

Registered Psychiatric Nurses Association of Saskatchewan

2008-2009

Annual Report



Seeing People Through

Table of Contents

Statement of Purpose	2
AGM Agenda	3
Rules of Order	4
Members of Council 2008-2009 and RPNAS Staff.....	6
President's Report.....	7
Executive Director's Report	9
Registrar's Report	14
Membership Statistical Reports.....	16
Summary of Actions on 2008 Resolutions.....	25
2009 Resolutions	25
Reports	31
Operating Budget	36
Audited Financial Statements	38

Statement of Purpose of Annual Meeting

In June 1984, the RPNAS Council passed a statement focusing the purposes of the Annual Meeting. These purposes are:

1. To provide a forum for the dissemination of information from Council to the membership;
2. To provide a vehicle for the membership to give guidance to Council through adoption of resolutions/motions; and
3. To afford an opportunity for members to raise issues of concern through an "Open Forum."

The agenda for the Annual Meeting has been prepared following legislated requirements and these purposes. The call for submissions of new business via the Open Forum was published in the Spring 2009 issue of the *RPNews*. The guidelines for the Open Forum allow for questions and new business arising from the floor. Time limits for discussion will be at the discretion of the Chair.

Please remember to bring your 2009 RPN License!

Bylaw III - Meetings of the Association Section 4 - Voting
Eligibility to vote at a meeting of the association shall be determined by presentation of a current practicing membership card.

The 2009 Annual Meeting and Education Days

June 11 & 12

Ramada Hotel, Yorkton

AGENDA

Thursday June 11, 2009

Education Day

8:00 am	Registration and breakfast
8:45	Welcome and introduction of guests
9:00	Guest Speaker - Kim Bartell Mental Health, Sensory Processing and Challenging Behaviour
10:30	Break
10:45	Workshop continues
12:00 pm	Lunch
1:00	Workshop continues
2:30	Break
2:45	Workshop continues

President's Awards Banquet and *Seeing People Through* Video Premiere

6:00 pm	Social (cash bar)
6:30	Banquet
8:00	Awards
8:45	<i>Seeing People Through</i> video premiere

Friday June 12, 2009

Education Day & Annual Meeting

8:00 am	Registration and breakfast
9:00	Presentation - Karl Mack Registered Psychiatric Nurse Practitioner
10:30	Break
10:45	Presentation continues
11:30	SIASST Psychiatric Nursing Mentoring Initiatives
12:00 pm	Lunch
1:00	Welcome and introductions Review of procedures and rules of order Questions on reports contained in annual report Review of licensing fees Open forum discussions - Branches Installation of 2009-2010 RPNAS Council
3:45	Presidential Address
4:00	Closing and adjournment

Rules of Order for Annual Meetings of the Registered Psychiatric Nurses Association of Saskatchewan

The President, or in his/her absence or at his/her request, a Chairperson shall preside over the Annual Meeting.

SUBJECT OF DISCUSSION

No question of a sectarian character shall be discussed at meetings.

RECOGNITION

When a member wishes to speak, he/she shall be recognized by the Chairperson, and shall give his/her name and the branch he/she represents, and shall confine his/her remarks to the question at issue.

CONDUCT OF MEETING PARTICIPANTS

A member shall not interrupt another except it be to call a point of order.

If a member is called to order, he/she shall at the request of the Chairperson, take his/her seat until the question of order has been decided.

Should a member persist in unparliamentary conduct, the Chairperson will be compelled to name him/her and submit his/her conduct to the judgment of the meeting. In such cases the member whose conduct is in question should explain and then withdraw, and the meeting will determine what course to pursue in the matter.

MOTIONS

All motions arising from the floor shall be written in duplicate and signed by the mover and seconder before being presented. Discussion will not commence until this process is complete.

DEBATE

Members who wish to speak to a question or make a motion shall use the microphone, address the Chairperson and give their name and position.

No member may speak more than once to the same question unless all others who wish to speak have done so. If the mover of the motion speaks a second time, debate shall be closed.

Time for debate may be extended by a two-thirds (2/3) vote of the members.

When a motion to Close Debate is made, no discussion or amendment of either motion is permitted. If the majority vote that the “questions now put” the original motion has to be put without debate. If the motion to put the question is defeated, discussion will continue of the original motion.

CALLING THE QUESTION

When a question is put, the Chairperson, after announcing the question, asks “Are you ready for the question?” If no member wishes to speak, the question will be put.

Questions may be decided by a show of hands, or a standing vote, but a roll call vote may be demanded by 30 per cent of the members present. In a roll call vote, each member shall be entitled to one vote.

A call for a vote on the question (“Call to Question”) requires a formal motion and approval by a two-thirds (2/3) vote of the members.

APPEAL

The member may appeal the decision of the Chairperson. The Chairperson shall then put the question thus “Shall the decision of the Chair be sustained?” The question shall not be debatable, except that the Chairperson may make an explanation of his/her decision.

RECONSIDERATION OF A MOTION

A motion may be reconsidered provided that the mover of the motion to reconsider voted with the majority, and notice of motion is given for consideration at the next meeting, and said notice of motion is supported by two-thirds (2/3) of the members qualified to vote.

AUTHORITY

In all matters not regulated by these rules of order, Robert’s Rules of Order shall govern.

OBSERVERS

Observers may, at the call of the Chairperson, be invited to comment or ask questions on a particular issue once discussion by membership has been completed.

CLARIFICATION REGARDING ABSTENTIONS

The basic rule is that a motion requiring a majority vote is adopted if more members vote in favour of the motion than vote in opposition. Members who are entitled to vote but who abstain are not counted when determining a majority. In effect, they have relinquished their right to be a factor in the decision. (It is possible for example, to have 30 members in attendance at a meeting and when the votes are counted discover that there are seven votes in favour and five opposed. The motion would be adopted because a majority of those voting were in favour of the motion.)

RPNAS Council 2008-2009

President: Karl Mack, RPN, Regina

President-Elect: Mary K, Renwick, RPN, Swift Current

Members-at-Large:

Shirley Bedford, RPN, North Battleford

Penni Caron, RPN, Humbolt

Janet Kulyk, RPN, Prince Albert

Lois Mokolki, RPN, Prince Albert

Marion Palidwor, RPN, North Battleford

Tamara Quine, RPN, Regina

Pam Watt, RPN, Regina

Public Representative:

Margaret Lynch, Regina

RPNAS Staff

Executive Director: Robert Allen, RPN

Registrar: Candace Alston, RPN

Office Manager: Shayna Coward

Administrative Assistant: Carla Needham



President's Report

Once again it is time for a year end report and my final report as president. A number of years ago I sat through several classes at the University of Regina with a focus on administration, marketing, human resource management and other related topics. I distinctly recall a class where we spent the majority of the semester discussing globalism. On one occasion our professor provided us with an overview of an agreement that was made between the United States of America and Japan following the Second World War. I understood the discussion to mean that as long as Japan agreed to never build up a military force in the world that the United States would provide them with access to a substantial retail market for Japanese made products. As Japanese products made their way to the new western market, the sale of North American made products fell. The North American made product was not of an equal quality and the individual output of workers in North America was considered to be at a substandard level compared to that of workers in Japan. Workers in Japan were considered to be working longer hours, getting paid less and putting out a higher quality product. The North American economy was threatened by this imbalance and there would need to be a significant shift in several sectors of the North American economy if it were to successfully compete. Successful competition in a capitalistic system is clearly articulated from an industrious perspective.



To address the output shortfall, the North American work force needed to put out more. Putting out more and improving the quality of the product became a major focus across most industrial, corporate or service sectors. There was a focus on getting as many people employed as possible in jobs that paid well enough to afford spending and taxation. There was a shift to get women out of the home and into the work force. Women in the work force meant more people spending and more people contributing to the production of high quality products. There was even a renewed interest in leveling the power, economic and legal inequities between our two genders. The focus was on being progressive, competitive, high quality, accessible, and leading edge with empirical evidence to support your direction. The highly technical industry of computers emerged with such a tremendous insurgence that the average citizen found it difficult to keep up with the ever changing technology and some even became intimidated or disconnected from one of the most significant technological changes in the history of civilization. The computer as we know it has been given credit for advancing our society in ways that are unknown to many. Yet at the same time there are those who are expressing concerns about the computer and the various adverse effects.

Not only do we need to be concerned about the adverse effects of the computer but if you take a look at the computer generated statistics on mental health issues in North America one can't help but be concerned. Some of these initiatives that took place 60 years ago are now starting to show their influence from a humanistic and socio-cultural perspective. Global economic directions have functioned to form economic, technological, social, cultural, community, family and individual changes that symbolize a global level of assimilation and politicalization unlike anything that we have ever seen before. Politics driven by economics has resulted in some major shifts in the number of people who are being faced with an inability to pace themselves at a level that makes it possible to cope. And for those who think they are coping with the pace, there may need to be a new set of words used to describe what they see themselves doing effectively. The term multitasking comes to mind. There is no doubt in my mind that we are overloading people in our society and the result is an increase in

mental health challenges and mental health illnesses. The intention is not to promote some degree of pessimism but rather put forward the notion that we need a serious mental health check up. What are some of the current causes of these alarming numbers? Perhaps we have come to a time in our evolution where we need to stop looking at the psychopathy of the individual and the family. Perhaps it is time to start looking at some diagnostic categories that have an etiology in globalism.

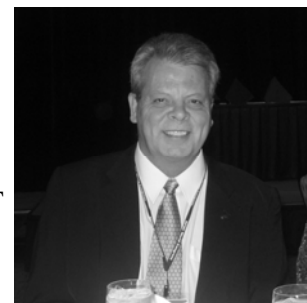
At the national and provincial level there is clearly a concern being expressed about mental health. Within the next few years we will be graduating more psychiatric nurses in Saskatchewan and we have been talking with the government about the need to double or triple the number of students being admitted to the psychiatric nursing program, not as a means of increasing our membership, but rather a means to providing the people of this province with a group of professionally trained psychiatric nurses who are dedicated to this particular area of health care practice. Your association has put forward the notion that we want to do as much work with healthy people as we do with people who are in a state of being compromised. Psychiatric nurses can and do make a contribution to prevention and we do have skills that contribute to a person's recovery. Our work is not just focused on tertiary situations and the long-term care of the hopeless. We have a tremendous amount of work to do in the area of changing the public's perception of our profession. There are way too many people who don't even know what the acronym RPN means. An ongoing campaign to heighten the profession of psychiatric nursing will draw attention to an essential group of health care providers that are currently under represented. Promoting our profession will also have a positive impact on breaking down the stigmas associated with mental health challenges and mental health illness.

Over the past few years the RPNAS has been working on the development of a strategic plan and your input has been appreciated. If you have not had an opportunity to participate in establishing the strategic direction of our association and you would like to know more about the process please don't hesitate to contact one of your council members. The association has some exciting initiatives that have been put into motion for the purpose of moving our profession forward. Clearly we need a degree program in our province. There is a lot of evidence to support the need for RPN-PNPs. There is a role for RPNs in every health care environment, both at the acute care level and in community based organizations. The need to promote positive mental health, implement primary prevention initiatives and to work with challenges and illness from a secondary and tertiary level is extensive and throughout the total life span. Our strategic plan addresses many of these issues and does so from a client/patient focused perspective.

This is my final report as president. Four years ago I started out as president elect and the last two years as president has been a great experience. I would like to thank all the staff at the association for their support and assistance over the past four years and thanks to all those council members that I have had an opportunity to work with. I hope you all have a wonderful summer.

Respectfully Submitted
Dr. Karl Mack, RPN, BSW, MS. EdD. (RSW. Sask.)

Executive Director's Report



The past year has been a very good year for the RPNAS. The first psychiatric nursing students are well into the first year of the new diploma program at SIAST in Regina.

The various Executive Director and Council committees have been very busy as will be evident at our AGM in Yorkton.

The role of governance is a most difficult job as members of Council deal with monitoring the established ends of the Association, and put aside personal interest in the best interests of the public of Saskatchewan. The 2008/2009 Council has an impressive list of accomplishments.

The membership will be asked to approve a complete new set of bylaws.

The new bylaws include a new code of ethics and standards.

There will be an election for the first time in many years.

A Council committee has been established to steer the development of the RPN PNP initiative.

Two of the Associations ENDS have been revised. I have highlighted these with larger print.

The executive completed a visit to all the branches in the past year and plan to continue the visits in an effort to increase membership involvement and awareness of the activities of the association.

I send a sincere thank you to all of the volunteers who make our association work. Your efforts are truly appreciated.

Our retention rate has been far better than we were predicting and it is obvious members are continuing to work past retirement. Others are returning to work and/or the province. We are hopeful that there will be more seats created for psychiatric nursing students soon as we need over 300 RPNs to have the quality of care that existed in the past in Saskatchewan.

We know that Saskatchewan spends less on mental health than every other province and that needs to change.

Nursing education is undergoing change in the province and I am hopeful that the end result will be positive for Saskatchewan people, our owners. People suffering from mental illness and mental health problems deserve the same quality of care as those with physical illness.

The Mental Health Commission is into the first year of its mandate and it is encouraging to see the pace at which things are developing. I believe that increasing the mental health literacy of Canadians is something that needs to happen and I am pleased to be part of the CAMIMH membership involved in the literacy research initiative. Annette Osted has been representing RPNC and I will replace her this fall. I hope to be able to partially fill her shoes and want to acknowledge her great contributions.

The work continues on the RPN PNP (Registered Psychiatric Nurse Psychiatric Nurse Practitioner) initiative and Council has struck a Council Committee to continue the work. This initiative is shared with the other provincial Colleges of Psychiatric Nursing and Saskatchewan is the lead province in the develop-

ment.

It is traditional to report on the ends of the association annually. Those ends have been reviewed and two of them have been changed by Council this year and will provide direction to our work as we confront the challenges facing the mental health sector.

E1 The vision of the RPNAS is:

The distinct profession of Psychiatric Nursing is a valued partner in the continuum of health care with competent members who promote and support mental health, hope and recovery.

RPNAS continues to be a member of the Mental Health Coalition in Saskatchewan and is awaiting the provincial meeting that will be coordinated by the CMHA and Pharmacists Association this year.

The Executive Director was a member of the CCMHI and looks forward to a Saskatchewan version.

We wish to thank Margie Lynch of Regina for her valuable work as Public Representative on the RPNAS Council. We will miss you.

The RPNAS has been a part of many committees, workshops and initiatives and will continue to do so.

RPNAS is a partner in the Collaborative Project with the SRNA and SALPN and is encouraged by the spirit of collaboration that exists.

E2 Competent Registered Psychiatric Nurses and Graduate Psychiatric Nurses

1. Education Programs in place that ensure graduates meet beginning practitioner competencies.

The new diploma program is now operating at SIAST in Regina. The NEPS continues to have a conditional approval for graduates on an individual basis. Unfortunately, very few are choosing the field of mental health and it does require extra education credits at this point. This may be a disincentive for students as four years is a large commitment without the requirement of extra classes.

Only qualified candidates are permitted to write the exam.

2. RPNS have opportunities for career advancement.

2.1 Advanced education opportunities.

The lack of access to a degree in Psychiatric Nursing in Saskatchewan has meant that members must leave the province or find distance education opportunities within their chosen field. Now that a degree program may become available in Saskatchewan, the educational path within Psychiatric Nursing has been somewhat addressed. Other provinces, however, have degree programs in Psychiatric Nursing.

The new diploma program articulates to a degree in Psychiatric Nursing using distance education and other options that are increasingly available. The RPNAS is also a member of a consortium of colleges and universities addressing the development of a Masters program in Psychiatric Nursing.

The Council committee on RPN PNP is working on this initiative and has been holding meetings with stakeholders and receiving strong support.

2.2 Mobility.

The RPNAS has an endorsement agreement with the other western provinces and remains involved in processes with the Yukon, NWT and Nunavut to ensure the ability of RPNs to work in those locations.

The Registrar's office continues to work collaboratively with the other provinces to ensure consistent and thorough screening and approval of reciprocal and foreign graduates. The endorsement agreement between Saskatchewan and the other western provinces was updated and approved.

Work continues to address the mobility issue in terms of eastern Canada. Further meetings are planned to address the trade agreement issues with the stakeholders. RPNAS is consulted on legitimate objections by provinces to the mobility of professions as it relates to our profession. This is an ongoing process.

3. Awarding of Bursaries and Scholarships by the Association.

This continues to be an important way to further this end. Provincial government bursaries reflect confidence in our profession and the need for RPNs and advanced practice opportunities as we seek to maximize scopes of practice.

The continued collaboration at a national level through RPNC (Registered Psychiatric Nurses of Canada) furthers our goals of improved adherence to National Standards and Processes. The revised national code of ethics and standards is near completion. Surveys are underway this month.

E3 Public Policy that promotes and supports optimal mental health

RPNAS continued to be a participant in the following;

- RPNC (Registered Psychiatric Nurses of Canada)
- Saskatchewan Mental Health Coalition
- CMHA
- NIRO
- NESS (Nursing Education Strategy for Saskatchewan)
- NEPS Advisory Committee
- Psychiatric Nursing Program Advisory Committee
- University of Regina Senate
- University of Saskatchewan Senate
- SRNA, SALPN, RPNAS collaborative project
- Saskatchewan Institute of Health Leadership – University of Regina
- CAMIMH (Canadian Alliance of Mental Illness and Mental Health) and its major initiatives which include MIAW (Mental Illness Awareness Week) and Mental Health Literacy
- Consortium for the development of a Masters Program in Psychiatric Nursing.

The executive continues to be actively involved with other association at annual meetings and conferences and promotes mental health awareness and the association frequently at events throughout the province.

E4 Psychiatric Nursing is a self regulated profession

The Continuing Professional Development process is regularly reviewed by the Education Committee. The portfolio system that was developed and information about it is available on the website or by contacting the Registrar. I believe this has many benefits and can benefit the profession as a whole.

There are currently three cases under review by the Professional Conduct Committee. There was one Discipline Hearing held in the 2008-2009 year.

Public representation exists on the Disciplinary and Professional Conduct Committees, as well as on the Council.

RPNAS held a fall conference this past year. The afternoon consisted of stakeholder consultation on the RPN PNP initiative.

Members of Council and the Executive Director attended Horatio, the conference of European Psychiatric Nurses in Malta. There were 18 RPNs from Canada presenting at the conference. The RPNC World Congress will be held in Vancouver in March 2010. Be sure to visit the website at www.rpnc.ca and click on World Congress, or go to www.worldcongress.ca

As a unique profession within the discipline of nursing, the Registered Psychiatric Nurses Association of Saskatchewan continues to work collaboratively with the SRNA, SALPN and the provincial government to further the development of collaborative nursing practice.

In the interest of patient safety and quality work environments, the individual professions have a responsibility to promote teamwork and interdisciplinary collaboration.

The Council will introduce the new bylaws, code of ethics and standards at the 2009 AGM in Yorkton Saskatchewan.

The RPNAS is proud to present our new promotional video at our AGM this year. A special thank you is due to Tamara Quinne (Council Member) and Shayna Coward (office Manager) for all of their hard work on this project.

E5 Mental Health is a valued and integral part of the Health System

The quality of, and access to, mental health services for the public in Saskatchewan is affected by the qualifications of those delivering the services. Registered Psychiatric Nurses, Psychologists and Psychiatrists are the three professionals with the preparation required to deliver adequate mental health care. RPNs are the largest group of mental health professionals in western Canada.

RPNs were the subject of ongoing intensive research by the Nursing Sector Study. Concerns about workplace conditions and safety, conditions of work and the health of nurses have resulted in an unprecedented study to help establish a nursing workforce for the future as well as address current concerns. Work continues on this as evidenced by the NESS and review of existing and future programs.

RPNC is actively involved in many of the activities and will continue this involvement in the future. RPNC continues to have an active voice in CAMIMH (Canadian Alliance for Mental Illness and Mental Health) to provide our voice on the issues at a national level and collaborate with other stakeholders.

There is a recognition that most professions are in need of increased education and competencies in the area of mental illness and mental health. There is a role for RPNs in the education of others as part of our professional responsibilities.

Development of the RPN PNP and the inclusion of RPNs in Primary Health Teams would further the improvement of this end. Mental health clients must receive adequate and appropriate physical treatment. The role of the Psychiatric Nurse Practitioner is now a focus of our evolving roles and scope.

Education programs continue to be a top priority and we will continue to promote the development of a degree in Psychiatric Nursing for Saskatchewan as well as an increase in seats in the current program. The most significant development has been the establishment of the Mental Health Commission. As a member of RPNC and the CAMIMH the RPNAS will continue to play a role in consultations and work with the Commission. There are RPNs on various committees established by the Commission and we will be there to advocate on behalf of our owners and stakeholders in a variety of roles.

E6 The End “Promotion of Public Knowledge and Awareness of Mental Health Literacy” is interpreted to include, but not limited to:

- 1. Comprehension of mental health as not merely the absence of mental illness;**
- 2. Human service providers and members of the public have an understanding of mental health literacy;**
- 3. Destigmatization; and**
- 4. Recovery.**

*** we have defined mental health literacy as the knowledge and skills that enable people to access, understand and apply information for mental health. (CAMIMH)**

If there is one area where actions can have the most effect in promoting mental health it is the destruction of the stigma surrounding mental illness. The costs and effects of stigma are being recognized as significant from an economic as well as human perspective.

The RPNAS is a member of CAMIMH and involved nationally through the Registered Psychiatric Nurses of Canada in the literacy project which is doing wonderful work in research and raising awareness.

RPNAS promotes awareness and supports many organizations financially and in kind to assist toward this end.

World Mental Health Day is sponsored and celebrated from the office of RPNAS annually. The Mental Illness Awareness Week is held in October every year. Visit Mental Illness Awareness Week at www.miaaw.ca

RPNAS contributes to awareness through association and partnership with other organizations and by activities such as public presentations, education sessions, research and publications. Branches are encouraged to get involved and all the information including posters is available on the website.

RPNC has been active at a national level in influencing the direction and development of a national plan to address mental health and mental illness. Much remains to be done. The creation of a Mental Health Commission was a major step and we are committed to doing our share to improve the health status of the people of Saskatchewan and all Canadians.

I am committed, as the Executive Director, to continue to work collaboratively and in true partnership with all health organizations and governments to further the ends of our Association and improve the mental health and the health care of all the stakeholders of our Association and our owners, the public of Saskatchewan.

Respectfully submitted,

Robert Allen RPN
Executive Director

REGISTRAR'S REPORT

The Registered Psychiatric Nurses Association of Saskatchewan exists to ensure that optimal mental health services are delivered to Saskatchewan citizens by competent practitioners. In order to fulfill this responsibility our members must comply with legislation, standards of practice, a code of ethics and registration processes. I would like to commend our members for the consistent and accurate presentation of information you provide. Thanks to all of you. I would especially like to thank to Shayna for her dedication and hard work throughout the year and especially during license renewal. Her commitment of time and energy are valuable assets to our organization. As always, she has done a fabulous job of putting together the graphs that you will see later in this report and her work with CIHI to maintain our member's data base and accurately reflect the profession of Psychiatric Nursing in Canada.



Another year has flown by and again I am at the computer writing my report for the Annual meeting.

As you are well aware, the new Psychiatric Nursing Program started in September of this year. A great deal of excitement has been generated through out the province as a result. It feels good to be able to look forward to the beginning of 2011 and the anticipated registration of our first graduating class from this program.

I will now summarize my areas of responsibility and activities I have undertaken during the year.

Clinical Practice Consultant

In this role my responsibilities include responding to requests from members and employers for information regarding the competencies of RPNs in a variety of settings. The work of the committee through the RQH Region to develop guidelines for an Assignment/Delegation Collaborative, within Regina Qu'Appelle Health Region is ongoing. Additionally, the Ministry of Health is producing a booklet for special care homes using similar principles. These initiatives will have implications for our membership and because of this I feel that RPNAS requires representation on these committees.

Internal Committees

Education Committee

As Registrar, I provide staff support to this committee. It is my responsibility to organize the CPD credit audit and follow up on any recommendations of this committee, to review scholarship and bursaries on an ongoing basis and to recommend to Council changes as required. This year the committee plans to make recommendations regarding scholarships for our own program as well as NEPS.

Education Approval Committee

This committee provides guidelines for the review of all Psychiatric Nursing Programs within the province. Currently they have revised the Education Approval Criteria document that outlines the process and it has been submitted to SIAST.

Nominations Committee

This committee seeks RPNs to allow their name to stand for RPNAS Council and oversees the election process. This will be the first time in several years that an election has been held.

External Committees

Network of Inter-Provincial Regulatory Organizations

This committee meets twice a year to discuss issues common to all regulatory bodies and to participate in an educational opportunity that enhances the knowledge of the committee. Its membership consists of registrars and executive directors from the self regulated health professions and provides an opportunity for networking as well. The focus of concern for this group over the past year has been the Agreement on Internal Trade, especially Chapter 7 which speaks to the Labour Mobility issue for all professions.

Mental Health Coalition

This committee, consisting of over 30 agencies from throughout the province, meets four times annually to discuss issues relevant to the mental health consumers and their families. Predominantly consisting of community based service agencies and consumer advocates, it exists to lobby government for positive change in their systems to support “recovery” based client care and an adequate income for all persons with disabilities.

Internationally Educated Health Professionals Advisory Team

Through out the year this committee, consisting of regulators, employers, unions and settlement agencies has worked to improve access for these health professionals, who are currently being underemployed within our health regions, to the resources required to gain licensure in their profession.

This year a video project was undertaken by this group for use by settlement agencies and employers to direct internationally educated health professionals to engage in the process of career pathing to be able to work at their chosen field in Canada

Orientation to Nursing in Canada for Internationally Educated Nurses - Program Advisory Committee - SIAST

This committee meets annually to provide a link between SIAST and the various sectors that it serves. They provide advice and guidance to assist in determining program quality, relevance and currency.

National Committees

Canadian Institute of Health Information

Our organization, along with our colleagues from the other provinces, provides information from our database that is required by this group to produce their report on the status of the profession. This report is published annually and is used by the associations and government departments when engaging in work force planning.

Registered Psychiatric Nurses of Canada

This group consists of the Executive Directors and the Presidents from each province and it meets annually to deal with issues of national concern. The working committees of this group are: the Executive Directors Resource Group and the Interprovincial Working Group which consists of the Registrars and Deputy Registrars. These groups meet quarterly to work on areas of common concern, such as the reciprocity agreement, mobility issues and most recently there has been some common interest in developing a Psychiatric Nurse Practitioner designation. Currently a new exam blueprint is in the works.

Respectfully submitted,

Candace Alston RPN
Registrar

Membership Statistical Reports

The following pages of tables outline the statistical membership information collected this year, as well as comparisons to previous years.

Notes to Statistical Charts

Figure 1 5 Year Comparison of Active Members

This table compares the number of active members from 2005 to March 31, 2009. As of March 31, 2009 there were also 72 Non-Active members. It is important to note that 2005-2008 are calendar years and 2009 counts end at March 31 (at March 31, 2008 this number was 881)

Figure 2 March 31, 2009 Active Members by Age and Gender

As the graph indicates, the age group with the highest number of members (20%) is 46-50. It is also interesting to note that 15% of RPNAS Active membership is male.

Figures 3 a, b and c Members by Branch

These tables show the number of members (Active and Non-Active) by Branch for 2007, 2008 and as of March 31, 2009. The distribution of members has remained quite consistent over these years.

Figures 4 a and b New Registrations

These graphs compare the number of new registrations over the past four years, breaking down those numbers into new registrations by Examination and by Reciprocity. The smaller graph inset into graph 4(a) further breaks down the new members that came to our province via reciprocity. Seven of those members were RPNs that were previously registered in another province and eight were students that had just completed their education and had written their exams in the province that they received their training.

Figure 5 Out Migration

This table shows the number of RPNs leaving our province and seeking registration in Alberta, Manitoba or British Columbia.

Figures 6 a and b Members by Primary Employing Agency

The primary employing agencies of members has changed very little since the previous year with the three main agencies employing RPNs being Hospitals, Personal/Long Term Care and Community Mental Health.

Figures 7 a, b, c, d and e Members by Primary Practice Area

You will note very little change in the primary practice area from 2008 to 2009. Primary practice areas are divided into four groups, Direct Care, Administration, Education and Research. Those groups are then broken down into more specific responsibilities and shown in Figures 7 c, d and e.

Figures 8 a and b Members by Primary Position

Figures 8 a and b show members by primary position.

Figures 9 a, b and c Post Basic Education (Highest Level)

These graphs illustrate the highest level of Post Basic Education that RPNAS members, both active and non-active, have obtained beyond their initial psychiatric nursing education. The graphs clearly indicate that RPNs have a significant interest in continuing education.

5 Year Comparison of Active Members

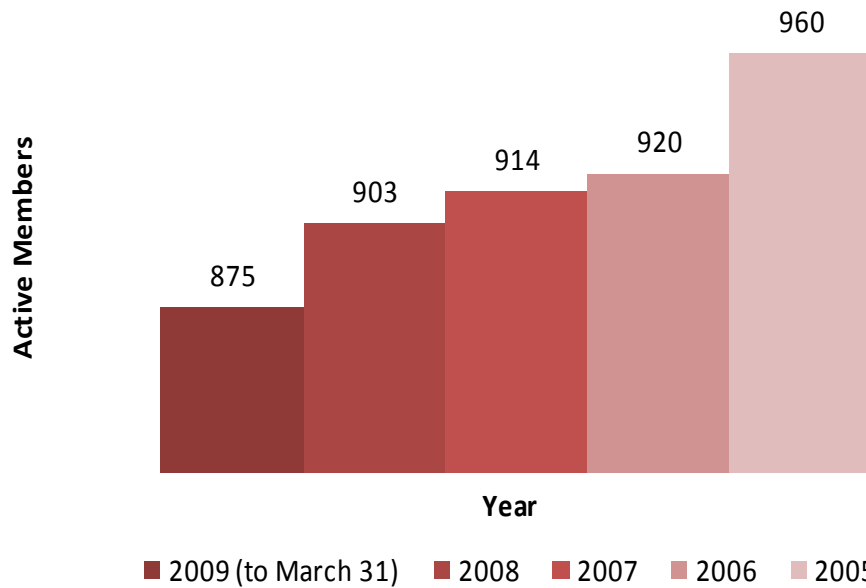


Figure 1

March 31, 2009 Active Members by Age and Gender

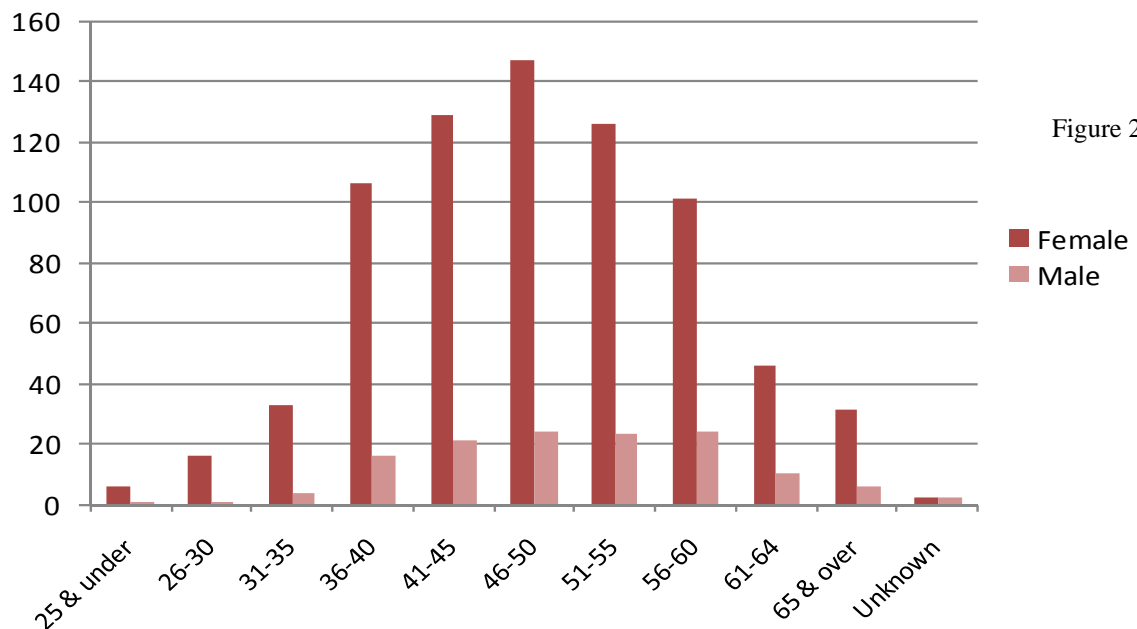
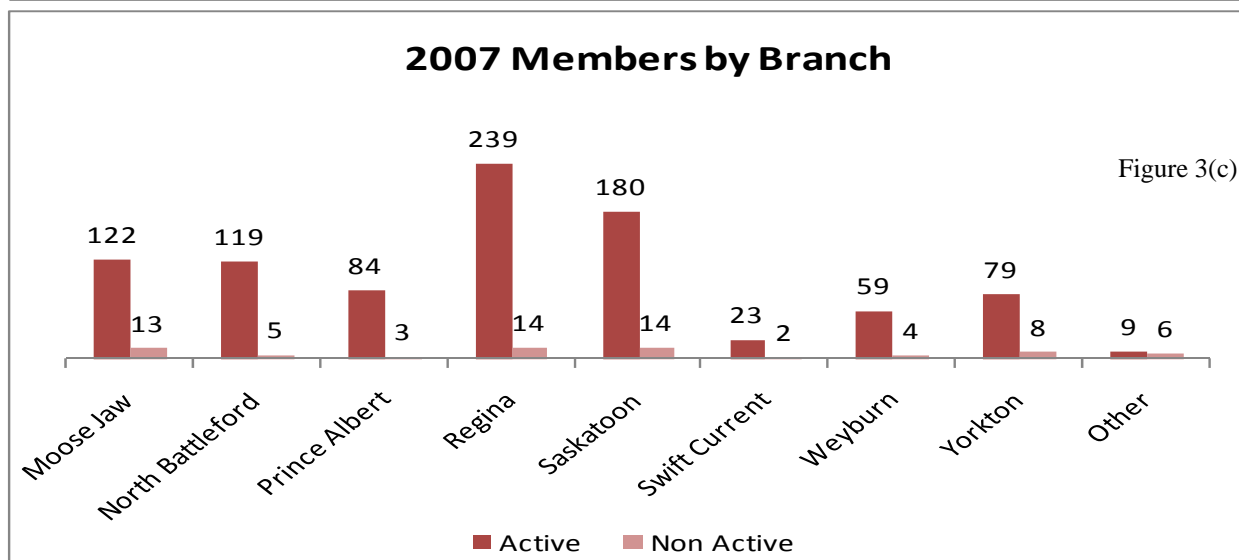
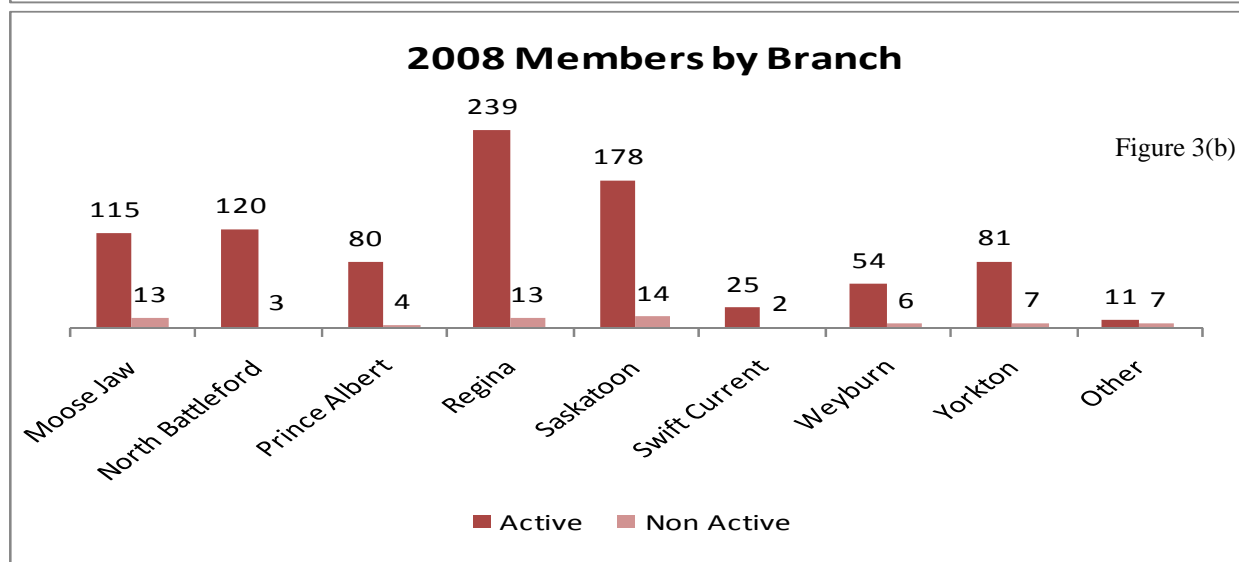
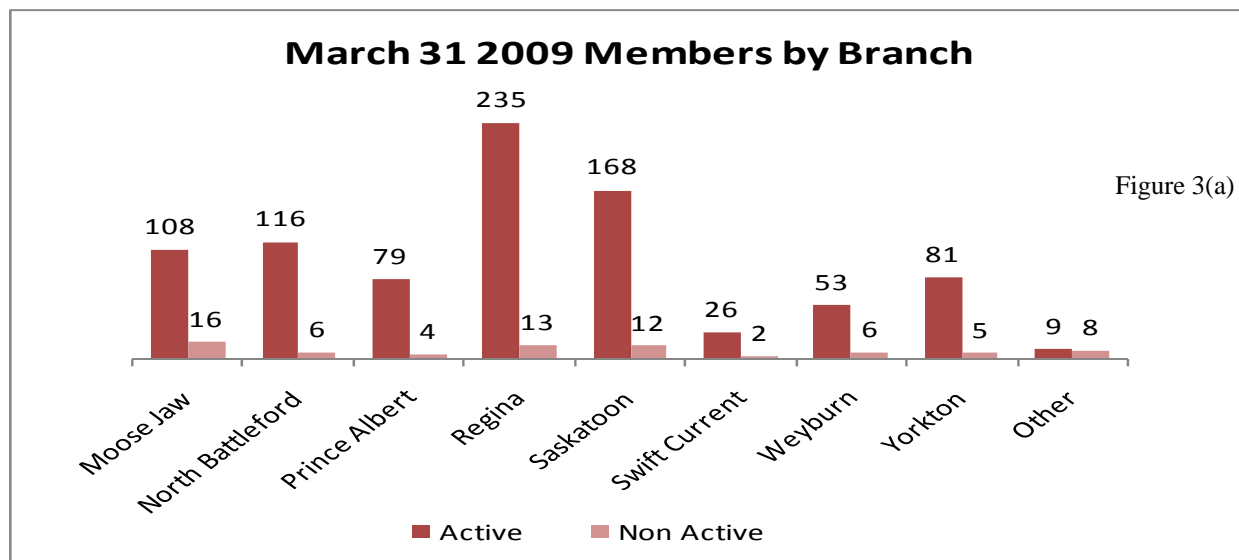
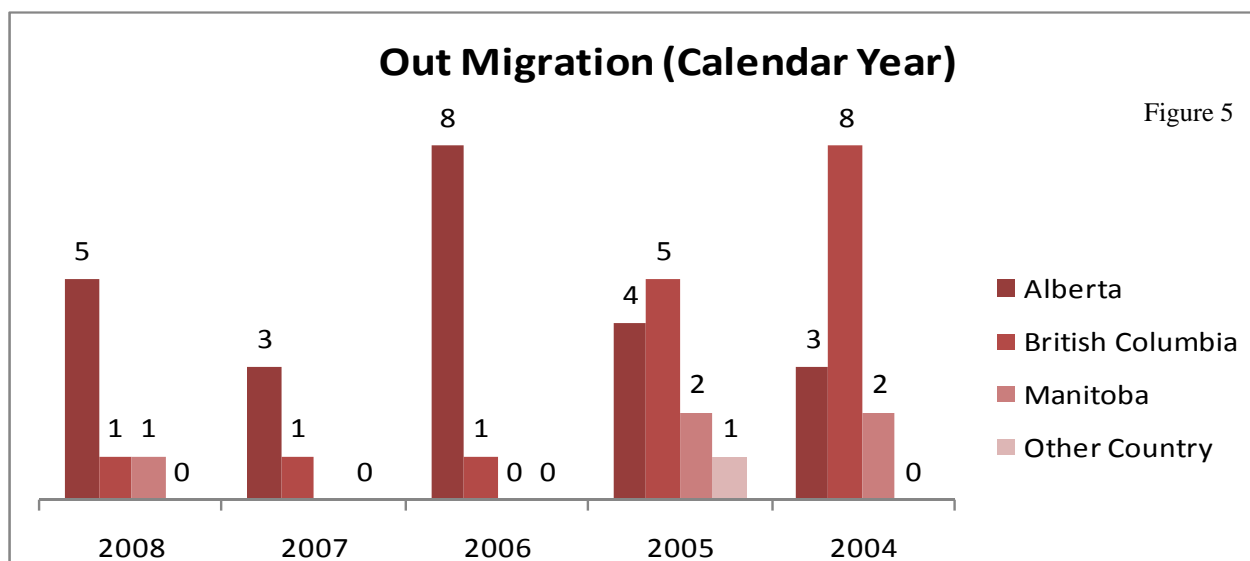
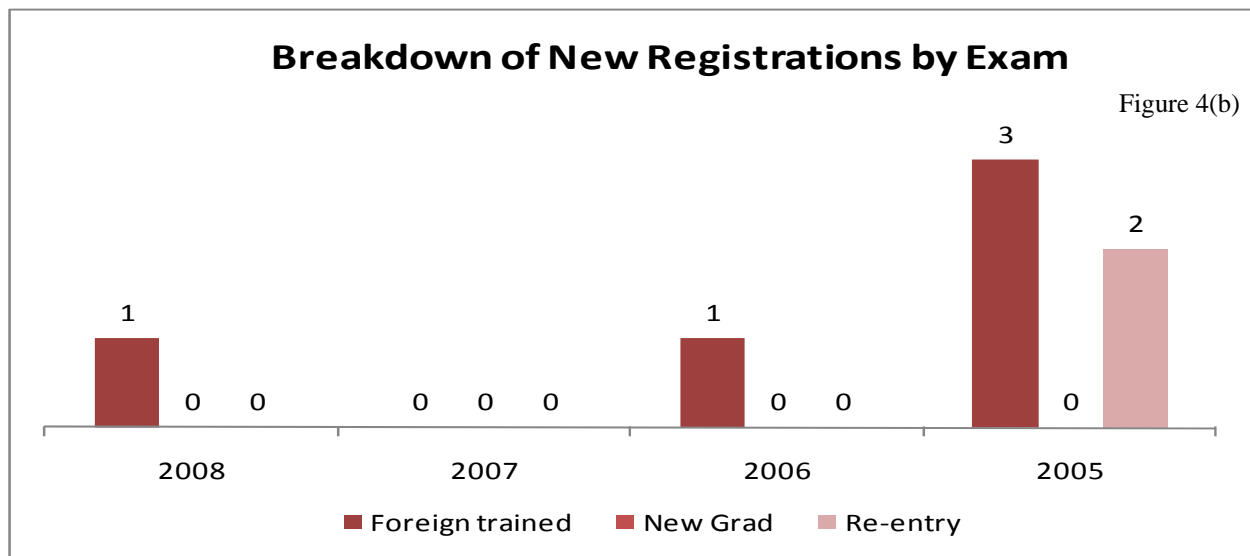
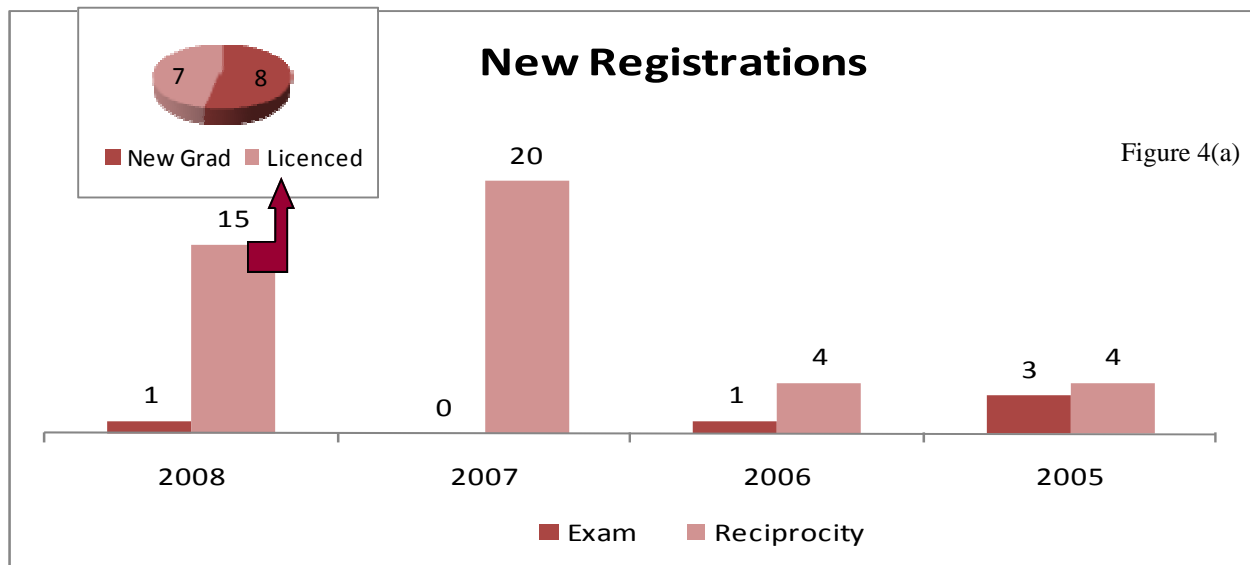


Figure 2





March 31, 2009 Members by Primary Employing Agency

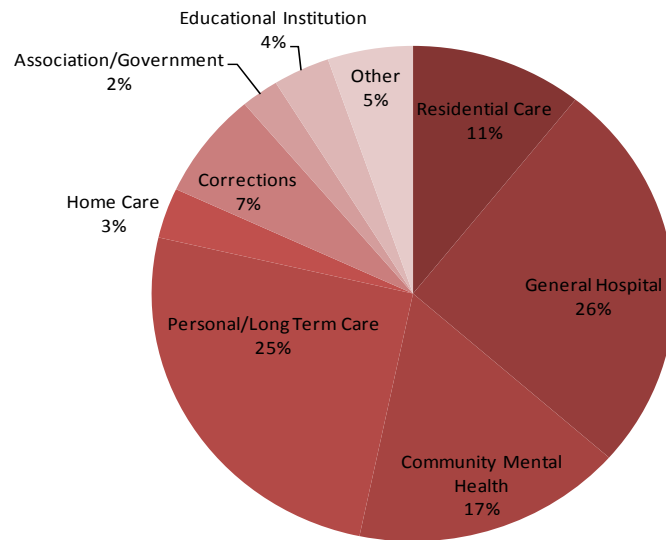


Figure 6(a)

2008 Members by Primary Employing Agency

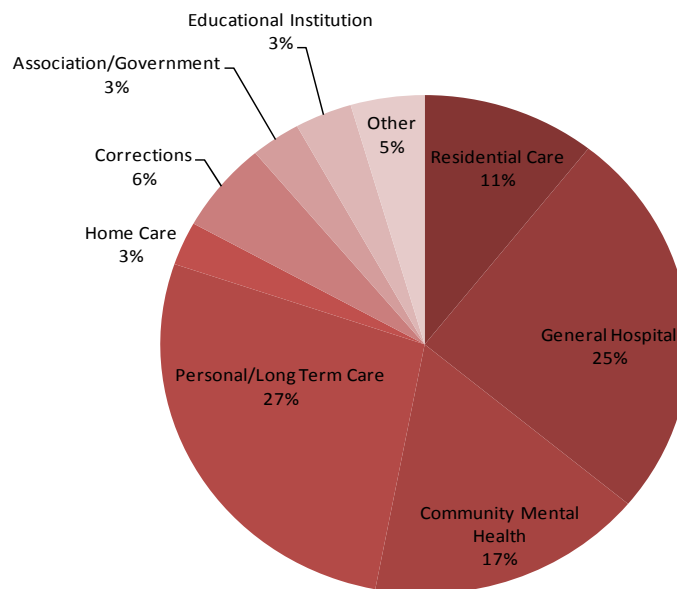


Figure 6(b)

March 31, 2009 Members by Primary Practice Area

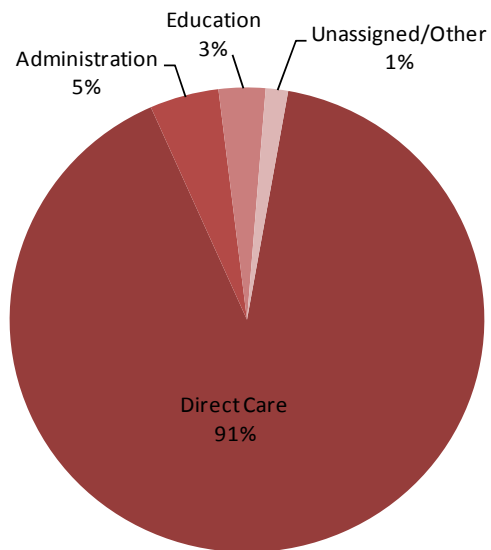


Figure 7(a)

2008 Members by Primary Practice Area

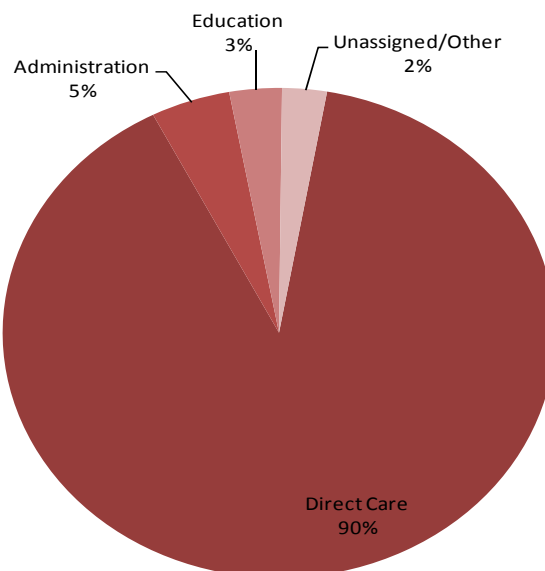
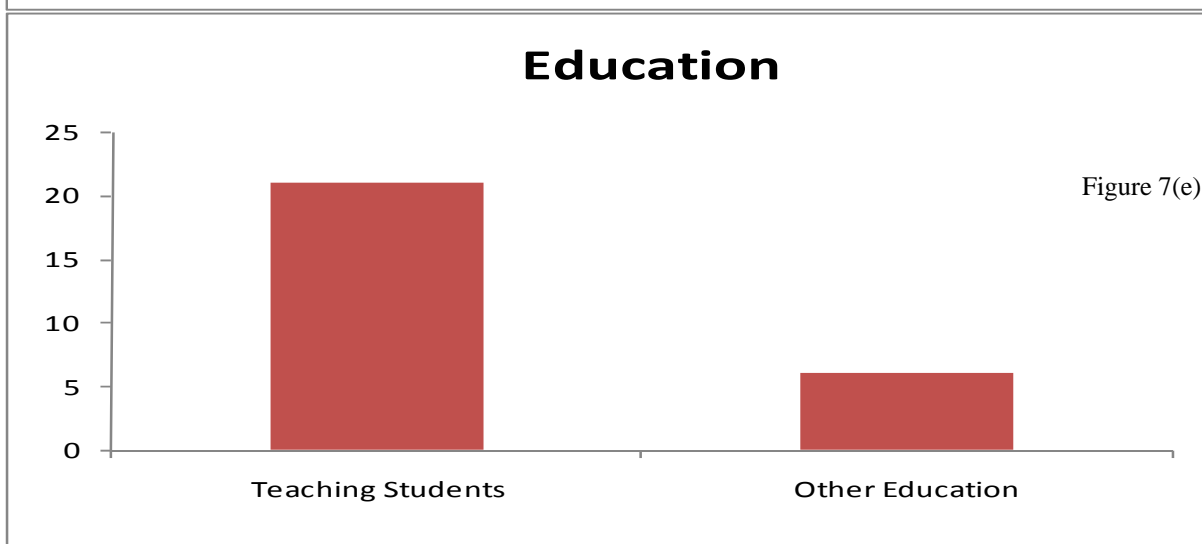
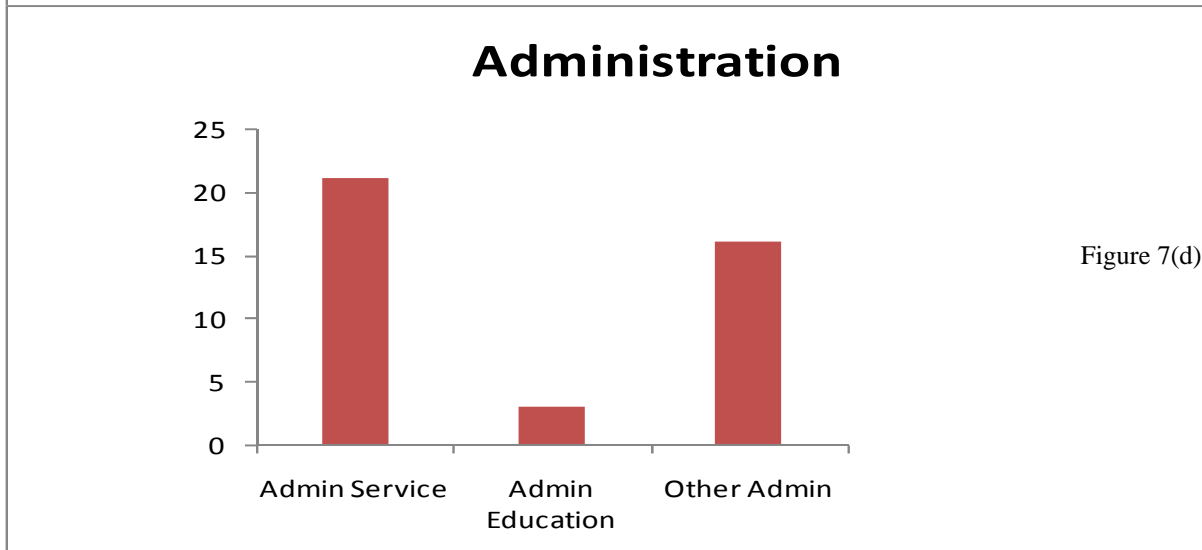
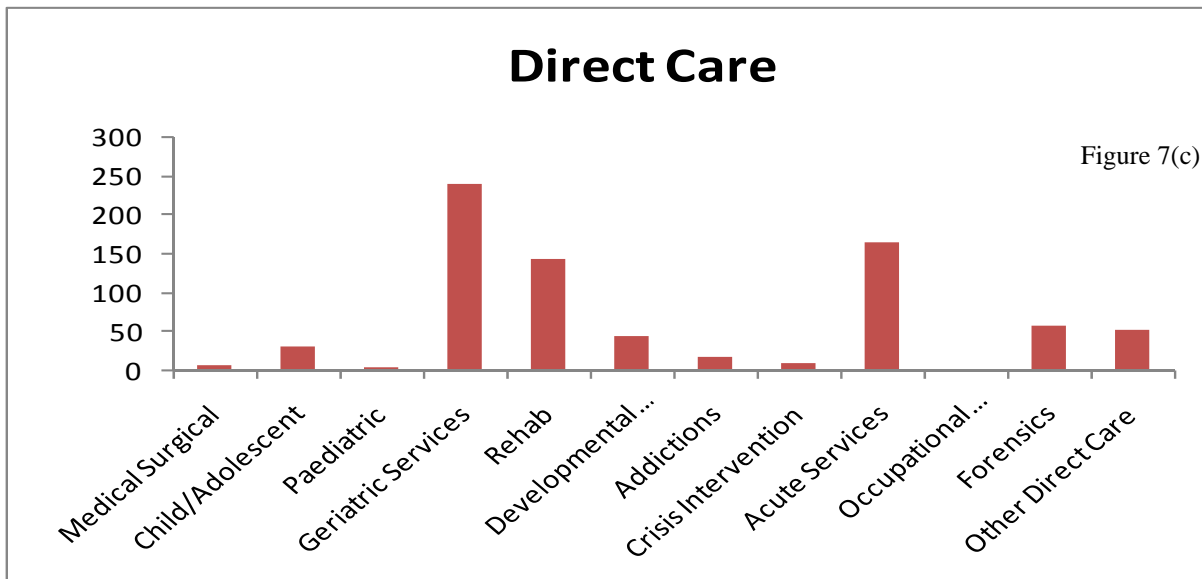


Figure 7(b)

Breakdown of Practice Areas



March 31, 2009 Members by Primary Position

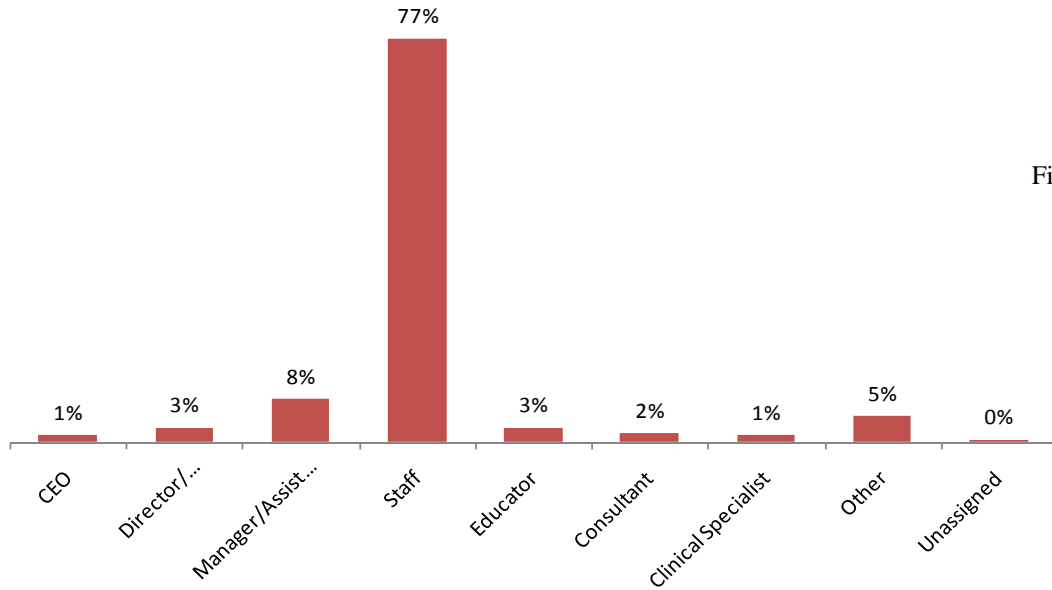


Figure 8(a)

2008 Members by Primary Position

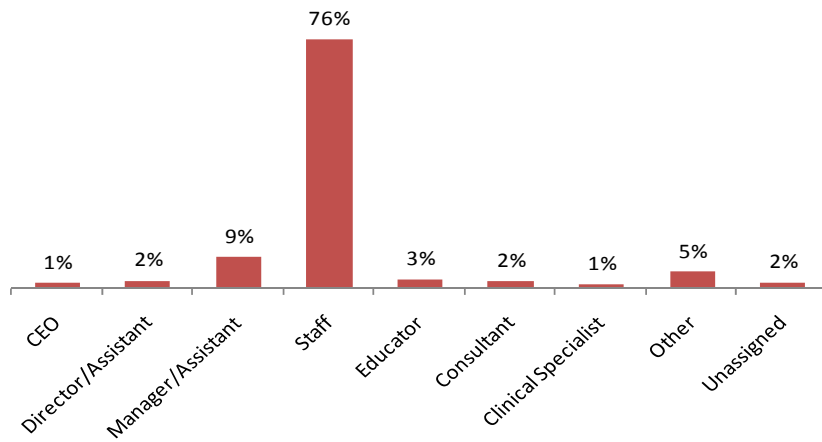
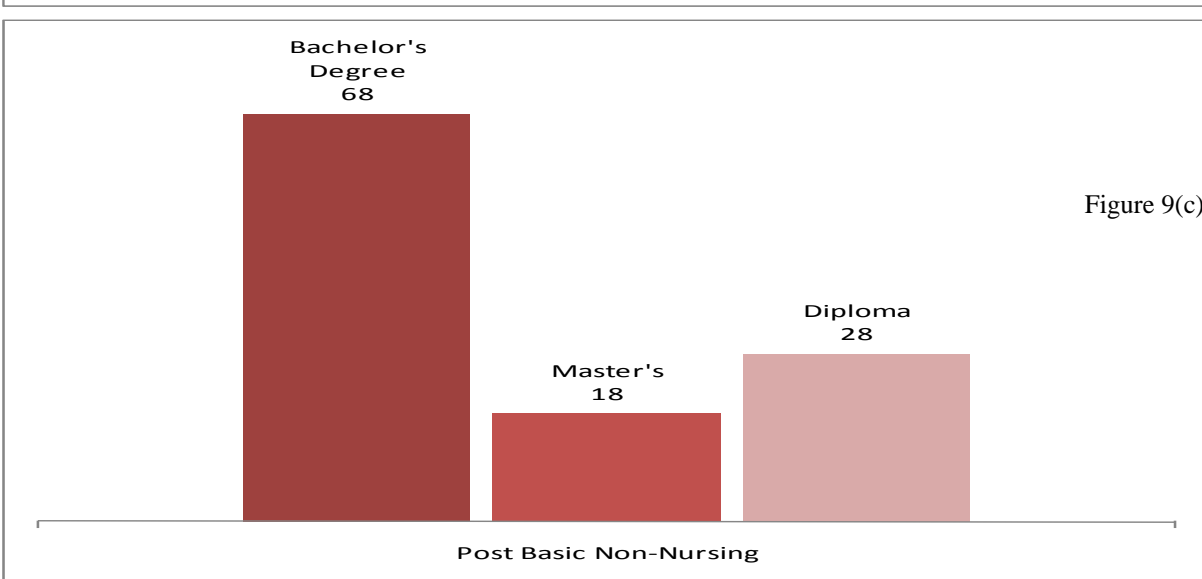
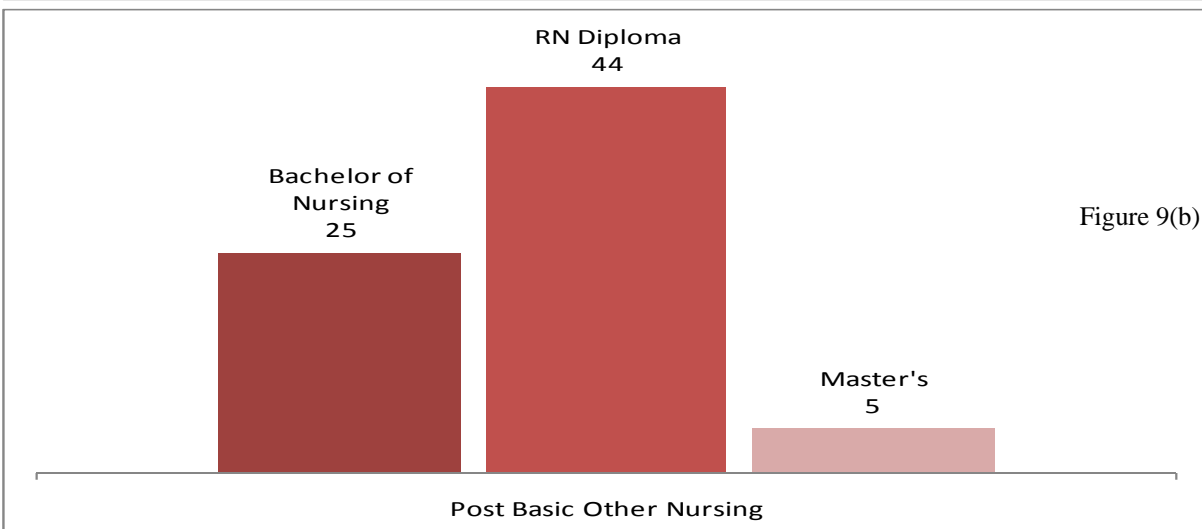
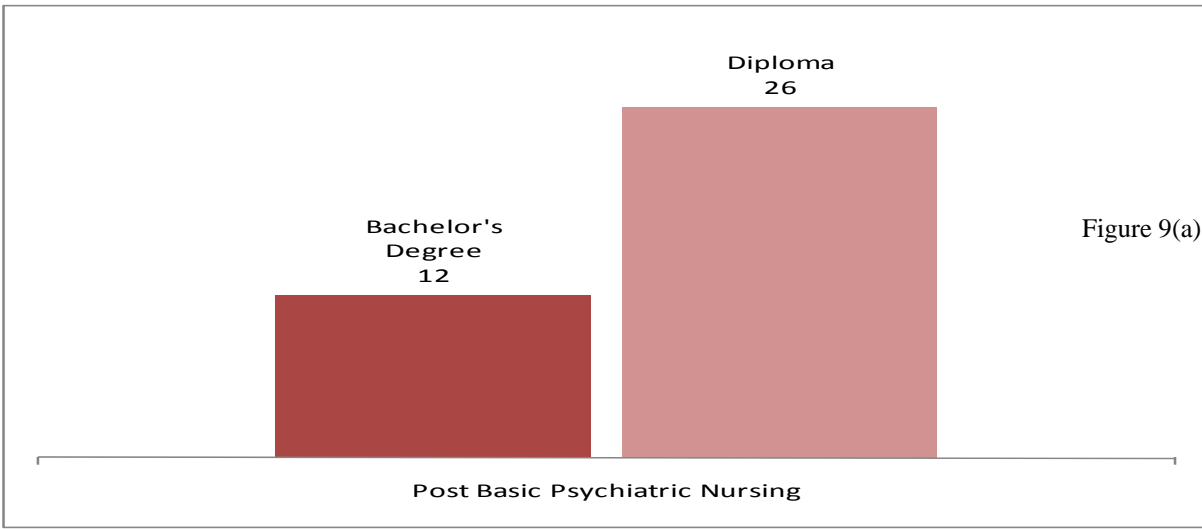


Figure 8(b)

Post Basic Education (Highest Level)



Summary on Actions of 2008 Resolutions

The following bylaw resolution was passed at the 2008 AGM:

Motion:

To increase the annual active practising fee for the 2009 year by \$50 instead of the already scheduled increase of \$30.

Carried.

As mandated by the *Bylaws for the Registered Psychiatric Nurses Act* the Annual Licensing Fee will be reviewed at the Annual General Meeting.

2009 Resolutions

The following changes to the Administrative Bylaws were passed at the March 7th, 2009 Council meeting and will be voted on by membership at the Annual General Meeting.

The bylaws have also been restructured and, subsequently, renumbered to separate the administrative bylaws from the regulatory bylaws.

Existing Bylaw	Change
BYLAW I - COUNCIL Section 2 Eligibility 1. Practising members of the association may be elected as members of the council with the following exceptions: (c) practising members residing and working outside of Saskatchewan may hold elected office.	BYLAW I - COUNCIL Section 2 Eligibility 2. Practising members of the association may be elected as members of the council with the following exceptions: (c) practising members residing outside of Saskatchewan may not hold elected office. Removed “ and working ”
Section 3 Terms of Office 2. The council shall request the replacement or reappointment of a public representative at least every two years in accordance with the Act	Section 3 Terms of Office 2. The council shall request the replacement or reappointment of a public representative at least every two years in accordance with the Registered Psychiatric Nurses Act, herein after referred to as the Act
BYLAW II - ELECTIONS Section1 Election of Council 3. In the event a vacancy occurs in the membership of the council, pursuant to section 10 of the Registered Psychiatric Nurses Act, during the course of the year, then that position shall also be up for election for the balance of the term remaining.	BYLAW II - ELECTIONS Section 1 Election of Council 3. In the event a vacancy occurs in the membership of the council, section 10 of the Act shall apply.
Section 2 Voting 2. All ballots shall be destroyed 30 days following the election.	Section 2 Voting 2. All ballots shall be held 30 days following the election and then destroyed
BYLAW VI - FEES Section 1 Registration Fee 1. A non-refundable registration fee of fifty dollars shall accompany each application for registration.	BYLAW IV - FEES Section 1 Registration Fee 1. A non refundable fee as determined by council shall accompany each application for registration.
Section 2 Initial Licensing Fee 2. A prorated initial licensing fee equaling 60% of the annual fee may be established to accommodate applicants seeking licensure late in the membership year and such fee shall cover licensure for the remainder of the year.	Section 2 Initial Licensing Fee 2. A prorated initial licensing fee equaling 60% of the annual licensing fee shall be applied to applicants seeking licensure after June 30 and such fee shall cover licensure for the remainder of the membership year.

Existing Bylaw

BYLAW VI - FEES

Section 3 Annual Licensing Fee

3. A prorated annual licensing fee equaling 60% of the annual licensing fee may be established to accommodate members changing membership status late in the membership year.

4. Members who have not paid the annual licensing fee and other fees prescribed by council by December 31 shall cease to be members of the association. Such applicants shall be licensed as practising members upon completing the prescribed forms and submission of the annual licensing fees and other fees prescribed by council provided the applicant has met the requirements of Bylaw V, section 3 (1)

BYLAW VIII - COUNCIL COMMITTEES

Section 1 Council Committees

7. Unless the chairman is elected or named in the bylaws, the council shall appoint the chairperson

10. A quorum for a council committee shall be the majority of its members

Section 5 Legislative Committee

1. The membership of the legislative committee shall be:
(a) the president-elect who shall be the chairman; and

3. The duties related to resolutions shall be the responsibility of this committee including:

Section 6 Nominations Committee

1. The membership of the nominations committee shall be three registered psychiatric nurses appointed annually by council.

2. The term of the nominations committee members shall be one year, renewable for one term if the member is reappointed.

3. The duties of the committee shall be:

(a) to call for nominations by September 30 of each year;

(b) to receive nominations as set out in Bylaw II, sections 1 and 2 for the purpose of preparing a list of nominees;

(d) to file with the council at least sixty days prior to the first day of the annual meeting, a report of the nominations committee and ballot for officers of the association; and

(e) to ensure that voting for elected officers of the association is conducted in accordance with Bylaw II Section 3.

Change

Bylaw IV - FEES

Section 3 Annual Licensing Fee

3. A prorated annual licensing fee equaling 60% of the annual licensing fee **shall** be established to accommodate members changing to practising membership status **after June 30 of the membership year**.

4. Members who have not paid the annual licensing fee and other fees prescribed by council by December 31 shall cease to be members of the association. Such applicants shall be licensed as practising members upon completing the prescribed forms and submission of the annual licensing fees and other fees prescribed by council provided the applicant has met the requirements of **Bylaw X**, section 3 (1)

BYLAW V - COUNCIL COMMITTEES/

NONSTATUTORY COUNCIL COMMITTEES

Section 1 Council Committees

7. Unless the **chairperson** is elected or named in the bylaws, the council shall appoint the chairperson

10. **Subject to the provision of Section 23 of the Act dealing with the professional conduct committee**, a quorum for a council committee shall be the majority of its members.

Section 2 Legislative Committee

1. The membership of the legislative committee shall be:
(a) the president-elect who shall be the **chairperson**; and

3. **The duties of the committee shall also include the following:**

Section 3 Nominations Committee

1. The membership of the nominations committee shall be three registered psychiatric nurses appointed by council.

Removed “**annually**”

Removed

2. The duties of the committee shall be:

(a) to call for **nominations at least 120 days prior to the annual meeting**;

(b) to receive nominations **for the positions of Council** and to prepare a list of nominees;

Removed “**as set out in Bylaw II sections 1 and 2**”

(d) to file with the council at least **thirty** days prior to the first day of the annual meeting, a report of the nominations committee and **the** ballot for officers of the association, and

(e) to ensure that voting for elected officers of the association is conducted in accordance with Bylaw II.

Existing Bylaw

Change

4. Each branch, special interest group and individual member is eligible to submit nominations to the chairman of the nominations committee.

Removed

5. All nominations must be received in writing by the chairman of the nominations committee by January 30.

4. All nominations must be received in writing by the **chair-person** of the nominations **committee at least 60 days prior to the annual meeting.**

7. Consideration should be given to the following criteria in making nominations:

(a) at least two names for the office of president-elect;

(b) at least five names for the positions of council members-at-large;

Removed

(c) representation from geographical areas, rural or urban areas, field of practice and clinical practice areas; and

(d) where only one nominee is nominated for a particular office, that nominee shall be elected by acclamation.

**(d) remains but is renumbered as :
Section 3 - Subsection 5**

The following proposed regulatory bylaw changes will be voted on by membership at the Annual General Meeting.

Existing Bylaw

Change

BYLAW IV MEMBERSHIP

Section 2 Practising Membership

2. Practising membership entitles a person to the following privileges:

(b) to receive professional liability protection;

Bylaw **IX** Membership

Section 2 Practising Membership

2. Practising membership entitles a person to the following privileges:

(b) to receive professional liability protection in the amount of two million dollars;

Section 3 Graduate Psychiatric Nurse

2. Graduate psychiatric nurse membership entitles a person to the following privileges:

(c) to receive professional liability protection;

Section 3 Graduate Psychiatric Nurse

2. Graduate psychiatric nurse membership entitles a person to the following privileges:

(c) to receive professional liability protection in the amount of two million dollars.

BYLAW V REGISTRATION

Section 3 Maintaining Eligibility as a Practising Member

1. To maintain eligibility as a practising member, a psychiatric nurse must:

(d) meet the continuing education requirements determined by the association.

BYLAW X REGISTRATION

Section 3 Maintaining Eligibility as a Practising Member

1. To maintain eligibility as a practising member, a psychiatric nurse must:

(d) meet the requirements of ten continuing professional development credits as determined by council.

3. A licence to practice psychiatric nursing as a registered psychiatric nurse may be issued to persons who meet the requirements of Bylaw V, subsection 3(1) or subsection 3(2).

3. A licence to practice psychiatric nursing as a registered psychiatric nurse may be issued to persons who meet the requirements of **Bylaw X**, subsection 3(1) or subsection 3(2).

The current Code of Ethics and Standards of Practice in the bylaws is as follows:

BYLAW XI - CODE OF ETHICS AND STANDARDS OF PRACTISE

Section 1 Code of Ethics

1 The Code of Ethics is established to provide moral standards for the ethical behaviour of the profession and to provide direction to registered psychiatric nurses for ethical decision-making in registered psychiatric nursing practice.

2 The Core Values that provide the framework for this Code of Ethics are:

Accountability
Responsible Caring
Integrity in Relationships
Professional Responsibilities
Responsibility to Society

3 Accountability

- (a) Registered psychiatric nurses are responsible to promote mental health by providing individualized and holistic prevention, treatment and rehabilitation services;
- (b) Registered psychiatric nurses promote confidence in all members of the health team and as such are responsible to report unethical practice.

4 Responsible Caring

- (a) Registered psychiatric nurses demonstrate an active concern for the well-being of any individuals with whom they relate in a professional role;
- (b) Registered psychiatric nurses demonstrate responsible caring as a holistic process;
- (c) Registered psychiatric nurses respect the uniqueness and integrity of individuals.

5 Integrity in Relationships

- (a) Registered psychiatric nurses acknowledge and respect the dignity and autonomy of every individual;
- (b) Registered psychiatric nurses ensure the confidentiality of information regarding individuals and the treatment they receive;
- (c) Registered psychiatric nurses acknowledge and respect the autonomy and privacy of individuals in relationships

6 Professional Responsibilities

- (a) Registered psychiatric nurses, as professionals, are expected to maintain standards of personal conduct that reflect credit upon the profession;
- (b) Registered psychiatric nurses will maintain current theoretical and clinical knowledge and will enhance that knowledge through continuing education and evidence-based practice;
- (c) Registered psychiatric nurses recognize, respect and collaborate with appropriate others;
- (d) Registered psychiatric nurses recognize that relationships are of a professional nature and thereby acknowledge that the professional relationship does not end upon termination of services. Therefore, registered psychiatric nurses will maintain the difference between closeness and intimacy;
- (e) Registered psychiatric nurses demonstrate professional judgment and accept responsibility for their professional practice. They will demonstrate honesty and integrity to avoid situations of conflict of interest.

7 Responsibility to Society

- (a) Registered psychiatric nurses are responsible to maintain public confidence and trust, and thereby act in the best interests of the public.

Section 2 Standards of Practice

1 The Standards of Practice for registered psychiatric nurses and graduate psychiatric nurses prescribed by council shall be as follows:

- (a) Standard One - **Assessment** - the registered psychiatric nurse collects information in order to assess the individual's health status through observations based on knowledge of nursing and of behavioural and physical sciences;
- (b) Standard Two - **Planning** - the registered psychiatric nurse develops a specific psychiatric nursing care plan for each individual;
- (c) Standard Three - **Implementation** - the registered psychiatric nurse performs those specific nursing actions necessary to implement the psychiatric nursing care plan;
- (d) Standard Four - **Evaluation** - the registered psychiatric nurse evaluates and assesses progress in the individual's health

status in relation to the goals of the psychiatric nursing plan;

(e) Standard Five - **Helping Relationship** - the registered psychiatric nurse employs principals of effective communication within helping relationships to assist the individual to achieve optimal health;

(f) Standard Six - **Health Teaching** - the registered psychiatric nurse promotes optimal health in individuals through health teaching;

(g) Standard Seven - **Legal** - the registered psychiatric nurse practises according to the expectations and within the limitations defined by provincial and federal statutes that relate to the role of the registered psychiatric nurse;

(h) Standard Eight - **Professional** - the registered psychiatric nurse assumes responsibility for personal and professional growth and development;

(i) Standard Nine - **Ethical** - the registered psychiatric nurse practises nursing based on the Code of Ethics of the Registered Psychiatric Nurses Association of Saskatchewan;

(j) Standard Ten - **Leadership** - the registered psychiatric nurse contributes to the leadership of personnel in the provision of psychiatric/mental health nursing care; and

(k) Standard Eleven - **Collaboration** - the registered psychiatric nurse participates and collaborates with other members of the health team in assessing, planning, implementing and evaluating programs to meet the individual's need.

The following are the new proposed Code of Ethics and Standards of Practise:

BYLAW XIV - CODE OF ETHICS AND STANDARDS OF PRACTICE

Section 1 Code of Ethics

1 The Code of Ethics articulates ethical principles, values and standards to guide all members of the psychiatric nursing profession. The Code defines accepted behaviors and establishes a framework for professional responsibility and accountability. The Code promotes high standards of practice and provides a benchmark for psychiatric nurses to use for self-evaluation. The Code of Ethics identifies the obligations of the profession and the obligations of individual psychiatric nurses to society.

2 The core values that provide the framework for this Code of Ethics are:

- Professional Accountability
- Unconditional Respect
- Wholistic Health
- Quality Practice Milieu

3 Professional Accountability

Registered Psychiatric Nurses:

- (a) Differentiate between professional and personal relationships.
- (b) Establish therapeutic relationships.
- (c) Recognize potential vulnerability of all persons.
- (d) Practise within their level of competence.
- (e) Use evidence-based practice.
- (f) Use continuing competence throughout their professional career.
- (g) Maintain a personal level of health and mental health.
- (h) Provide competent, safe and ethical care.
- (i) Protect the confidentiality of all information obtained as a result of professional relationships.
- (j) Demonstrate professional practice that reflects honesty, integrity, reliability, impartiality and diligence.
- (k) Demonstrate professional judgment when accepting and delegating responsibilities.
- (l) Report incompetent or unethical behaviors of care providers.
- (m) Accept responsibility for own practice and minimize harm arising from adverse events.
- (n) Refrain from endorsement of products or services.
- (o) Promote the psychiatric nursing profession.

- (p) Practice according to provincial and federal legislation and *Standards of Psychiatric Nursing Practice*.
- (q) Understand, promote and uphold the ethical values of the profession.

4 Unconditional Respect

Registered Psychiatric Nurses:

- (a) Promote respect, autonomy, rights, diversity and choice of all people.
- (b) Demonstrate advocacy.
- (c) Respect the diversity and unique beliefs of all people
- (d) Know, apply and uphold the elements of informed consent.

5 Wholistic Health

Registered Psychiatric Nurses:

- (a) Respect the rights, needs and values of each person.
- (b) Recognize that health and mental health are an interconnected and dynamic process.
- (c) Comprehend that unique lifestyles and expectations influence health and mental health.
- (d) Endorse collaborative and wholistic approaches to health and mental health from promotion, prevention, intervention, rehabilitation to recovery.
- (e) Promote research and evidence-based psychiatric nursing practice.
- (f) Respect and value collaborative and shared-care.

6 Quality Practice Milieu

Registered Psychiatric Nurses:

- (a) Recognize that community, socio-economic and political system environments influence health and mental health.
- (b) Contribute to quality practice settings by modeling positive, healthy and ethical conduct.
- (c) Contribute to and maintain safe practice environments.
- (d) Advocate for sufficient resources to provide safe and competent psychiatric nursing practice.
- (e) Advocate for fair and equitable access to benefits and treatment for all people.

Section 2 Standards of Practice

1 The Standards of Practice for registered psychiatric nurses and graduate psychiatric nurses prescribed by council shall be as follows:

- (a) Standard One – **Interpersonal Relationships** - Registered Psychiatric Nurses establish professional, interpersonal and therapeutic relationships with individuals, groups, families and communities;
- (b) Standard Two - **Application and Integration of Theory-Based Knowledge** - Registered Psychiatric Nurses apply and integrate theory-based knowledge relevant to professional practice derived from psychiatric nursing education and continued life-long learning;
- (c) Standard Three – **Professional Responsibility** - Registered Psychiatric Nurses are accountable to the public for safe, competent and effective psychiatric nursing practice;
- (d) Standard Four – **Professional Ethics** - Registered Psychiatric Nurses understand, promote and uphold the ethical values of the profession.

Reports

COUNCIL COMMITTEES

PROFESSIONAL CONDUCT COMMITTEE

The Professional Conduct Committee received 5 complaints during the past year. Once complaint remains ongoing from 2008. Two complaints are in the process of investigation. The investigation for two complaints was completed and no further action was deemed necessary.

Committee Chair: Delores Maduke, RPN, Saskatoon. **Committee members:** Brenda Poncelet, RPN, Saskatoon; Lisa Stasiuk, RPN, Moose Jaw; Patricia Thronberg, RPN, Moose Jaw; Jayne Whyte, RPN, Fort Qu'Appelle; Tania Huel, RPN, Weyburn; Laurinda Karakochuk, RPN, Wynyard; Jeanette Kayto, RPN, Regina; Jamie Louiseize, RPN, Prince Albert; Carrie Lavallie, RPN, Prince Albert; Sue Meyers, RPN, Regina.

DISCIPLINE COMMITTEE

During this reporting period the Discipline Committee held one hearing. The Orders of the Discipline Committee are published in the RPNAS Newsletters.

The time and commitment that the members on this Committee contribute is much appreciated.

Committee Chair: Theresa Girardin, RPN, Weyburn. **Committee members:** Angie Craig, RPN, Regina; Jennifer Hennig, RPN, Swift Current; Gary Thronberg, RPN, Moose Jaw; Karen Kenny, RPN, North Battleford; Bruce Reimer, RPN, North Battleford; Ralph MacNab, RPN, Meadow Lake; Margaret Lynch, Public Representative, Regina.

LEGISLATIVE COMMITTEE

Over the past year the Legislative Committee did the following:

- Undertook a review of the bylaws
- Reorganized the bylaws (administrative and regulatory)
- Reviewed and adopted the Code of Ethics and Standards
- Consulted with legal counsel with regards to liability insurance and the bylaws

The next year will see the Committee continue its work on the current issues and its ongoing review of the Bylaws.

Committee Chair: Mary K Renwick, RPN, Cabri. **Committee members:** Roberta Jors, RPN, Regina; Linda Rabyj, RPN, Saskatoon; Penni Caron, RPN, Humbolt; Dan Fraser, RPN, Regina, Don Yates, RPN, North Battleford.

STAFF ADVISORY COMMITTEES

EDUCATION COMMITTEE

The committee reviewed the CPD audits with the majority of the members completing the audit successfully. We had to request further information from just a few members.

The committee also reviewed and granted two requests for funding to attend educational conferences. The Committee also reviewed nominations for the RPN award. We would like to encourage people to think of deserving members and submit nominations at any time during the year and let's start recognizing each other's valuable contributions. The awards are available in the areas of Practice, Education, Administration, Research and Community Service.

In the next year the Committee will be doing the usual work of the committee being; looking at scholarship and bursary requests, reviewing the nominees for the RPN award, reviewing exam results for the eligible candidate for the Duke LeFlar award if any.

Committee Chair: Roberta Jors, RPN, Regina. Committee Members: Dellina Hodson, RPN, Regina; Sydney Bolt, RPN, Moose Jaw; Lance Hoogeveen, RPN, Regina; Tania Huel, RPN, Weyburn; Geraldine Koban, RPN, Yorkton; Karen Muller, RPN, Regina; Linda Ozga-Bellamy, RPN, Regina.

BRANCHES

MOOSE JAW BRANCH

Business

No formal branch meetings were held in the past year.

There was a change in the executive this year with Wanda Slade now President. Shelly Smith remains as the Secretary/Treasurer. The Moose Jaw branch also has a Sick and Visiting Coordinator. That roll is filled by Faye Richardson.

Educational

Several branch members attended the RPNAS education day in the fall.

Fundraising

The branch is currently selling wine glasses with the RPN logo.

Branch Executive: Wanda Slade, RPN, President; Shelly Smith, RPN, Secretary/Treasurer.

NORTH BATTLEFORD BRANCH

Business

The branch held three meetings this year. One to elect branch officers, one to generate idea for a proposal to government regarding retention issues and then to finalize the proposal.

Special Projects

If the branch receives funding for submitted proposal they are planning to hold several mental health clinics in the community, work towards getting speakers for member cohesion groups and carry out other ideas that were submitted in the retention proposal.

Areas of Concern

The branch feels that more emphasis needs to be placed on health authorities in regards to RPN scope of practice and encouragement to open up more non-traditional positions for RPNs (i.e., emergency room, palliative care units, medical units).

Branch Executive: Marion Palidwor, RPN, President; Darcy McIntyre, RPN, Vice-President; Denise Huxley, RPN, Secretary; Yvonne Sawatsky, RPN, Treasurer.

PRINCE ALBERT BRANCH

No report was submitted from the Prince Albert Branch.

REGINA BRANCH**Business**

No formal branch meetings were held in the past year.

Educational

The branch encouraged members to attend the World Congress held in Regina in May.

Special Projects

The overall goal is to reactivate the branch as it would be a place where students could learn about the activities of the association and it could provide them with opportunities to volunteer.

Fundraising

The branch organized a silent auction during the World Congress with the proceeds being donated to the local branch of CMHA for member services.

Branch Executive: Candace Alston, RPN, President; Caroline Hoffart, RPN, Secretary; Sue Myers, RPN, Treasurer.

SASKATOON BRANCH

No report was submitted from the Saskatoon Branch.

SWIFT CURRENT BRANCH**Business**

The branch held 7 meetings in the past year. One of the branch's objectives has been to increase branch participation to build a healthy and vibrant membership. Branch meetings served as an opportune time to celebrate regional promotions and successes of local RPNs. A financial donation was given to the local CMHA.

Educational

Various members have attended several educational sessions over the year. The mental health ward and clinic had opportunities to provide mentoring and clinical placement to nursing students. Three nursing students were sponsored by the branch to attend the RPN education day.

Social

RPN day was celebrated with a branch meeting held at the Cypress Park Resort in Cypress Hills. A

pizza luncheon meeting was held in December.

Professional

Mental Illness Awareness Week was promoted with poster displays in various departments.

Fundraising

A gift basket raffle with a “pampering yourself” theme raised over \$800.

Special Projects

The branch objective is to continue building branch involvement and increasing awareness of advancements in the RPNAS.

Branch Executive: Vivian Schellenberg, RPN, President; Verna Heuer, RPN, Vice-President; Marilyn Mudry-Lautsch, RPN, Secretary; Kathy Gordon, RPN, Treasurer.

WEYBURN BRANCH

Business

The Weyburn Branch of the RPNAS held six meetings this year. The branch had some challenges during the past year but their executive has remained committed.

With the passing of June Sorensen, past secretary and dedicated RPNAS member, a donation of \$25 was given to the Canadian Cancer Society. A memorial was also submitted to be posted in the RPNAS newsletter at a later date.

Educational

Four RPNs attended the World Congress in Regina. \$25 was given to each to assist in expenses. Sharon Mulhall presented on the Congress at a branch meeting. The branch also supported three students in the RPN program to attend the RPNAS education day. Several branch members also attended.

Fundraising

No fundraising was done this year but discussion was held on this subject.

Social

A wreath was laid for Remembrance Day at the Cenotaph by one of our Branch members.

Special Projects

The branch plans to hold a fundraising BBQ to support the Humane Society in memory of June Sorensen.

Areas of Concern

The branch is concerned about lack of RPN participation.

Branch Executive: Jenna Heaman, RPN, President; Linda Olson, RPN, Vice-President; Sharon Mulhall, RPN, Secretary; Ann Robillard, RPN, Treasurer.

YORKTON BRANCH

Business

The Yorkton branch held four meetings last year. They created an email list of members in the area to

send out notices of meetings and events. Secretary Gerry Honeywich moved to Saskatoon, therefore, Geraldine Koban agreed to take over the position.

RPNAS executive and staff attending branch meetings in November and March to discuss planning for the AGM. Karl Mack, President, also presented the short term and long term goals of the RPNAS.

Educational

The branch continues to sponsor a \$500 bursary yearly. The bursary is offered to an eligible student enrolled in a psychiatric nursing program. There was no candidate in 2008.

Social

A cake and coffee social was held at the Yorkton Mental Health Centre to celebrate RPN Day. Members and spouses also went out for a social gathering on May 9th to celebrate RPN Day.

Professional

The Yorkton branch continues to promote and celebrate RPN Day on May 10th. The Mayor proclaimed May 10 as RPN Day in the City of Yorkton and a letter has been sent to the mayor for proclamation again this year. This year, the RPNAS AGM is being held in Yorkton and the branch is busy preparing for the event.

Fundraising

The Veseys Flower and Bulb fundraiser was held in the beginning of 2008 and was again a success. The branch decided that instead of holding another fundraiser in 2008 they would members to voluntarily donate \$20 to help raise funds to cover costs that may occur in connection with the AGM. The response was very good.

Special Projects

The branch has been working with central office to help plan the AGM which will be held in Yorkton in June.

Areas of Concern

The Yorkton branch is concerned with the attendance levels and meetings and event.

Branch Executive: Lana Hunko, RPN, President; Serge Leonard, RPN, Vice-President; Geraldine Koban, RPN, Secretary; Joan Anuik, RPN, Treasurer.

Registered Psychiatric Nurses Association of Saskatchewan

Operating Budget

	Approved 2009-2010	Proposed 2010-2011
REVENUE		
Annual Fees -- Practising	457,500.00	477,300.00
Annual Fees -- Non-practising	3,000.00	3,000.00
Temporary Licence	150.00	150.00
Registration Fee	250.00	250.00
Interest	11,000.00	11,000.00
Liability Insurance	6,700.00	6,700.00
Miscellaneous	3,500.00	3,500.00
Registration Examination	350.00	350.00
Total Revenue	\$ 482,450.00	\$ 502,250.00
EXPENDITURES -- PART "A"		
Administration		
Insurance (office)	750.00	750.00
Salaries	230,000.00	236,900.00
Employee Benefits	46,000.00	47,000.00
Taxes	5,500.00	5,500.00
Telephone	4,000.00	4,000.00
Postage & Bank Charges	8,000.00	8,000.00
Office Supplies	12,000.00	12,000.00
Legal Fees & Audit	6,500.00	6,500.00
Reserve for Depreciation	10,000.00	10,000.00
Printing Costs	8,000.00	6,000.00
Executive Director Expenses	12,000.00	12,000.00
Staff Development	1,500.00	1,500.00
Computer Support	3,000.00	2,000.00
Website	5,000.00	5,000.00
Utilities	12,000.00	12,000.00
TOTAL	\$ 364,250.00	\$ 369,150.00
Statutory Functions		
Council Meetings	10,000.00	10,000.00
Council Insurance	2,500.00	2,500.00
Council Honoraria	4,000.00	4,000.00
Council Development	2,000.00	2,000.00
Discipline Hearings	10,000.00	10,000.00
Professional Conduct Legal Expenses	10,000.00	10,000.00
PCC Chair Honoraria	500.00	500.00
Discipline Chair Honoraria	500.00	500.00
Registrar's Travel	6,000.00	6,000.00
Elections	1,400.00	1,400.00
International Conference	10,000.00	-
Total	\$ 56,900.00	\$ 46,900.00

	Approved 2009-2010	Proposed 2010-2011
Representative Activities/Services		
Special "Ends" Projects	5,000.00	7,100.00
Provincial/Student Liaison	1,000.00	1,000.00
Special Education Fund	3,000.00	3,000.00
Bursaries/Scholarships	8,000.00	8,000.00
Membership Fees	1,500.00	1,500.00
Delegate Expenses	1,500.00	1,500.00
Executive Travel	3,000.00	3,000.00
Total	\$ 23,000.00	\$ 25,100.00
Membership Services		
Annual Membership Meeting	6,000.00	6,000.00
Liability Insurance	7,000.00	7,000.00
RPNews	8,600.00	8,600.00
Annual Report (production/mailing)	7,500.00	7,500.00
Public Relation Expenses	5,000.00	5,000.00
Total	\$ 34,100.00	\$ 34,100.00
TOTAL EXPENDITURES -- PART "A"	\$ 478,250.00	\$ 475,250.00
EXPENDITURES -- PART "B"		
Statutory Committees	5,000.00	10,000.00
• Legislation		
• Professional Conduct		
• Discipline		
• Nominations		
Staff Projects	5,000.00	17,000.00
• Education Program Initiatives		
• RPNC		
TOTAL EXPENDITURES -- PART "B"	\$ 10,000.00	\$ 27,000.00
TOTAL EXPENDITURES "A & B "	\$ 488,250.00	\$ 502,250.00
Surplus/(Deficit)	\$ (5,800.00)	-

**Registered Psychiatric Nurses
Association of Saskatchewan
Financial Statements**
March 31, 2009

Management's Responsibility

To the Members of Registered Psychiatric Nurses Association of Saskatchewan:

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian generally accepted accounting principles. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Council is composed entirely of Councillors who are neither management nor employees of the Association. The Council is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Council has the responsibility of meeting with management and external auditors to discuss the internal controls over the financial reporting process, auditing matters and financial reporting issues. The Council is also responsible for recommending the appointment of the Association's external auditors.

Meyers Norris Penny LLP, an independent firm of Chartered Accountants, is appointed by the members to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Council and management to discuss their audit findings.

April 23, 2009

Executive Director



MEYERS NORRIS PENNY LLP

Auditors' Report

To the Members of Registered Psychiatric Nurses Association of Saskatchewan:

We have audited the balance sheet of Registered Psychiatric Nurses Association of Saskatchewan as at March 31, 2009, and the statements of changes in net assets, revenues and expenses and cash flows for the year then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Association as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Regina, Saskatchewan

April 23, 2009

Meyers Norris Penny LLP

MEYERS NORRIS PENNY LLP

Registered Psychiatric Nurses Association of Saskatchewan

Balance Sheet

As at March 31, 2009

	2009	2008
Assets		
Current		
Cash	30,124	44,214
Short-term investments (Note 4)	432,501	346,886
Prepaid expenses and promotional items	13,703	29,253
	476,328	420,353
Capital assets (Note 5)	95,447	99,675
Long-term investments (Note 6)	315,164	307,054
	886,939	827,082
Liabilities		
Current		
Accounts payable and accrued liabilities	25,817	24,451
Deferred revenue	365,973	323,544
	391,790	347,995
Net assets		
Investment in capital assets	95,447	99,675
Capital equipment reserve	5,051	9,225
Contingency reserve	127,352	127,352
Bursary reserve	51,846	52,846
Operating surplus	215,453	189,989
	495,149	479,087
	886,939	827,082

Approved on behalf of the Council

Councilor

Councilor

The accompanying notes are an integral part of these financial statements

Registered Psychiatric Nurses Association of Saskatchewan

Statement of Changes in Net Assets

For the year ended March 31, 2009

	<i>Investment in Capital Assets</i>	<i>Capital Equipment Reserve</i>	<i>Contingency Reserve</i>	<i>Bursary Reserve</i>	<i>Operating Surplus</i>	<i>2009</i>	<i>2008</i>
Balance – beginning of year	99,675	9,225	127,352	52,846	189,989	479,087	487,616
Transitional Adjustment	-	-	-	-	-	-	(35,254)
	99,675	9,225	127,352	52,846	189,989	479,087	452,362
Excess of revenues over expenses for the year	-	-	-	-	17,062	17,062	27,725
Purchase of capital assets	4,174	(4,174)	-	-	-	-	-
Amortization of capital assets	(8,402)	-	-	-	8,402	-	-
Bursaries awarded during the year	-	-	-	(1,000)	-	(1,000)	(1,000)
Balance – end of year	95,447	5,051	127,352	51,846	215,453	495,149	479,087

The accompanying notes are an integral part of these financial statements

Registered Psychiatric Nurses Association of Saskatchewan

Statement of Revenues and Expenses

For the year ended March 31, 2009

	2009	2008
Revenues		
Active fees		
Licensing	437,518	409,807
Members' liability insurance	6,409	6,526
Administration fees	574	565
Non-active fees	3,150	3,125
Temporary licenses	-	767
Registration fees	750	1,050
Examination fees	350	875
Investment income	15,638	20,095
Promotional	5,159	155
International conference	38,457	-
Miscellaneous	6,023	6,420
	514,028	449,385
Expenses		
Amortization	8,402	8,613
Committees	9,554	10,423
Council and membership meetings	25,410	21,048
Discipline hearings and professional conduct	10,516	37,233
Donations	1,452	230
Employee benefits and superannuation	46,993	44,534
Insurance	677	654
International conference	33,009	-
Liability insurance	6,292	6,514
Membership development	3,941	2,993
Membership fees	1,681	2,338
Newsletter	12,221	11,622
Occupancy	9,776	9,278
Office supplies and postage	22,117	21,766
Printing	3,592	1,691
Professional services	8,894	8,157
Promotional	20,331	11,899
Property taxes	5,325	5,204
Salaries	192,404	180,451
Special projects	33,441	19,751
Student liaison activities	708	188
Telephone	3,885	3,593
Travel – executive	34,432	25,469
	495,053	433,649
Excess of revenues over expenses before other item	18,975	15,736
Other item		
Unrealized gains (loss) on investment	(1,913)	11,989
Excess of revenues over expenses for the year	17,062	27,725

The accompanying notes are an integral part of these financial statements

Registered Psychiatric Nurses Association of Saskatchewan

Statement of Cash Flows

For the year ended March 31, 2009

	2009	2008
Cash provided by (used for) the following activities		
Operating		
Cash received from members	540,866	452,893
Cash paid to suppliers	(162,539)	(141,589)
Cash used for Council and Committee activities	(71,778)	(59,466)
Cash paid to employees	(235,417)	(223,184)
Investment income received	15,638	19,435
Bursaries awarded	(1,000)	(1,000)
	85,770	47,089
Investing		
Purchase of capital assets	(4,174)	(775)
Purchase of investments	(215,686)	(170,991)
Disposal of investments	120,000	180,000
	(99,860)	8,234
(Decrease) Increase in cash resources	(14,090)	55,323
Cash resources (deficiency), beginning of year	44,214	(11,109)
Cash resources, end of year	30,124	44,214

The accompanying notes are an integral part of these financial statements

Registered Psychiatric Nurses Association of Saskatchewan

Notes to the Financial Statements

For the year ended March 31, 2009

1. Governing statutes and nature of operations

The Registered Psychiatric Nurses Association of Saskatchewan (the "Association") is the professional Association with regulatory authority for the registration and licensing of psychiatric nurses in Saskatchewan and is incorporated under a special act of Saskatchewan. The Association is exempt from income tax under paragraph 149(1)(1) of the *Federal Income Tax Act*.

2. Significant accounting policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

Capital assets

Capital assets, including building and furniture and equipment, are recorded at cost less accumulated amortization. Computer software is expensed in the year of acquisition.

Amortization of capital assets is provided using the straight-line method at the following rates:

	Method	Rate
Building	Straight-line	20 years
Furniture and equipment	Straight-line	3 – 5 years

Revenue recognition and deferred revenue

Membership fees, both active and non-active, which are based on a calendar year, are recognized as revenue in the fiscal year that they are applicable to. Deferred revenue represents fees received during the year that relate to the next fiscal period. All other revenue is recognized when earned.

Fund Accounting

In order to ensure observance of limitations and restrictions placed on the use of resources available to the Association, the accounts are maintained on a fund accounting basis. Accordingly, resources are classified for accounting and reporting purposes into funds. These funds are held in accordance with the objectives specified in accordance with the directives issued by the Board of Directors.

Two funds are maintained - Operating Surplus Fund and Investment in Capital Assets Fund.

The Operating Surplus Fund is used to account for all revenue and expenditure related to general and ancillary operations of the Association.

The Investment in Capital Assets Fund is used to account for all capital assets of the organization and to present the flow of funds related to their acquisition and disposal, unexpended capital resources and debt commitments.

Registered Psychiatric Nurses Association of Saskatchewan

Notes to the Financial Statements

For the year ended March 31, 2009

2. Significant accounting policies (continued from previous page)

Reserves

Contingency reserve

The contingency reserve represents an amount established by the Governing Council for the purpose of providing for unexpected events. The interest earned on funds established for the contingency reserve remains as part of the general operation of the Association.

Capital equipment reserve

The capital equipment reserve was established by the Governing Council for the purpose of purchasing capital assets. The interest earned on funds established for the capital equipment reserve remains as part of the general operation of the Association.

Bursary reserve

A bursary reserve was established by the Governing Council for the purpose of providing bursaries each year. Interest relating to the bursary reserve is allocated to the operating surplus, and bursary awards are charged to the reserve annually.

Financial instruments

The Association has classified cash, short-term investments, long-term investments, and accounts payable and accrued liabilities as held for trading financial instruments; and accounts receivable as loans and receivable financial instruments.

Held for trading financial assets and liabilities are financial instruments that are acquired or incurred principally for the purpose of selling or repurchasing the instrument in the near term or are initially designated as held for trading. These instruments are initially recognized at their fair value. Fair value is approximated by the instruments' initial cost in a transaction between unrelated parties. Held for trading financial instruments are carried at fair value with both realized and unrealized gains and losses included in the statement of revenue and expenses. Transactions to purchase or sell these items are recorded on the settlement date.

Transaction costs related to held for trading financial instruments are expensed as incurred. Transaction costs related to loans and receivables are netted against the carrying value of the asset and are recognized over the expected life of the instrument using the effective interest method.

Measurement uncertainty

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Amortization is based on the estimated useful lives of the capital assets. These estimates are reviewed periodically and, as adjustments become necessary, they are reported in earnings in the periods in which they become known.

Registered Psychiatric Nurses Association of Saskatchewan

Notes to the Financial Statements

For the year ended March 31, 2009

2. Significant accounting policies (continued from previous page)

Recent accounting pronouncements

Financial instruments deferral of section 3862 and 3863.

In December 2006, the Canadian Institute of Chartered Accountants (CICA) issued Section 3862 Financial Instruments – Disclosures and Section 3863 Financial Instruments – Presentation to replace Section 3861 Financial Instruments – Disclosure and Presentation. The effective date for these new Sections was for interim and annual financial statements with fiscal years beginning on or after October 1, 2007, with earlier adoption permitted. However, in light of the uncertainty regarding the future direction in setting standards for not-for-profit organizations, the CICA released a decision to allow deferral of Sections 3862 and 3863 for this sector. Not-for-profit organizations should continue to apply Section 3861 until interim and annual financial statements with fiscal years beginning on or after October 1, 2008.

Financial statement presentation by not-for-profit organizations

In September 2008, amendments were made to CICA Handbook Section 4400 Financial Statement Presentation by Not-for-profit Organizations. Amendments to the section included removal of the requirement to treat net assets invested in capital assets as a separate component of net assets, and, instead, permitting such an amount to be presented as a category of internally restricted net assets. In addition, the requirement to recognize and present revenues and expenses on a gross basis when a not-for-profit organization is acting as a principal in the transaction was clarified. Finally, guidance was included to reflect that Section 1540 Cash Flow Statements and Section 1751 Interim Financial Statements are applicable to not-for-profit organizations.

This amendment applies to interim and annual financial statements relating to fiscal years beginning on or after January 1, 2009. The Association does not expect the changes to the standard to have a material impact on its financial statements

3. Change in accounting policy

Effective April 1, 2008, the Association adopted the Canadian Institute of Chartered Accountants' new recommendations for disclosures about capital. Section 1535 *Capital Disclosures* establishes standards for disclosing what an entity regards as capital and an entity's objectives, policies and processes for managing its capital. The Section also prescribes disclosure regarding whether an entity has complied with any externally imposed capital requirements, and if not, the consequences of such non-compliance.

The adoption of this new standard did not have a material impact on the Association's financial statements and is reflected in Note 11.

4. Short-term investments

	2009	2008
Cash	49	-
Premium Treasury Bill mutual fund	424,386	338,912
Treasury Bill mutual fund	8,066	7,974
	432,501	346,886

Registered Psychiatric Nurses Association of Saskatchewan

Notes to the Financial Statements

For the year ended March 31, 2009

5. Capital assets

	Cost	Accumulated Amortization	2009 Net Book Value	2008 Net Book Value
Land	38,250	-	38,250	38,250
Building	124,576	70,766	53,810	60,025
Furniture and equipment	76,878	73,491	3,387	1,400
	239,704	144,257	95,447	99,675

6. Long-term investments

	2009	2008
Cash	106,381	9,310
Canadian Bonds maturing at dates ranging between April 2012 and December 2015 (2008 – April 2012 and December 2015), with interest at varying rates ranging from 3.80% to 5.20% (2008 – 3.80% to 6.00%)	113,233	191,924
Equity investments	95,550	105,820
	315,164	307,054

At year-end, the quoted market value of the long-term investments was \$315,164 (2008 - \$307,054) and the carrying value was \$324,426 (2008 - \$319,477).

7. Financial instruments

The Association as part of its operation carries a number of financial instruments, which include cash, short-term investments, long-term investments, and accounts payable and accrued liabilities. It is management's opinion that the Association is not exposed to significant interest, currency or credit risks arising from these financial instruments except as otherwise disclosed.

Fair value

The carrying amount of the Association's financial instruments approximates their fair value due to their relatively short-term maturity, except for long-term investments which is disclosed in Note 6.

Interest rate risk

Interest rate risk is the risk that the value of a financial instrument might be adversely affected by a change in the interest rates. Changes in market interest rates may have an effect on the cash flows associated with some financial assets and liabilities, known as cash flow risk, and on the fair value of other financial assets or liabilities, known as price risk. The Association is exposed to interest rate risk primarily relating to its short-term and long-term investments.

Registered Psychiatric Nurses Association of Saskatchewan

Notes to the Financial Statements

For the year ended March 31, 2009

8. Pension plan

Employees of the Registered Psychiatric Nurses Association of Saskatchewan participate in the Saskatchewan Healthcare Employees' Pension Plan (SHEPP). The plan is a defined benefit plan and the pension benefits and assets are for all members of the plan and are not segregated by participating organization. Both the employer and employee contribute to the plan. The Association remits the contributions monthly, based on the contribution rate provided by SHEPP, which totalled \$9,412 for the year (2008 - \$9,663).

Effective March 31, 2009, contribution rates are as follows:

6.552% (2008 - 6.552%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP)
plus
8.232% (2008 - 8.232%) of pensionable earnings above the yearly maximum pensionable earnings (CPP).

9. Commitments

The Association has entered into various lease agreements for office equipment with estimated minimum annual payments as follows:

2010	7,860
2011	720

10. Interfund transfers

The Council approved a transfer of \$8,402 (2008 - \$8,613) from operating surplus to investment in capital assets were approved to cover the amortization costs incurred for the year.

11. Capital Management

The Board of Directors' objective when managing capital is to maintain a sufficient fund base to ensure they can continue to cover the significant expenditures relating to the Association. The Association receives funding from its members to cover the operating expenditures.

12. Comparative figures

Certain comparative figures have been reclassified to conform with current year presentation.

NOTES

[illegible]

NOTES

[illegible]



**REGISTERED
PSYCHIATRIC
NURSES
ASSOCIATION OF
SASKATCHEWAN**

Seeing People Through

This publication will also be made available on our website.

www.rpnas.com