to document your immunizations and assessment of [Infant 3] in a timely manner;
 - b. failed to document your immunizations and assessment of [Infant 4] in a timely manner; and
 - c. failed to document your immunizations of [Infant 5] in a timely manner.
4. On or about June 1, 2018, you failed to complete your documentation of your assessments of [Patient 2] and her [Infant 6] in a timely manner.
5. On or about June 4, 2018, you failed to complete your documentation of your assessment in a timely manner of:
 - a. [Patient 3];
 - b. [Patient 4]; and
 - c. [Infant 7].
6. On or about June 5, 2018, you:
 - a. failed to document your immunizations and assessment of [Infant 8] in a timely manner; and
 - b. failed to document your immunizations and assessment of [Infant 9] in a timely manner.

Second Notice to Attend (Complaint 3)

While employed as a Registered Nurse (RN) at the [site redacted], Alberta Health Services (AHS), [city redacted], Alberta, your practice fell below the standard expected of an RN when, despite prior warnings, suspensions and development of a learning plan to address ongoing documentation concerns,

1. On or about October 12, 2017, you:
 - a. failed to document in Meditech or document that you had administered the immunizations to infant [Patient 1];
 - b. failed to fully document your assessment of [Patient 1] in the Infant/Preschool Assessment;
 - c. caused unnecessary distress to the mother of infant [Patient 1] when your actions resulted in possible re-immunization of infant [Patient 1] due to the lack of confirmation of the October 12, 2017 immunization.

2. On or about October 3, 2018, you:
 - a. failed to document in Meditech your immunizations of infant [Patient 2] in a timely manner; and
 - b. failed to document your immunizations of infant [Patient 3] in a timely manner.
3. On or about October 20, 2018, you failed to document the Travel Clinic visit of [Patient 4], including the information and/or advice you provided to [Patient 4], in a timely manner.
4. On or about October 20, 2018, you failed to document the Travel Clinic visit of infant [Patient 5], including the information and advice you provided to [Patient 4], father of infant [Patient 5], in a timely manner.
5. On or about October 25, 2018, you:
 - a. failed to document in Meditech your immunizations of infant [Patient 6] which delayed completion of an Adverse Event Following Immunization (AEFI) Report by an RN colleague;
 - b. failed to fully complete the Infant/Preschool Assessment documentation on [Patient 6].

Third Notice to Attend (Complaint 4)

While employed as a registered nurse at the [site redacted], Alberta Health Services (AHS), [city redacted], Alberta, your practice fell below the standard expected of an RN when:

1. On or about June 6, 2019 you failed to document, in Meditech, the immunization that you had given to [Patient 1],
2. On or about July 4, 2019, you failed to document, in Meditech, the immunization that you had given to [Patient 2].

The Regulated Member has admitted to the conduct in the Allegations in the Agreement (Exhibit #4).

EXHIBITS

The following documents were entered as Exhibits:

Exhibit #1 – First Amended Notice to Attend a Hearing by the Hearing Tribunal of the College and Association of Registered Nurses of Alberta dated December 13, 2019;

Exhibit #2 – Second Notice to Attend a Hearing by the Hearing Tribunal of the College and Association of Registered Nurses of Alberta dated December 13, 2019;

Exhibit #3 – Third Notice to Attend a Hearing by the Hearing Tribunal of the College and Association of Registered Nurses of Alberta dated December 13, 2019;

Exhibit #4 – Agreement between Valerie Johnson #95,848 and Gwendolyn Parsons, Conduct Counsel;

Exhibit #5 – CARNA Practice Standards for Regulated Members (“Practice Standards”) and 2017 Edition of the Canadian Nurses Association Code of Ethics for Registered Nurses (“Code of Ethics”);

Exhibit #6 – Joint Recommendations;

Exhibit #7 – Excerpt from *Jaswal v. Newfoundland Medical Board*;

Exhibit #8 – Outlines for MacEwan University Courses NURS 0162, NURS 0101, and NURS 0161.

SUBMISSIONS ON THE ALLEGATIONS

Submissions by Conduct Counsel:

Conduct Counsel thanked the Labour Relations Officer for the Regulated Member and the Regulated Member for their cooperation in reaching an agreement. She noted that there were three Notices to Attend, which addressed four complaints. The admissions by the Regulated Member are in the Agreement (Exhibit #4).

Conduct Counsel submitted that the conduct constitutes unprofessional conduct under section 1(1)(pp) of the HPA. Conduct Counsel noted that the following Practice Standards were applicable: Standards 1.1, 1.2, 1.4, 2.2, 2.3, 2.4, 2.5, 2.7, 3.2, 3.4, 4.2, 5.2, 5.3, 5.6. Conduct Counsel also noted that the following provisions from the Code of Ethics applied: A1, A3, A7, A15, B4, D6, F8, G1, G4. Conduct Counsel noted there may be other applicable provisions, but that in her view, these were applicable.

Submissions by the Labour Relations Officer for the Regulated Member:

The Regulated Member’s Labour Relations Officer advised he had no submissions on the Allegations.

Questions from the Hearing Tribunal:

After reviewing Exhibits #1, 2, 3 and 4 and considering the matter, the Hearing Tribunal advised the parties that it was considering making a finding of unprofessional conduct under sections (1)(1)(pp)(i), (ii) and (xii) of the HPA. Both Conduct Counsel and the Labour Relations Officer for the Regulated Member were asked if they had any submissions on these provisions of the HPA and each indicated they had no submissions.

The Hearing Tribunal advised the parties it was also considering a finding that Standards 4.1 and 5.5 were breached as well as provisions A5 and A12 of the Code of Ethics. Both Conduct Counsel and the Labour Relations Officer for the Regulated Member were asked if they had any submissions on these provisions and each indicated they had no concerns with these additions.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON THE ALLEGATIONS

The Hearing Tribunal has reviewed the exhibits and considered the submissions made by Conduct Counsel.

The Hearing Tribunal considered the definition of unprofessional conduct under section (1)(1)(pp) of the HPA. The Hearing Tribunal finds that the Allegations are proven and that the Regulated Member's conduct constitutes unprofessional conduct under section (1)(1)(pp) of the HPA, as follows:

Unprofessional conduct means one or more of the following, whether or not it is disgraceful or dishonourable:

- (i) displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- (ii) contravention of this Act, a code of ethics or standards of practice;
- (xii) conduct that harms the integrity of the regulated profession.

In determining that the Allegations are proven, the Hearing Tribunal accepted the Regulated Member's admission to the conduct in all thirteen Allegations. In addition, the Hearing Tribunal finds that the Agreement (Exhibit #4) supports a finding on all Allegations.

The Hearing Tribunal also considered that the Regulated Member had received several prior warnings about her documentation. In June 2017, the Regulated Member received a Letter of Expectation from her manager (Exhibit #4, Appendix G). In October 2017, she received a Letter of Warning (Exhibit #4, Appendix H). She received a suspension from her employer at the time each complaint was made by her Manager to CARNA. She received a one day suspension at the time the first complaint was made, a three day suspension when the second complaint was made, and a five day suspension each of the times the third and fourth complaints were made.

On August 29, 2019, a Deputy Registrar of CARNA imposed conditions on the Regulated Member's practice permit, pursuant to section 65 of the HPA. She has been practicing under conditions since then.

The Hearing Tribunal finds that the Regulated Member breached Practice Standards: 1.1, 1.2, 1.4, 2.2, 2.3, 2.4, 2.5, 2.7, 3.2, 3.4, 4.1, 4.2, 5.2, 5.3, 5.5, 5.6, as follows:

Standard One: Responsibility and Accountability

The nurse is personally responsible and accountable for their nursing practice and conduct.

Indicators

- 1.1 The nurse is accountable at all times for their own actions.
- 1.2 The nurse follows current legislation, standards and policies relevant to their practice setting.
- 1.4 The nurse practices competently.

Standard Two: Knowledge-Based Practice

The nurse continually acquires and applies knowledge and skills to provide competent, evidence-informed nursing care and service.

Indicators

- 2.2 The nurse uses appropriate information and resources that enhance client care and the achievement of desired client outcomes.
- 2.3 The nurse uses **critical inquiry** in collecting and interpreting data, planning, implementing and evaluating all aspects of their nursing practice.
- 2.4 The nurse exercises reasonable judgment and sets justifiable priorities in practice.
- 2.5 The nurse documents timely, accurate reports of data collection, interpretation, planning, implementation and evaluation of nursing practice.
- 2.7 The nurse applies nursing knowledge and skill in providing safe, competent, ethical care and service.

Standard Three: Ethical Practice

The registered nurse complies with the *Code of Ethics* adopted by the Council in accordance with Section 133 of *Health Professions Act* and CARNA bylaws (CARNA, 2012).

Indicators

- 3.2 The nurse protects and promotes a client's right to autonomy, respect, privacy, dignity and access to information.
- 3.4 The nurse communicates effectively and respectfully with clients, significant others and other members of the **health care team** to enhance client care and safety outcomes.

Standard Four: Service to the Public

The nurse has a duty to provide safe, competent and ethical nursing care and service in the best interest of the public.

Indicators

- 4.1 The nurse coordinates client care activities to promote continuity of **health services**.
- 4.2 The nurse collaborates with the client, significant others and other members of the health-care team regarding activities of care planning, implementation and evaluation.

Standard Five: Self-Regulation

The nurse fulfills the professional obligations related to self-regulation.

Indicators

- 5.2 The nurse follows all current and relevant legislation and regulations.
- 5.3 The nurse follows policies relevant to the profession as described in CARNA standards, guidelines and position statements.
- 5.5 The nurse practices within their own level of **competence**.
- 5.6 The nurse regularly assesses their practice and takes the necessary steps to improve personal competence.

The Hearing Tribunal finds that the Regulated Member breached provisions A1, A3, A5, A7, A12, A15, B4, D6, F8, G1, G4 of the Code of Ethics, as follows:

A. Providing Safe, Compassionate, Competent and Ethical Care

Nurses provide safe, compassionate, competent and ethical care.

Ethical responsibilities:

- 1. Nurses have a responsibility to conduct themselves according to the ethical responsibilities outlined in this document and in practice standards in what they do and how they interact with persons receiving care and other members of the **health-care team**.
- 3. Nurses build trustworthy relationships with persons receiving care as the foundation of meaningful communication, recognizing that building these relationships involves a **conscious** effort. Such relationships are critical to understanding people's needs and concerns.
- 5. Nurses are honest and take all necessary actions to prevent or minimize **patient safety incidents**. They learn from **near misses** and work with others to reduce the potential for future risks and preventable harms (see Appendix B).
- 7. When resources are not available to provide appropriate or safe care, nurses collaborate with others to adjust priorities and minimize harm. Nurses keep persons receiving care informed about potential and actual plans regarding the delivery of care. They inform employers about potential threats to the safety and quality of health care.
- 12. Nurses foster a safe, quality practice environment (CNA & Canadian Federation of Nurses Unions [CFNU], 2015).
- 15. Nurses support each other in providing person-centred care.

B. Promoting Health and Well-Being

Nurses work with persons who have health-care needs or are receiving care to enable them to attain their highest possible level of health and well-being.

Ethical responsibilities:

4. Nurses collaborate with other health-care providers and others to maximize health benefits to persons receiving care and with health-care needs and concerns, recognizing and respecting the knowledge, skills and perspectives of all.

D. Honouring Dignity

Nurses recognize and respect the intrinsic worth of each person.

Ethical responsibilities:

6. Nurses utilize practice standards, best practice guidelines, policies and research to minimize risk and maximize safety, well-being and/or dignity for persons receiving care.

F. Promoting Justice

Nurses uphold principles of justice by safeguarding **human rights**, equity and **fairness** and by promoting the **public good**.

Ethical responsibilities:

8. Nurses work collaboratively to develop a moral community. As part of this community, all nurses acknowledge their responsibility to contribute to positive and healthy practice environments. Nurses support a climate of trust that sponsors openness, encourages the act of questioning the status quo and supports those who speak out in good faith to address concerns (e.g., **whistle-blowing**). Nurses protect whistle-blowers who have provided reasonable grounds for their concerns.

G. Being Accountable

Nurses are accountable for their actions and answerable for their practice.

Ethical responsibilities:

1. Nurses, as members of a self-regulating profession, practice according to the values and responsibilities in the Code and in keeping with the professional standards, laws and regulations supporting ethical practice.
4. Nurses are accountable for their practice and work together as part of teams. When the acuity, complexity or variability of a person's health condition increases, nurses assist each other (LPNAPEI et al., 2014).

The breaches of the Practice Standards and the Code of Ethics are serious and constitute unprofessional conduct. A Regulated Member is accountable for her practice and must practice in accordance with the Practice Standards and Code of Ethics. The Regulated Member exhibited a serious lack of judgment by her ongoing failures to document appropriately despite having received several warnings by her employer. Appropriate documentation is critical to a quality safe practice environment. Failure to document care and medication administration interferes with the continuity of patient care and with effective and healthy nursing teams. The ongoing and repeated nature of the conduct harms the integrity of the nursing profession.

SUBMISSIONS ON SANCTION

The Hearing Tribunal heard submissions on the appropriate sanction.

Submissions by Conduct Counsel:

Conduct Counsel noted there was a joint proposal on sanction and reviewed the Joint Recommendations (Exhibit #6).

Conduct Counsel reviewed the factors in the decision of *Jaswal v. Newfoundland Medical Board* and how those factors applied to the present case.

1. The nature and gravity of the proven allegations: The concerns are serious as they are foundational to nursing. The concerns relate to documentation and assessments and in this case, they represent a big part of the Regulated Member's practice.
2. The age and experience of the member: The Regulated Member has been registered in Alberta since 2013. While she is relatively new, she has been practicing long enough to understand the expectations of her.
3. The previous character of the member: There were prior warnings about the Regulated Member's lack of documentation. This has been ongoing since 2016, when she was told about this issue by her manager and a work plan was put in place.
4. The age and mental condition of the offended patient: The patients here are mainly infants and are the most vulnerable patients who cannot speak for themselves. There are also adult patients who would not know what the Regulated Member is documenting in their files.
5. The number of times the offence was proven to have occurred: There are numerous instances over the course of a couple of years.
6. The role of the registered nurse in acknowledging what occurred: The Regulated Member has acknowledged her failings through the Agreement.
7. Whether the member has already suffered other serious financial or other penalties: The Agreement provides information regarding suspensions imposed by the Regulated Member's employer arising from the four complaints. The first complaint resulted in a one day suspension; the second complaint resulted in a three day suspension; the third and fourth complaints each resulted in a five day suspension. In addition, conditions were imposed on the Regulated Member's practice permit in August 2019.

8. The impact on the offended patient: The conduct at issue represents poor patient care. It resulted in confusion for patients.
9. The presence or absence of any mitigating factors: Conduct Counsel noted that it is difficult to understand why this is an ongoing problem. The three courses, Performance Evaluations and Practice Improvement Plan are geared towards trying to address the problem. Restricting her to practice only where she is currently working is important, to ensure her practice is satisfactory before she can practice elsewhere.
10. The need to promote specific and general deterrence:
11. The need to maintain public confidence:
12. Degree to which offensive conduct is outside the range of permitted conduct:

Conduct Counsel noted that clearly the behaviour is problematic. Documentation is crucial to patient care. It is of an ongoing nature and there continued to be issues with documentation into 2019. Conduct Counsel noted she is hopeful that the Order suggested will result in the Regulated Member addressing the problems. She also noted there is the potential for future discipline if the performance evaluations are not satisfactory.

Submissions by the Labour Relations Officer for the Regulated Member:

The Labour Relations Officer noted that with respect to *Jaswal* factor 6, the Regulated Member acknowledges there are practice issues here. With respect to factor 7, the Regulated Member has already suffered penalties from her employer, as she received suspensions as noted by Conduct Counsel. With respect to factor 10, this will result in specific deterrence, as it will provide the Regulated Member with additional education and the opportunity to reflect on her practice.

Questions from the Hearing Tribunal:

The Hearing Tribunal adjourned to consider the Joint Recommendations. The Hearing Tribunal reconvened and asked for clarification regarding paragraph 4(d) of the Joint Recommendations. Conduct Counsel indicated that the 40 hour requirement was not intended to be continuous hours and that there was flexibility for the RN Manager to determine how this would be implemented.

The Hearing Tribunal expressed concern about the ongoing nature of the issues and the number of instances of lack of documentation. The Hearing Tribunal also expressed its concern that the Regulated Member is dealing with a very vulnerable population, infants. The Hearing Tribunal asked the parties for additional information on the conditions imposed on the Regulated Member's practice permit under section 65 of the HPA. At Exhibit #4, Appendix E, the letter imposing the conditions on the Regulated Member's practice permit indicates that the Registered Nurse who directly supervises the Regulated Member agrees to provide a report back to the Complaints Director or Deputy Complaints Director should any issues related to her practice arise. The Hearing Tribunal asked if any further issues had been reported to the Complaints Director or Deputy Complaints Director.

After a short adjournment, Conduct Counsel advised that, while she had not been able to locate the Complaints Director or Deputy Complaints Director, she was able to review the documentation respecting this file. There were no further communications from the employer about the Regulated

Member. Based on this, Conduct Counsel did not believe any issues had been reported after the imposition of conditions under section 65 of the HPA. The Labour Relations Officer also noted that the last incident was on July 2019 and nothing had been reported since then.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON SANCTION

The Hearing Tribunal has serious concerns about the ongoing nature of the conduct. The Allegations are very serious and the lack of improvement over time is of great concern to the Hearing Tribunal.

The Hearing Tribunal has carefully considered the Joint Recommendations and the submissions of the parties and finds that the Joint Recommendations are reasonable in the circumstances of this case. In reaching this conclusion, the Hearing Tribunal considered that no further issues have been reported by the employer since the conditions have been placed on the Regulated Member's practice permit.

The Hearing Tribunal finds that the proposed penalty appropriately addresses the factors in the *Jaswal* case and protects the public interest. As such, the Hearing Tribunal is prepared to accept the Joint Recommendations.

The Hearing Tribunal hopes the remedial aspects of the orders will help the Regulated Member bring her practice up to the standards expected of a registered nurse. The ability to appropriately assess and document are foundational skills that are expected of all registered nurses. The courses are appropriate to ensure that the Regulated Member has the required skills. In addition, the Performance Evaluations will ensure that there is some degree of oversight and that any further problems are reported. The restriction on practicing in another setting until certain conditions are met is appropriate to protect the public. Finally, the requirement for a Practice Improvement Plan will provide the Regulated Member with an opportunity to reflect on her practice and hopefully assist her in addressing the issue that have led to this hearing.

ORDER OF THE HEARING TRIBUNAL

The Hearing Tribunal orders that:

1. Valerie Johnson shall receive a reprimand.
2. Valerie Johnson shall provide proof satisfactory to the Complaints Director by February 5, 2021 that she has successfully completed and passed the following courses of study:
 - (a) Documentation in Nursing (NURS 0162 from MacEwan University);
 - (b) Nursing Informatics for Every Practicing Nurse (NURS 0101 from MacEwan University);
 - (c) Medication Management (NURS 0161 from MacEwan University).
3. By April 5, 2020, Valerie Johnson shall provide a letter to the Complaints Director from her RN Manager at her current employer, [site redacted] (AHS), [city redacted], Alberta, confirming that her RN Manager is prepared to provide to CARNA two performance evaluations on Valerie Johnson on the terms set out in paragraph #4 below. There must be

sufficient detail in the letter to satisfy the Complaints Director that the RN manager at that site will be able to provide the performance evaluations on the terms set out in paragraph #4.

4. The terms of the performance evaluation(s) are:
 - a. The fact that each of these terms of the performance evaluation has been complied with will be mentioned in the performance evaluation(s).
 - b. The RN Manager will personally observe and obtain feedback from registered nurse(s) who work in that setting with Valerie Johnson and who have ample opportunities to observe all aspects of Valerie Johnson's nursing practice. The RN Manager will also obtain feedback from other members of the health care team, patients and their families and will do chart audits.
 - c. The RN Manager shall confirm that she has seen a copy of this Decision (including Allegations, Findings and Order).
 - d. The RN Manager will confirm that Valerie Johnson was never the only RN on duty on the shift so that there is always another RN who can be a resource to Valerie Johnson. For at least 40 practice hours for each performance evaluation, Valerie Johnson must be shadowed by an RN who can observe all aspects of her practice for purposes of the performance evaluation.
 - e. The performance evaluations are due:
 - i. August 5, 2020, covering a minimum of 400 hours of practice; and
 - ii. February 5, 2021, covering a minimum of 400 hours of practice.
 - f. The performance evaluations must be satisfactory to the Complaints Director, indicating that Valerie Johnson is performing to the standard expected of a registered nurse. The performance evaluation(s) must include comments on all of the following:
 - i. Administration of medications and medication charting, including
 - critical thinking skills in determining the patient's medication needs and all steps taken prior to actual administration of the medication
 - knowledge of medications
 - administration of medications using the rights
 - assessment of patient pre and post administration
 - documentation;
 - ii. Any special comments about duties regarding immunization (if not covered in i. above)
 - iii. Medication reconciliation (if done in that setting);
 - iv. Documentation (all aspects, plus narcotic records, incident reports);
 - v. Assessment skills: both initial assessment and ongoing assessment of patient's condition;

- vi. Reporting the results of assessments to the appropriate persons, including other staff, charge nurse and physician; effective communication of all appropriate information to other staff/physicians regarding patient's condition;
 - vii. Implementation of appropriate nursing interventions based on the assessment;
 - viii. Setting priorities for patient care;
 - ix. Taking responsibility to ask questions or find necessary information;
 - x. Specific skills that are necessary in that practice setting;
 - xi. Professional responsibility;
 - xii. Leadership;
 - xiii. Communication style with other members of the health care team; -- whether it is respectful, professional, polite, helpful and clear;
 - xiv. Communication style with patients/families of patients - whether the style demonstrates respect, kindness, gentleness and compassion;
 - xv. Effective communication of relevant information to the patient/family;
 - xvi. Manner of interactions with patients when required to touch the patient - whether the manner demonstrates respect, kindness, gentleness and compassion;
 - xvii. Following the policies of the practice setting regarding all aspects of nursing practice;
 - xviii. Processing of physician's orders;
 - xix. Any other issues that the Manager thinks are relevant.
5. From the date of the Hearing, February 5, 2020, Valerie Johnson is prohibited from working in any setting except her sole current employer, [site redacted] (AHS), [city redacted], Alberta until Valerie Johnson has submitted the final performance evaluation mentioned in paragraph #4 above which is satisfactory to the Complaints Director, unless she obtains permission from the Complaints Director to obtain other employment, in which case a performance evaluation (as described in paragraph #4 above) will be required from (her current employer, up to the date her employment ended, (if it ended) and from that new employer as well.
6. Valerie Johnson shall create and provide to the Complaints Director a Practice Improvement Plan by May 5, 2020. The Practice Improvement Plan shall consist of the following:
- a. Valerie Johnson shall create a list of at least 5 practice habits that she currently has, relevant to the allegations in this Hearing that may inhibit her from providing safe, compassionate, competent, or ethical care to patients.
 - b. For each of those 5 unhelpful habits, Valerie Johnson shall come up with a written plan of how she will practice changing that negative habit into a positive strategy.

- c. Valerie Johnson shall list the sections of the *Practice Standards for Regulated Members*, and the sections of the *Code of Ethics*, that are applicable to 5 practice habits in her Plan.
 - d. Valerie Johnson will create a list of indicators that will tell her new strategies are successful.
 - e. At the same time that the performance evaluations are due under paragraph 4, Valerie Johnson shall submit to the Complaints Director a self-assessment of the implementation of her Practice Improvement Plan, with specific examples of how she put the plan into practice, and how she knows her practice has improved. (Of course, the Complaints Director expects the Member to protect patient identities and personal information, and just describe a situation without details that could identify a patient.)
7. Compliance with this Order:
- a. Compliance with this Order shall be determined by the Complaints Director of CARNA. All decisions with respect to the Regulated Member's compliance with this Order will be in the sole discretion of the Complaints Director.
 - b. Proof of compliance with all requirements under this Order must be received by the Complaints Director of CARNA by the deadlines set out in the Order. If the Complaints director deems it appropriate, and for the sole purpose of permitting the Member to proceed toward compliance with this Order, the Complaints Director may in her sole discretion grant extensions or make other minor adjustments to the Order that are in keeping with the Hearing Tribunal Order, without varying the substance of this Order.
 - c. Should the Regulated Member fail or be unable to comply with any of the requirements of this Order, or if any dispute arises regarding the implementation of this Order, the Complaints Director may exercise the authority under section 82(3) of the HPA, and, in so doing, may rely on any non-compliance with this Order as grounds to make a recommendation under 65 of the HPA which may include suspension of the Regulated Member's practice permit.
 - d. The responsibility lies with the Regulated Member to comply with this Order. It is the responsibility of the Regulated Member to initiate communication with CARNA for any anticipated non-compliance and any request for an extension.
8. The Registrar will be requested to put the following conditions against the Regulated Member's practice permit (current and/or future). Each condition shall remain on any current and future practice permits until the condition is fully satisfied. Effective February 5, 2020, notifications of the conditions shall be sent out to the Regulated Member's current employers (if any), the regulatory college for registered nurses in all Canadian provinces and territories, and other professional colleges with which the Regulated Member is also registered (if any). Once the Regulated Member has complied with a condition listed below, it shall be removed. Once all the conditions have been removed, the registrar will be requested to notify the regulatory college of the other Canadian jurisdictions. Conditions to be placed against any current and future Practice Permits:
- 1) Course work required. (Call CARNA)
 - 2) Shall develop behavior/professional development plan. (call CARNA)
 - 3) Restricted re work setting. (Call CARNA)

- 4) Performance evaluation(s) required. (Call CARNA)
9. To clarify, the Section 65 HPA Conditions imposed by the Registrar will be expired and replaced by this Order.
10. This Order takes effect February 5, 2020 and remains in effect pending the outcome of any appeal, unless a stay is granted pursuant to section 86 HPA.

This Decision is made in accordance with Sections 80, 82 and 83 of the HPA.

Respectfully submitted,



Lisa Heighington, Chairperson
On Behalf of the Hearing Tribunal

Date of Order: February 5, 2020