

DISCIPLINARY COMPLAINT RESOLUTION AGREEMENT

pursuant to section 55(2)(a.1) of the *Health Professions Act*

BETWEEN:

KRYSTLE KENNEDY, #92,026
(the “**Registrant**”)

and

College and Association of Registered Nurses of Alberta
also known as College of Registered Nurses of Alberta
(the “**College**”)

A Disciplinary Complaint Resolution Agreement (“**DCRA**”) was executed between the Registrant and the College, dated with effect **August 22, 2022**. The below constitutes a summary of such DCRA:

Through a DCRA with the College, KRYSTLE KENNEDY, #92,026 (the “**Registrant**”), acknowledged and admitted that their behaviour constituted unprofessional conduct. Particulars of the Registrant’s unprofessional conduct arises from two (2) complaints to the College and includes the following:

- While working in a hospital setting the Registrant failed to adequately assess Patient 1 prior to, and after, administering 10 mg of morphine, including taking Patient 1’s vital signs. The Registrant also failed to verify in Patient 1’s chart when the last dosage of morphine was given, prior to administering 10 mg of morphine, failed to obtain informed verbal consent from the patient prior to administering 10 mg of morphine subcutaneously, failed to demonstrate adequate judgment when they administered 10 mg of morphine to the patient when they did not verbally request pain relief, failed to follow the rights of medication administration prior to administering 10 mg of morphine to the patient and failed to properly administer 10 mg of morphine to the patient subcutaneously.

- The Registrant also failed to accurately document their care of Patient 1, specifically their assessment of the patient, the time they provided care to the patient and the time they administered 10 mg of morphine to the patient and failed to mark their documentation as late-entries. Finally, the Registrant failed to provide client-centered care and failed to maintain a professional presence when they re-entered Patient 1's room against the patient's wishes, specifically that they did not want to see the Registrant again after reporting an incident of harm to the Registrant's colleague and attempted to discuss one (1) or more concerns with Patient 1 and their family member and became emotional in the presence of Patient 1.
- While working in a hospital setting on a separate occasion, the Registrant failed to uphold medication administration standards, including when they failed to uphold medication administration standards when they administered 5 mg of morphine to Patient 2 where there was a physician's order for no analgesics to be administered after the patient's operation. The Registrant also failed to verify Patient 2's chart prior to administering 5 mg of morphine, failed to adequately document their assessment before and after medication administration for Patient 2. Furthermore, and on the same date, the Registrant failed to demonstrate adequate judgment when they hung a minibag of 10 mg of morphine at 1105h, one (1) hour prior to when it was to be administered to Patient 3 per the physician's order of 5 mg to 10 mg IV morphine q2h PRN and left it clamped, causing it to be wasted and failed to adequately and accurately document their medication administration of Patient 3.
- While working night shifts as a RN over a period of a week in a hospital setting, the Registrant failed to monitor and manage their fitness to practice during their shifts and failed to practice competently as a RN, including when they did not document legibly and accurately, did not adequately document their care of patients, documented patient care on the incorrect charts, administered medication to the colleague's patient when it was not requested or required on more than one (1) occasion, failed to document pre and post medication administration assessments, failed to handle narcotic medication properly and as required by employer policy, including when they wasted narcotics without a witness, failed to adequately prioritize patient care and collaborate with their nursing colleagues, including when they left the unit without advising their nursing colleagues for short periods of time.

The Registrant agreed to complete coursework on documentation, medication administration and ethics and must complete a behavior improvement plan. The Registrant further agreed to pay a fine, provide notifications to the College for two (2) years and to a period of supervision in the workplace. Conditions shall appear on the College register and on the Registrant's practice permit.