COLLEGE AND ASSOCIATION OF REGISTERED NURSES OF ALBERTA also known as COLLEGE OF REGISTERED NURSES OF ALBERTA (the "**College**")

DECISION OF THE HEARING TRIBUNAL

RE: CONDUCT OF **KIRSTEN BLOM** R.N. REGISTRATION #**102,472**

AS A RESULT OF A HEARING HELD BEFORE

THE HEARING TRIBUNAL

OF THE COLLEGE

11120 178 STREET

EDMONTON, ALBERTA

ON

June 2, 2023

INTRODUCTION

A hearing was held on **June 2, 2023,** via Microsoft Teams videoconferencing by the Hearing Tribunal of the College of Registered Nurses of Alberta (the "**College**") to hear a complaint against **Kirsten Blom** R.N. registration #**102,472.**

Those present at the hearing were:

a. Hearing Tribunal Members:

Bonnie Bazlik, RN Chairperson
Kathy Henry, RN
Kevin Kelly, Public Representative
Doug Dawson, Public Representative

b. Independent Legal Counsel to the Hearing Tribunal:

Julie Gagnon

c. CRNA Representative:

Vita Wensel, Conduct Counsel

d. Registrant Under Investigation:

Kirsten Blom (sometimes hereinafter referred to as "the **Registrant**")

e. Registrant's Labour Relations Officer:

Lucy Anderson
Leigh Debenham (present as an observer)

f. CRNA Staff

Diana Halabi, Hearings Coordinator

PRELIMINARY MATTERS

Conduct Counsel and the Labour Relations Officer for the Registrant 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.

The Chairperson noted that there were Hearing Tribunal members present as observers, for educational purposes.

Conduct Counsel confirmed that the matter was proceeding by Agreement.

ALLEGATIONS AND ADMISSION

The allegations in the Notice to Attend are as follows:

1. On or about May 18, 2021, the Registrant failed to provide compassionate, ethical and/or person-centered care to [Patient 1], when the Registrant:

    a. engaged in “care contracts” with [Patient 1];

    b. withheld and/or did not provide food items to [Patient 1] where they could reach them;

    c. deemed [Patient 1] “non-compliant” with their directions and thus disregarded and/or revoked what the Registrant believed to be [Patient 1’s] privileges; and

    d. disregarded and/or revoked [Patient 1’s] right to leave the unit for a cigarette and for which there was an order from the most responsible healthcare provider (“**MRHP**”) to allow [Patient 1] to do so from May 11, 2021.

2. On or about May 18, 2021, the Registrant failed to demonstrate adequate professionalism when they made one or more inappropriate comment about [Patient 1] in the presence of their healthcare provider colleagues during report, when the Registrant referenced withholding food items from [Patient 1] based on their behaviour.

3. On or about May 18, 2021, the Registrant failed to adequately document their care of [Patient 1], when the Registrant:

    a. inaccurately documented that [Patient 1] “refused” their meal at 1205h;

    b. inaccurately documented [Patient 1’s] behaviour mapping scores; and

    c. documented interactions with [Patient 1] in a manner that was not person-centered and did not objectively reflect the patient’s perspective.

The Registrant has admitted to the conduct in the allegations in the Agreed Statement of Facts and Liability (Exhibit #**2**).

EXHIBITS

The following documents were entered as Exhibits:

Exhibit #1 – Notice to Attend a Hearing by the Hearing Tribunal of the College;

Exhibit #2 – Agreed Statement of Facts and Liability between Kirsten Blom, #102,472 and the College;

Exhibit #3 – Appendices to the Agreed Statement of Fact and Liability;

Exhibit #4 – Joint Recommendations on Sanction;

Exhibit #5 – Excerpt from *Jaswal* v. *Newfoundland Medical Board.*

SUBMISSIONS ON THE ALLEGATIONS

Submissions by Conduct Counsel:

Conduct Counsel made submissions on the allegations. She thanked Ms. Blom and Ms. Anderson for their cooperation in reaching the Agreed Statement of Facts and Liability. Conduct Counsel noted that the main concerns in the hearing related to the concept of care contracts, communication regarding inappropriate comments and documentation. Conduct Counsel reviewed the facts and admissions in the Agreed Statement of Facts and Liability (Exhibit #2).

Conduct Counsel submitted that the conduct constitutes unprofessional conduct under sections 1(1)(pp)(i) and (ii) of the HPA.

Conduct Counsel noted that the following were applicable:

a) *Practice Standards for Regulated Members (2013)* ("**Practice Standards"**), sections 2.2, 2.4, 2.5, 2.7, 3.1, 3.2, 3.3, 5.3;
b) *Canadian Nurses Association Code of Ethics (2017)* ("**Code of Ethics**") sections A1, A2, A3, A12, B1, C4, D1, D2, E5 and F4;
c) *Entry Level Competencies for the Practice of Registered Nurses (2019)* ("**Entry Level Competencies"**) sections1.1, 1.5, 1.24, 2.5, 3.4 and 7.6;
d) *Documentation Standards for Regulated Member (2013)* ("**Documentation Standards**") sections 1.2 and 1.4.

Submissions by the Labour Relations Officer:

The Labour Relations Officer noted the care provided previously by Ms. Blom to the patient, referenced in the Agreed Statement of Facts and Liability.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON THE ALLEGATIONS

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

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 Registrant'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.

The following facts and admissions are from the Agreed Statement of Facts and Liability.

<u>Background</u>

In May 2015, the Registrant graduated with a bachelor's degree and in October 2015, the Registrant became registered with the College.

On June 3, 2021, the Complaints Director received a written complaint from the Manager of the Registrant's employer. The complaint alleged concerns regarding the Registrant's patient care while working in a hospital setting on May 20, 2021.

Following an investigation, the Complaints Director determined that a Hearing be held pursuant to the HPA and referred three allegations to a hearing.

The Registrant does not have a discipline history with the College, or its predecessor the Alberta Association of Registered Nurses. However, the Registrant has a previously executed Non-Disciplinary Complaint Resolution Agreement executed on August 16, 2020 and has complied with the terms of that agreement.

Factual and Liability Admissions

The Registrant admitted, as fact, that while employed as a RN in a hospital setting in Calgary, Alberta, the Registrant's practice fell below the standard expected of a RN while working on day shift in a hospital setting:

The Registrant admitted that on or about May 18, 2021, the Registrant failed to provide compassionate, ethical and/or person-centered care to [Patient 1], when the Registrant:

a. engaged in "care contracts" with [Patient 1];

b. withheld and/or did not provide food items to [Patient 1] where they could reach them;

c. deemed [Patient 1] "non-compliant" with their directions and thus disregarded and/or revoked what the Registrant believed to be [Patient 1's] privileges; and

d. disregarded and/or revoked [Patient 1's] right to leave the unit for a cigarette and for which there was an order from the MRHP to allow [Patient 1] to do so from May 11, 2021.

The Registrant admitted that on or about May 18, 2021, the Registrant failed to demonstrate adequate professionalism when they made one or more inappropriate comment about [Patient 1] in the presence of their healthcare provider colleagues during report, when the Registrant referenced withholding food items from [Patient 1] based on his behaviour.

The Registrant admitted that on or about May 18, 2021, the Registrant failed to adequately document their care of [Patient 1], when the Registrant:

a. inaccurately documented that [Patient 1] "refused" his meal at 1205h;

b. inaccurately documented [Patient 1's] behaviour mapping scores; and

c. documented interactions with [Patient 1] in a manner that was not patient-centered and did not objectively reflect the patient's perspective.

(collectively referred to as the "**Conduct**")

The Registrant admitted that the Conduct constitutes unprofessional conduct pursuant to the HPA, specifically as defined in section 1(1)(pp)(i) and section 1(1)(pp)(ii).

The Registrant admits that the Conduct was contrary to the Practice Standards, the Code of Ethics, the Entry Level Competencies and the Documentation Standards.

Furthermore, the Registrant admits that the Conduct was contrary to their employer's standards and policies.

Further Factual Admissions

The Registrant worked as a RN on an inpatient general and day surgery unit (the "**Unit**"). On May 18, 2021, the Registrant worked a day shift and was assigned to [Patient 1] (referred to hereafter as the "**Patient**"). The Registrant had provided care as a RN to the Patient on previous occasions, including on May 17, 2021. On May 17, 2021, the Patient was agreeable to nursing care and was cooperative, including allowing the RN to remove the Patient's staples, which were overdue for removal and the Patient had previously refused to have the staples removed.

The Patient was known to be sometimes challenging, including being agitated, having outbursts of anger, verbal aggression, swearing and not agreeing to receive nursing care. As a result, a care plan was put in place with management's involvement on May 11, 2021. The Patient received a psychiatry assessment on May 12, 2021 and scored 1/24 on his cognitive assessment. The Patient had a history of a brain injury, cognitive impairment and substance abuse. The Patient had possible mental health disorder(s) that were still being assessed and diagnosed by physicians, specifically schizophrenia.

On May 11, 2021, a behaviour agreement was implemented that stated: "Patient has agreed to be respectful of nursing staff and will try to limit his swearing. Patient requests that he: (1) has an open-faced toasted peanut butter and jam sandwich, twice a day; (2) can leave Unit twice a day accompanied by staff (15mins) for one a cigarette - now leaving independently; (3) must have chocolate Ensure with every meal (3/day); (4) may have one DSP; (5) he requires support to complete his menus". This was not a "care contract" as conducted by the Registrant nor did it permit, or endorse, entering into a "care contract"," revoking the Patient's privileges nor withholding his food.

Allegation 1

On May 18, 2021, the Registrant engaged the Patient in a "care contract" where they negotiated with the Patient in an effort to provide care to him by offering punitive consequences to the Patient if he did not comply with the Registrant's attempts to provide nursing care. Although the Registrant had applied a similar approach on May 17, 2021, on May 18, 2021 when the Patient did not agree to the nursing care, based on a "care contract" and throughout the Registrant's shift, and nursing care of the Patient, if the Patient failed to comply with the Registrant's direction, the Registrant would revoke his privileges and/or impose punitive consequences.

Offering a "care contract" was not permitted in the Registrant's employment setting and there was no policy or guideline that permitted and/or offered guidance on "care contracts". Offering, negotiating, and applying a "care contract" was improper and inappropriate.

The decision to offer a “care contract” was made by the Registrant as a RN, without guidance and without permission from the MRHP. During the Registrant’s shift on May 18, 2021, they consulted with the primary physician, but the physician did not endorse, nor authorize, the use of a “care contract” but had authorized that the Registrant begin behaviour mapping to document patterns of behaviour, which the Registrant commenced during their shift. Although the primary physician discussed behaviour mapping with the Registrant, they did not agree to a “care contract”. The physician’s plan of care for the Patient did not involve contractual agreements or a “care contract”.

The Charge RN and the Clinical Nurse Educator (“**CNE**”) were not made aware of the Registrant’s decision to engage the Patient in a “care contract” and the Registrant did not consult with them.

The Patient’s capacity to make decisions was at issue and there were documented cognitive concerns that may have affected the Patient’s ability to make decisions. There was no agreement by the Patient to the “care contract,” meaning the Registrant had purported to unilaterally revoke the Patient’s privileges and withhold his food. The Registrant presumed the Patient was capable of making decisions, without consulting the primary physician and despite the documented concerns regarding the Patient’s capacity.

During the shift on May 18, 2021, based on the Patient’s behaviour and responses to the Registrant, the Registrant chose to deem the Patient “non-compliant” with the purported “care contract” when the Patient did not do what the Registrant requested, without the Patient agreeing to the “care contract”. The Registrant also chose to revoke the Patient’s privileges when the Patient did not do what the Registrant requested. Based on these decisions, the Registrant withheld care from the Patient, contrary to the ethical responsibilities of a RN.

The “care contract” sought by the Registrant was not person-centered, compassionate or ethical, considering the Patient’s condition, the ethical responsibilities of a RN and the lack of guidance and/or permission to do so.

The Registrant, within the “care contract” with the Patient, withheld and/or did not leave food items to the Patient where he could reach them without getting out of bed. Specifically, the Patient was in bed when his breakfast tray arrived at approximately 0728h. The Registrant offered the Patient the choice to sit at the side of his bed or sit in a chair for his meal, and after some discussion back and forth and the Patient refused the Registrant’s request of assistance to sit up or sit in the chair. As the Registrant believed the Patient had “contracted” to eat his breakfast and thereafter refused to sit where agreed upon between the Registrant and the Patient, the Registrant left the breakfast tray on the windowsill, out of the Patient’s reach unless the Patient got out of bed.

At 0825h, the Registrant returned and asked the Patient if he wanted his breakfast and the Patient indicated he wanted it earlier, but the Registrant would not give it to him where the Patient could reach it while he was in his bed. The breakfast tray was not provided to the Patient at this time.

At 1030h, the primary physician discussed meals with the Patient and the Registrant returned to assist the Patient to set up his breakfast and/or lunch tray. The Patient did not sit at the side of the bed and the Registrant once again, did not provide the Patient his meal tray(s). The Registrant left the Patient’s meal tray(s) out of reach on a tray table away from the Patient’s bed. It was documented that the Patient had “refused” his meal at 1205h, despite the tray being placed by the Registrant in a location where the Patient could not reach it.

At 1235h, the Patient requested peanut butter toast from the Registrant, to which the Registrant requested that if he sit at the side of the bed or the chair, he could have peanut butter toast. When

the Registrant returned, the Patient was not sitting at the side of his bed. The Registrant felt the Patient was not compliant with sitting at the side of the bed or in his chair, and the Registrant placed the toast on the bedside table slightly out of reach of the Patient. Moreover, it was documented that no afternoon snack was provided, when in fact the Registrant had placed the Patient's snack out of his reach to force the Patient to comply with the Registrant's directions.

During the shift, when the Patient did not comply with the Registrant's request to get up for a wash with the HCA around approximately 1000h and despite the Patient indicating that he did not agree to the wash, the Registrant then advised the Patient that the Patient's smoking privileges were revoked because he did not comply, and revoked the same without authorization to do so, without consulting the primary physician and based on the improper "care contract".

Additionally, there was a physician's order from May 11, 2021, that permitted the Patient to leave the Unit twice a day accompanied by a staff member to smoke a cigarette that the Registrant disregarded. The Registrant revoked and/or withheld this permitted activity from the Patient based on the Registrant's determination that the Patient was not complying with the Registrant's requests.

Allegation 2

During handover report with the night shift from May 17, 2021 at 2215h to May 18, 2021 at 0630h with [LPN], the Registrant made reference to withholding food from the Patient as a manner of punishment for not complying with direction and/or cooperating with the nursing care. During the report, [LPN] described to the Registrant that the Patient had urinated on his bed and the floor and described the Patient's behaviour over night and strategies that they had used, specifically encouraging the Patient to use the call bell and the urinal. The Registrant then described working on a psychiatry unit and referenced withholding the Patient's peanut butter toast, the Patient's favorite food, based on the Patient's behaviour. The Registrant used the word "punish" in their discussion with [LPN].

The Registrant's comment was distressing to [LPN], who reported the conversation to their manager. The comment was also overheard by [RN], who described the comment by the Registrant made with an authoritative and condescending tone.

Allegation 3

The Registrant's documentation was inadequate and inaccurate regarding the Patient's nursing care. The Registrant had an obligation to document accurately and adequately and agreed they failed to do so.

The Registrant agreed that documentation is crucial to ensure that the Patient's nursing care is accurate and reflects the nursing care that was provided.

The Registrant documented the Patient refused his meal, inaccurately, when the Patient was not provided his food tray because he would not comply with the Registrant's direction and/or the Registrant's improper "care contract".

The Registrant inaccurately documented the Patient's behaviour mapping scores by calculating all scores together and documenting the Patient in the most severe category of agitation (35 or more), with a score of 76, when the correct calculation was 26, in the mild category (22-28). The Registrant was ordered to commence behaviour mapping by the primary physician.

The Registrant, throughout their shift, documented their interactions with the Patient in a manner that was not patient-centered, including describing swearing as “elective language”, described the Patient as agreeable to a contract at 1000h, described the Patient’s responses to nursing care without adequate regard for the Patient’s cognitive and psychological limitations, and without reflecting the Patient’s perspective in their documentation, instead using documentation to negatively describe the Patient in a non- objective manner.

On May 18, 2021, and at the end of their shift, the Registrant emailed their manager about the Patient with a description of a “care contract” that included a requirement for a patient to agree to nursing care with the revocation of privileges if a patient does not comply, indicating that if “they refuse, they refuse.” The Registrant suggested that “care contracts” be developed for the Patient in an effort to assist the nursing care team manage to provide care and assist behavioural changes by negotiating consequences for privileges if the Patient continued to exhibit challenging behaviours. Within their email, the Registrant asked for guidance and proposed a case conference with other health care providers. The Registrant did not receive a response to this email.

Applicable Standards of Practice and Code of Ethics

The Hearing Tribunal finds that the Registrant breached the following provisions of the Practice Standards:

2.2 The nurse uses appropriate information and resources that enhance client care and the achievement of desired client outcomes.

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.

3.1 The nurse practises with honesty, integrity and respect.

3.2 The nurse protects and promotes a client’s right to autonomy, respect, privacy, dignity and access to information.

3.3 The nurse ensures that their relationships with clients are therapeutic and professional.

5.3 The nurse follows policies relevant to the profession as described in CARN]A standards, guidelines and position statements.

The Hearing Tribunal finds that the Registrant breached the following provisions of the Code of Ethics:

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**.

2. Nurses engage in compassionate care through their speech and body language and through their efforts to understand and care about others' health-care needs.

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.

12. Nurses foster a safe, quality practice environment (CNA & Canadian Federation of Nurses Unions [CFNU], 2015).

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:

1. Nurses provide care directed first and foremost toward the health and well-being of persons receiving care, recognizing and using the values and principles of **primary health care**.

C. Promoting and Respecting Informed Decision-Making

Nurses recognize, respect and promote a person's right to be informed and make decisions.

Ethical responsibilities:

4. Nurses are sensitive to the inherent power differentials between care providers and persons receiving care. They do not misuse that power to influence decision-making.

D. Honouring Dignity

Nurses recognize and respect the intrinsic worth of each person.

Ethical responsibilities:

1. Nurses, in their professional capacity, relate to all persons receiving care with respect.

2. Nurses support persons receiving care in maintaining their dignity and integrity.

E. Maintaining Privacy and Confidentiality

Nurses recognize the importance of privacy and confidentiality and safeguard personal, family and community information obtained in the context of a professional relationship.

Ethical responsibilities:

5. When nurses engage in any form of communication, including verbal or electronic, involving a discussion of clinical cases, they ensure that their discussion of persons receiving care is respectful and does not identify those persons unless necessary and appropriate (CNA, 2012).

F. Promoting Justice

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

Ethical responsibilities:

4. Nurses do not engage in any form of lying, punishment or torture or any form of unusual treatment or action that is inhumane or degrading. They refuse to be complicit in such behaviours. They intervene, and they report such behaviours if observed or if reasonable grounds exist to suspect their occurrence.

The Hearing Tribunal finds that the Registrant breached the following provisions of the Entry Level Competencies:

1.1 Provides safe, ethical, COMPETENT, COMPASSIONATE, CLIENT-CENTRED and EVIDENCE- INFORMED nursing care across the lifespan in response to CLIENT needs.

1.5 Develops PLANS OF CARE using CRITICAL INQUIRY to support professional judgment and reasoned decision-making.

1.24 Uses effective strategies to prevent, de-escalate, and manage disruptive, aggressive, or violent behaviour.

2.5 Identifies the influence of personal values, beliefs, and POSITIONAL POWER on clients and the HEALTH-CARE TEAM and acts to reduce bias and influences.

3.4 Uses CONFLICT RESOLUTION strategies to promote healthy relationships and optimal client outcomes.

7.6 Advocates for safe, competent, compassionate and ethical care for clients.

The Hearing Tribunal finds that the Registrant breached the following provisions of the Documentation Standards:

1.2 Document the following aspects of care:

a. relevant objective information related to client care

b. the time when assessments and interventions were completed

c. follow-up of client assessments, observations or interventions that have been

completed

d. the administration of medications after administration

e. formal and informal educational/teaching activity provided to the client and family

f. any adverse event or **adverse outcome**

1.4 Record:

a. legibly, in English, using clear and established terminology

b. accurately, completely and objectively

c. only information relating to own encounter with the client

d. chronologically, the client **encounter** with the health system

e. **contemporaneously**

f. late entries at the next available opportunity, clearly identified as such, and include any additional requirements as defined by practice setting policy

g. in permanent ink on paper records

h. using only own password/personal access code on electronic entries

i. the date and time that nursing care was provided

j. communication with other care providers, including name and outcomes of discussion

k. communication with clients following discharge from care according to employer policy

The breaches of the Practice Standards and the Code of Ethics are serious and constitute unprofessional conduct pursuant to section 1(1)(pp)(ii) of the HPA. The Registrant failed to provide compassionate and client-centered care. The Registrant did not have the authority to enter into a “care contract” and in purporting to do so breached the standards expected of an RN. The Registrant also breached the expected Practice Standards and Code of Ethics in her communications about and documentation regarding the Patient. These were inappropriate and unprofessional.

The Registrant’s conduct also constitutes a lack of judgment on the part of the Registrant and was unprofessional conduct pursuant to section 1(1)(pp)(i) of the HPA. The Hearing Tribunal finds that the Registrant did not exercise her professional judgment in a manner consistent with her duties of compassion and respect or in recognition of the positional power which she occupied over the patient. Her conduct demonstrated a lack of judgment in the provision of professional services.

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 #4).

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

a. The nature and gravity of the proven allegations: the Registrant chose to independently and inappropriately impose a “care contract”. There is a healthcare team and hierarchy for a reason. It was inappropriate for the Registrant to engage in a “care contract” with no guidance and no authority.

b. The age and experience of the member: the Registrant has been registered since 2015.

c. The previous character of the member: the Registrant has a previous Non-Disciplinary Complaint Resolution Agreement from 2020, but no other disciplinary history.

d. The age and mental condition of the offended patient: the Patient was vulnerable. Although a difficult patient, the Patient had cognitive issues and medical conditions.

e. The number of times the offence was proven to have occurred: this was a one shift concern.

f. The role of the registered nurse in acknowledging what occurred: the Registrant has accepted responsibility and been fully accountable. She has admitted to the conduct and been cooperative throughout the process.

g. Whether the member has already suffered other serious financial or other penalties: the Registrant received a three day suspension from her employer.

h. The impact on the offended patient: while there is no direct evidence of the impact on the Patient, there is evidence of meals being withheld, but charted as being refused.

i. The presence or absence of any mitigating factors: there were no additional mitigating factors noted.

j. The need to promote specific and general deterrence: Conduct Counsel noted the importance of both specific and general deterrence.

k. The need to maintain public confidence: Conduct Counsel noted the need to maintain the public’s confidence in the profession.

l. Degree to which offensive conduct is outside the range of permitted conduct: Patient-centered care is a core value of the profession of registered nursing.

Submissions by the Labour Relations Officer:

The Labour Relations Officer noted that there were additional challenges for the Registrant in relation to her new employment. It was further noted that this matter has been ongoing since 2021, and has been a huge stressor for the Registrant.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON SANCTION

The Hearing Tribunal considered the proposed sanction and the submissions of the parties, as well as the factors in *Jaswal,* as outlined by Conduct Counsel.

The Hearing Tribunal reviewed each proposed order. The reprimand is appropriate to denounce the conduct of the Registrant. The fine is also appropriate as a punishment for the conduct. The orders include remediation by the Registrant, including course work and writing a paper. These are aimed at helping the Registrant learn from this experience and ensure that the conduct is not repeated in the future. The orders relating to the period of monitoring in the Registrant's current employment setting are appropriate and serve to further protect the public.

The Hearing Tribunal considered whether the proposed sanction reflects the seriousness of the findings and whether the proposed sanction protects the public interest. The Hearing Tribunal is aware that it should not depart from a joint submission on sanction unless the proposed sanction would bring the administration of justice into disrepute or would otherwise be contrary to the public interest. In light of this standard, the Hearing Tribunal accepts the proposed joint submission on sanction.

The Hearing Tribunal finds that the proposed sanction is reasonable and protects the public. The proposed sanction serves as an appropriate deterrent for the Registrant and the membership generally. The proposed sanction will serve to maintain the public's confidence in the integrity of the profession.

ORDER OF THE HEARING TRIBUNAL

The Hearing Tribunal orders that:

1. The Registrant shall receive a reprimand for unprofessional conduct.

2. By **September 5, 2023**, the Registrant shall provide a certificate of completion, satisfactory to the Complaints Director that they have successfully completed and passed the following courses of study and learning activities**:**

    a. *Relational Practice and Communication (NURS0173 – MacEwan University)*;

    b. *Duty to Provide Care (CRNA eLearning on College Connect)*; and

    c. *The Essentials of Nursing Documentation (CRNA eLearning on College Connect)*.

3. By **September 5, 2023,** the Registrant shall write and submit a paper to the Complaints Director, which must be deemed satisfactory to the Complaints Director. The paper shall:

a. be titled “Improving Patient-Centered Care: What it Means to My Practice as a RN”;

b. be at least **one thousand (1000) words** in length;

c. be typed and comply with professional formatting guidelines (American Psychological Association style);

d. demonstrate an understanding of the importance of patient-centered care and how to continually improve patient-centered care as a RN;

e. Include a specific analysis of how failures to provide patient-centered care of the health care team are harmful to:

i. the public (patients, families and communities);

ii. the reputation of the profession of nursing; and

iii. the Registrant’s own career.

f. demonstrate insight into why the conduct of the Registrant, as outlined in this Order was unacceptable, citing specific *Practice Standards for Regulated Members (2013) (“**Practice Standards**”)*, and the *Canadian Nurses Association Code of Ethics (2017 (“**Code of Ethics**”)*; and

g. have a bibliography of at least **seven (7)** references (no older than ten years old), one of which must be the *Practice Standards, Code of Ethics* and *Entry Level Competencies for the Practice of Registered Nurses (2019)* others of which must be from academic journals or textbooks.

4. By **January 14, 2024**, the Registrant shall pay a fine in the sum of **$500.00**, via payment to the College (the “**Fine**”) and shall provide proof of payment satisfactory to the Complaints Director, noting the following terms may apply:

a. pursuant to Section 82(3)(c) of the HPA, the Registrant may be automatically suspended for any non-payment;

b. if the Registrant fails to pay the Fine by the deadline indicated, the Complaints Director may publish an administrative notice regarding non-payment of the Fine on the College’s website including the Registrant’s name and registration number and that the Fine arose from a resolution agreement with the College (the “**Administrative Notice of Non-Payment**”);

c. the Registrant must pay the Fine owed to the College, whether or not the Registrant has an active practice permit with the College; and

d. the Fine is a debt owed to the College and if not paid, may be recovered by the College by an action of debt.

5. Within **fifteen (15) days** of the Hearing Order being issued in writing by the Tribunal, the Registrant shall provide a letter (“**Practice Setting Letter”**) to the

Complaints Director from the Registrant's RN or Nurse Practitioner Supervisor (the "**Supervisor"**) at their current place of employment ("**Practice Setting"**), confirming:

a. The Supervisor's name and contact information;

b. The Practice Setting;

c. The Registrant's role of employment and the date they commenced their employment as a RN in the Practice Setting;

d. That the Supervisor has reviewed the written Hearing Order in its entirety;

e. The Supervisor confirms that no concerns have existed about the Registrant's practice as a RN since they commenced their employment at the Practice Setting; and

f. That the Supervisor agrees to provide to the College **one (1) Employer Reference** following the terms and conditions in paragraph 6 and in the Employer Reference Form attached as "**Schedule A**" to the Joint Recommendation on Sanction.

6. The Registrant shall provide the Employer Reference from their Supervisor **ninety (90) days** after their Practice Setting Letter is approved by the Complaints Director and the Employer Reference must be acceptable to the Complaints Director and confirm the following:

a. whether the Registrant has completed at least **three hundred (300) hours** of nursing practice within the last **ninety (90) days**;

b. confirmation that such nursing practice hours occur no earlier than the date of the execution of this Agreement; and

c. whether concerns exist about the Registrant's practice and whether they met or exceeded the standards expected of a RN.

7. Until the Registrant has submitted the Employer Reference to the Complaints Director, as required by the Hearing Order, and it is deemed satisfactory to the Complaints Director, the Registrant shall not be employed in any other setting except the Practice Setting(s) approved by the Complaints Director, unless:

a. The Registrant submits an updated Practice Setting Letter to the Complaints Director from their prospective employer detailing the new Practice Setting, and following the requirements in paragraph 5 and that acknowledges that the Supervisor is prepared to provide any outstanding Employer Reference(s) as required in paragraph 6, or as directed by the Complaints Director; and

b. The Complaints Director, acting reasonably, acknowledges receipt of the letter and deems it satisfactory.

(the "**Condition(s)**").

COMPLIANCE

Compliance with this Order shall be determined by the Complaints Director of the College. All decisions with respect to the Registrant's compliance with this Order will be in the sole discretion of the Complaints Director.

The Registrant will provide proof of completion of the above-noted Condition(s) by the dates set out therein, to the Complaints Director via e-mail to procond@nurses.ab.ca or confidential fax to 780-453-0546. Upon written request by the Registrant, these timelines may be extended at the unfettered discretion of the Complaints Director, acting reasonably.

Should the Registrant 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 HPA.

The responsibility lies with the Registrant to comply with this Order. It is the responsibility of the Registrant to initiate communication with the College for any anticipated non-compliance and any request for an extension.

CONDITIONS

The Registrant confirms the following list sets out all the Registrant's employers and includes all employers even if the Registrant is under an undertaking to not work, is on sick leave or disability leave, or if the Registrant have not been called to do shifts, but could be called. Employment includes being engaged to provide professional services as a Registered Nurse on a full-time, part-time, casual basis as a paid or unpaid employee, consultant, contractor or volunteer. The Registrant confirms the following employment:

Employer Name	**Employer Address & Phone Number**
[Calgary AB]	[information redacted]

The Registrant understands and acknowledges that it is the Registrant's professional responsibility to immediately inform the College of any changes to the Registrant's employers, and employment sites, including self-employment, for purposes of keeping the Registrar current and for purposes of notices under section 119 of the HPA.

The Registrar of the College will be requested to put the following conditions against the Registrant's practice permit (current and/or future) and shall remain until the conditions are satisfied:

a. ***Course work required – Arising from Disciplinary Matter***;

b. ***Essay Required – Arising from a Disciplinary Matter;***

c. ***Shall pay fine – Arising from Disciplinary Matter;***

d. ***Confirmation of Practice Setting(s) required - Arising from a Disciplinary Matter;***

e. ***Employer Reference(s) (Practice Report) required – Arising from Disciplinary Matter***; and

f. ***Restriction re Practice Setting – Arising from Disciplinary Matter***.

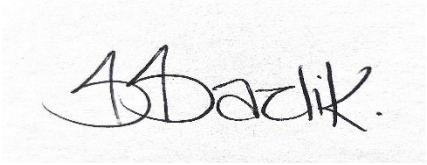
Effective on the date of the Hearing, which is to be determined, or the date of this Order if different from the date of the Hearing, notifications of the above condition shall be sent out to the Registrant's current employers (if any), the regulatory college for RNs in all Canadian provinces and territories, and other professional colleges with which the Registrant is also registered (if any).

Once the Registrant has complied with a condition listed above, it shall be removed. Once all the conditions have been removed, the Registrar will be requested to notify the regulatory colleges in the other Canadian jurisdictions.

This Order takes effect on the date of the Hearing, which is to be determined, and remains in effect pending the outcome of any appeal, unless a stay is granted pursuant to section 86 of the HPA.

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

Respectfully submitted,



Bonnie Bazlik, Chairperson
On Behalf of the Hearing Tribunal

Date of Order: June 2, 2023