

COLLEGE AND ASSOCIATION OF REGISTERED NURSES OF ALBERTA

DECISION OF THE HEARING TRIBUNAL

RE: CONDUCT OF **KRISTOFFER DEL MUNDO**, R.N. REGISTRATION #**96,481**

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

APRIL 21, 2020

INTRODUCTION

A hearing was held on April 21, 2020 via WebEx videoconference by the Hearing Tribunal of the College and Association of Registered Nurses of Alberta (“CARNA”) to hear a complaint against Kristoffer Del Mundo, R.N. Registration #96,481.

Those present at the hearing were:

a. Hearing Tribunal Members:

Nancy Goddard, Chairperson
Rosemary McGinnis
Terrie Tietz
Nancy Brook, Public Representative

b. Independent Legal Counsel to the Hearing Tribunal:

Mary Marshall

c. CARNA Representative:

Kate Whittleton, Conduct Counsel

d. Regulated Member Under Investigation:

Kristoffer Del Mundo (sometimes hereinafter referred to as “the Regulated Member”)

e. Regulated Member’s Labour Relations 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.

Conduct Counsel confirmed that the matter was proceeding by Agreement. Conduct Counsel thanked the Regulated Member and her Labour Relations Officer for their cooperation in reaching a Consent Agreement.

ALLEGATIONS AND ADMISSION

The allegations in the Notice to Attend are as follows:

While employed as a Registered Nurse (RN) at [a long term care facility], [city redacted], Alberta, your practice fell below the standard expected of an RN when:

1. On or about March 20, 2019, when caring for [resident 1], you:
 - a. Failed to assess and/or complete documentation of your assessment of the resident's described abdominal pain prior to attempting to administer Dilaudid for pain management (which was subsequently refused by the resident);
 - b. Failed to assess and/or complete documentation of your assessment of the resident's wounds;
 - c. Failed to appropriately manage the resident's wound care or follow your employer's wound care policies and/or protocols when you applied dressings to the resident's arm;
 - d. Failed to accurately and completely document the interactions with and care of the resident, including the wound care provided to the resident;
 - e. Failed to complete an incident report about the resident's injuries;
 - f. Provided information to your employer about the incident that was inconsistent with what you had documented.

The Regulated Member has admitted to the conduct in the amended allegations in the Consent Agreement (Exhibit #2):

1. On or about March 20, 2019, when caring for [resident 1], you:
 - a. **[Amended]** Failed to assess and/or complete documentation of your assessment of the resident's described abdominal pain prior to drawing up Dilaudid for pain management (which was subsequently refused by the resident);
("Allegation 1(a)")
 - b. Failed to assess and/or complete documentation of your assessment of the resident's wounds;
("Allegation 1(b)")
 - c. Failed to appropriately manage the resident's wound care or follow your employer's wound care policies and/or protocols when you applied dressings to the resident's arm;
("Allegation 1(c)")
 - d. Failed to accurately and completely document the interactions with and care of the resident, including the wound care provided to the resident;
("Allegation 1(d)")
 - e. Failed to complete an incident report about the resident's injuries;
("Allegation 1(e)")
 - f. **[Withdrawn]**
collectively referred to as the **"Conduct"**.

The Regulated Member further admits, and the Regulated Member and Conduct Counsel agree, that these behaviors in the amended allegations in the Consent Agreement (Exhibit #2) constitute unprofessional conduct under the HPA.

EXHIBITS

The following documents were entered as Exhibits:

NUMBER	DESCRIPTION
Exhibit #1:	Notice to Attend a Hearing by the Hearing Tribunal of the College and Association of Registered Nurses of Alberta dated March 18, 2020
Exhibit #2:	Consent Agreement between Kristoffer (Aisha) Del Mundo, #96,481, and Kate Whittleton, Conduct Counsel
Exhibit #3:	CARNA Practice Standards for Regulated Members ("Practice Standards")
Exhibit #4:	2017 Edition of the Canadian Nurses Association Code of Ethics for Registered Nurses ("2017 Code of Ethics")
Exhibit #5:	Joint Recommendations for Sanction
Exhibit #6:	Course Outlines for Documentation in Nursing (NURS 0162) and Introduction to Health Assessment (NURS 0163)
Exhibit #7:	Email from Employer dated April 19, 2020
Exhibit #8:	Excerpt from <i>Jaswal v. Newfoundland Medical Board</i> , (1996), 42 Admin L.R. (2d) 233 (" <i>Jaswal</i> ")
Exhibit #9:	Certificates of Completion for Documentation in Nursing (NURS 0162) and Introduction to Health Assessment (NURS 0163)

SUBMISSIONS ON THE ALLEGATIONS

Submissions by Conduct Counsel:

Conduct Counsel made brief submissions regarding the allegations and the Consent Agreement (Exhibit #2). Conduct Counsel submitted that the conduct constitutes unprofessional conduct under sections 1(1)(pp)(i), (ii) and (xii) of the HPA.

Conduct Counsel noted that the following Practice Standards were applicable:

Standards 1.1, 1.2, 1.4, 2.1, 2.2, 2.3, 2.4, 2.5, 2.7, 3.3, 3.4, 4.2, 4.3, 5.2, 5.3, 5.5, 5.6

Conduct Counsel also noted that the following provisions from the Code of Ethics applied:

Responsibilities: A1, A6 and A12; B1 and B4; D6; and G1, G3 and G4

Conduct Counsel noted there may be other applicable provisions, but that in her view, these were applicable.

Submissions by the Labour Relations Officer for the Regulated Member:

The Regulated Member's Labour Relations Officer had no further submissions regarding the applicable provisions in the Practice Standards and Code of Ethics.

Questions from the Hearing Tribunal:

The Hearing Tribunal determined that Practice Standard 4.3 did not apply in these circumstances. The Hearing Tribunal requested further submissions regarding the applicability of Practice Standard 3.1, and Responsibility D8 in the Code of Ethics. Conduct Counsel submitted that Practice Standard 3.1 was not applicable because there was no evidence that the Regulated Member practised without honesty, integrity, and respect. The Labour Relations Officer concurred with Conduct Counsel's submissions regarding Practice Standard 3.1. Conduct Counsel and the Labour Relations Officer agreed that Responsibility D8 in the Code of Ethics applied in these circumstances.

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 has determined that the allegations should be amended as set out in the Consent Agreement between the Regulated Member and Conduct Counsel (Exhibit #2) and finds that the allegations admitted to by the Regulated Member are proven.

The Hearing Tribunal considered the definition of unprofessional conduct under section (1)(1)(pp) of the HPA. The Hearing Tribunal finds that the Regulated Member'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;
- (ii) contravention of this Act, a code of ethics or standards of practice;
- (xii) conduct that harms the integrity of the regulated profession.

The Hearing Tribunal finds that the Regulated Member breached the following provisions of the Practice Standards: 1.1, 1.2, 1.4, 2.1, 2.2, 2.3, 2.4, 2.5, 2.7, 3.3, 3.4, 4.2, 5.2, 5.3, 5.5, 5.6, as follows:

Standard One: Responsibility and Accountability

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

Indicators

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

Standard Two: Knowledge-Based Practice

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

Indicators

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

Standard Three: Ethical Practice

The nurse complies with the Code of Ethics adopted by the Council in accordance with Section 133 of HPA and CARNA bylaws (CARNA, 2012).

Indicators

- 3.3 The nurse ensures that their relationships with clients are therapeutic and professional.
- 3.4 The nurse communicates effectively and respectfully with clients, significant others and other members of the **health care team** to enhance client care and safety outcomes.

Standard Four: Service to the Public

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

Indicators

- 4.2 The nurse collaborates with the client, significant others and other members of the health-care team regarding activities of care planning, implementation and evaluation.

Standard Five: Self-Regulation

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

Indicators

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

The Hearing Tribunal finds that the Regulated Member breached the following provisions of the Code of Ethics: A1, A6 and A12; B1 and B4; D6 and D8; and G1, G3 and G4, 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**.
6. Nurses practise “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).
12. Nurses foster a safe, quality practice environment (CNA & Canadian Federation of Nurses Unions [CFNU], 2015).

B. Promoting Health and Well-Being

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

Ethical responsibilities:

1. Nurses provide care directed first and foremost toward the health and wellbeing of Persons receiving care, recognizing and using the values and principles of **primary health care**.

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

D. Honouring Dignity

Nurses recognize and respect the intrinsic worth of each person.

Ethical responsibilities:

6. Nurses utilize practice standards, best practice guidelines, policies and research to minimize risk and maximize safety, well-being and/or dignity for persons receiving care.
8. In all practice settings where nurses are present, they work to relieve pain and suffering, including appropriate and effective symptom management, to allow persons receiving care to live and die with dignity.

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.
3. Nurses practise within the limits of their competence. When aspects of care are beyond their level of competence, they seek additional information or knowledge, report to their supervisor or a competent practitioner and/or request a different work assignment. In the meantime, nurses remain with the person receiving care until another nurse is available.
4. Nurses are accountable for their practice and work together as part of teams. When the acuity, complexity or variability of a person's health condition increases, nurses assist each other (LPNAPEI et al., 2014).

The breaches of the Practice Standards and the Code of Ethics are serious and constitute unprofessional conduct pursuant to section 1(1)(pp)(ii) of the HPA. In all practice settings, registered nurses are relied on to provide competent care, and to relieve pain and suffering including appropriate and effective management of symptoms. The Registered Member was providing care for a vulnerable patient in a long-term care setting. Her conduct displayed a lack of knowledge of or lack of skill or judgment in the provision of professional services, which resulted in harm to the integrity of the profession.

SUBMISSIONS ON SANCTION

The Hearing Tribunal heard submissions on the appropriate sanction.

Submissions by Conduct Counsel:

Conduct Counsel noted there was a joint proposal on sanction and reviewed the Joint Recommendations (Exhibit #5).

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 very serious allegation that the Regulated Member failed to complete assessments, document them, and appropriately manage a patient's wound care in accordance with appropriate policies and procedures. The conduct must be denounced.

2. *The age and experience of the member:*

The Regulated Member was registered with CARNA since August 2016. She should be well aware of her responsibilities.

3. *The previous character of the member:*

The Regulated Member has no prior discipline history, but the Regulated Member did enter into a prior Complaint Resolution Agreement which is remedial in nature and non-disciplinary. It is an attempt to remediate the Regulated Member's practice. As such, Conduct Counsel can advise that there is a prior Complaint Resolution Agreement. However, unless a new complaint was submitted within 12 months, the Complaint Resolution Agreement could not be introduced into evidence. The Regulated Member's Complaint Resolution Agreement is not being introduced because more than 12 months have passed, and Conduct Counsel is therefore not at liberty to share the contents. The complaint was from 2014, which is about 5 years before the current complaint.

4. *The age and mental condition of the offended patient:*

The [resident 1] was 92 years old, blind, diagnosed with dementia, and exhibited anxious tendencies. The resident was very vulnerable and subject to skin tears.

5. *The number of times the offence was proven to have occurred:*

The Regulated Member had two incidents on one shift related to wound management, and the failure to assess the patient's abdominal pain and chart.

6. *The role of the registered nurse in acknowledging what occurred:*

The Regulated Member has admitted all the allegations and that these constitute unprofessional conduct, which is considered a mitigating factor.

7. *Whether the member has already suffered other serious financial or other penalties:*

The Regulated Member initially received a three-day suspension, which was later moved down to a one-day suspension. There is no other evidence of penalties.

8. *The impact on the offended patient:*

The patient was very vulnerable having regard to the patient's age and medical condition. There was a serious need to conduct assessments, do appropriate wound care, and chart appropriately and accurately.

9. *The presence or absence of any mitigating factors:*

Conduct Counsel is not aware of any further mitigating circumstances.

10. *The need to promote specific and general deterrence:*

11. *The need to maintain public confidence:*

12. *Degree to which offensive conduct is outside the range of permitted conduct:*

Regarding *Jaswal* factors 10, 11 and 12 Conduct Counsel submits that the conduct was unacceptable, but the Regulated Member has admitted the conduct. Although the conduct is very serious, the Joint Recommendation is appropriate to address the conduct. The Joint Recommendation accomplishes specific deterrence and is designed to ensure that the Regulated Member does not repeat the conduct. Future problems will be identified through supervision.

The Joint Recommendation also accomplishes general deterrence. The recommended sanction shows that unprofessional conduct will not be tolerated. The publication of the sanctions also addresses specific and general deterrence.

The Regulated Member must complete courses, and it is positive that she has taken the initiative to complete them prior to the hearing. The RN manager has to confirm that the Regulated Member has undertaken appropriate tutoring and if issues arise, the Regulated Member will return for further evaluation.

Submissions by the Labour Relations Officer for the Regulated Member:

The Regulated Member's Labour Relations Officer stated that the Regulated Member has taken full accountability and is in agreement with the proposed sanction. She recognized right away that her behavior was not appropriate and spent time with an educator around wound care right after the incident. The Regulated Member is very happy to continue with her education. She is employed in a very small workplace, and they are currently undergoing a review of their staffing model. The resident care manager ("RCM") may soon be the only nurse on the day shift. As the Regulated Member comes off the night shift, she may report to the RCM and there will be ample opportunity for the RCM to identify problems and deal with them right away.

Regarding the rehabilitation aspect of the sanction, for the Regulated Member this complaint and the proceedings have created a lot of anxiety and the process is very stressful. The reprimand is a key part of the sanction, and the Regulated Member has learned from this.

No problems have been reported by the employer within the last year. It would be very difficult for the employer to continue to employ the Regulated Member if she required the usual supervision by a RN. The Regulated Member has agreed with 6 evaluations that should give the Hearing Tribunal a comfort level that CARNA will hear about it immediately if there are any problems. As a result, there should be a comfort level that the public is being protected. The Regulated Member

took the allegations seriously and completed the courses, which demonstrates that she is learning from a mistake that she made and wants to demonstrate that to the Hearing Tribunal.

Additional Submissions by Conduct Counsel

Conduct Counsel submitted that CARNA does not dispense with the requirement for RN supervision on the same shift and unit lightly but in this situation there is no pattern of conduct, and no failure by the Regulated Member to seek assistance. As such, modified terms are appropriate and will ensure that protection of the public is achieved.

Questions from the Hearing Tribunal:

The Chair of the Hearing Tribunal questioned whether the timelines for completion in the proposed Order were reasonable given that a standard work week was approximately 37.5 hours. Conduct Counsel and the Labour Relations Officer agreed that adjustments were required to the timelines in the proposed Order, and the Order was modified accordingly to accommodate the standard work week of 37.5 – 38.75 hours. The Labour Relations Officer submitted that further adjustments to timelines would be within the discretion of the Complaints Director.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON SANCTION

The Hearing Tribunal has carefully considered the joint submissions on sanction and the submissions of the parties. The Hearing Tribunal has considered the factors noted in *Jaswal v. Newfoundland Medical Board*. The Hearing Tribunal accepts the joint recommended sanction. The joint recommendations take into account the nature of the findings of the Hearing Tribunal. They also address the issues that brought this Regulated Member before the Hearing Tribunal. The Hearing Tribunal finds that this recommended sanction appropriately considers the factors in *Jaswal*. The Hearing Tribunal finds that the recommended sanction protects the public interest and is reasonable.

The Hearing Tribunal accepts the evidence that two courses have been completed, and certificates of completion have been provided at this hearing and determines that the Regulated Member has fulfilled those requirements. The Regulated Member will be monitored by her employer for over 1,300 hours, and required to undergo tutoring and mentorship with respect to wound care. This will ensure that the public will be protected, and the Regulated Member's practice will be rehabilitated.

The Regulated Member should take the comments in the written decision as well as the concerns expressed by the Hearing Tribunal with respect to her conduct as her reprimand. In addition, the Regulated Member should consider her experiences in dealing with this complaint before this Hearing Tribunal and CARNA, and her experiences with her employer and co-workers as well as the joint submissions on sanction as a reminder of how important it is to practise in accordance with the Practice Standards and Code of Ethics.

ORDER OF THE HEARING TRIBUNAL

The Tribunal accepted the joint recommendations as follows:

1. The Regulated Member, Kristoffer (Aisha) Del Mundo, (the “**Regulated Member**”) shall receive a reprimand.
2. By no later than October 21, 2020, the Regulated Member shall provide proof satisfactory to the Complaints Director, that she has successfully completed and passed the following courses of study and learning activity:
 - a. *Documentation in Nursing (NURS0162 – MacEwan University);*
 - b. *Introduction to Health Assessment (NURS0163 – MacEwan University).*

The Tribunal acknowledged that Kristoffer (Aisha) Del Mundo complied with paragraph 2 at the hearing.

3. By June 15, 2020, the Regulated Member shall provide a letter to the Complaints Director from her RN Manager at her current employer, Foyer Lacombe – Covenant Care, confirming that:
 - a. The RN Manager has reviewed a copy of this Decision (including allegations, findings and Order);
 - b. The RN Manager is prepared to provide to CARNA six (6) Performance Evaluations on the terms set out in paragraph 4 below. There must be sufficient detail in the letter to satisfy the Complaints Director that the RN manager at that site will be able to provide the Performance Evaluations on the terms set out in paragraph 4; and
 - c. The RN Manager agrees to notify CARNA immediately of any issues related to the Regulated Member’s practice.
4. The terms of the Performance Evaluations are as follows:
 - a. The fact that each of these terms of the Performance Evaluations has been complied with will be mentioned in the Performance Evaluations;
 - b. The RN Manager will personally observe and obtain feedback from registered nurse(s) and/or other health care staff who are on the same unit for the shifts that the Regulated Member is working and/or who work in the same roles as the Regulated Member, and who have ample opportunities to observe all aspects of the Regulated Member’s nursing practice. The RN Manager will also obtain feedback from other members of the health care team, including registered nurses who assume care from the Regulated Member and take shift report, patients and their families and will do chart audits;

(Note: It is not the intention of the Hearing Tribunal that the RN supervisor will tell anyone that she is collecting the information regarding the Regulated Member for CARNA)
 - c. The RN Manager shall confirm that she has seen a copy of this Decision (including allegations, findings and Order);
 - d. The Performance Evaluations are due as follows:

[TIMELINES MODIFIED AT THE HEARING]

- i. The **first** Performance Evaluation is due **June 29, 2020**, covering at least **40 hours** of nursing practice, and shall also include comment on the nursing practice hours that accrued from the date of the Hearing to June 29, 2020;
 - ii. The **second** Performance Evaluation is due **July 27, 2020**, covering at least an additional **120 hours** of nursing practice;
 - iii. The **third** Performance Evaluation is due **September 14, 2020**, covering at least an additional **160 hours** of nursing practice;
 - iv. The **fourth** Performance Evaluation is due **November 9, 2020**, covering at least an additional **240 hours** of nursing practice;
 - v. The **fifth** Performance Evaluation is due **January 26, 2021**, covering at least an additional **320 hours** of nursing practice;
 - vi. The **final** Performance Evaluation is due **May 28, 2021**, covering at least an additional **500 hours** of nursing practice;
- e. Each Performance Evaluation must specify the interval at which it is submitted (i.e. whether it is the first, second, third Performance Evaluation, etc. as required under paragraph 4(d) above), as well as the number of hours covered by the Performance Evaluation;
- f. The Performance Evaluations must be satisfactory to the Complaints Director, indicating that the Regulated Member is performing to the standard expected of a registered nurse. The Performance Evaluations must include comments on all of the following:
- i. Charting (all aspects, plus narcotic records, incident reports);
 - ii. Processing of physician's orders;
 - iii. Assessment skills: both initial assessment and ongoing assessment of patient's condition;
 - iv. Reporting the results of assessments to the appropriate persons, including other staff, charge nurse and physician; effective communication of all appropriate information to other staff/physicians regarding patient's condition;
 - v. Implementation of appropriate nursing interventions based on the assessment;
 - vi. Administration of medications and medication charting;
 - vii. Medication reconciliation (if done in that setting);
 - viii. Setting priorities for patient care;
 - ix. Taking responsibility to ask questions or find necessary information;
 - x. Specific skills that are necessary on the unit;
 - xi. Professional responsibility;
 - xii. Communication style with other members of the health care team -- whether it is respectful, professional, polite, helpful and clear;

- xiii. Communication style with patients/families of patients – whether the style demonstrates respect, kindness, gentleness and compassion;
 - xiv. Effective communication of relevant information to the patient/family;
 - xv. Manner of interactions with patients when required to touch the patient – whether the manner demonstrates respect, kindness, gentleness and compassion;
 - xvi. Following the policies of the unit regarding all aspects of nursing practice;
 - xvii. Any other issues that the supervisor thinks are relevant;
- g. The RN Manager will also confirm that the Regulated Member has undergone sufficient tutoring from another registered nurse regarding appropriate wound care. Specifically, by September 14, 2020, the RN Manager must include the following information in one of the first three (3) Performance Evaluations due under paragraph 4(d) above:
- i. The RN Manager must confirm that the Regulated Member has attended one (1) or more tutoring sessions with another registered nurse wherein the Regulated Member and the tutor review and discuss the wound care protocols relevant to the Regulated Member's employment setting;
 - ii. The RN Manager must describe the work that has been done with the Regulated Member to tutor her with respect to appropriate wound care protocols;
 - iii. The RN Manager must confirm that the Regulated Member has demonstrated knowledge of appropriate wound care protocols.
5. From the date of the Hearing, April 21, 2020, the Regulated Member is prohibited from working in any setting except her primary current employer, [a long term care facility] – subject to paragraph 6 below – until the RN Manager at [the long term care facility] has submitted the final Performance Evaluation mentioned in paragraph 4 above which is satisfactory to the Complaints Director, unless she obtains permission from the Complaints Director to obtain other employment, in which case:
- a. Performance Evaluation(s) will be required from the RN manager under the terms in paragraph 4, up to the date the Regulated Member's employment ended (if it ended); and
 - b. Performance Evaluation(s) will be required from an RN manager at the new employer as well, and shall comply with all of the terms of paragraph 4.
6. As to the Regulated Member's current employment as an Health Care Aide ("HCA") Instructor with the Academy of Learning (Edmonton), the Regulated Member shall be permitted to continue her employment as an HCA Instructor at the Academy of Learning until the end of April 2020, being the conclusion of the current HCA course offering being taught by the Regulated Member. Should the Regulated Member wish to continue her employment with the Academy of Learning beyond the end of April 2020, the Regulated Member shall seek permission from the Complaints Director, and provide a letter to the Complaints Director from a supervising instructor (or such other individual with authority as approved by the Complaints Director) at the Academy of Learning, confirming that:
- a. The writer has reviewed a copy of this Decision (including allegations, findings and Order);

- b. No concerns have been identified by supervisor(s), co-instructor(s) or students regarding the Regulated Member's practice; and
- c. The writer, and/or the writer's approved delegate, agrees to notify CARNA immediately of any issues related to the Regulated Member's practice as an HCA instructor.

COMPLIANCE

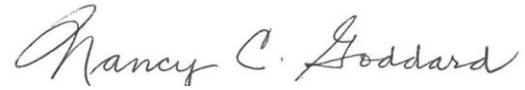
- 7. Compliance with this Order shall be determined by the Complaints Director of CARNA. All decisions with respect to the Regulated Member's compliance with this Order will be in the sole discretion of the Complaints Director.
- 8. Proof of compliance with all requirements under this Order must be received by the Complaints Director of CARNA by the deadlines set out in the Order. If the Complaints Director deems it appropriate, and for the sole purpose of permitting the Regulated Member to proceed toward compliance with this Order, the Complaints Director may in her sole discretion grant extensions or make other minor adjustments to the Order that are in keeping with this Hearing Tribunal Order, without varying the substance of the Order.
- 9. Should the Regulated Member fail or be unable to comply with any of the requirements of this Order, or if any dispute arises regarding the implementation of this Order, the Complaints Director may exercise the authority under section 82(3) of the HPA, and, in so doing, may rely on any non-compliance with this Order as grounds to make a recommendation under section 65 of the HPA which may include suspension of the Member's practice permit.
- 10. 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

- 11. The Registrar of CARNA will be requested to put the following conditions against the Regulated Member's practice permit (current and/or future) and shall remain until the condition is satisfied:
 - a. *Performance Evaluations required (Call CARNA);*
 - b. *Letter from Employer (call CARNA);*
 - c. *Restricted re employment setting (Call CARNA).*
- 12. Effective April 21, 2020, or the date of this Order if different from the date of the Hearing, notifications of the above conditions shall be sent out to the Regulated Member's current employers (if any), the regulatory college for Registered Nurses in all Canadian provinces and territories, and other professional colleges with which the Regulated Member is also registered (if any).
- 13. 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.
- 14. This Order takes effect April 21, 2020, 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 "Nancy C. Goddard".

Nancy Goddard, Chairperson
On Behalf of the Hearing Tribunal

Date of Order: April 21, 2020