

SCHEDULE A**College of Registered Nurses of British Columbia****Shay Milne – CRNBC Identification No. 0915068****Reasons for Interim Suspension Order**

April 26, 2012

On January 10, 2012, CRNBC received a written complaint against the registrant from the Director of Operations, Mental Health and Addictions Services of the Vancouver Island Health Authority (VIHA), alleging that the registrant committed theft of client property on two separate occasions, on or about October 31 and December 12, 2011, while she was working at Royal Jubilee Hospital in Victoria.

The complainant stated that, on October 31 and December 12, 2011, two clients reported missing sums of money of \$115.00 and \$300.00 after being discharged from Mental Health and Addictions Services, Psychiatric Emergency Services (PES). The complainant also stated that, after reviewing a VIHA surveillance camera video, the registrant was seen on camera removing and handling cash while on shift on October 31 and December 12, 2011 in PES.

The complainant reported that, on December 22, 2011, the employer met with the registrant to give her the opportunity to respond to allegations of theft; however, on the advice of her lawyer, she chose not to respond to the employer's questions. Consequently, the registrant's employment with VIHA was terminated on December 22, 2011.

CRNBC has also been informed by the Victoria Police Department that the registrant was arrested on December 16, 2011, and that a criminal investigation has been initiated against the registrant in connection with the foregoing and a series of other similar alleged incidents dating back several years. It is CRNBC's understanding that the police have recommended charges against the registrant for criminal breach of trust under section 336 of the *Criminal Code of Canada*, and that those charges are currently pending Crown approval.

On January 19, 2012, the Inquiry Committee reviewed the initial letter of complaint against the registrant, and accepted the complaint for further investigation under section 33 of the *Health Professions Act (HPA)*. The Committee also directed CRNBC staff to attempt to resolve the matter in accordance with section 36 of the *HPA*.

On January 23, 2012, a Professional Conduct Review Consultant wrote to the registrant to propose to resolve this matter using the Consensual Complaint Resolution process, in accordance with section 36 of the *HPA*. The Consultant's letter was sent to the registrant by mail, with a copy by e-mail to her BCNU Licensing Education Advocacy and Practice Program representative. On or about February 6, 2012, a proposed Non-Practising Agreement was also sent to the registrant for her consideration, via her BCNU representative (by e-mail). However, CRNBC did not receive any response from the registrant to these proposals.

On February 27, 2012, the Consultant wrote again to the registrant, to request confirmation from the her (if she chose not to sign the proposed Non-Practicing Agreement, another copy of which was enclosed) that she had not been engaged in the practice of nursing since her employment with VIHA was terminated on December 22, 2011. The Consultant also asked the registrant if she would consent to an order under section 35 of the *HPA* suspending her registration on an interim basis, without any admission of professional misconduct or other wrongdoing, pending CRNBC's investigation of the complaint against her. The registrant's response was requested by March 7, 2012.

The Consultant's February 27th letter also notified the registrant that, if she chose not to sign the Non-Practicing Agreement and not to provide consent to an interim suspension order, the Inquiry Committee may proceed, without further notice to her, to consider imposing an interim suspension order against her under section 35 of the *HPA*, without her consent.

The Consultant's February 27th letter was sent to the registrant both by priority post and by e-mail (although the registrant did not sign for the priority post copy of the letter, and it was ultimately returned to CRNBC). A copy of the Consultant's letter was also sent to the registrant's BCNU representative by e-mail.

To date, CRNBC has not received any response from the registrant to the Consultant's February 27, 2012 letter or to the previous communications sent to her in connection with this matter. Nor has the registrant provided any response to the January 10, 2012 complaint against her, or otherwise communicated with CRNBC regarding the complaint.

In the meantime, CRNBC has proceeded with its investigation of this matter under section 33 of the *HPA*, in accordance with the directions given by the Inquiry Committee on January 19, 2012. That investigation is still underway.

In the absence of any confirmation from the registrant that she has not been engaged in the practice of nursing since the termination of her employment with VIHA, a preliminary investigation report has been prepared for this Panel of the Inquiry Committee to review, for the purpose of considering whether an interim suspension order under section 35 of the *HPA* is necessary to protect the public during CRNBC's ongoing investigation.

The registrant was given further notification, by e-mail, on April 18, 2012, that the Inquiry Committee would be considering the issuance of an interim suspension order against her on April 26, 2012. That notification also invited the registrant, by noon on April 24, 2012, to

provide any comments, in writing, that she would like the Committee to consider. However, CRNBC has received no response from the registrant to the Consultant's April 18th e-mail.

Upon considering the preliminary investigation report and supporting evidence obtained by CRNBC through its investigation to date, the Panel has determined that the interim suspension of the registrant is necessary to protect the public during CRNBC's ongoing investigation, in accordance with section 35 of the *HPA*.

In particular, the Panel is satisfied that there is a strong *prima facie* case that the registrant has committed professional misconduct by stealing client property, as alleged by VIHA, and that the continued practice of nursing by the registrant would therefore pose a significant and immediate risk to vulnerable clients placed in her care.

The supporting evidence includes, among other things, various VIHA incident reports, as well as a spreadsheet provided by the Victoria Police Department summarizing various alleged incidents of theft at the hospital while the registrant was reportedly on duty. This includes previous incidents on or about December 21, 2005, September 20, 2007, and September 20, 2010, supported by specific evidence that appears, on a *prima facie* basis, to implicate the registrant.

The supporting evidence also includes video clips and still images from the October 30-31, 2011 shift and from December 12, 2011 that were obtained by VIHA Protection Services through installation of a covert (hidden) closed circuit television (CCTV) camera in the PES Medication Room 1806, which is the area that patient belonging bags are routinely stored by Psychiatric Emergency Services (PES) staff when a patient is first admitted to the unit. The video clips appear to show the registrant handling money (paper bills) in the Medication Room at times corresponding to the reported thefts; the December 12th video clip also appears to show the registrant putting money into her pocket. The Panel is satisfied that this evidence provides strong *prima facie* support for the allegations against the registrant with respect to the October 31 and December 12, 2011 theft reports.

The Panel is also satisfied that the balance of convenience favours the issuance of an interim suspension order against the registrant at this time. In reaching this conclusion, the Panel has considered the serious impact that such an interim order may have on the registrant's interests, but has weighed that concern against the urgent need to take action to protect the public, having regard to the seriousness of the allegations against the registrant involving allegations of theft from particularly vulnerable patients, the registrant's failure to respond to any of CRNBC's communications to date concerning the complaint against her, and the absence of clear confirmation that the registrant has not been engaged in the practice of nursing since the termination of her employment with VIHA. The Panel also notes that the registrant was clearly informed in the Consultant's letter of February 27, 2012 that, in the absence of a response from the registrant, the Inquiry Committee may proceed, without further notice to her, to consider imposing such an interim order.

The Panel therefore orders that the registration of the registrant is suspended under section 35(1)(b) of the *HPA* during CRNBC's ongoing investigation of the January 10, 2012 complaint against her.

The registrant may appeal this decision to the Supreme Court of British Columbia pursuant to section 35(5) of the *HPA*.

Inquiry Committee Panel

April 26, 2012