



2013

ANNUAL REPORT



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ABOUT SALPN

The Saskatchewan Association of Licensed Practical Nurses (SALPN) is mandated through the Licensed Practical Nurses Act 2000, our Bylaws and the Standards of Practice to regulate the profession of Practical Nursing in a manner that protects the public. As a self-regulated profession, we have a societal, moral, ethical and legislated obligation to protect the public.

Licensed Practical Nurses (LPNs) have been practicing in the province of Saskatchewan for over 60 years. The Practical Nurse Program and clinical practice has continually evolved and changed, enhancing the opportunities for LPN practice. These comprehensive changes to basic education, continuing education and practice environments have impacted the demand for LPNs and opened new and unique opportunities throughout the province.

OUR VISION

Partners for a healthy society.

OUR MISSION

To ensure that Saskatchewan Licensed Practical Nurses serve society by providing professional nursing care.

OUR VALUES

TRANSPARENT & ACCOUNTABLE

As a Board, we pursue full transparency and expect to be held accountable for our actions.

RESPECTFUL:

We are respectful of each other and in our relationships with our stakeholders.

COLLABORATIVE PARTNERSHIPS:

We seek collaborative partnerships as a means of working with others.

QUALITY HEALTH CARE:

At all times we are guided by our mandate to ensure safe, quality and ethical health care is provided by LPNs.



GREETINGS

FROM PRESIDENT &
EXECUTIVE DIRECTOR

GREETINGS LICENSED PRACTICAL NURSES...

2013 has proven to be another busy year as SALPN continues to work hard within its legislated mandate of protecting the public through the regulation of the LPN profession.

SALPN has entered into its second decade of consistent growth of the practising membership. The number of LPNs has increased by over 1000 members since 2003. Saskatchewan LPN growth is consistent with the growth of the LPN profession across the country. CIHI data indicates the LPN profession is the fastest growing and the youngest of the three nursing professions across Canada.

In the name of efficiency and effectiveness SALPN implemented a 100% online renewal process in the fall of 2013 for the 2014 renewal season. This process saved the organization \$25 thousand in printing and postage costs. Implementation went very smoothly and we thank the membership for their cooperation and participation. The database provides SALPN membership, employers of the membership, and the general public access to real-time licensure status by utilizing the public registry feature. This enhances transparency and assists in ensuring that only licensed practitioners are able to practise as an LPN in Saskatchewan.

In order to better fulfil the SALPN mandate an additional half-time staff member was hired to support the complaints and discipline process. This position will contribute to consistent and streamlined processes and policy supporting the complaints process. This addition will support SALPN in protecting the public by completing this work in a timely and efficient manner.

Approval of Practical Nursing Education is within the mandate of SALPN. 2013 marked the completion of the approval process for both the Practical Nursing program and the Re-Entry Program. This intensive process took place over the entire year and resulted in the approval of both programs.

SALPN worked with representatives of the government to update SALPN Regulatory Bylaws. Regulatory Bylaw updates are required to ensure practises of the organization are consistent with other legislation in the province and best practices in regulation. The updated bylaws were presented to SALPN membership for approval at the 2013 AGM and were adopted by the membership. Following the AGM the bylaws were approved by the Ministry of Health and were put into effect. The nationally developed Code of Ethics and Standards of Practice were adopted by reference into SALPN bylaw. This step forward speaks to not only excellence in regulation, but national unity within the profession.

Policy development was a large part of the SALPN workload in 2013. The entire policy manual was revisited. Many old policies were either abolished and replaced or adjusted to meet and

support current administrative or regulatory practices. SALPN council adopted an in-depth governance policy manual in order to maintain and improve effective governance processes. A comprehensive human resources manual was completed and implemented to support SALPN in the employment of its staff.

Collaboration is fundamental to excellence in regulation. SALPN has partnered with several organizations to not only work together, but to draw upon the expertise of others. We have partnered with other nursing and health regulators in Saskatchewan to share in learning and knowledge transfer as well as in the development of projects to support safe care delivery. We have worked nationally with LPN regulator colleagues to work towards consistency within the LPN profession across Canada as well as in the development of enhancements in regulatory process such as National Nursing Assessment Service (NNAS). We have enhanced international relationships with regulators with memberships to the National Council of State Boards of Nursing (NCSBN) and the Council for Licensure, Enforcement and Regulation (CLEAR).

SALPN completed the 2013 year with \$130 thousand in excess revenues. Financially prudent management decisions contributed to this positive result and will help to support projects in years following. SALPN maintains a safe financial position proceeding into 2014.

The above topics are only a portion of the hard work that will be discussed in the following pages of the annual report.

We would be remiss to end our report without acknowledging all of the organizations and individuals that support and assist SALPN in meeting its mandate. We are fortunate to be lead by exceptionally dedicated and engaged council who are committed to serving the citizens of Saskatchewan.

We are also fortunate for the support from and to have access of many stakeholders including the LPN membership, government representatives, and other regulators provincially, nationally, and internationally.

Finally we must acknowledge the commitment of SALPN staff. The staff are dedicated individuals with a commitment to excellence and professional development. They work tirelessly to uphold SALPN mandate on a daily basis. We value their initiative, intelligence, and contributions to the regulation of the LPN profession.

We look forward to another year of dedication to ensuring public safety through licensure, enforcement of practice standards, and supporting Licensed Practical Nurses in the provision of professional, competent and ethical care.

Pauline Mason

Suzanne Nadeau



2011 - 2013 STRATEGIC PLAN

DIRECTION # 1

Collaboratively work to create the conditions wherein LPNs have the opportunity to be fully utilized for optimal patient and family-centered care.

DIRECTION # 2

Ensure LPNs are prepared for their role in upcoming and ongoing changes in the primary health care redesign.

DIRECTION #1: *Collaboratively work to create the conditions wherein LPNs have the opportunity to be fully utilized for optimal patient and family-centered care.*

SALPN must ensure LPNs are equipped with the necessary knowledge, skills and abilities necessary to deliver optimal patient and family-centred care. Today, there are some practice settings where LPNs with these knowledge, skill and ability sets are not being fully utilized. Consequently, there is a growing imperative to ensure SALPN collaborates with other health professions to ensure LPNs are fully utilized. Another focus of this strategic direction is to ensure the public and health system stakeholders have a greater understanding of LPNs as a self-regulated profession that has evolved over time.

GOAL 1.1

Ensure LPNs and other health system stakeholders understand the value and benefit of full utilization.

Actions

- a. Develop and implement a plan aimed at supporting LPNs to complete the Health Assessment course prior to December 2012
- b. Promote and monitor the impact of messages that emphasize the value of full LPN utilization
- c. Ensure a recognition system is in a place that supports full utilization

GOAL 1.2

Conclude and introduce the updated LPN competency profile and practice guidelines.

Actions

- a. Conclude the revisions to the existing LPN competency profile
- b. Develop the clinical practice guidelines that support the goal of full LPN utilization
- c. Develop and implement a communications plan that ensures health system stakeholders are aware of and understand the LPN competency profile and practice guidelines
- d. Implement a public awareness campaign that promotes the LPN role in delivering quality patient and family-centred care

DIRECTION #2: *Ensure LPNs are prepared for their role in upcoming and ongoing changes in the primary health care redesign.*

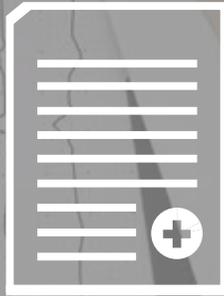
Primary health care is all about proactive, collaborative, coordinated and responsive approaches to health promotion, disease prevention, and management of chronic diseases. Interdisciplinary teams work together in their patient/client-centred approaches that reduce a person's dependence on the acute-care oriented health care system. The primary health care setting is a well-suited practice environment for LPNs and encourages the best use of all health providers to maximize the potential of all health resources. SALPN must ensure LPNs are ready and equipped to be exemplary members of primary health care teams.

GOAL 2.1

Enhance the education of LPNs to include primary health care.

Actions

- a. Continue to include concepts of primary health care in SALPN's communications with its members
- b. Engage in discussions with education providers to ensure the delivery of primary health care education for LPNs
- c. Develop the longer term roadmap to ensure LPNs have the knowledge, skills and abilities to practice effectively in primary health care settings



2013 ORGANIZATIONAL REPORT

The SALPN mandate is to protect the public through regulation of the Licensed Practical Nursing profession. Regulation occurs through the completion of various functions as prescribed in the Licensed Practical Nurses Act 2000 and SALPN bylaws. The primary functions are:

- *Setting and enforcing the requirements of initial licensure and licensure renewal;*
- *Setting and enforcing of general standards of practice and code of ethics;*
- *Approval of Practical Nursing Education in Saskatchewan; and*
- *Intervention with a peer led disciplinary process in cases of potential or actual risk to the safety of the public.*

2013 CANADIAN PRACTICAL NURSE REGISTRATION EXAMINATION (CPNRE)

# of CPNRE Candidates 2013:	WRITING	PASSING	FAILING	% PASSING
Saskatchewan Graduates 1st Exam	185	180	5	97%
Saskatchewan Graduates Repeat Exam	6	5	1	83%
Internationally Educated Nurse 1st Exam	6	66	5	93%
Internationally Educated Nurse Repeat Exam	7	4	3	57%
Total Candidates 2013	269	255	14	95%

SOURCE: Assessment Strategies Inc.

SALPN must carry out regulatory functions in the interest of the public only and avoid advocacy of the LPN profession. However in the enactment of regulatory processes SALPN works with the LPN membership and external stakeholders to stay abreast of trends within the LPN profession and other nursing professions, as well as provincial, federal, and international health care and regulation.

SETTING AND ENFORCING OF THE REQUIREMENTS OF LICENSURE:

Entry level competence is ensured with the successful completion of the Canadian Practical Nurse Registration Exam. Applicants to SALPN must write the CPNRE the first time it is offered following the completion of an approved Practical Nursing Program, and can write the exam to a maximum of three times. Internationally Educated Nurses can write the CPNRE once the applicant has met all other requirements of licensure.

Continuing Education is a bylaw enforced requirement of licensure. LPNs are required to accumulate five continuing education points each licensing year. In 2013, 121 LPNs were audited for compliance with the continuing education requirement. Audited LPNs are required to submit proof to verify the continuing education points they have claimed.

SALPN Regulatory Bylaws indicate LPNs are required to work 1250 hours in a five year period in order to maintain eligibility for licensure. In 2013, 135 LPNs were audited to verify the number of hours worked against the number of hours claimed on renewal.

Applicants are to submit a criminal record check to SALPN with initial licensure and declare annually on licensure renewal any changes to criminal record status. In 2013, SALPN audited 27 LPNs for Criminal Record Status. LPNs submitting “clear” criminal record checks were reimbursed by SALPN for the costs associated. A total of 12 members were reimbursed the cost of the criminal record check.

Overall audit compliance was 98%. Of those who did not comply, three members were issued “ticket offences” and two members were referred to the Counseling & Investigation Committee due to a repeat offence of non-compliance.

SETTING & ENFORCING OF GENERAL STANDARDS OF PRACTICE AND CODE OF ETHICS:

At the 2013 SALPN Annual General Meeting delegates approved SALPN Regulatory Bylaws. Within those bylaws reference has been made to an interjurisdictionally developed Code of Ethics and Standards of Practice. The reference in bylaw allows SALPN to enforce the Code of Ethics and Standards of Practice.

Standards of Practice for Licensed Practical Nurses in Canada: The Standards of Practice for Licensed Practical Nurses in Canada provide a national framework for LPN practice. The Standards of Practice are authoritative statements that define the legal and professional expectations of licensed practical nurse practice. In conjunction with the Code of Ethics for Licensed Practical Nurses, they describe the elements of quality LPN practice and facilitate mobility through inter-jurisdictional mutual understanding and agreement of expectations and requirements for practice.

Code of Ethics for Licensed Practical Nurses in Canada: articulates the ethical values and responsibilities that Licensed Practical Nurses uphold and promote, and to which they are accountable.

SALPN council approved and adopted the following practice support documents:

- *Becoming a Licensed Practical in Canada: Pre-Requisite Skills and Abilities*
- *Entry to Practice Competencies for Licensed Practical Nurses*
- *Foot Care*
- *The LPN with an Orthopedic Specialty*

Stakeholders have a key role in the delivery of safe patient care. SALPN met with various stakeholders throughout the year to discuss LPN practice or consult in the policy development process.

SALPN met with the Ministry of Health and participated in the following initiatives of the Ministry of Health:

- Meetings with the Honourable Dustin Duncan, Minister of Health, on two occasions in 2013. (February, September)
- Meeting with the Honourable Minister Randy Weekes. (September)
- Presentation to Human Services MLA Committee
- ER Wait Time Reduction Strategy
- Ministry of Health's "Connecting the Dots" – Planning Sessions
- Saskatchewan Surgical Initiative

The following regional health authority boards were met with:

- Prince Albert Parkland Health Region
- Cypress Health Region
- Prairie North Regional Health Authority
- Sun Country Regional Health Authority
- Saskatoon Health Region

Consultations or committee work regarding LPN practice, care model and care delivery with the following health regions or entities:

- Saskatoon Health Region
- Luther Care Committee
- Sunrise Regional Health Authority
- Regina Qu'Appelle Regional Health Authority
- Cypress Health Region

MEMBER LEADERSHIP TRAINING:

The 360 Degree Leader: SALPN offers LPN members the opportunity to learn about leading from the middle of an organization with a one day workshop based on the works of John Maxwell. Four workshops were held in 2013. Two in Regina and one in Moose Jaw and Saskatoon.

COMMUNICATIONS:

SALPN engages the membership in various ways.

MEMBER NEWSLETTER: The *Hand in Hand* newsletter was published four times in 2013. The number of members receiving the electronic version of the newsletter was 2200.

EMPLOYER NEWSLETTER: The employer newsletter was published twice in 2013.

NATIONAL NURSING ASSESSMENT SERVICE (NNAS):

Consisting of 22 LPNs, RNs, and RPN Regulatory Bodies (RBs), the NNAS continued work in 2013 toward a harmonized approach to the initial assessment of internationally educated nurses (IENs). This approach will streamline the assessment of eligibility for registration to practice for IENs who wish to become an LPN, RN or RPN in Canada.

Each nursing regulatory body provided the NNAS with statistics including the number of IEN applicants who applied in 2013 as well as a two month snapshot of how many IEN inquiries were managed by each RB.

CGFNS International of Philadelphia was awarded the contract to provide both IEN application and assessment services to those applying to the NNAS.

REGULATORY AFFILIATIONS: Canadian Council of Practical Nurse Regulators (CCPNR) consists of Canadian LPN regulatory body membership. Participating provinces are British Columbia, Alberta, Saskatchewan, Manitoba, Quebec, Nova Scotia, Newfoundland, New Brunswick, and Prince Edward Island. The CCPNR works collectively to support excellence in Practical Nurse regulation.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING (NCSBN) SALPN was inducted as an affiliate member in 2013 to the NCSBN by vote at the annual general meeting of NCSBN. NCSBN is dedicated to excellence in nursing regulation worldwide.

COUNCIL ON LICENSURE, ENFORCEMENT, AND REGULATION (CLEAR) SALPN has obtained a membership with CLEAR. CLEAR is a dynamic forum for improving the quality and understanding of regulation in order to enhance public protection.

APPROVAL OF PRACTICAL NURSING EDUCATION IN SASKATCHEWAN:

The Practical Nursing program and the Practical Nurse Re-Entry program are approved for delivery in Saskatchewan. This process occurs every five years and was completed in 2013. The vigorous program approval process included evaluation of the programs, campus site visit, student focus groups, faculty focus groups, curriculum overview, and surveys to students and faculty of programs delivered in the regional colleges.

SALPN participates on the following SIAST committees to provide expertise and input regarding nursing and health related education:

- Practical Nursing Curriculum Advisory Committee
- Practical Nursing Re-Entry Advisory Committee
- Peri-Operative Nursing Advisory Committee
- Continuing Care Aide Program Advisory Committee

2013 LPN PROGRAM APPROVAL COMMITTEE:

- Tina Sentes LPN
- Brenda Wyllychuk LPN
- Pauline Mason LPN, SALPN President
- Jennifer Duesterbeck LPN, SALPN Practice Consultant
- Lynsay Nair LPN, SALPN Executive Director
- Victoria Jerome, Senior Nursing Policy Advisor, Ministry of Health
- Karen Hargreaves, External Consultant

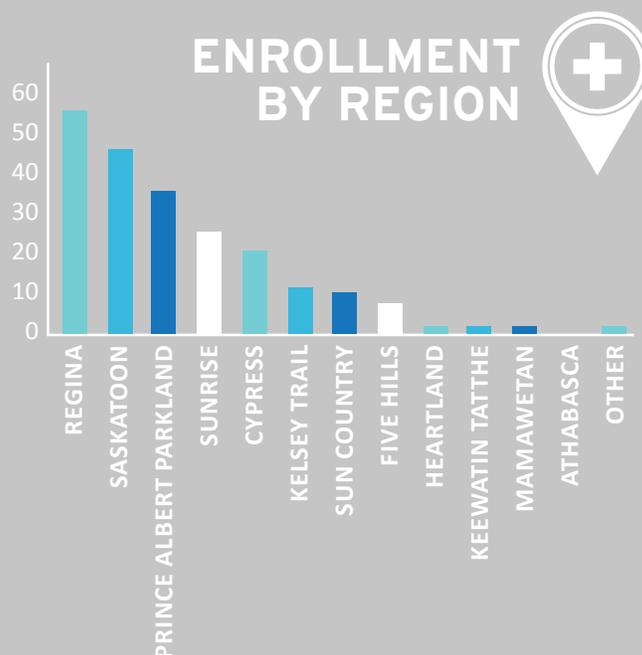
INTERVENTION WITH A PEER LED DISCIPLINARY PROCESS IN CASES OF POTENTIAL OR ACTUAL RISK TO THE SAFETY OF THE PUBLIC:

All complaints received by SALPN are investigated and then forwarded to the counseling and investigation committee. Complaints are either resolved at this level or forwarded to the discipline committee and resolved with a hearing.

Integrity and consistency in this area is fundamental. In late 2013 SALPN hired an additional half time staff member to support the complaints and investigation process. The reports of the Counseling and Investigation Committee as well as the Discipline committee are found later in this report.

PRE-AUTHORIZED PAYMENT PLAN (PPP)

In January 2013, SALPN initiated a PPP in which members could enroll and have their 2014 licensure fees withdrawn from their personal banking account. In the inaugural year of the program, over 200 members enrolled, representing 12 out of the province's 13 Regional Health Authority's.



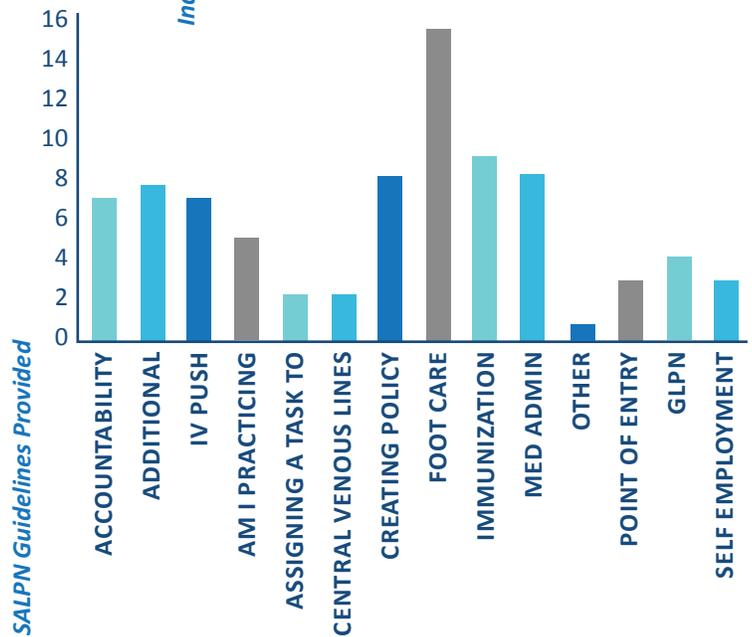
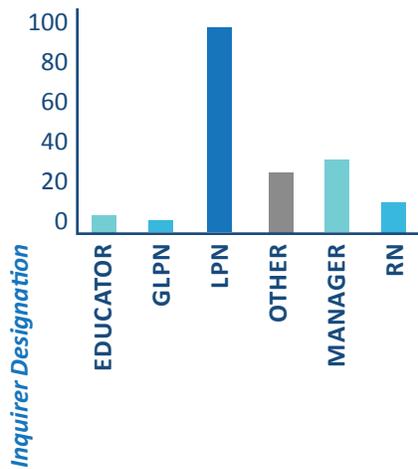
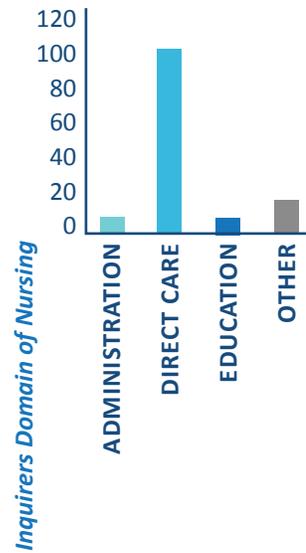
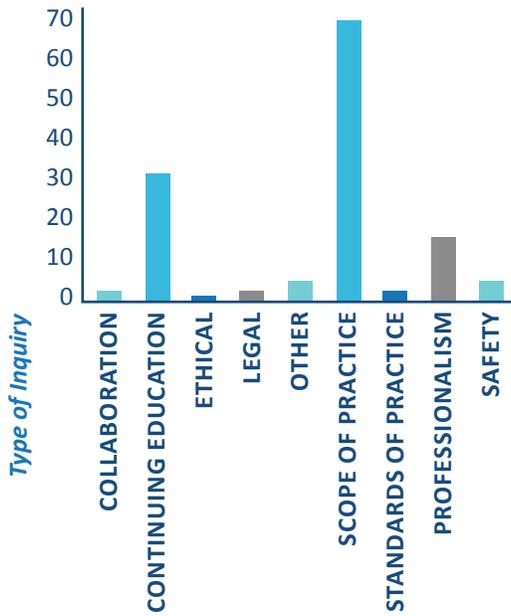


PRACTICE REPORT

SALPN provides practice consultations to members, employers, the public and any other healthcare stakeholders. SALPN protects the public from practitioners who are unqualified, incompetent and unethical in their practice. To ensure competent practice SALPN provides support, resources and advice to ensure safe competent nursing care. Consultations are typically initiated over telephone or by email.

SALPN 2013 PRACTICE INQUIRIES

INQUIRIES RECEIVED APRIL 2013 - DECEMBER 2013



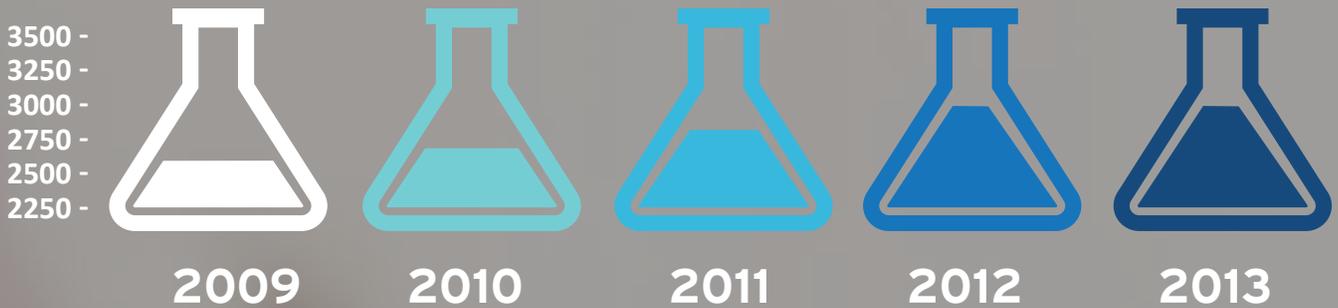
SALPN practice calls are received from people belonging to one of the four domains of nursing. The domains of nursing describe the main area of expertise used in nursing practice.

Some of the calls that SALPN received were related to collaboration, continuing education, ethical and legal issues, Scope of Practice, Standards of Practice and safety.

SALPN has created Practice Guidelines to provide guidance and clarity to LPNs, employers and the public regarding LPN Scope of Practice. The chart indicates which guidelines were provided to callers.

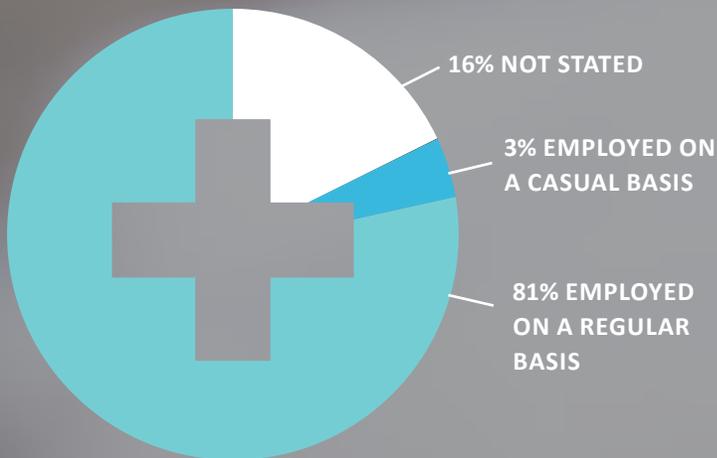
SALPN worked with the Registered Psychiatric Nurses' Association of Saskatchewan (RPNAS) and Saskatchewan Registered Nurses Association (SRNA) to promote interprofessional collaborative nursing teams within the health care system. All three regulatory associations provided 13 presentations on Collaboration throughout the province to educate and promote collaboration, understanding of roles, responsibilities and competencies of each team member.

REGISTRATION REPORT



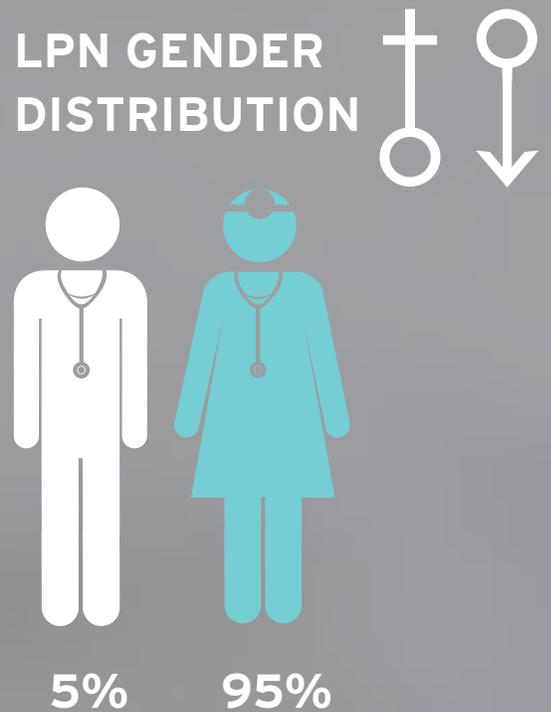
PRACTICING LPNS AT YEAR END

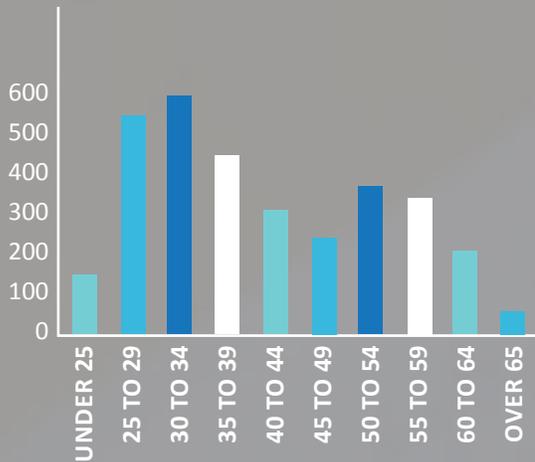
On average, the number of Practicing LPNs in Saskatchewan has increased at a rate of 4% per year since 2009.



YEAR END LPN EMPLOYMENT

At the end of 2013, SALPN had 84% of practicing members employed in nursing.

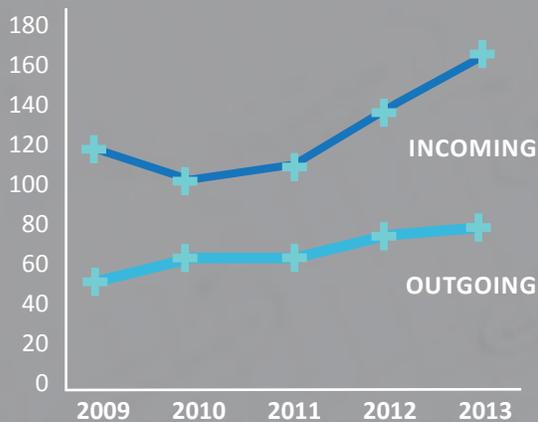




AGES OF PRACTICING MEMBERS



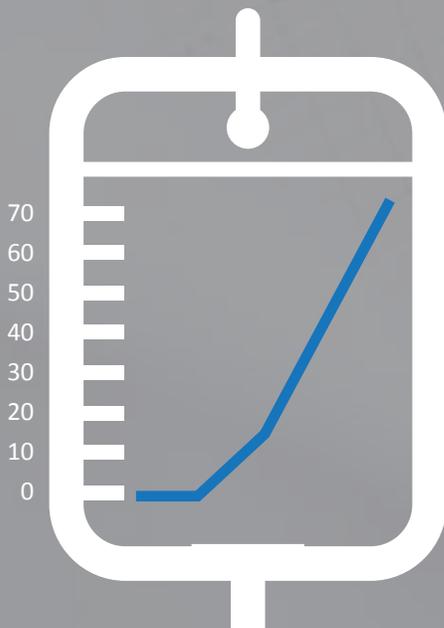
In 2013, the 30 to 34 year old age group held the most practicing members, followed closely by the 25 to 29 year old grouping.



MIGRATION TRENDS



In the last five years, SALPN has experienced a steady increase of licensed members by reciprocity. The outgoing data sample is a reflection of licensure verification requests by jurisdictions outside of Saskatchewan.



INTERNATIONALLY EDUCATED NURSE LICENSURE

SALPN is continuing to experience a steady increase of Internationally Educated Nurses who have been successful obtaining registration and licensure each year.

CHART SHOWING IENS 2009 - 2013



SALPN
STAFF & COUNCIL



BACK ROW *Left to Right*

Noelle Odegard, Della Bartzen, Jennifer Duesterbeck

FRONT ROW *Left to Right*

Adele Gangl, Joel Gritzfeld, Lynsay Nair, Cara Brewster

SALPN STAFF

Executive Director | Lynsay Nair, LPN

Practice Consultant | Jennifer Duesterbeck, LPN

Registrar | Cara Brewster, LPN

Investigator | Della Bartzen, LPN

Associate Registrar | Noelle Odegard

Office Manager | Adele Gangl

Regulatory Services & Administrative Assistant |

Joel Gritzfeld



BACK ROW *Left to Right*

Karen Disiewich, Sharon Clarke, Pauline Mason, Kari Pruden

FRONT ROW *Left to Right*

Andrea McConnell, Don Robinson, Janice Wagner, Gwen Coburn

MISSING: Nancy Hanson and Bonnie Hartman

SALPN COUNCIL

President | Pauline Mason LPN – *Effective April 2013*

President Elect | Kari Pruden LPN – *Effective April 2013*

Members at Large:

Zone 1 Andrea McConnell LPN – *Effective April 2013*

Zone 2 Karen Disiewich LPN

Zone 3 Gwen Coburn LPN

Zone 4 Nancy Hanson LPN

Zone 5 Janice Wagner LPN

Public Representatives:

Don Robinson

Sharon Clarke

Bonnie Hartman – *Term ended April 2013*



COMMITTEE REPORTS

EDUCATION

The committee sponsored the Leadership Challenge to be completed in 2014. This will give LPNs the opportunity to submit a new and innovative idea to better their workplace with respect to Patient and Family Centred Care. The committee continues to work with the Practice

Consultant on documents that will provide better clarity for SALPN members.

MEMBERS: Kari Pruden (Chair), Karen Disiewich, Andrea McConnell, Kari Pruden, Tina Sentes, Val Spencer, Lynn St. Onge

POLICY DEVELOPMENT

SALPN Policy Manual was revisited. New policies were drafted, edited, and approved. Existing policies were updated, edited, and approved. The committee's focus was to implement policies to better govern the organization, serve the membership and effectively regulate the profession.

An Overarching Framework was developed for the categorizing of all SALPN documents. The framework begins with SALPN legislative documents and provides for a number of supportive documents that provide clarity and a simplified way to understand documents such as pertinent legislation and SALPN bylaws.

SALPN Legislative documents which include the *Licensed Practical Nurses Act 2000*, SALPN Regulatory Bylaws, SALPN Administrative Bylaws, and the *LPN Code of Ethics and Standards of Practice*. All other SALPN documents are linked to SALPN Legislative Documents and provide further information and guidance as to how an LPN can meet legislative requirements.

MEMBERS: Pauline Mason (Chair), Kari Pruden, Janice Wagner, Lynsay Nair, Cara Brewster, Jennifer Duesterbeck

NOMINATIONS

The Committee met in the fall of 2013 aligning with the Nursing Together Conference. At the conference, the committee hosted a table displaying information about Members-at-large positions and SALPN Council/Committees. Members interested in running for SALPN Council were provided nomination forms for the 2014 election. SALPN has two members in the running for Zone 2 North but unfortunately did not receive any nominations from Zone 4 Regina City.

MEMBERS: Marjorie Molsberry (Chair), Bonnie Hauser, Carol Kosedy

AWARDS & RECOGNITION

Seventeen LPNs were recognized for their achievements and contributions to the LPN profession at the SALPN Awards Banquet. Saskatchewan Institute of Health Leadership (SIHL): The 2012 SIHL scholarship recipients completed the SIHL program. The graduates were Kathleen Gessner, Kayla Nicholls. Two practicing members were awarded scholarships for 2013. Barbara Lindsey and Jacquie Hurley are currently attending the SIHL program with tentative graduation in April 2014.

MEMBERS: Janice Wagner (Chair), Bernadette Mooney, Brent Wagner, Nadine Dubeau, Adele Gangl

COUNSELLING & INVESTIGATION

A self-governing profession, such as licensed practical nursing, is authorized by law to license individuals to practise, and then to regulate the conduct of those licensees by establishing rules of practice and standards of conduct that are enforceable through a discipline process. A self-governing profession must above all ensure public safety, but it must also protect the standing of the profession from harm done to it by the inappropriate actions of an individual member, and it must be fair to the member in questions because the member's livelihood is at risk. SALPN, as a self-governing profession, is governed by *The Licensed Practical Nurses Act, 2000*, which provides a legislative framework that is intended to respect and balance these sometimes conflict interests.

In 2013, SALPN Counselling and Investigation Committee received a total of 24 complaints. The complaints fell into three broad categories: practicing without a license, issues relating to responses to the Registrar's audit request and practice complaints.

Practicing Without a License

Practicing as an LPN without a license is a breach of section 22(1) of the Act which states "No person shall practice as a licensed practical nurse unless that person is a practicing member." A breach of the act is professional misconduct as defined in section 24 of the Act.

The Registrar made complaints concerning five members who appear to have practiced without valid licenses as a result of having failed to renew their licenses on time. In all five cases, the members were issued offence tickets.

Offence Tickets are used as part of the Standard Discipline Offence Procedure which applies to situations where a member has failed to respond to a request for information from the Registrar or has worked as an LPN after the expiration of the member's practicing licence.

The member is sent a Discipline Offence Notice stating the description of the offence giving the member three options to respond. If the member fails to sign and return a response within 30 days, the matter is formally referred to a Discipline Committee for a hearing. The three options available to the member is Option 1 to plead guilty and agree to pay the amount listed on the notice. Option 2 to plead guilty but opt to appear before the Discipline Committee to explain why the penalty should be lowered or more time given to pay the fine. Option 3 to plead not guilty and agree to appear before the Discipline

Committee at the next scheduled hearing.

Audit Requests

Failure to respond to communications from SALPN is professional misconduct because a failure by a member of a self-governing profession to respond to his or her governing body tends to harm the standing of the profession contrary to section 24 of the Act.

The Registrar made complaints concerning four members for fail to respond to the Registrar's audit information request. In all four cases, offence tickets were issued to the members.

In one other case, the member provided false information in her renewal application regarding CEP points. The Counselling and Investigation Committee issued a cautionary letter to the member given the circumstances of that case.

Practice Complaints

In 2013, SALPN received 14 complaints relating directly to members' practice. Of these, five were dismissed with cautionary letters to the members. Four complaints were resolved by ADR Agreements. Four matters are still being investigated or considered by the Committee. One complaint was withdrawn by the complainant.

The Committee was involved in one discipline hearing in September, 2013, involving Andrea Molleken. The decision of the Discipline Committee is pending. The details are set out in the report from the Discipline Committee.

MEMBERS: Greg Wagner (Chair), Peggy Preston, Cindy Kress, Shirley Wirsche, Penny King, Della Bartzen, Joel Gritzfeld

HEALTH REGION	# OF COMPLAINTS
Athabasca Health Authority	-
Cypress	2
Five Hills	1
Heartland	-
Keewatin Yatthe	-
Kelsey Trail	-
Mamawetan	-
Churchill River	-
Prairie North	5
Prince Albert Parkland	1
Regina Qu'Appelle	9
Saskatoon	3
Sunrise	-
Sun Country	3

Complaint Breakdown by Health Region:

DISCIPLINE

A self-regulating profession, such as licensed practical nursing, is authorized by law to license individuals to practice as LPNs and to regulate the conduct of LPNs by establishing rules of practice and standards of conduct. A self-regulating profession has the responsibility to ensure public safety and to protect the standing of the profession from any harm caused by the conduct of its members. These responsibilities are met through a complaint-based disciplinary process, which is set out in The Licensed Practical Nurses Act, 2000. Under that process, any complaints made by members of the public or the profession concerning an LPN's practice are investigated by the Investigation Committee to determine whether there is evidence of professional misconduct or professional incompetence. If there is such evidence, the Investigation Committee will recommend to the Discipline Committee that it hear and determine the complaint. The Discipline Committee holds a formal discipline hearing for the purposes of deciding whether the member is guilty of professional misconduct or professional incompetence and if the member is, then deciding upon the appropriate penalty for that misconduct or incompetence. A discipline hearing is open to the

public and is conducted in a way that ensures that the member is treated fairly. Members have the right to fully participate in a discipline hearing in defense of the complaint made against them.

In 2013-2014, the composition of the Discipline Committee changed and now includes Members, Brenda Ballagh, Terry Chretien and Barb Lindsay, and Public Representative Don Robinson.

While a vast majority of complaints made against members were resolved through alternate dispute resolution ("ADR") without a hearing before the Discipline Committee, one complaint proceeded to a hearing before the Discipline Committee. The following is a summary of the Discipline Committee's decision in that matter:

Theft conviction amounting to professional misconduct: Andrea Molleken was found guilty of professional misconduct under section 32 of the Act for having committed a theft of property of her patients, while working for a former employer. Section 32 of the Act permits a finding of professional misconduct in circumstances where the Member has been convicted of a criminal offence, provided the Member is given notice by the

Counselling and Investigation Committee and an opportunity to be heard, and the conduct underlying the offence is “professional misconduct” as defined by section 24 of the Act. Ms. Molleken appeared at the discipline hearing and she and counsel for the Counselling and Investigation Committee presented an agreed statement of facts. Ms. Molleken acknowledged the theft and the conviction and agreed that her behaviour constituted professional misconduct under the Act. Following the discipline hearing, the Discipline Committee issued a written decision, making a finding of professional misconduct on the basis that the conduct underlying Ms. Molleken’s conviction amounted to professional misconduct, as defined in section 24, specifically on the basis of three grounds: (i) that the Member’s conduct is harmful to the best interests of the public because members are trusted by the members of the public who become their patients or clients, not only to provide care within their scope of practice but to at all times treat them with respect, including the respect of their personal items; (ii) that the Member’s conduct tends to harm the standing of the profession because members are in a position of trust and Ms. Molleken’s conduct was a breach of that trust; and this reflects poorly on the profession as a whole; and (iii) the Member’s conduct amounts to a breach of the Code of Ethics for Licensed Practical Nurses in Canada, in that her conduct was contrary to the requirement to foster the respect and trust of patients and it damages the integrity of the profession.

At the discipline hearing, the Member and legal counsel for the Counselling and Investigation Committee made a joint proposal concerning most of the penalties to be imposed. For the most part, the Discipline Committee accepted the proposed agreed-upon penalties, and imposed penalties as follows: (i) a three month suspension of the license to practice; (ii) orders that upon returning to practice as an LPN, the Member: (a) continue to attend and participate in addictions counselling; (b) permit her counsellor to communicate with the Registrar on a periodic basis concerning the Member’s compliance with treatment; (c) not work in any capacity in which she has any direct control and/or responsibility over finances or financial affairs for a period of 24 months of active practice; (d) will notify the Registrar of any changes to her employment, for a period of 24 months of active practice; (e) will provide her employers with a copy of the Discipline Committee’s decision, for a period of 24 months of active practice; and (iii) an order requiring the Member to pay a portion of the costs of the investigation and hearing in the fixed amount of \$5,000.00 by January 1, 2015, failing which, her license shall be suspended.

MEMBERS: Angela Zborosky (Chair), Terry Hallett, Brenda Ballagh, Barb Lindsay, Don Robinson

EVENTS

SALPN Education Conference & AGM
April 16 & 17, 2013 - “Celebrating the LPN”
Evrax Place, Regina

Attendance: 206

Highlights: Our conference opened with an address from the Honorable Minister of Health, Dustin Duncan. Rachel Werrett Business Development Consultant and Program coordinator for the U of R SIHL Program, Emily Harder Program Head of SIAST Simulation Learning Center, Jacqueline Tisher of Hope’s Home and STARS Air Ambulance gave a quick overview of their respective programs.

Keynote Speakers: Meg Soper - professional speaker and comedienne with over 28 years experience in the health care industry as a RN in the operating room. *Wit, Fit and Balance...Strategies for Success* was an uplifting look at life as a nurse and gave us helpful tips on ways to deal with stress and achieve success in our profession. Laura Archer - RN who spoke about her overseas experiences with Doctors without Borders (Medecins Sans Frontieres) over the past seven years.

Awards Banquet
Ramada Hotel, Regina

Attendance: 195

Banquet Entertainment: Rory Allen, Elvis impersonator
The survey results indicate the AGM was well received by the membership.

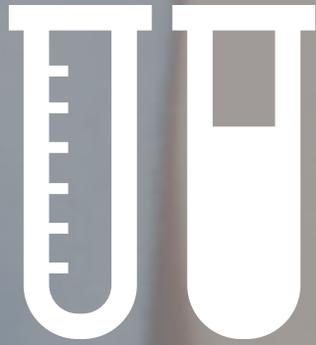
SALPN Professional Development Day
October 22, 2013 - “Nursing Together”

This year’s Professional Development Day was changed to a collaborative nursing conference planned by the SRNA, RPNA and SALPN. It was held at the Saskatoon Inn with Jeff MacInnes as our presenter sharing his WIN thinking concept.

MEMBERS: Susan Smith Brazil, Emery Wolfe, Robert Allen, Gwen Coburn, Nancy Hanson, Marg Olfert, Jennifer Duesterbeck, Adele Gangl, Ashley Bisskey, Karen Eisler, Shelly Svedahl, Barbara Fitz-Gerald, Adam Lark, Shirley McKay

There were a total of 253 attendees and the survey results showed it was a successful day.

MEMBERS: Gwen Coburn (Chair), Nancy Hanson, Kathleen Gessner/Lampman, Bonnie Hauser, Kayla Nicholls, Adele Gangl and Jennifer Duesterbeck



FINANCIAL STATEMENTS

INDEPENDENT AUDITOR'S REPORT

To the Members of Saskatchewan Association of Licensed Practical Nurses

We have audited the accompanying financial statements of Saskatchewan Association of Licensed Practical Nurses, which comprise the statement of financial position as at December 31, 2013 and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian Accounting Standards for Not-for-Profit Organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Saskatchewan Association of Licensed Practical Nurses as at December 31, 2013 and the results of its operations and its cash flows for the year then ended in accordance with Canadian Accounting Standards for Not-for-Profit Organizations.

Regina, Saskatchewan
March 4, 2014



Mintz & Wallace
Chartered Accountants LLP

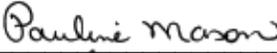
SASKATCHEWAN ASSOCIATION OF LICENSED PRACTICAL NURSES

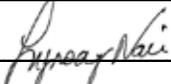
Statement of Financial Position

December 31, 2013

	2013	2012
ASSETS		
CURRENT		
Cash	\$ 609,711	\$ 1,630,308
Investments (Note 3)	1,228,262	-
Accounts receivable	-	1,973
Prepaid expenses	16,300	5,658
	1,854,273	1,637,939
CAPITAL ASSETS (Note 4)	147,457	177,708
INTANGIBLE ASSETS (Note 5)	51,014	55,394
RESTRICTED CASH	258,000	250,000
	\$ 2,310,744	\$ 2,121,041
 LIABILITIES AND NET ASSETS		
CURRENT		
Accounts payable	\$ 36,724	\$ 33,110
Wages payable	-	3,684
Employee deductions payable	10,175	-
Deferred income (Note 7)	1,244,450	1,194,913
	1,291,349	1,231,707
 NET ASSETS		
General fund	761,395	639,334
Restricted fund	258,000	250,000
	1,019,395	889,334
	\$ 2,310,744	\$ 2,121,041

ON BEHALF OF THE BOARD


 _____ Director


 _____ Director

See accompanying notes

SASKATCHEWAN ASSOCIATION OF LICENSED PRACTICAL NURSES

Statement of Operations Year Ended December 31, 2013

	2013	2012
REVENUES		
Practicing membership fees	\$ 1,309,600	\$ 1,245,615
Canadian practical nurse registration exam	105,205	56,859
Application, verification, late fees	76,315	64,300
SALPN AGM registrations	34,268	38,945
Workshops	6,350	6,990
Non-practicing certificate fees	4,400	6,870
Membership fines	2,900	1,300
Sale of merchandise	2,325	80
Miscellaneous	2,029	2,775
Admin fees	1,781	-
Retroactive fees	-	325
	1,545,173	1,424,059
EXPENDITURES		
Salaries and Benefits (<i>Schedule 1</i>)	638,419	703,041
Professional (<i>Schedule 2</i>)	452,621	450,542
Administrative (<i>Schedule 3</i>)	234,517	211,103
Occupancy (<i>Schedule 4</i>)	98,550	99,260
Developmental Projects (<i>Schedule 5</i>)	13,795	24,728
	1,437,902	1,488,674
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENDITURES FROM OPERATIONS	107,271	(64,615)
OTHER INCOME		
Interest income	22,923	15,068
Miscellaneous income	-	840
Loss on disposal of assets	(133)	-
	22,790	15,908
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENDITURES	\$ 130,061	\$ (48,707)

See accompanying notes

SASKATCHEWAN ASSOCIATION OF LICENSED PRACTICAL NURSES

Statement of Changes in Net Assets

Year Ended December 31, 2013

	General Fund	Restricted Fund	2013	2012
NET ASSETS - BEGINNING OF YEAR	\$ 639,334	\$ 250,000	\$ 889,334	\$ 938,041
Interfund transfers (<i>Note 6</i>)	(8,000)	8,000	-	-
Excess (deficiency) of revenues over expenditures	130,061	-	130,061	(48,707)
NET ASSETS - END OF YEAR	\$ 761,395	\$ 258,000	\$ 1,019,395	\$ 889,334

See accompanying notes

SASKATCHEWAN ASSOCIATION OF LICENSED PRACTICAL NURSES

Statement of Cash Flows Year Ended December 31, 2013

	2013	2012
OPERATING ACTIVITIES		
Excess (deficiency) of revenues over expenditures	\$ 130,061	\$ (48,707)
Items not affecting cash:		
Loss on disposal of assets	133	-
Amortization of intangible assets	27,730	23,434
Amortization of tangible assets	33,801	34,522
	191,725	9,249
Changes in non-cash working capital:		
Accounts receivable	1,973	(1,973)
Accounts payable	3,614	(3,712)
Deferred income	49,537	81,910
Prepaid expenses	(10,642)	11,287
Wages payable	(3,684)	3,684
Employee deductions payable	10,175	(9,255)
	50,973	81,941
Cash flow from operating activities	242,698	91,190
INVESTING ACTIVITIES		
Purchase of capital assets	(5,383)	(5,550)
Proceeds on disposal of capital assets	1,700	-
Purchase of intangible assets	(23,350)	(19,611)
	(27,033)	(25,161)
Cash flow used by investing activities	(27,033)	(25,161)
INCREASE IN CASH FLOW	215,665	66,029
CASH - BEGINNING OF YEAR	1,880,308	1,814,279
CASH - END OF YEAR	\$ 2,095,973	\$ 1,880,308
CASH CONSISTS OF:		
Cash	\$ 609,711	\$ 1,630,308
Investments	1,228,262	-
Restricted cash	258,000	250,000
	\$ 2,095,973	\$ 1,880,308

See accompanying notes

SASKATCHEWAN ASSOCIATION OF LICENSED PRACTICAL NURSES

Notes to Financial Statements

Year Ended December 31, 2013

I. NATURE OF OPERATIONS

The Saskatchewan Association of Licensed Practical Nurses (SALPN) is the regulatory body responsible for the initial registration, annual licensing, counselling, disciplining and setting standards of practice for Licensed Practical Nurses in Saskatchewan.

The Association, in consultation with the membership, speaks on their behalf to provide constructive input to the decision making process in health care planning and delivery of services, including policy development at the provincial and federal level.

The Association is a non-profit organization under the Income Tax Act.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of presentation

These financial statements are presented in accordance with Canadian Accounting Standards for Not-for-Profit Organizations.

Financial instruments policy

Financial instruments are recorded at fair value when acquired or issued. In subsequent periods, financial assets with actively traded markets are reported at fair value, with any unrealized gains and losses reported in income. All other financial instruments are reported at amortized cost, and tested for impairment at each reporting date. Transaction costs on the acquisition, sale, or issue of financial instruments are expensed when incurred.

Financial assets reported at amortized cost include cash, investments, accounts receivable and restricted cash.

Financial liabilities reported at amortized cost include accounts payable and accrued liabilities.

Revenue recognition

Membership revenues are deferred and recognized in the year for which the individual is licensed to practice. Associated fees (application, verification, late and retroactive fees) are recognized at the time of receipt. Exam and event registration fees are reported in the period the related event occurs. Inventory items are recognized in the period the sale occurs.

Fund accounting

SALPN reports its net assets in accordance with the principles of fund accounting in order to classify different activities and objectives. The general fund reports the day-to-day operations of the Association. The internally restricted fund arose as a consequence of a decision by the Board and management to set aside some resources to cover unexpected costs which could jeopardize the financial stability of the Association. In addition, the Board intends to set aside monies to prepare for the cost of infrequent but scheduled activities such as program approval and strategic planning.

(continues)

SASKATCHEWAN ASSOCIATION OF LICENSED PRACTICAL NURSES

Notes to Financial Statements Year Ended December 31, 2013

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

Capital assets

Capital assets are stated at cost less accumulated amortization. Capital assets are amortized over their estimated useful lives at the following rates and methods:

Equipment	5 years	straight-line method
Computer equipment	5 years	straight-line method
Leasehold improvements	10 years	straight-line method

The Association regularly reviews its capital assets to eliminate obsolete items. A full year of amortization is taken in the year of addition.

Intangible assets

The database is being amortized on a straight-line basis over its estimated useful life of five years.

3. INVESTMENTS

	2013	2012
Guaranteed investment certificates	\$ 1,106,853	\$ -
Money market funds	121,409	-
	\$ 1,228,262	\$ -

The Association has guaranteed investments certificates with maturity dates ranging from March 2014 to November 2018 earning interest at 1.550% to 3.900%.

4. CAPITAL ASSETS

	Cost	Accumulated amortization	2013 Net book value	2012 Net book value
Equipment	\$ 87,035	\$ 62,946	\$ 24,089	\$ 31,845
Computer equipment	55,906	44,655	11,251	17,729
Leasehold improvements	160,167	48,050	112,117	128,134
	\$ 303,108	\$ 155,651	\$ 147,457	\$ 177,708

5. INTANGIBLE ASSETS

	2013	2012
Database software	\$ 150,325	\$ 126,975
Accumulated amortization	(99,311)	(71,581)
	\$ 51,014	\$ 55,394

SASKATCHEWAN ASSOCIATION OF LICENSED PRACTICAL NURSES

Notes to Financial Statements Year Ended December 31, 2013

6. INTERFUND TRANSFERS

During the year, the Association internally transferred to restricted net assets a portion of anticipated costs for program approval and strategic planning.

7. DEFERRED INCOME

The deferred income includes practicing and non-practicing 2014 membership fees and examination registration fees for January 2014 CPRNE.

	<u>2013</u>	<u>2012</u>
Membership fees	\$ 1,228,050	\$ 1,156,600
Examination fees	16,400	38,313
	<u>\$ 1,244,450</u>	<u>\$ 1,194,913</u>

8. FINANCIAL INSTRUMENTS

The Association is exposed to various risks through its financial instruments and has a comprehensive risk management framework to monitor, evaluate and manage these risks. The following analysis provides information about the Association's risk exposure and concentration as of December 31, 2013.

Liquidity risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The Association is exposed to this risk mainly in respect to the timing of receipts from membership fees at one point in the year whereas expenditures occur throughout the year. The Association has accumulated resources it can use in the event of a mismatch. In addition, membership fees are collected in advance.

Other price risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The Association's investments are substantially guaranteed investment certificates and are not subject to price fluctuations.

SASKATCHEWAN ASSOCIATION OF LICENSED PRACTICAL NURSES

Notes to Financial Statements Year Ended December 31, 2013

9. CONTRACTUAL COMMITMENTS

The Association has entered into operating leases for telephone equipment, copier, postage machine, as well as shredding and recycling services, with contract terms ranging from 12 to 36 months. The future aggregate minimum lease payments under the operating leases over the next three years are as follows:

2014	\$	2,037
2015		1,487
2016		<u>1,487</u>
	\$	<u>5,011</u>

The Association entered into a lease for office premises, which commenced January 1, 2011. The lease term is 10 years.

Future minimum lease payments over the next three years are as follows:

2014	\$	63,000
2015		63,000
2016		<u>63,000</u>
	\$	<u>189,000</u>

The Association has entered into a one year contract to develop a communications strategy. The balance of the commitment to be settled in 2014 is \$75,000.

10. CORRESPONDING FIGURES

Some of the corresponding figures have been reclassified to conform to the current year's presentation.

SASKATCHEWAN ASSOCIATION OF LICENSED PRACTICAL NURSES

Salaries and Benefits

(Schedule 1)

Year Ended December 31, 2013

	2013	2012
SALARIES AND BENEFITS		
Salaries	\$ 513,952	\$ 570,948
Staff benefits	86,516	111,588
Professional development	37,951	18,372
Admin support	-	2,133
	\$ 638,419	\$ 703,041

Professional

(Schedule 2)

Year Ended December 31, 2013

	2013	2012
PROFESSIONAL		
Affiliation fees	\$ 2,907	\$ 1,992
Canadian Council of Practical Nurse Regulators	12,174	9,158
Canadian practical nurse registration exam	63,926	32,231
Chapters	200	-
Council	85,997	96,549
Counselling and investigation committee	30,451	56,378
Discipline committee	35,305	16,672
Document review	37,846	13,675
Insurance - liability/other	29,794	30,925
Legal fees	3,527	8,086
Other committees	15,111	20,762
Public/member relations	19,957	28,338
SALPN AGM	63,859	73,965
SALPN professional development day	9,156	9,254
SALPN work expenses	32,454	36,813
Scholarships/awards	9,957	15,744
	\$ 452,621	\$ 450,542

See accompanying notes

SASKATCHEWAN ASSOCIATION OF LICENSED PRACTICAL NURSES

Administrative

(Schedule 3)

Year Ended December 31, 2013

	2013	2012
ADMINISTRATIVE		
Accounting	\$ 6,765	\$ 6,874
Amortization of intangible assets	27,730	23,434
Auditing	6,930	7,000
Communications	43,617	23,020
Equipment rental	6,392	7,208
IT support	21,244	19,008
Interest and bank charges	38,035	27,208
Office supplies	19,208	13,054
Photocopying	2,446	548
Postage	21,608	26,395
Printing	23,366	39,806
Telephone	17,176	17,548
	\$ 234,517	\$ 211,103

Occupancy

(Schedule 4)

Year Ended December 31, 2013

	2013	2012
OCCUPANCY		
Amortization of capital assets	\$ 33,801	\$ 34,522
Building repairs & maintenance	1,749	1,738
Rent	63,000	63,000
	\$ 98,550	\$ 99,260

Developmental Projects

(Schedule 5)

Year Ended December 31, 2013

	2013	2012
DEVELOPMENTAL PROJECTS		
Other development & collaborative projects	\$ 13,795	\$ 24,728

See accompanying notes



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