

COLLEGE OF REGISTERED NURSES OF ALBERTA (the “**College**”)

DECISION OF THE HEARING TRIBUNAL

RE: CONDUCT OF **CAROL RAFA-FLEET**, R.N. REGISTRATION #**56,598**

AS A RESULT OF A HEARING HELD BEFORE

THE HEARING TRIBUNAL

OF THE COLLEGE

11120 178 STREET

EDMONTON, ALBERTA

ON

**May 5, 2025**

## INTRODUCTION

A hearing was held on **May 5, 2025**, via Microsoft Teams videoconferencing by the Hearing Tribunal of the College to hear a complaint against Carol Rafa-Fleet, R.N. registration #56,598.

Those present at the hearing were:

**a. Hearing Tribunal Members:**

Claire Mills, RN Chairperson  
Leah Tellier, RN  
David Rolfe, Public Member  
Andrew Otway, Public Member

**b. Independent Legal Counsel to the Hearing Tribunal:**

Natasha Egan

**c. CRNA Counsel:**

Stacey McPeck, Conduct Counsel

**d. Registrant Under Investigation:**

Carol Rafa-Fleet (sometimes hereinafter referred to as “the **Registrant**”)

**e. Registrant’s Labour Relations Officer:**

Lucy Anderson, Labour Relations Officer  
Ivana Niblett, Labour Relations Officer

**f. CRNA Staff**

Marina Skoreiko, Hearings Coordinator as Clerk supporting the Chair of the Tribunal in procedural management of virtual proceeding technology.

## 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.

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 July 18, 2023, the Registrant demonstrated a lack of knowledge, skill or judgment in the provision of nursing services and failed to maintain an individual's right to privacy by inappropriately accessing their health information without consent, contrary to the *Canadian Nurses Association Code of Ethics (2017)* ("**Code of Ethics**"), the *Practice Standards for Registrants (2023)* ("**Practice Standards**") the *Privacy and Management of Health Information Standards (2022)* ("**Privacy Standards**") and one or more employer policies.
2. On or about July 18, 2023, the Registrant demonstrated a lack of knowledge, skill or judgment in the provision of nursing services when they failed to document a prescription in the individual's patient record, contrary to the *Canadian Nurses Association Code of Ethics (2017)* ("**Code of Ethics**"), the *Entry Level Competencies for the Practice of Registered Nurses (2019)* ("**Entry Level Competencies**"), the *Practice Standards for Regulated Members (2013)* ("**Practice Standards**"), the *Documentation Standards for Regulated Member (2013)* ("**Documentation Standards**").

The Conduct was contrary to the *Canadian Nurses Association Code of Ethics (2017)*, the *Practice Standards for Registrants (2023)*, the *Privacy and Management of Health Information Standards (2022)*, the *Entry Level Competencies for the Practice of Registered Nurses (2019)*, and the *Documentation Standards (2022)*. Specifically:

1. Canadian Nurses Association Code of Ethics (2017) – A.1, C.3, E.1, E.3, E.7, G.1;
2. Practice Standards for Registrants (2023) – 1.1, 1.2, 1.3, 1.4, 1.5, 2.3, 2.5, 3.1, 3.5;
3. Privacy and Management of Health Information Standards (2022) – 1.1, 1.2.
4. Entry Level Competencies for the Practice of Registered Nurses (2019) –2.1, 2.4, 3.8; and
5. Documentation Standards (2022) – 1.6, 3.1
6. And one or more employer standards.

The Registrant has admitted to the conduct set out above in the two allegations ("Allegation 1" and "Allegation 2" respectively, collectively the "Conduct") in the Agreed Statement of Facts and Liability dated April 29, 2025 (the "Agreement")

## EXHIBITS

The following documents were entered as Exhibits:

Exhibit #1 – Notice to Attend a Hearing.

Exhibit #2 – Agreed Statement of Facts and Liability and Appendices:

Appendix A – Complaint dated October 25, 2023;

Appendix B – Resume of Registrant;

Appendix C – Ongoing education for Registrant;

Appendix D – Code of Ethics, Practice Standards, Privacy Standards, Entry Level Competencies and Documentation Standards; and

Appendix E – AHS Collection, Access, Use and Disclosure of Information, AHS Information Security and Privacy Safeguards, AHS Information Technology Acceptable Use, AHS Privacy Protection and Information Access.

Exhibit #3 – Joint Recommendation on Sanction.

## **SUBMISSIONS ON THE ALLEGATIONS**

### **Submissions by Conduct Counsel:**

Conduct Counsel introduced the matter at issue in this hearing and made brief submissions. The allegations against the Registrant relate to a referral she received from an unregulated healthcare provider. Although, from the Registrant's perspective she was trying to help an Albertan access care as efficiently as possible, the Complainant did not consent and, as such, the Registrant faces the two allegations set out in the Notice to Attend, both of which amount to unprofessional conduct under sections 1(1)(pp)(i) and (ii) of the HPA.

Conduct Counsel noted that the hearing is proceeding by admission and so the Tribunal's task, while made easier, still remains to review the documents provided and hear the submissions of the parties to determine whether the admission can be accepted in whole or in part under s. 70(2) of the HPA.

The facts, Conduct Counsel submitted, are relatively straightforward and she summarized them briefly. Conduct Counsel further submitted that the law is quite clear-cut when it comes to accessing patient health records. That is, if you are not part of the patient's circle of care, you cannot access their health records without their consent.

The conduct in respect of Allegation 1 of the Notice to Attend is in breach of the Code of Ethics, the Practice Standards, the Privacy Standards and the Entry Level Competencies and should be considered unprofessional conduct in accordance with s. 1(1)(pp)(ii) of the HPA. Similarly, the failure to document (Allegation 2) is a breach of the Code of Ethics, the Practice Standards, the Entry Level Competencies as well as the Documentation Standards and should, again, be found to be unprofessional conduct in accordance with s. 1(1)(pp)(ii) of the HPA.

### **Submissions by the Labour Relations Officer for the Registrant:**

The Registrant's Labour Relations Officer advised that they had no further submissions and concurred with Conduct Counsel's submissions.

### **Questions from the Hearing Tribunal:**

Ms. Tellier, on behalf of the Tribunal, requested that the parties provide submissions regarding the decision to omit Documentation Standard 3.2. from the list of provisions the College alleged were breached. Documentation Standard 3.2 reads:

### Standard 3: Security

**Registrants protect the client's health information by maintaining privacy and confidentiality, and act in accordance with relevant legislation, regulations, standards of practice and employer requirements.**

#### Criteria

The registrant must

- 3.2** obtain valid **consent** from the client to disclose information to others outside the **circle of care**, following relevant legislation and employer requirements, including
- a) Taking reasonable steps to maintain the security and confidentiality of health information that is transferred or disclosed;

Conduct Counsel submitted that the allegation itself does not relate to disclosure of information and, in particular, as far as documentation is considered, it has to do with failing to document it in the patient record. The College has not charged the Registrant with failing to obtain valid consent from the client to disclose information to other people, nor is there an allegation that she did disclose to someone outside of the circle of care. The Registrant's Labour Relations Officer reiterated Conduct Counsel's submission – that there was no allegation pertaining to disclosure of information and therefore Standard 3.2 would not be considered relevant.

### 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 Health Professions Act, 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; and
- (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.

#### Background

The Registrant graduated with a diploma in nursing from Medicine Hat College in December of 1988. In April 1989, the Registrant registered with the College. The Registrant is a Registered Nurse ("RN"), a registered member of the College and does not have a discipline history with the College or its predecessor the Alberta Association of Registered Nurses. At all material times, the Registrant was a registered member of the College with an active practice permit.

### Factual and Liability Admissions:

As part of the Agreement (Exhibit #2) presented to the Tribunal, the Registrant admits to the Conduct, as alleged, and further admits that the Conduct fell below the standard expected of a Registered Nurse. The Registrant further admits that the Conduct constitutes unprofessional conduct pursuant to sections 1(1)(pp)(i) and 1(1)(pp)(ii) of the HPA.

The Registrant is employed as a Nurse Specialized in Wound, Ostomy and Continence Care and is the only employee in that area who authorized orthotics or shoes other than physicians. She based her practice on the previous employee's practice in that role. In July 2023, the Registrant received a referral from an individual ("Referral Individual") who works for Adaptive Technologies in Lethbridge, Alberta indicating that he had a client (the "Client") who needed total contact inserts and shoes.

The Registrant accessed the Client's medical record and learned that he had several health conditions which she added to the Alberta Aides to Daily Living ("AADL") form. The Registrant authorized the Client to receive the inserts and shoes because she felt that the information in the medical record supported the need for these items. The Registrant sent the AADL form to Referral Individual. The Registrant further admits that she had never met or personally examined the Client and that the Client never consented to the Registrant accessing his medical record. The Client called the Registrant very upset because he was unaware that a referral had been made.

Following the conduct, but not as a result of it, the Registrant's employer implemented a referral process that requires a nurse in her role to complete an in-person assessment prior to writing a prescription for any client.

### Findings of the Hearing Tribunal:

The Hearing Tribunal finds that Allegations 1 and 2 are proven based on the agreed facts and supporting materials and the admissions made by the Registrant in Exhibit #2. The Tribunal finds that the Registrant failed to maintain the Client's right to privacy by inappropriately accessing his health information without consent. The Tribunal further finds that the Registrant failed to document a prescription in the Client's patient record.

The Tribunal finds that the Conduct in Allegations 1 and 2 displayed a lack of knowledge, skill and judgment in the provision of nursing services, contrary to section 1(1) (pp)(i) of the HPA. The Registrant displayed a lack of knowledge, skill and judgment with respect to her failure to maintain the privacy of an individual by inappropriately accessing the individual's health information without consent. The Registrant's failure to document a prescription in that individual's patient record also displayed a lack of knowledge, skill and judgment.

Registrants are expected to assess and evaluate the consent or lack thereof before accessing private health information. It is clear to the Tribunal from the factual admissions contained in the Agreement that the Registrant was an experienced nurse who should have been aware of her duty to obtain consent prior to accessing the Client's medical records. Similarly, the Registrant was, or should have been, aware of the duty to properly document a prescription in the patient record. The failure to obtain consent before accessing the patient record and the failure to properly document a prescription clearly displayed a lack of knowledge, skill and judgment.

The Hearing Tribunal also finds that the Conduct in Allegations 1 and 2 breached the following standards of practice and Code of Ethics, contrary to section 1(1) (pp)(ii) of the HPA.

### **Code of Ethics**

The Hearing Tribunal finds that the Registrant breached the following provisions of the Code of Ethics: A.1, C.3, E.1, E.3, E.7, and G.1 as follows:

#### **A. Providing Safe, Compassionate, Competent and Ethical Care**

Nurses provide safe, compassionate, competent and ethical care.

##### **Ethical responsibilities:**

1. Nurses have a responsibility to conduct themselves according to the ethical responsibilities outlined in this document and in practice standards in what they do and how they interact with persons receiving care and other members of the **health-care team**.

#### **C. Promoting and Respecting Informed Decision-Making**

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

##### **Ethical responsibilities:**

3. Nurses ensure that nursing care is provided with the person's informed consent. Nurses recognize and support a capable person's right to refuse or withdraw **consent** for care or treatment at any time (College of Registered Nurses of British Columbia [CRNBC], 2017a). Nurses recognize that capable persons receiving care may place a different weight on individualism and may choose to defer to **family**, cultural expectations or community values in decision-making while complying with the law of consent.

#### **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:**

1. Nurses respect the interests of persons receiving care in the lawful collection, use, access and disclosure of personal information.
3. Nurses collect, use and disclose health information on a need-to-know basis with the highest degree of anonymity possible in the circumstances and in accordance with privacy laws.
7. Nurses respect policies that protect and preserve the privacy of persons receiving care, including security safeguards in information technology.

## **G. Being Accountable**

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

### **Ethical responsibilities:**

1. Nurses, as members of a self-regulating profession, practise according to the values and responsibilities in the *Code* and in keeping with the professional standards, laws and regulations supporting ethical practice.

### **Practice Standards**

The Hearing Tribunal finds that the Registrant breached the following provisions of the Practice Standards: 1.1, 1.2, 1.3, 1.4, 1.5, 2.3, 2.5, 3.1 and 3.5 as follows:

#### **Standard 1: Professional Responsibility and Accountability**

**The registrant is personally responsible and accountable for their nursing practice, professional conduct, and fulfilling their professional obligations.**

##### **Indicators**

The registrant

- 1.1 is accountable at all times for their actions;
- 1.2 follows all current and relevant legislation and regulations;
- 1.3 meets expectations in the CRNA standards, and follows directions in guidelines, and other regulatory guidance;
- 1.4 follows policies and employer requirements relevant to their practice setting;
- 1.5 questions policies and procedures inconsistent with therapeutic client outcomes best practices and safety standards;

#### **Standard 2: Knowledge-based Practice**

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

##### **Indicators**

The registrant

- 2.3 uses **critical thinking** in collecting and interpreting data, planning, implementing and evaluating all aspects of their nursing practice;
- 2.5 documents timely, accurate reports of assessment data, interpretation, planning, implementation and evaluation of nursing practice;

### **Standard 3: Ethical Practice**

**The registrant complies with the Code of Ethics adopted by the Council in accordance with Section 133 of the HPA (2000) and College bylaws.**

#### **Indicators**

The registrant

- 3.1** practises with honesty, integrity and respect.
- 3.5** protects and promotes a client's right to autonomy, respect, privacy, dignity and access to information;

### **Privacy Standards**

The Hearing Tribunal finds that the Registrant breached the following provisions of the Privacy Standards: 1.1, and 1.2 as follows:

#### **Standard 1: All Registrants**

**Registrants are responsible and accountable for ensuring they follow all relevant privacy legislation and policies, and understand the privacy requirements that apply to their nursing practice.**

#### **Criteria**

All registrants must

- 1.1** access personal and health information, including electronic health records (EHR), only for purposes that are consistent with their professional responsibilities;
- 1.2** collect, use, and disclose only health information that is essential for the intended purpose, with the highest degree of confidentiality possible, and in accordance with legislation;

### **Entry Level Competencies**

The Hearing Tribunal finds that the Registrant breached the following provisions of the Entry Level Competencies: 2.1, 2.4 and 3.8 as follows:

#### **Competency Category 2: Professional**

**Registered nurses are professionals who are committed to the health and well-being of clients. Registered nurses uphold the profession's practice standards and ethics and are accountable to the public and the profession.**

#### **Competencies**

- 2.1** Demonstrates **accountability**, accepts responsibility, and seeks assistance as necessary for decisions and actions within the legislated **scope of practice**.

- 2.4** Maintains client privacy, confidentiality, and security by complying with legislation, practice standards, ethics and organizational policies;

### **Competency Category 3: Communicator**

**Registered nurses are communicators who use a variety of strategies and relevant technologies to create and maintain professional relationships, share information, and foster therapeutic environments.**

#### **Competencies**

- 3.8** Documents and reports clearly, concisely, accurately, and in a timely manner.

#### **Documentation Standards**

The Hearing Tribunal finds that the Registrant breached the following provisions of the Documentation Standards: 1.6 and 3.1 as follows:

#### **Standard 1: Accountability**

**Registrants demonstrate accountability for safe, competent and ethical care through documentation by ensuring their documentation of client care is accurate, timely, factual and complete.**

#### **Criteria**

The registrant must

- 1.6** document
- b)** clearly, legibly, and in English, using established terminology,
  - c)** accurately, completely, and objectively,
  - d)** only the care personally provided (unless in an **emergency situation** when acting as a designated recorder),
  - e)** all relevant client information in an organized, logical, and sequential manner,
  - f)** **contemporaneously,**
  - g)** late entries at the next available opportunity, with the entry clearly identified as such, and include any additional employer requirements. Document late entries only when able to accurately recall the event or the care provided,
  - h)** in permanent ink when on paper records, and

- i) the date and time that nursing care was provided.

### **Standard 3: Security**

**Registrants protect the client's health information by maintaining privacy and confidentiality, and act in accordance with relevant legislation, regulations, standards of practice and employer requirements.**

#### **Criteria**

The registrant must

- 3.1** adhere to all relevant privacy legislation, the *Privacy and Management of Health Information Standards* (CRNA, 2022b), and employer requirements.

#### **Employer Standards and Policies**

The following standards and policies set out expectations for employees who access patient information: **AHS Collection, Access, Use and Disclosure of Information; AHS Information Security and Privacy Safeguards; AHS Information Technology Acceptable Use; AHS Privacy Protection and Information Access**. The Tribunal finds that the Registrant breached these policies and standards by improperly accessing a patient's information without consent.

All of the above noted breaches of the Code of Ethics and standards of practice are serious. Maintaining the privacy of an individual's health information and the requirement for consent prior to accessing that health information are fundamental tenants of the profession. It should have been clear to the Registrant that proceeding to access a patient record without an individual's consent contravened the HPA and several provisions of the Code of Ethics and standards of practice. This is particularly so given her long career. The Tribunal finds that it was incumbent upon the Registrant to pause at each stage of the process and question the advisability of proceeding in these circumstances. The Registrant should have recognized that consent to access personal health records was required irrespective of what the past practices of other employees may have been. Since consent was not obtained, the Tribunal finds that the Client was deprived of the right to participate in his own care.

Finally, the failure to properly document the prescription was also a breach of the HPA, Code of Ethics and standards of practice. Documentation and record keeping is a fundamental skill required of all nurses.

In all of the circumstances, the Registrant's Conduct as set out in Allegations 1 and 2 constitutes unprofessional conduct pursuant to section 1(1) (pp)(ii) 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 on Sanction (Exhibit #3) ("JRS").

Conduct Counsel drew the Tribunal's attention to the case of *R. v. Anthony Cook*, 2016 SCC 43 ("*Anthony Cook*") and the legal test it sets out when considering a joint submission. Significant deference is owed and a joint recommended sanction should only be rejected if the proposed sanction would bring the administration of justice into disrepute or is contrary to the public interest.

Conduct Counsel reviewed the purpose of sanction in the professional regulation context. That is, so that the public has confidence in how CRNA regulates the profession, to express the profession's abhorrence of unprofessional conduct, to send a message to other members of the profession that the conduct was unacceptable (general deterrence), to prevent the Registrant from allowing the conduct to recur (specific deterrence) and to rehabilitate the member.

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: This is a potentially an aggravating factor. The conduct in this matter is serious but likely falls at the lower end - typically, there is more egregious access and an element of curiosity or mal-intent which is not necessarily found in this case.
2. The age and experience of the member: This is a neutral factor - the member is an experienced nurse.
3. The previous character of the member: This is significantly mitigating because there have been no prior complaints in a very long career, and this is the first time the Registrant's integrity has been questioned.
4. The age and mental condition of the offended patient: Not addressed.
5. The number of times the offence was proven to have occurred: This is a mitigating factor because only a single instance has been proven.
6. The role of the registered nurse in acknowledging what occurred: This is a significantly mitigating factor. The Registrant acknowledged the conduct immediately upon receiving the complaint and was cooperative cutting down the investigation and hearing time required.
7. Whether the member has already suffered other serious financial or other penalties: Addressed by Labour Relations Officer below.
8. The impact on the offended patient: This is potentially aggravating. There is limited evidence because the Complainant could not testify and be cross-examined. However, the complaint letter does outline what appears to have been an impact on the individual.
9. The presence or absence of any mitigating factors: Another potentially mitigating factor is that the Registrant genuinely thought that she was writing a prescription to help the complainant – she was not trying to insert herself into somebody else's private information.
10. The need to promote specific and general deterrence: The reprimand seeks to act as specific and general deterrence. Case law supports that a reprimand is a serious sanction.

11. The need to maintain public confidence: The reprimand demonstrates that any breach of health information in particular is taken seriously, and the rehabilitative aspect will assist the Registrant to develop strong practices which will benefit the public.
12. Degree to which offensive conduct is outside the range of permitted conduct: Addressed by Labour Relations Officer below.

With respect to other cases, Conduct Counsel submitted that this case is an anomaly in that typically, improper access to patient information is not done in a context where nurses believe they are part of the circle of care. Similarly, these cases are rarely cases where there is only a single instance of access. Conduct Counsel directed the Tribunal's attention to two recent cases from the College of Physicians and Surgeons of Alberta where, in related complaints, physicians accessed personal health records of three colleagues in an attempt to resolve a billing dispute. Each received a reprimand and a course. These cases are analogous in that both were on the lower end of the spectrum, both acknowledged the conduct and neither had a discipline record. These cases are distinguishable, and perhaps more egregious, in that the access was unrelated to any attempt at patient care.

Conduct Counsel submitted that the Complaints Director is not seeking costs.

#### **Submissions by the Labour Relations Officer for the Registrant:**

The Labour Relations Officer agreed with Conduct Counsel's submissions and reiterated that there was absolutely no intent on the part of the Registrant to do harm. All actions were done in good faith. She noted that significant changes have been made to the processes.

Although the Registrant has not suffered any financial hardship, there has been a big impact on her psychologically. Since the matter could not be resolved through a complaint resolution agreement, a hearing became necessary. This is automatically a more stressful, protracted and longer process. As a nurse of 37 years who has taken great pride in her career this has been very difficult for her. The documentation and coursework have been completed. The Registrant submits that the sanction proposed is a very appropriate and proportionate settlement.

#### **DECISION AND REASONS OF THE HEARING TRIBUNAL ON SANCTION**

The Hearing Tribunal carefully considered the submissions of the parties, as well as the factors outlined by Conduct Counsel and the Labour Relations Officer in *Jaswal*. The Tribunal accepts that the Registrant was attempting to assist the Client and that she may have been in a difficult position as the only person practicing in that regional/geographic area. The Tribunal finds however that, given the Registrant's seniority and experience, she should have been aware of the important obligation to maintain an individual's right to privacy and the necessity to obtain consent prior to accessing an individual's health information. Her failure to properly fulfill her responsibilities in this regard is an aggravating factor. She would further be expected to understand her obligations surrounding proper documentation. The Registrant's willingness to take full accountability for her mistakes and cooperate with the College, her lack of any previous offences and the fact that the Registrant believed that she was acting in the individual's best interest, are all mitigating factors.

The Hearing Tribunal also reviewed each proposed order and finds that they are appropriate in the circumstances. The Tribunal appreciates learning that changes have been implemented within the Registrant's workplace to help facilitate proper referral processes. The Reprimand will

maintain confidence in the profession and serves as both specific and general deterrence. The remedial portions of the JRS, including the two specific educational courses regarding privacy and management of health information and documentation, as well as the required readings, are appropriate and will assist the Registrant in improving her understanding of privacy, consent and proper documentation and will help ensure that conduct of this nature is not repeated.

The Hearing Tribunal considered the requirements set out in *Anthony Cook* and determined that the JRS reflects the seriousness of the findings and protects the public interest. It further agrees that the JRS balances rehabilitation and deterrence, will not bring the administration of justice into disrepute and is not contrary to the public interest. In light of the above, the Hearing Tribunal accepts the JRS as proposed.

### **ORDER OF THE HEARING TRIBUNAL**

The Hearing Tribunal orders that:

1. The Registrant shall receive a reprimand for unprofessional conduct.
2. Within one month of receiving the Hearing Tribunal's written decision, the Registrant shall provide proof of completion satisfactory to the Complaints Director that they have successfully completed and passed the following courses of study and learning activities:
  - a. Privacy and Management of Health Information (CRNA eLearning on College Connect);
  - b. Documentation (CRNA eLearning on College Connect).
3. Within one month of receiving the hearing tribunal's written decision, the Registrant shall provide a written declaration to the Complaints Director, in the form attached as "Schedule A" to this Order, confirming that they have read and reviewed:
  - a. the Canadian Nurses Association Code of Ethics for Registered Nurses (2017);
  - b. the Documentation Standards (2022);
  - c. the Practice Standards for Registrants (2023); and
  - d. the Privacy and Management of Health Information Standards (2022).

(the "Condition(s)").

### **COMPLIANCE**

4. 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.
5. The Registrant will provide proof of completion of the above-noted Conditions to the Complaints Director via e-mail to [procond@nurses.ab.ca](mailto:procond@nurses.ab.ca) or via fax at 780-453-0546.
6. 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.
7. 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**

8. 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:

<b>Employer Name</b>	<b>Employer Address &amp; Phone Number</b>
Alberta Health Services	Medicine Hat Home Care Suite 103, 7 Strachan Bay SE Medicine Hat AB T1B 4Y2
	Medicine Hat Regional Hospital 666 5 Street SW Medicine Hat AB T1A 4H6
Medicine Hat College	299 College Drive SE Medicine Hat AB T1A 3Y6

9. 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.

10. 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.***

11. 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 Registered Nurses in all Canadian provinces and territories, and other professional colleges with which the Registrant is also registered (if any).
12. 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.
13. 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,



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Claire Mills, Chairperson  
On Behalf of the Hearing Tribunal

**Date of Order: May 5, 2025**