

COLLEGE AND ASSOCIATION OF REGISTERED NURSES OF ALBERTA

DECISION OF THE HEARING TRIBUNAL

RE: CONDUCT OF **COLLETTE STASSEN**, R.N. REGISTRATION #**98,847**

AS A RESULT OF A HEARING HELD BEFORE

THE HEARING TRIBUNAL

OF THE

COLLEGE AND ASSOCIATION OF REGISTERED NURSES OF ALBERTA

11120 178 STREET

EDMONTON, ALBERTA

ON

JANUARY 22, 2021

INTRODUCTION

A virtual hearing was held on January 22, 2021 by the Hearing Tribunal of the College and Association of Registered Nurses of Alberta (“CARNA”) to hear a complaint against Collette Stassen, R.N. registration #98,847.

Those present at the hearing were:

a. Hearing Tribunal Members:

Grace Brittain, Chairperson
Claire Mills
Danica Wong
Hugh Campbell, Public Representative

b. Independent Legal Counsel to the Hearing Tribunal:

Julie Gagnon

c. CARNA Representative:

Natasha Nakai, Conduct Counsel

d. Regulated Member Under Investigation:

Collette Stassen (sometimes hereinafter referred to as “the Regulated Member”)

e. Regulated Member’s Labour Relation’s Officer:

Duane McEwan

PRELIMINARY MATTERS

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

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

The Chairperson noted that there were members of the public present.

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 May 5, 2020, while working as a staff nurse in the Emergency Department at a [Community Health Centre], the Regulated Member practiced outside her scope when she performed wound closure using a skin stapler device without the employer's authorized training and certification, contrary to the *Scope of Practice Standards*, the *Restricted Activities Standards, Incorporating a Restricted Activity into Practice Guidelines*, and the *Ethical Decision Making Guidelines*.
2. On May 5, 2020, while working as a staff nurse in the Emergency Department at a [Community Health Centre], the Regulated Member failed to properly document a description of the laceration, contrary to the *Documentation Standards* and the Alberta Health Services Directive on Clinical Documentation.
3. On May 5, 2020, while working as a staff nurse in the Emergency Department at a [Community Health Centre], the Regulated Member failed to properly document a reference to the conversation with the treating physician, contrary to the *Documentation Standards* and the Alberta Health Services Directive on Clinical Documentation.
4. On May 5, 2020, while working as a staff nurse in the Emergency Department at a [Community Health Centre], the Regulated Member failed to properly document an indication that stapling was used to treat the patient's wound, contrary to the *Documentation Standards* and the Alberta Health Services Directive on Clinical Documentation.
5. On May 5, 2020, while working as a staff nurse in the Emergency Department at a [Community Health Centre], the Regulated Member failed to properly document the discharge suggested for patient self-care and pain management, contrary to the *Documentation Standards* and the Alberta Health Services Directive on Clinical Documentation.
6. On May 5, 2020, while working as a staff nurse in the Emergency Department at a [Community Health Centre], the Regulated Member failed to properly document any patient response during the treatment, contrary to the *Documentation Standards* and the Alberta Health Services Directive on Clinical Documentation.

The Regulated Member has admitted to the conduct in the allegations (Exhibit # 2).

EXHIBITS

The following documents were entered as Exhibits:

Exhibit #1 – Notice to Attend a Hearing by the Hearing Tribunal of the College and Association of Registered Nurses of Alberta;

Exhibit #2 – Agreed Statement of Facts and Liability between the Regulated Member and CARNA (the "Agreement");

Exhibit #3 – Attachments to Agreement;

- Exhibit #4 – Joint Recommendations on Sanction with Schedule;
- Exhibit #5 – CNA Ethics Modules (2020) and CNA Nursing Documentation Certificate (2020);
- Exhibit #6 – AHS Directive on Clinical Documentation (2017);
- Canadian Nurses Association Code of Ethics for Registered Nurses (“CNACE”);
- CARNA Documentation Standards for Regulated Members (2013) (“CDSRM”);
- CARNA Practice Standards for Regulated Members (“CPSRM”);
- CARNA Restricted Activities Standards (2019) (“CRAS”);
- CARNA Scope of Practice for Registered Nurses (2011) (“CSPRN”);

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

SUBMISSIONS ON THE ALLEGATIONS

Submissions by Conduct Counsel:

Conduct Counsel reviewed the Agreement (Exhibit #2). Conduct Counsel noted that the Regulated Member has shown accountability and been fully engaged, accountable and transparent throughout this process. The conduct at issue arose out of one patient interaction on a single day. The treatment provided to the patient by the Regulated Member was outside of the scope of practice and there was a lack of documentation relating to the treatment provided.

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

Conduct Counsel noted that the following Standards were applicable: CPSRM Standards 1.1, 1.2, 1.3, 1.4, 2.1, 2.4, 2.5, 2.7, 2.8, 3.4, 5.4, 5.5, 5.8. Conduct Counsel also noted that the following provisions from the CNACE applied: Part 1A. The following provisions from the CRAS applied: 1.2, 1.3, 2.1, 2.2, 2.3, 2.5, 2.6. The provisions relating to Clinical Practice in Scope from the CSPRN applied. The following provision from the CDSRM applied: 1.1(c), 1.1(d), 1.1(e), 1.2(a), 1.2(f), 1.3, 1.4(b), 1.4(j).

There had also been a breach of the AHS Directive on Clinical Documentation, constituting a breach of s. 1(1)(pp)(iii) of the HPA.

Conduct Counsel noted that because the complaint was from a member of the public, this engages the integrity of the profession.

Submissions by the Labour Relations Officer for the Regulated Member:

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

Questions from the Hearing Tribunal:

The Hearing Tribunal adjourned to consider the Exhibits and the submissions made. The Hearing Tribunal reconvened and advised the parties that it was considering adding section 1.1(b) of the CDSRM. The parties had no further submissions on the addition of this provision.

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 Regulated Member's conduct constitutes unprofessional conduct under section (1)(1)(pp) of the HPA, as follows:

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

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

The Hearing Tribunal considered the admissions in the Agreement and finds the conduct in the allegations is proven. On May 5, 2020, the Regulated Member, while working as a staff member in the Emergency Department at a community health centre, engaged in the following conduct:

- a. the Regulated Member practiced outside her scope when she performed wound closure using a skin stapler device without the employer's authorized training and certification;
- b. the Regulated Member failed to properly document a description of the laceration;
- c. the Regulated Member failed to properly document a reference to the conversation with the treating physician;
- d. the Regulated Member failed to properly document an indication that stapling was used to treat the patient's wound;
- e. the Regulated Member failed to properly document the discharge suggested for patient self-care and pain management;
- f. the Regulated Member failed to properly document any patient response during the treatment.

The Hearing Tribunal finds that the Regulated Member breached the following provisions of the CPSRM: 1.1, 1.2, 1.3, 1.4, 2.1, 2.4, 2.5, 2.7, 2.8, 3.4, 5.3, 5.4, 5.5, 5.8:

Standard One: Responsibility and Accountability

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

Indicators

- 1.1 The nurse is accountable at all times for their own actions.
- 1.2 The nurse follows current legislation, standards and policies relevant to their practice setting.
- 1.3 The nurse questions policies and procedures inconsistent with therapeutic client outcomes, best practices and safety standards (Appendix 3).
- 1.4 The nurse practices competently.

Standard Two: Knowledge-Based Practice

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

Indicators

- 2.1 The nurse supports decisions with evidence-based rationale.
- 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.
- 2.8 The nurse performs **restricted activities** authorized under the HPA *Registered Nurses Profession Regulation* that they are competent to perform and that are appropriate to their area of practice.

Standard Three: Ethical Practice

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

Indicators

- 3.4 The nurse communicates effectively and respectfully with clients, significant others and other members of the **health care team** to enhance client care and safety outcomes.

Standard Five: Self-Regulation

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

Indicators

- 5.3 The nurse follows policies relevant to the profession as described in CARNA standards, guidelines and position statements.
- 5.4 The nurse practices within the legislated scope of practice of the profession.
- 5.5 The nurse practices within their own level of **competence**.
- 5.8 The nurse reports unprofessional conduct to the appropriate person, agency or professional body.

The Hearing Tribunal finds that the Regulated Member breached the following provisions of the CNACE: A1, A2, A3, A4, A5, A6:

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.
4. Nurses question, intervene, report and address unsafe, non-compassionate, unethical or incompetent practice or conditions that

interfere with their ability to provide safe, compassionate, competent and ethical care; and they support those who do the same (see Appendix B).

5. Nurses are honest and take all necessary actions to prevent or minimize **patient safety incidents**. They learn from **near misses** and work with others to reduce the potential for future risks and preventable harms (see Appendix B).
6. Nurses practice “within their own level of competence and seek [appropriate] direction and guidance . . . when aspects of the care required are beyond their individual competence” (Licensed Practical Nurses Association of Prince Edward Island [LPNAPEI], Association of Registered Nurses of Prince Edward Island, & Prince Edward Island Health Sector Council, 2014, p. 3).

The Hearing Tribunal finds that the Regulated Member breached the following provisions of the CDSRM: 1.1 (b), (c), (d), (e), 1.2(a), (f), 1.3, 1.4(b), (j):

Standard One: Nurses document the nursing care they provide accurately and in a timely, factual, complete and confidential manner.

Standard and Criteria

Criteria:

The nurse must:

- 1.1 Record a complete account of nursing assessment of the client’s needs, including:
 - b. assessment findings
 - c. diagnosis
 - d. plan of care
 - e. intervention(s) provided
- 1.2 Document the following aspects of care:
 - a. relevant objective information related to client care
 - f. any adverse event or **adverse outcome**
- 1.3 Ensure all entries made in the client care record (whether in person or by phone, by means of dictation/transcription) are authenticated and dated (CHIA, 2008).
- 1.4 Record:
 - b. accurately, completely and objectively

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

The Hearing Tribunal finds that the Regulated Member breached the CRAS, as follows:

Standard 1 – Professional Responsibility and Accountability

The regulated member is responsible and accountable for the **restricted activities** they perform within their nursing practice.

Every regulated member

- 1.2 only performs restricted activities they are authorized and competent to perform, appropriate to their clinical practice area, and the procedure being performed;
- 1.3 complies with organization policy and only performs a restricted activity that is appropriate to the clinical practice area;

Standard 2 Knowledge-Based Practice

The regulated member applies knowledge and skills in the performance of restricted activities.

The regulated member

- 2.1 assesses, uses critical inquiry, plans, problem-solves, makes decisions, documents, monitors the client's response, and evaluates the restricted activity;
- 2.2 engages in **evidence-informed** practice;
- 2.3 assesses the client to determine whether the restricted activity is warranted by considering the known risks and benefits to the client, the **predictability** of the outcomes, and any other factors that may impact client outcomes;
- 2.5 takes action and provides care if any intended and unintended outcomes arise; and
- 2.6 maintains **competence** necessary to perform restricted activities relevant to their practice.

The Hearing Tribunal finds that the Regulated Member breached the CSPRN provisions relating to clinical practice. In providing health services, registered nurses engage in key roles which are effectively integrated in practice. Through a combination of experience continuing education, and advanced education, registered nurses develop progressive expertise in caring for defined clinical populations. (CSPRN)

The Regulated Member also breached the AHS Clinical Documentation Directive. The directive ensures clinical documentation within AHS supports health care providers in the delivery of high-quality patient care, strengthens patient safety and promotes continuity of care.

The breaches of the above noted Standards and the Code of Ethics are serious and constitute unprofessional conduct pursuant to section 1(1)(pp)(ii) of the HPA.

Regulated members must work within their scope of practice. To do otherwise puts patients at risk of harm and undermines the integrity of the profession. It is up to a registered nurse to stand up for themselves if they are asked to do something outside of their scope of practice. Every registered nurse is responsible and accountable for the care they provide and for ensuring they provide care in a safe, competent and ethical manner.

Five of the six allegations relate to appropriate documentation. Documentation is a basic skill expected of all Registered Nurses. The requirement to document appropriately is necessary and serves to reduce the risk of harm to patients and ensures appropriate continuity of care for patients by the entire health care team.

The Regulated Member's conduct showed a lack of knowledge, skill or judgment in the requirements to document appropriately and to practice within her scope of practice. This conduct is unprofessional conduct under section 1(1)(pp)(i) of the HPA.

In addition, the failure to follow the AHS Directive on Clinical Documentation is serious and constitutes unprofessional conduct under section 1(1)(pp)(iii) of the HPA.

Finally, the conduct of the Regulated Member undermines the integrity of the profession. A patient was harmed and complained to CARNA about the Regulated Member's conduct. The conduct constitutes unprofessional conduct under section 1(1)(pp)(xii) of the HPA.

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 noted that the Regulated Member had completed Schedule A to Exhibit #4, which confirms that she has read and is familiar with the procedures she is not permitted to perform in her new place of employment.

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

1. The nature and gravity of the proven allegations: The conduct is serious and reflects on the profession as a whole.
2. The age and experience of the member: The Regulated Member has been registered with CARNA since 2015. Prior to this, the Regulated Member practiced in a foreign jurisdiction.
3. The previous character of the member: The Regulated Member has no prior findings.
4. The age and mental condition of the offended patient: The patient was not part of a particularly vulnerable group.

5. The number of times the offence was proven to have occurred: This was a single incident with a single patient.
6. The role of the registered nurse in acknowledging what occurred: The Regulated Member has acknowledged the conduct and cooperated with the College in reaching an agreement.
7. Whether the member has already suffered other serious financial or other penalties: There are no financial penalties, but given that the issues arose in a small community, it had a disproportionate effect on the Regulated Member.
8. The impact on the offended patient: The patient sought treatment elsewhere and had lingering symptoms.
9. The presence or absence of any mitigating factors: The treating physician did tell the Regulated Member to perform the procedure. While this does not absolve the Regulated Member from performing activities outside of her scope of practice, it is a mitigating factor.
10. The need to promote specific and general deterrence: The proposed sanction will act as both a specific and general deterrent. The Regulated Member has refamiliarized herself with the Standards and requirements for practicing within her scope of practice and for documentation.
11. The need to maintain public confidence: The proposed sanction will maintain the public's confidence in the profession.
12. Degree to which offensive conduct is outside the range of permitted conduct: The Regulated Member was trained to perform the procedure in the foreign jurisdiction. While this does not excuse the conduct, it does provide some further context.

Submissions by the Labour Relations Officer for the Regulated Member:

The Labour Relations Officer noted that the Regulated Member takes full responsibility for the conduct. He reiterated the mitigating circumstances that the Regulated Member was trained to do the procedure in the foreign jurisdiction and that it is common for nurses to use a staple device in that jurisdiction. In addition, the physician who instructed her to do the procedure is from the same jurisdiction.

The Regulated Member recognized that she should have stood up for herself and not performed the procedure. This incident has been very difficult for her. The incident occurred in a small community. She resigned her position and sought employment elsewhere.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON SANCTION

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

The Hearing Tribunal recognizes that there can be a perceived power differential between a treating physician and registered nurse. However, the Hearing Tribunal wishes to emphasize that a Regulated Member must stand up for themselves if asked to perform a procedure outside of

the Regulated Member's scope of practice. The responsibility and accountability for procedures performed ultimately rests with the registered nurse. The requirement to practice within scope and to document appropriately are basic expectations of all registered nurses. These are basic and fundamental to the profession of nursing and help ensure there is safe, competent, knowledgeable and ethical care provided to patients.

The Hearing Tribunal finds that the proposed sanction is reasonable and protects the public. The proposed sanction serves as an appropriate deterrent for the Regulated Member and for 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 the following:

SANCTION

1. The Regulated Member, COLLETTE STASSEN, #98,847 (the "**Regulated Member**"), shall receive a reprimand for unprofessional conduct:
 - a. By no later than **December 15, 2020**, the Member shall proof satisfactory to the Complaints Director, that the Regulated Member has successfully completed and passed the following courses of study:
 - i. *Canadian Nurses Association Code of Ethics Modules*;
 - b. By no later than **December 15, 2020**, the Regulated Member shall provide a written declaration to the Complaints Director, in the form attached as **Schedule "A"** hereto, confirming that they have read and are familiar with procedures they cannot perform in their new place of employment.
 - c. Within 10 days of all Parties signing the Agreement, the Regulated Member shall provide a letter to the Complaints Director from the Regulated Member's RN Supervisor at their current place of employment, confirming in writing:
 - i. The Supervisor's contact information and role;
 - ii. The Regulated Member's place of employment;
 - iii. The Regulated Member's role of employment;
 - iv. That the Supervisor is aware of the Complaint; and
 - v. That the Supervisor agrees to provide to CARNA **two (2) Practice Report Letters** following the terms and conditions in paragraphs (1)(d) and 1(e).

- d. On or before **four (4) months from the date of this Order**, the Regulated Member shall provide a Practice Report Letter from their Supervisor, which must be acceptable to the Complaints Director, that confirms that the Regulated Member has completed **three (3) months** of nursing practice and that no concerns exist about the Regulated Member's practice and they met or exceeded the standards expected of an RN.
- e. The Regulated Member shall provide the **Second Practice Report Letter**, which must be acceptable to the Complaints Director, within **three (3) months** after the Complaints Director has deemed the First Practice Report Letter acceptable, which confirms in writing that in the last **three (3) months** of nursing practice that the Regulated Member met or exceeded the standards expected of an RN.

(the "**Conditions**").

Conduct Counsel confirmed at the hearing that paragraphs 1(a) and (b) had already been complied with. The signed Schedule A was attached to Exhibit #4 (the Joint Recommendations on Sanction with Schedule).

- 2. The Regulated Member will provide proof of completion of the above-noted Conditions to the Complaints Director via e-mail to procond@nurses.ab.ca .

COMPLIANCE

- 3. Compliance with this Order shall be determined by the Complaints Director of CARNA. All decisions with respect to the Regulated Member's compliance with this Order will be in the sole discretion of the Complaints Director.
- 4. Should the Member fail or be unable to comply with any of the requirements of this Order, or if any dispute arises regarding the implementation of this Order, the Complaints Director may exercise the authority under section 82(3) of *HPA*.
- 5. The responsibility lies with the Regulated Member to comply with this Order. It is the responsibility of the Regulated Member to initiate communication with CARNA for any anticipated non-compliance and any request for an extension.

CONDITIONS

- 6. The Regulated Member confirms the following list sets out all the Regulated Member's employers and includes all employers even if the Regulated Member is under an undertaking to not work, is on sick leave or disability leave, or if the Regulated Member 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 Regulated Member confirms the following employment:

Employer Name	Employer Address & Phone Number
[Community Health Centre redacted]	[Community Health Centre contact information redacted]

7. The Regulated Member understands and acknowledges that it is the Regulated Member's professional responsibility to immediately inform CARNA of any changes to the Regulated Member'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.
8. The Registrar of CARNA will be requested to put the following condition against the Regulated Member's practice permit (current and/or future) and shall remain until the condition is satisfied:
 - a. **Course work required – Arising from a Disciplinary Matter;**
 - b. **Practice Report Letter(s) required – Arising from a Disciplinary Matter;**
 - c. **Letter from employer(s) required – Arising from a Disciplinary Matter, and;**
 - d. **Restricted re employment setting – Arising from a Disciplinary Matter.**
9. Effective **January 22, 2021**, 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 Regulated Member's current employers (if any), the regulatory college for Registered Nurses in all Canadian provinces and territories, and other professional colleges with which the Regulated Member is also registered (if any).
10. Once the Regulated Member 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.
11. This Order takes effect **January 22, 2021**, 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,

A handwritten signature in cursive script that reads "Grace Brittain". The signature is written in black ink on a white background.

Grace Brittain, Chairperson
On Behalf of the Hearing Tribunal

Date of Order: **January 22, 2021**