



Association of Registered Nurses
of Newfoundland and Labrador

Annual Report

2011-12

*Advancing nursing excellence.
Raising the professional bar!*

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Message from the International Council of Nurses

Dear Colleagues,

It is with great pleasure that I once again send you greetings from the President, Board of Directors, staff and members of the International Council of Nurses.

As I travel around the world I am always amazed at the breadth of responsibilities of nurses and nursing associations. These responsibilities can vary considerably from one country to the next and I feel privileged as CEO to have the opportunity to hear how nursing leadership is advancing our profession and meeting the needs of citizens.

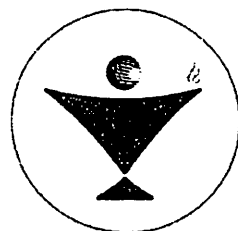
With the demographic changes, technological advances and increased awareness of the public, nurses are being asked to undertake more and more for the benefit of those we serve. This is a real opportunity but one that needs to be managed. I am delighted that the ARNNL is actively addressing these opportunities and would like to stress the importance of working together in a cohesive way, bringing together professional associations, regulators, unions and other stakeholders, each with their individual responsibilities and accountabilities, to share concerns that need coordinated and coherent action.

Traditionally, nurse leadership has worked together to address the needs of underserved communities and I congratulate ARNNL for your work in this area. As global citizens, it our responsibility, whether we work for government, for professional associations, for regulators or for aid agencies, to work together and to share our knowledge and support our colleagues as a unified family.

In particular, I would like to congratulate ARNNL on your collaborative effort with the Canadian Nurses Association on the Nurse Practitioner Awareness Campaign which was recently launched in Newfoundland and Labrador to raise awareness about how nurse practitioners can improve access to quality health care and reduce waiting times. Increasing access is a key aim of the International Council of Nurses and one which will be highlighted at our 25th Quadrennial Congress, Equity and Access to Health Care, in Melbourne, Australia in May 2013. I sincerely hope that many of you will be able to attend this Congress and share your experiences with nurses from other countries.

David C. Benton

David C. Benton, RGN, RMN, BSc, MPhil, FFNF, FRCN
Chief Executive Officer



Message from the Canadian Nurses Association

It is my honour and pleasure to extend greetings on behalf of the Canadian Nurses Association (CNA) to Newfoundland and Labrador's registered nurses (RNs). Throughout 2011, the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) has lived up to its mission of "nursing excellence for the health of the population" through its initiatives focused on public protection, quality health care, and healthy public policy.

CNA exists to strengthen, empower, inform, support, challenge, and unite all of Canada's RNs – and in the process to maximize the impact that our profession has on this nation's quality of life. ARNNL is an important partner in this mission.

Our collective nursing voices are more important than ever as we are seeing many trends that signal our health care system is at a critical juncture. With the current federal health accord with the provinces and territories set to expire in 2014, discussions about negotiating Canada's next accord and the future of health care have been heating up. The period leading up to the new agreement is a crucial window of opportunity to renew our health care system. This is why CNA has been channeling the energy and enthusiasm of RNs across the country to advocate for a transformed health care system – one that focuses much more on community-based care and primary health care, improving chronic disease prevention and management, and providing Canadians with the right care in the right place.

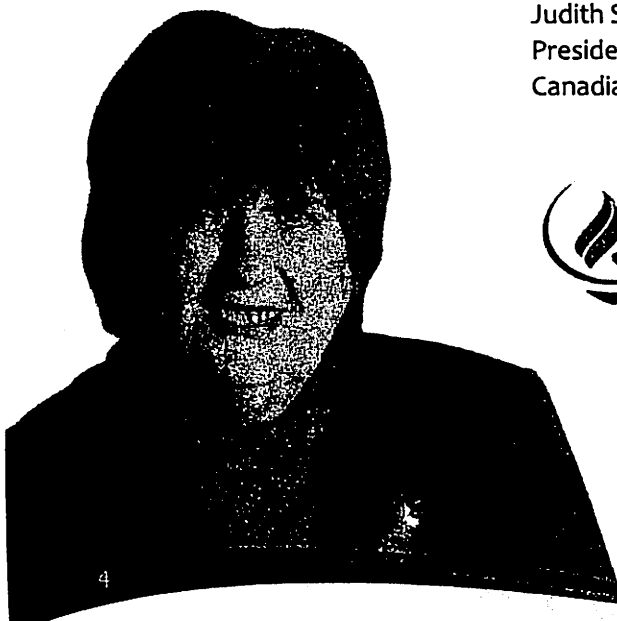
Because RNs are so connected to the delivery of care, they are integral to the future of health care in Canada and have insightful solutions to offer. ARNNL and its dedicated members are part of a strong community of RNs, and I am energized by our collective efforts to promote nursing and improve health care in Canada.



Judith Shamian, RN, PhD, LLD (hon), D.Sci. (hon), FAAN
President
Canadian Nurses Association



CANADIAN
NURSES
ASSOCIATION



Message from the President & Executive Director

In 2011-12, the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) made notable progress in pursuit of its new mission, "Nursing Excellence for the Health of the Population."

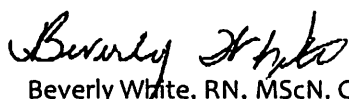
Over the past year, ARNNL continued to raise the professional bar by integrating new standards, practices, and processes into nursing licensure, education, practice, and policy. We strengthened the assessment and transition of internationally-educated nurses into nursing practice; refined the Continuing Competency Program; established new position papers on requisite skills and abilities for nurses, and guidance on working overtime; developed capacity within the professional conduct review process; expanded the Quality Professional Practice Environment program to new groups; and increased capacity to promote healthy public policy.

Progress is defined as forward or onward movement toward a destination or goal. Florence Nightingale once voiced her thoughts on progress. She said, "Unless we are making progress in our nursing every year, every month, every week – take my word for it – we are going back."

Nightingale's sentiments resonate with ARNNL Council and staff. We are committed to building upon past successes, embracing new ideas, and exploring innovative and creative ways of achieving our objectives for the nursing profession and the health care needs of the public. As you read this report, we encourage you, as registered nurses, to reflect on how you have progressed in your chosen profession over the past year and continue to take steps to grow and advance to ensure positive health outcomes for the people of our province.

We extend our thanks to ARNNL Council and staff for their commitment and invaluable contribution to the nursing profession. We also acknowledge the important contributions of the many dedicated volunteer registered nurses who contribute their knowledge and expertise to ARNNL. Additionally, we wish to thank employers who value and support our members' participation in ARNNL's professional activities.

Indeed, the professional bar has been raised in 2011-12! The coming year promises to be another exciting one and we look forward to your support as we work to achieve your association's goals.

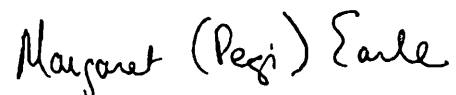


Beverly White, RN, MScN, CCHN(C)
President



"As I reflect on the accomplishments and successes achieved by ARNNL during the past year, I acknowledge the hard work and dedication of ARNNL Council, staff, and you – ARNNL members. It was a pleasure meeting so many of you over my 10 years on Council, and an honour and privilege to serve as your president from 2010-12. I look forward to hearing of ARNNL's continued success in advancing the nursing profession. Best wishes!"

- Beverly White



Margaret (Pegi) Earle, RN, MScN
Executive Director



Council Ends

Under the Policy Governance model, the goals that Council sets for the Association are stated as “Ends.” An End is a statement of the goals or accomplishments to be achieved. Ends are usually written with a long-term perspective.

Our Mission: “Nursing Excellence for the Health of the Population.”

In pursuit of its mission, ARNNL exists so there will be:

Accountability for Self-Regulation

1. **Accountability for self-regulation of the nursing profession in the public interest**
 - 1.1 Competent, ethical Registered Nurses (RNs) are providing quality care in an evolving health system
 - 1.1.1. RNs meet entry-level requirements for practice
 - 1.1.2. RNs meet the requirements for continuing competence
 - 1.1.3. RNs adhere to the Standards for Nursing Practice and Code of Ethics for RNs
 - 1.2 Regulatory processes are transparent, accessible and fair
 - 1.3 Members understand the process of self-regulation and their accountabilities in self-regulation

Professionalism

2. **The nursing profession is prepared for and enabled to meet the present and future health needs of the public**
 - 2.1. Government and stakeholders have compelling evidence of the impact of adequate nursing human resources, including nurses functioning at full scope of practice, on the health status of the population
 - 2.2. RNs and stakeholders have access to standards and policies to support nurses to work to their full scope of practice
 - 2.3. RNs are prepared for leadership roles in practice, management, education, research and policy
 - 2.3.1. There are adequate supports in the system for preceptorship, mentorship and life-long learning
 - 2.3.2. RNs play a leadership role in identifying, implementing and evaluating evidence-informed practice and innovation
 - 2.4 Enhanced recruitment and retention of a diverse workforce of RNs

Quality Professional Practice Environments

3. **Practice environments support nurses in providing safe, quality care**

Healthy Public Policy

4. **The nursing profession advances and shapes healthy public policy consistent with the principles of primary health care within a publicly-funded, not-for-profit health care system**
 - 4.1. Government and stakeholders have convincing evidence to influence their policy directions and resource allocation decisions to advance the health of the population
 - 4.2 The public is aware of the importance of health promotion and illness prevention for the health of the population
 - 4.3 RNs have capacity to advocate for healthy public policy

Annual Report

April 1, 2011 - March 31, 2012

INTRODUCTION

In this report, the governance section highlights Council's policy direction and other accomplishments of a governance nature during 2011-12. The remainder of the report provides details on the many important initiatives undertaken by staff and members to achieve ARNNL's legislative and policy mandate. As you read this report, we encourage you to reflect on the important contributions the nursing profession is making to nursing, the health system, and most importantly, the health of Newfoundlanders and Labradorians.

1.0 GOVERNANCE

ARNNL Council serve as trustees for the public, on behalf of members, to advance the objectives of the *Registered Nurses (RN) Act (2008)* to:

- Advance and promote the ethical and professional standards of the nursing profession;
- Promote proficiency and competency in the nursing profession; and
- Encourage members to participate in activities promoting the health and well-being of the public.

ARNNL Council – 10 elected registered nurses (RNs) and four appointed public representatives – set the overall policy direction to uphold these objectives. These policies are written as Ends statements and define Council's goals for the Association. At last year's annual meeting, Council launched ARNNL's new mission, "Nursing Excellence for the Health of the Population," and four "mega" Ends: Accountability for Self-

Regulation, Professionalism, Quality Professional Practice Environments, and Healthy Public Policy (p. 6). This report will highlight progress toward achieving these Ends over the past year. Highlights of Council decisions are published throughout the year in ARNNL's newsletter, *UPDATE*, which is emailed to members and posted at www.arnnl.ca.

Registered Nurses (RN) Act & Regulatory Framework

The Department of Health and Community Services (DHCS) continues to work with ARNNL on the preparation of draft regulations arising from the *RN Act (2008)* for approval by the Minister of Health and Community Services. The draft regulations cover registration and licensure, approval of nursing education programs, professional conduct review, and continuing competence processes. It is hopeful that the regulations will be completed in 2012 so that the necessary amendments to ARNNL's By-laws and policies can follow.

This year Council approved a number of standards and policies to guide nursing education, licensure, and practice, including:

- English language tests and scores for registration and licensure to align with new national standards;
- *Requisite Skills and Abilities for Entry-Level Registered Nurse Practice* (interpretive guidelines);
- *Excessive Hours of Work: Professional and Union Considerations* (joint guidelines with the Newfoundland and Labrador Nurses' Union);
- *Advertising Nursing Services* (position statement);

- *Registered Nurses' Role in Promoting Breastfeeding* (position statement);
- Preliminary ARNNL Approval to Memorial University's Master of Nursing Nurse Practitioner (NP) education program. The assessment for full ARNNL Approval will take place in 2015;
- Amendments to *The Framework for NP Practice in Newfoundland and Labrador* (ARNNL, 2008) to include additional drugs in the skin and mucous membrane classification – corticosteroids, and to the antineoplastics classification – Arimidex and Femara, for continuation of therapy;
- Transition to the national NP streams of practice whereby NP-Primary Health Care will become NP-Family & All Ages, and Speciality NP will become NP-Adult or NP-Pediatric;
- The number of practice hours required to maintain NP licensure will be 900h in the previous 36 months, effective April 1, 2013;
- Entering into negotiations with the National Council of State Boards of Nursing (NCSBN) for the development and administration of a computer-adaptive RN examination in 2015.

Council also approved the following administrative policies:

- Established an interim license for NP applicants who are waiting to write the NP registration exam or are registered in another Canadian jurisdiction and are completing ARNNL registration. The fee is calculated in four month blocks of the actual fee, i.e., current RN fee + \$16.67 + HST.

- The Legal Assistance Plan was revised to allow monies to be paid directly to a RN, or at the RN's request, to legal counsel or other organization that may have paid legal expenses, pending completion of the professional conduct review process.
- Established new executive limitation policies outlining the criteria for the approval of new and changing RN and NP exams and giving Council final approval authority for same.
- The annual meeting schedule was revised to align the two-day annual general meeting with the installation of the incoming President effective 2014 (this means there will be two successive half-day annual business meetings in 2012 and 2013).
- The Asset Protection Policy was revised to allow investments that are prudent (but fall below the previous quality ratings), as recommended by ARNNL's investment advisor; the total principal allotted to these investments shall not exceed \$300,000.

Annual Meeting

Over 150 members attended ARNNL's 57th Annual General Meeting, *Nursing: Knowledge in Action*, June 9-10, 2011, in St. John's. In addition to the usual business sessions, 25 education sessions were well received. A highlight of the meeting was the presentation of the

Awards for Excellence in Nursing to deserving members. Ashley Preston, RN, received the Elizabeth Summers Novice Nurse Award; Sharon Smith, RN, received the Award for Excellence in Nursing Administration; Paula Didham, RN, received the Award for Excellence in Nursing Research; Denise English, RN, received the Award for Excellence in Nursing Education; and Ellen Peddle, RN, received the Award for Excellence in Nursing Practice. Members extended a sincere thank you to outgoing councillors Anne Doyle, Western Region, and Patricia Rogers, Eastern Region, for their commitment to ARNNL and their profession.

Nominations Committee

Colleen Kieley, Eastern Region, and Jennifer Joy, Western Region, were elected to Council and assumed their term of office for 2011-14 at the completion of the annual meeting.

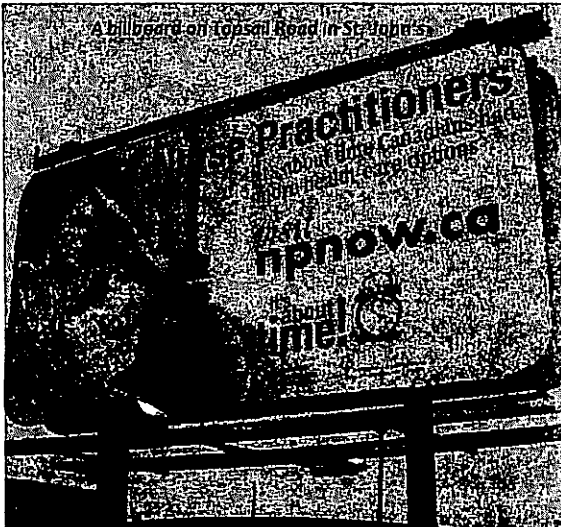
In 2012 an election is required to fill the President-Elect position and four councillor positions: Central Region, Labrador/Grenfell Region, Education/Research Domain, and Administration Domain. The Nominations Committee recruited a slate of nominees, is conducting an election, and will report on the outcomes at the annual meeting.

Resolutions Committee

The Resolutions Committee issued a call for resolutions in the January 2011 edition of *ACCESS* and on the ARNNL website. There were no resolutions submitted.

Linkage with Members and the Public
 Council completed a new three-year plan for linking with members and the public. Meetings were held with the public (one group of 14), members (11 groups, including four in the Labrador region), and stakeholders (e.g., Minister of Health and Community Services, Executive Team Labrador-Grenfell, Coordinator Aging Issues Network, and Chief Nursing Officers) throughout the year to increase Council and staff understanding of issues affecting nursing and health, and to work toward collaborative strategies to improve the health system. Common themes and concerns were identified and included: image of RN and professionalism; quality of work life; change in scope of practice and skill mix; reduced support for professional development; recruitment into long-term care practice; retention, especially in rural and remote regions of the province; leadership succession planning; the poor health of Newfoundlanders and Labradorians; and the need for health system reform.

A billboard on Topsail Road in St. John's



AWARENESS CAMPAIGN RAISES PROFILE OF NURSE PRACTITIONERS IN NEWFOUNDLAND AND LABRADOR

On March 20, the Canadian Nurses Association (CNA) and ARNNL launched a six-week awareness campaign to raise the profile of nurse practitioners (NPs) in the province. *Nurse Practitioners - It's About Time!* was comprised of radio and print advertisements, as well as other marketing and government relations activities. The campaign emphasized that NPs provide quality care, help reduce wait times and increase access to services across the continuum of care. There are currently 118 NPs working in community and hospital-based settings throughout the province. Through the campaign, CNA and ARNNL informed decision-makers and the public about the value of NPs as essential members of the province's health workforce, and that further investment in NPs will support improving access to health care services and reducing wait times.

Linkage with Newfoundland and Labrador Nurses' Union (NLNU)

Liaison meetings are held to address issues of common concern, such as quality of RNs' workplaces, nursing human resource planning, professionalism, skill mix, and consolidation of schools of nursing. For the seventh year, ARNNL and NLNU are collaborating on the Nursing Innovations Conference. This year's conference, *Showcasing Your Professional Presence*, takes place June 7-8 with award-winning journalist and author Suzanne Gordon as keynote speaker.

Canadian Nurses Association (CNA)

CNA is the national professional voice of RNs in Canada; membership consists of 11 provincial and territorial nursing associations/colleges. ARNNL's President is a member of the CNA Board. Over the past year, CNA and the Canadian Medical Association (CMA) jointly developed *Principles to Guide Health Care Transformation*. The CNA Board engaged in an intensive round of meetings with Members of Parliament and Senators to advocate the principles of and the need for a new health accord to meet the real health needs of Canadians. The CNA and CMA lobbied the Council of the Federation and subsequently, the Premiers' Health Care Innovation Group invited CNA and CMA to inform its planning process – an exciting opportunity in which all jurisdictions are participating. In March, CNA brought its NP awareness campaign to St. John's. The six-week campaign, which included radio, billboard, and print advertisements, was coupled with a government-relations strategy that is ongoing. CNA provides many other supports and resources for ARNNL members and ARNNL itself, as will be evident throughout this report.

Canadian Nurses Protective Society (CNPS)

CNPS is a not-for-profit society that provides legal support for RNs who are members of 10 provincial and territorial nursing associations and colleges, including ARNNL. CNPS provides legal advice, risk management services, legal assistance, and professional liability protection related to nursing practice. Members can access these services by contacting CNPS directly. In order to meet operational costs and enhance services, it became necessary for CNPS to increase fees using a two-step approach effective January 2012 and January 2013. Although the CNPS fee increase was not contemplated when ARNNL implemented its fee increase in April 2011, the CNPS increase has been absorbed in ARNNL's license fee. CNPS fees are very reasonable and significantly below commercial rates.

Canadian Council of RN Regulators (CCRNR)

This year all 12 provincial and territorial RN regulators were incorporated as the CCRNR under federal legislation. The purpose of CCRNR is to promote excellence in regulatory practice, and serve as a national forum and voice for interprovincial/territorial, national, and global matters for nursing regulation. In Canada, most sizeable professions have a national regulatory federation, and many have two or more national organizations representing different mandates of regulation and advocacy. This new organization provides a means to develop national approaches to advance nursing regulation, which is increasingly complex and international in scope. ARNNL Council established policy to direct ARNNL's participation in the CCRNR.

Financial Position

The audited financial statements for

2011-12 will be distributed to members attending the annual meeting and posted at www.arnnl.ca. The statements will show a surplus. This surplus was projected and resulted from the necessary fee increase that came into effect April 1, 2011. The surplus will be used to replenish the reserve for professional conduct review and the unrestricted net assets (savings).

Administration

ARNNL has 14 permanent, one part-time, and one contractual staff. In addition, individuals were hired on a short-term contract basis to assist with registration renewal, internationally educated nurses' (IEN) credential assessment, professional conduct review investigations, and special projects. Highlights of improvements to ARNNL's operations and services over the past year include:

- 60% of members registered online.
- Online registration process advanced to include email 'registration notice' to all members with valid email addresses on file; 'verification of hours of practice' submitted electronically by three regional health authorities (RHAs); and the Interac online payment option was added.
- An IEN database, comparable to the ARNNL member database, was developed to store records electronically.
- An online 'edit your profile feature' was launched so members can update contact information anytime.
- ARNNL's first education session by webcast was conducted (in conjunction with the Newfoundland and Labrador Association of Social Workers). The session was posted at www.arnnl.ca and at www.youtube.com/ARNNL.
- Capability to conduct education sessions by webinar.
- All applications for the ARNNL

Education and Research Trust are available as web forms and may be completed online.

- Continued to partner with TD Insurance Meloche Monnex Affinity Program to provide home and auto insurance for members.
- A job reclassification review of three directors' positions resulted in a reclassification for the Director of Corporate Services position.
- All administrative policies were reviewed and revised as necessary.

2.0 PROGRESS TOWARD ACHIEVING COUNCIL ENDS

NURSING EXCELLENCE FOR THE HEALTH OF THE POPULATION

The mission of ARNNL is *Nursing Excellence for the Health of the Population*, which incorporates the four mega Ends of accountability for self-regulation, professionalism, quality professional practice environments, and healthy public policy. Highlights of ARNNL's accomplishments, activities, and some measures of performance

(e.g., survey results) are reported under each mega End.

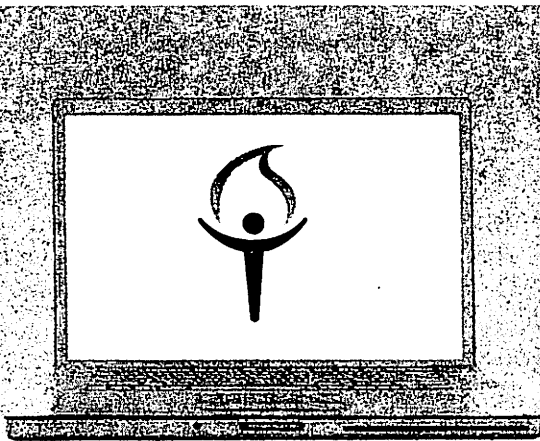
END 1 ACCOUNTABILITY FOR SELF-REGULATION

Competent, Ethical RNs and NPs

- 95% (n=213) of the 223 Bachelor of Nursing (BN) graduates successfully wrote the Canadian Registered Nurse Exam (CRNE) for the first time. The CRNE is the final measure of competence that all graduate nurses must attain before they can be registered and licensed.
- 83% (n=suppressed) of the NP-Primary Health Care (PHC) NL graduates successfully wrote the Canadian Nurse Practitioner Exam (CNPE) Family & All-Ages. As with the CRNE, this is the final measure of competence that a NP-PHC graduate must attain to obtain registration and licensure.
- Several NPs commenced the NP Validation Process to regain eligibility for NP Licensure. To date, two NPs were reissued a NP license. Under this

process, a NP completes 600 hours of supervised practice during which they are required to demonstrate they meet the NP Core Competencies (2010).

- ARNNL released a new interpretive guideline for prospective students, admissions officers, and career counsellors. *Requisite Skills and Abilities for Entry-Level Registered Nurse Practice* (2012) outlines seven categories of abilities and skills that will enable students to meet the requirements for entry to nursing practice.
- ARNNL's *Standards for Nursing Practice* is being revised by a working group of five jurisdictional regulatory bodies. The goal is to have a common set of standards available in 2013.
- ARNNL's *Competencies in the Context of Entry-Level RN Practice* sets out the competencies required for entry-level registered nurse practice. They reflect BN education, are client-centred and future-focused. ARNNL is participating in a national working group to revise the competencies through a



ONLINE REGISTRATION/RENEWAL SHOW POSITIVE RESPONSE

For the second consecutive year, ARNNL offered members a fast, easy, and secure method to complete and pay for their annual practicing license or non-practicing membership online, and the response continues to be positive. This year interac capability was added to the payroll and Visa/MasterCard options for fee payment. Sixty per cent (n=3,464) of members renewed their annual license or membership online – an increase of 34 per cent from last year. Fifty-three per cent (n=1,557) of members who participated in an employer payroll deduction program renewed online, and four employers participated in electronic submission of RN practice hours. Member feedback indicates that the system is user-friendly and there is confidence in the security of the program; both employers and ARNNL report a reduced workload and satisfaction with the environmentally-friendly approach.

Commencing in 2013-14, ARNNL will move to 100 per cent online registration and will no longer issue paper license cards. Moving to a paperless renewal system is considered to be best practice, is environmentally responsible, and provides an opportunity to address some challenges (e.g., delays in receipt of fees deducted from payroll, submissions of incomplete renewal applications by members) and build program efficiencies. ARNNL will also implement changes in the payroll deduction program to streamline the process for members, employers, and ARNNL. ARNNL will be seeking input from employers to inform program revisions and will communicate changes to members throughout the year.

jurisdictional collaborative process with a targeted completion date of December 2012.

- Promotion of the *Code of Ethics for RNs* educational material remained a priority. CNA has several interactive online learning modules, and has hosted webinars on topics such as the professions' use of social media, which have been highly subscribed to by ARNNL members.
- ARNNL supported the ongoing development of the CRNE and CNPE exams as ARNNL members continue to provide their expertise on the RN and NP Exam Committees and as item writers.
- ARNNL has entered into negotiations with all other nursing regulatory bodies in Canada (except Quebec) and the NCSBN, an American not-for-profit organization, for the development and implementation of a state of the art, computer-adaptive registration examination for RNs for 2015 (visit www.arannl.ca for more details).
- ARNNL granted preliminary approval to Memorial University's NP Master in Nursing Program. The program aligns with recommendations of the Canadian Nurse Practitioner Initiative (2006) and in particular, national educational standards.
- The Continuing Competence Program (CCP) continues to be a priority for ARNNL and all members are required to indicate completion of the CCP on licensure renewal. Staff offered 17 CCP education sessions and support to members throughout the year. In addition, ARNNL's online tutorial provided an accessible overview of the requirements, and continues to be one of the most used tools on www.arannl.ca. Ninety-nine per cent of practicing members reported that they completed all components of the CCP. ARNNL staff continues

to follow members to ensure completion of all CCP requirements. The implementation of the CCP formal audit will commence when ARNNL's Regulations are approved.

- Council approved a move to adopt the national NP streams of practice whereby NP-Primary Health Care will become NP-Family & All Ages, and Speciality NP will become NP-Adult or NP-Pediatric; furthermore, ARNNL will carry out the required consultations and revisions to *The Framework for NP Practice in Newfoundland and Labrador* to accommodate the NP streams of practice, implement a registration exam for all NPs, and plan a transition strategy to do so.
- ARNNL Member Search Tool provides web access to the RN and NP register so that anyone can confirm a person is a RN or NP. The list of members who have been sanctioned for 'conduct deserving of sanction' is also posted. It is ARNNL's legislative responsibility to be transparent about members' registration and licensure status.

Competent, Ethical Internationally-Educated Nurses (IENs)

- Over the past several years ARNNL has worked with the Department of Health and Community Services to implement best practices for determining IENs' eligibility for registration and transition to nursing practice in NL. For example, the requirements for ARNNL registration and licensure have been clarified and made widely accessible online, English language test requirements have been increased to strengthen IENs' communication skills, and IENs are now required to practice with an interim license and obtain a professional reference demonstrating their ability to meet the entry-level competencies in order to be

recommended to write the CRNE exam. These requirements establish evidence of an IEN's competence and readiness to practice. One education session and several consultation sessions were held throughout the year to help employers understand the IEN registration process.

- 97 applications were received from IENs in 2011-12, a 49% decrease over the number of applications received last year (n=197); 29 of these were assessed to be eligible for an interim license.
- 33 IENs were issued an interim license and met the requirements to write the CRNE; 21 of these IENs obtained full registration and licensure in 2011.
- In collaboration with the Provincial Chief Nurse, the Centre for Nursing Studies, and funding partner, Health Canada, a *Competency Based Assessment (CBA)* process and nine online learning modules were developed and implemented to support the licensure and integration of IENs. The CBA provides an opportunity for IEN applicants (and others) to demonstrate their ability to meet entry-level competencies. The development of a bridging program to address competency gaps is the next resource needed and is underway.
- ARNNL continues to participate in the *National Nursing Assessment Service (NNAS)* Project, with a mandate to harmonize the assessment of and develop a national assessment service for IENs among Canadian nursing regulators, represented by RNs, Licensed Practical Nurses (LPNs), and Registered Psychiatric Nurses (RPNs). A funding proposal is being submitted to Human Resources and Skills Development Canada (HRSDC) to ensure the development of the service for national implementation in early 2014.

Transparent, Accessible and Fair Professional Conduct Review Process

The Professional Conduct Review (PCR) process is used to assess an allegation, and to intervene when a member's practice or conduct is unacceptable and deserving of sanction. The process is authorized by the RN Act (2008) and it is prescriptive. The increasing number of allegations, complexity of cases, and the legalization of the PCR process has resulted in substantial program costs for a third consecutive year. Figure 1 and Table 1 show the number, source, and outcomes of allegations and complaints. This year:

- 24 reports were filed alleging a member engaged in conduct deserving of sanction, including several reports that a member's nursing employment had been terminated. The number of allegations reported continues to increase annually (Figure 1).
- The allegations related to members' failure to uphold ARNNL's *Standards for Nursing Practice* included:
 - Standard 1: Self-Regulation and Professional Accountability;
 - Standard 3: Competent Application of Knowledge; and
 - Standard 4: Professional Interactions and Advocacy.

Practice issues identified included: practicing outside the legislated scope of practice; conduct that does not conform to the values and beliefs within the *Code of Ethics for Registered Nurses*; appropriate documentation of client assessment and care; professionalism in client interactions; and errors in medication administration.

The majority of allegations originated in the practice setting and fell into one or more of the following categories of conduct deserving of sanction (RN Act, 2008, S.18(c)):

- Professional misconduct – 21

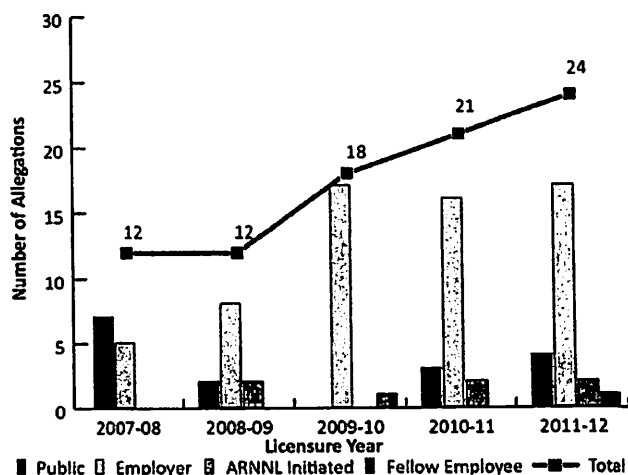
- Professional incompetence – 10
- Breach of the Act or Regulations – 11
- Incapacity or unfitness to engage in the practice of nursing – 0
- Conduct unbecoming of a RN – 4
- The Complaints Authorization Committee (CAC) met 16 times to review allegations lodged against 19 members.
- Acting on the CAC recommendations, Council suspended two members' licenses and restricted the license of another member pending the outcome of a disciplinary hearing.
- Adjudication tribunals were convened to conduct hearings into complaints against six members (five of whom had a practicing license and one an interim license); five were found guilty of conduct deserving of sanction, one decision is pending. As required by the Act, the outcomes are published in the member's local newspaper.
- On the order of an Adjudication Tribunal, one RN's and one NP's practicing license was suspended for one and five months respectively, a third RN's license was suspended indefinitely, and all are required to meet conditions for reinstatement of their license. The Adjudication Tribunal awarded costs in five of the six decisions.

- Notices of hearings are posted on the ARNNL website and generally open to the public. In 2011-12 one hearing was attended by the public.

Improving Understanding of Self-Regulation

- This year ARNNL initiated a New Member Engagement Staff Advisory Committee to provide a forum for new members (practiced < five years) to share information and engage in the professional accountabilities and activities of the Association. Stay tuned for 'young' ideas as committee members from all regions of the province and domains of practice embrace this challenge!
- Staff embraces the opportunity to pursue initiatives to improve member and nursing students' understanding of ARNNL's mandate and their accountabilities for professional practice. This year, staff conducted 40 member education sessions on professional accountabilities, 22 additional sessions with BN and NP students on ARNNL's mandate and initiatives, and responded to approximately 500 member contacts on issues related to practice and 4,400 on registration and licensure, in addition to publishing relevant articles in ACCESS, ARNNL's member magazine.

Figure 1. Number of Allegations by Source for Licensure Years 2007-08 to 2011-12



- Three education sessions on the professional conduct review process, including roles and responsibilities in the adjudicative process and procedural fairness, were provided for Council members (including the CAC), Disciplinary Panel members, and staff. ARNNL also worked with 16 other provincial health regulators to offer a webcast on *Decision-making and Decision-writing for Health Regulators*. As the conduct review process is becoming more complex and adversarial, it has become essential to increasingly prepare

members for their roles in this process.

END 2 PROFESSIONALISM

- ARNNL held an invitational *Think Tank on Professionalism* to gain input on the role ARNNL can play to advance professionalism. Toward this goal, ARNNL developed a paper describing issues related to professionalism in nursing and their impact on the nurse-client relationship,

as well as a pan-Canadian scan of related initiatives in other provinces and professions. The paper provides an evidence-based background and direction for the development of an ARNNL strategy to support professionalism in nursing.

- In the meantime, a working group is developing guidelines describing the value and role of the therapeutic relationship, which is a fundamental, if not primary, intervention and standard for nursing practice. This work fits nicely with the plans to advance professionalism.

TABLE 1. Disposition of complaints lodged under the Registered Nurses Act (April 1, 2011 to March 31, 2012)¹

	Complaints/ Allegations ² 2006-2011	Allegations 2011/2012	Total Actions ³ taken 2011/2012
Total	59	24	114
Action taken			
Attempt to resolve ⁵	9	18	27
Investigation/ADR ⁶ ordered by the CAC ⁷	5	2	7
Referred to Hearing Tribunal	5	0	5
Allegation referred to the CAC but not heard	1	1	2
CAC recommended to Council to suspend/restrict member license ⁸	3	0	3
ADR pending	5 ⁹	7	12
ADR finalized	6	5	11
Monitored under ADR Agreement ¹⁰	15	5	20
Conditions of ADR completed	1	1	2
Investigations commenced or completed	7	2	9
Withdrawn by Complainant	0	1	1
Appeal of Decision of the CAC	0	0	0
Hearing Tribunals	6	0	6
Monitoring of Order of PCR Panel/Adjudication Tribunal	8	0	8
Dismissed by CAC	0	1	1

Notes

1. The complaints/allegations are those in which action was taken in reporting year 2011-12.
2. With passing of the new RN Act (June 2008), a complaint is now received as an allegation.
3. Disposition of a complaint/allegation may require more than one action.
4. Complaints lodged in a previous year with an action(s) required in 2011-12, the total number of allegations/complaints lodged from 2006 to 2011 (N= 84).
5. Section 22 provides authority to the Director of PCR to attempt to resolve an allegation.
6. Alternate Dispute Resolution (ADR)
7. Complaints Authorization Committee (established September 2008) – CAC
8. Section 23 provides authority to the CAC to make recommendations to ARNNL Council.
9. Including an ADR to resolve a complaint lodged prior to 2006.
10. Including Agreements to resolve an Allegation developed by the Director of PCR under Section 22.

Working to Full Scope of Practice

- Most direct care nurses perceive that they are working to their full scope of practice and have the necessary structures in their workplaces to evolve as needed. In fact, 79% of members reported that they have access to leaders/mentors to help them expand their scope of practice (ARNNL Member Survey, June 2011). ARNNL continues to offer educational sessions and consultations on scope of nursing practice. Clarifying RN-LPN roles and delegation to unregulated workers were areas of concern that took prominence over the past year, as the utilization of these providers has expanded due to changing service delivery models in the provincial health care system. Consequently, ARNNL has begun work to revise ARNNL's position statement and guidelines on the *Role of the Registered Nurse in Long Term Care (2004)* and ARNNL's guidelines regarding *Shared Scope of Practice with Licensed Practical Nurses (2000)*.
- RNs seeking advice on setting up independent practice remains an area of interest; 15 RNs requested written information that ARNNL has prepared on this topic. This is fewer than last year (N=23). ARNNL is working with the CNPS and other jurisdictional regulatory bodies to clarify professional and legal obligations related to independent practice and ARNNL's role in this regard.

The ARNNL position statement, *Advertising Nursing Services*, was updated in 2011.

- *The Framework for NP Practice in Newfoundland and Labrador (2008)* was amended to authorize NPs to prescribe additional drugs in the skin and mucous membrane classification – corticosteroids, and the antineoplastics classification – Arimidex and Femara, for continuation of therapy.
- *The Controlled Drug and Substance Act* is being amended to include *New Classes of Practitioners Regulations (NCPR)*, which will give NPs a broader scope of practice, most notably, authority to prescribe authorized controlled drugs and narcotics. In anticipation of this change, ARNNL is working with other jurisdictions to identify the implications for NP education and practice, and ultimately, the *Framework for NP Practice in NL*. ARNNL has also partnered with the Council of Ontario University Programs in Nursing (COUPN) to offer the continuing education course *Prescribing Narcotics and Controlled Substances*, with funding support from the Department of Health and Community Services. This course is one component in the endeavour to prepare NPs for a broader scope of practice. Fifty-five nurse practitioners have enrolled in/ completed the course.
- The Clinical Nurse Specialist (CNS) role

is underutilized in health care. These advanced practice nurses provide direct and indirect care to clients with complex needs, and are clinical leaders in implementing best practices and unit/system change. ARNNL advocates for and is working with the CNA on strategies to promote growth of the CNS role.

Fostering Nursing Leadership

- Supporting nursing leadership has remained a focus as data has shown that attracting RNs to management positions is difficult. Results from the 2011 ARNNL Member Survey to a question on how likely those currently not in a management role would be to pursue such a career were dismal. On a scale of one to 10, where 10 was very likely, the average response was 2.93. ARNNL's *Nursing Leadership Strategy* guides efforts to advance nursing leadership in the province. ARNNL continues to communicate the impact of nursing leadership issues on client care and system outcomes. ARNNL's *Survey of Nurses in Management Positions* was last conducted in 2010, and will be repeated in 2012. The survey results were presented at two provincial conferences, and with officials at the DHCS. ARNNL continues to advocate the importance of improving managers' span of control and quality of work life, and the critical need for succession planning to ensure nursing leaders will be available in the future.
- In 2010-11 a new Advisory Group of Front Line Clinical Managers was established to provide insight and direction on nursing management and leadership issues. For example, the advisory group provided input into the content of ARNNL's Managers Leadership Workshop, new members' engagement initiatives, and the professionalism strategy.



Volunteers of ARNNL's Workplace Representative (WPR) program attend an orientation at ARNNL House in February.

- ARNNL's *Advancing Professional Leadership: A Workshop for Nurse Managers* was held in Corner Brook this year (see below).
- ARNNL partnered with the schools of nursing to promote the essential role preceptors play in the professional development of nursing students and to thank members for continuing to share their expertise with students. The January 2011 edition of ARNNL ACCESS and an education teleconference were dedicated to preceptorship. Efforts to increase the number of preceptors appear to have been successful, as a sufficient number of preceptors were recruited this past year.

Implementing Best Practices

- The ARNNL Standard for Nursing Practice, *Competent Application of Knowledge*, shaped the theme of ARNNL's 2011 Annual General Meeting. In addition, ARNNL's longstanding Tuesday teleconference education sessions (N= 11) on best practice themes, continues to draw large numbers. For example, the best practices foot care education session had 103 registrants, the update on diabetes session had 68 registrants, and the documentation session had 120 registrants. This year, a "Q & A: You Asked" column was added to ARNNL ACCESS to provide members with timely information on matters identified as important to their

practice.

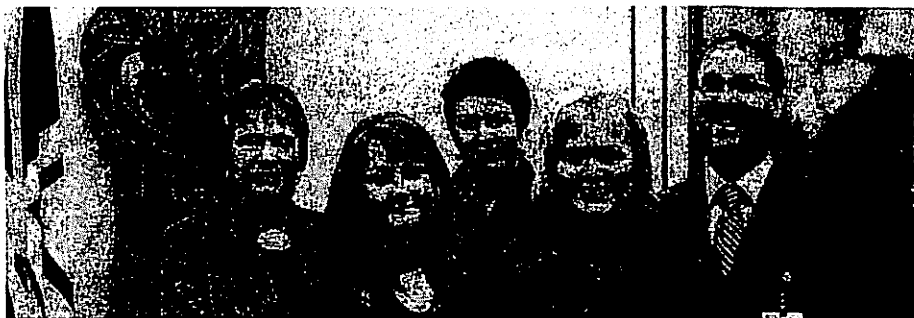
- For the ninth consecutive year, ARNNL and the Newfoundland and Labrador Association of Social Workers co-hosted an education session on a professional issue. Approximately 300 people attended the session, *Addictions: Realities, Perceptions and Practice Dilemmas*, which was webcast for the first time, a feature reported by many to be "tremendously convenient." Participants indicated that the session helped them to better understand the complexities of addictions and will positively influence the way they provide care.
- Fourteen ARNNL Special Interest Groups (SIGs) continue to provide educational opportunities on standards of specialized practice for nurses (see p. 21 for more information). This year ARNNL awarded its evidence-based funding grant to the Newfoundland and Labrador Gerontological Nurses

Association to support its upcoming education day.

- Approximately 12% (N=550) of ARNNL members have achieved current CNA certification in 18 different specialties. Community health nursing and psychiatric/mental health nursing have the highest uptake.

Recruiting and retaining a diverse workforce of RNs, NPs

Ensuring an adequate supply of RNs to meet the increasing demand for RNs and NPs is an ongoing priority for ARNNL. This year the supply of RNs and NPs reached all time highs with 6,307 practicing RN and 118 practicing NP licenses issued. As the statistics and figures in this report show, there has been continued improvement on a number of workforce indicators, for example, the vacancy rate is decreasing, the percentage of RNs working in full-time positions continues to surpass the national benchmark, and the retention of graduates from provincial schools of nursing has increased substantially. The



Meeting with the Minister of Health and Community Services in February (pictured, left to right: Anita Ludlow, Provincial Chief Nurse; Beverly White, ARNNL President; Pegi Earle, ARNNL Executive Director; the Honourable Susan Sullivan, Minister of Health and Community Services; Bruce Cooper, Deputy Minister, Health and Community Services).

WORKSHOP FOR NURSE MANAGERS CONTINUES TO ADVANCE LEADERSHIP CAPACITY

As part of ARNNL's ongoing support for nurse managers, the workshop "Advancing Professional Leadership Capacity— A Workshop for Nurse Managers" was offered in Corner Brook in the fall of 2011. ARNNL has conducted this workshop eight times in various places throughout the province over the past five years, with a total of 166 RN managers in attendance. Participants stated that the valuable workshop inspired them to think about the future and envision what they should be striving for. Workshop objectives include: ethical and legal basis of self-regulation; parameters of professional practice and application in the practice setting; professional accountability for nursing practice; enhancing professional leadership capacity; sharing experiences in identifying and resolving nursing leadership issues; and familiarizing participants with ARNNL and other professional resources. This workshop will be repeated in 2012 in St. John's.

downside of these positive trends is that there are fewer full-time positions available for new graduates this year. However, retirements are anticipated to increase in the near future as the number of members reaching or exceeding 58 years of age continues to increase. Members in some regions and practice settings continue to report chronic understaffing requiring increased overtime, and are challenged to meet the demands for relief, filling full-time positions, and releasing nurses to assume other positions and participate in professional development opportunities.

- The supply of RNs is increasing with 6,307 practicing RN licenses and 514 non-practicing licenses issued for a total of 6,821 members this year. This represents a 0.7% increase in members with practicing licenses over last year and is the seventh year in a row showing growth in the supply of RNs (Figure 2).
- As of October 2011 there were 227 vacant RN bargaining unit positions, of which 70 were posted externally. This represents a vacancy rate of 1.3% and an 80% decrease in externally-

advertised RN bargaining unit positions since vacancies peaked at 351 in April 2009 (DHCS, 2012).

- 118 practicing NP licenses were issued representing a 12% increase over last year (Figure 3).
- 88 members re-entered the workforce (i.e., were issued a practicing license, but held a non-practicing membership or were lapsed in 2010-11).
- 317 members converted to a non-practicing membership or did not renew a license this year, which is 74 more than in 2010-11 (n=243); 40% (n=127) were 58+ years of age, which is 59% more than last year (n=80 in 2011-12).
- There was an increase in the number of members who reached the usual retirement age (58+ years) and did not renew a practicing license (59% more than last year); 590 members (9%) who hold a current practicing license are 58+ years of age.
- The highest level of education attained by practicing members is: Diploma in Nursing (51%), BN (43%), MN (3%), PhD in Nursing (0.2%, n=12), and 3% have degrees in other areas.
- The average age of all members with a practicing license is 43 years, which

is the same as last year. The average age of members practicing in long-term care is 48 years, in management 49 years, and in nursing education 50 years. There was a 27% increase in the number of faculty aged 55+ years (n=45 in 2009 and 57 in 2011).

- Just over 90% of practicing RNs graduated in Newfoundland and Labrador, which means our workforce continues to be primarily “homegrown.”
- 274 RNs received an initial (new) practicing license with ARNNL. The majority of these were NL graduates (72%), 20% were from other Canadian provinces/territories, and 8% were IENs (Figure 4).
- 83% of the 223 graduates of the Bachelor of Nursing class of 2011 became members of the provincial workforce in the year that they graduated (i.e., were issued a practicing license and employed in nursing in NL). This is down from 86% of the graduating class of 2010.
- Second year retention of new graduates continued to show a positive trend as 85% of the graduates of the class of 2010 were retained in the provincial workforce in 2011-

MEMBER SURVEY ON PROGRESS TOWARDS ENDS

As part of our ongoing efforts to demonstrate accountability, ARNNL has commissioned several surveys to measure our progress towards Ends. The third Member Survey on Progress Towards Ends was completed in 2011-12. Topics covered by the survey include continuing education, safety/quality of care, supportive work environments, nursing leadership, and knowledge of ARNNL. Data were collected using a provincewide telephone survey of a random sample of participants (e.g., practicing RNs). A total of 501 surveys were successfully completed with fewer than 10 per cent of the members contacted refusing to participate.

For those of you who took part – thank you! Your input is valuable and does make a difference. For example, in this year’s survey, 45 per cent of you told us that you’ve experienced a change in your role or level of responsibility in the last year. Although the majority felt they had adequate supports to meet the requirements of their new role, 16 per cent indicated that they still have concerns, indicating that there is more work to be done.

To read all of this year’s survey findings, visit “Survey Results” under the Publications tab at www.arnnl.ca.

12 (i.e., the year after graduation) (Figure 5).

- Employment data continued to show a positive trend in the percentage of RNs working full-time (Figure 6). With 75% of all members employed in full-time positions, NL continues to surpass the national target of 70%. However, it is disconcerting that new graduate full-time employment dropped to 61% (down from 73% in 2010).
- The number of practicing RNs reporting that they are employed in a management position (n=14) increased slightly to 443 – a five-year high (Figure 7).
- 289 students were accepted to, and 116 qualified applicants were turned away from, the BN Program, Collaborative & Fast Track Options, all sites (*Memorial University of Newfoundland's Annual Report to ARNNL, March 2012*).
- Enrolment in MUN's BN (Post RN) program is down, with 70 students actively enrolled in one or more courses this year as compared to 143 in 2010, and 120 in 2009 (*MUN Annual Report to ARNNL, March 2012*).
- The MN program continues to be in demand; 95 students are currently enrolled, with 96% enrolled in part-time studies (*MUN Annual Report to ARNNL, March 2012*).

The DHCS established a *RN Workforce Model Working Group* to make recommendations for anticipating trends and ensuring stability in the RN workforce in the future.

END 3 QUALITY PROFESSIONAL PRACTICE ENVIRONMENTS

- Supporting the quality of nurses' professional practice environments is a priority for ARNNL. The *Quality Professional Practice Environment (QPPE)* program continues to provide assistance for nurses and their employers to create and maintain quality workplaces. This program is offered in collaboration with the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) and uses an action research framework to empower nurses to solve problems and influence change in their workplaces. Since 2005, 16 sites have participated in the QPPE program. In 2011-12 two new groups started in the program: one with the clinical site managers in St. John's at Eastern Health, and another with the regional dialysis units across Eastern Health. To date, almost 600 nurses have participated in this program. ARNNL has also led specific initiatives to address components of a quality

workplace. For example, education sessions and consultations held throughout the year incorporated information related to proactively addressing quality of workplace environments on such topics as staffing, new equipment, changing roles, and respectful communication.

- In May 2011, ARNNL and NLNU released joint guidelines on *Excessive Hours of Work: Professional and Union Considerations* to provide guidance on the factors that need to be considered when working or requesting others to work excessive hours. The guidelines were also released publicly to raise awareness of the implications for public and nurse safety. This work addresses issues identified by the national *Nurse Fatigue and Patient Safety Report (CNA & RNAO, 2010)* and a 2009 resolution to the annual meeting asking "ARNNL to explore the effects of overtime on the RN and how this can affect public safety."
- The Workplace Representative (WPR) program, now in its 18th year, consists of RN volunteers in the workplace who serve as liaisons to increase awareness of ARNNL's role and support for professional nursing practice. There are now 106 WPRs throughout the province. ARNNL provides education and resources to support WPRs. Regular meetings and

ARNNL RAMPS UP ADVOCACY EFFORTS DURING POLITICAL ELECTIONS

Government elections present an opportunity for RNs to ask political parties and their candidates to articulate their stance on issues related to promoting quality health care and healthy public policy, while seeking their support for the profession's positions on health, health care, and nursing. Elections also provide ARNNL with an opportunity to engage nurses to meet object (c) of the Registered Nurses Act (2008) "to encourage its members to participate in activities promoting the health and well-being of the public" (p. 3). Last year, nurses were invited to participate in ARNNL's advocacy efforts for both the federal and provincial elections. To help prepare nurses, ARNNL developed background material and related questions for provincial candidates, and worked with the Canadian Nurses Association during the federal election to help address five priority areas on the national scene, including: aging, medicare, improving health, primary health care, and the environment.

three education sessions were held throughout 2011, 15 WPRs attended the annual meeting, and 14 new WPRs attended the two-day orientation workshop.

- ARNNL's nursing staff continues to offer confidential consultations and assistance to members resolving practice concerns. This year over 500 calls covering a wide-range of issues were handled, from scope of practice and patient safety, to privacy and documentation. ARNNL supports safer health care systems through consultations, education sessions, standards and positions, and the QPPE program.

END 4 HEALTHY PUBLIC POLICY

The nursing profession has an important obligation to lend its expertise to shape and advance healthy public policy. In ARNNL's *Public Survey* (2012), 70% of the public agreed that "RNs strive to improve health care." The initiatives undertaken by ARNNL and RNs in this End bring nursing perspectives to public policy tables and have the potential to make significant improvements in health services and outcomes.

Influencing Public Policy

ARNNL continues to advocate that the

sustainability of the health care system is dependent on the implementation of a comprehensive, future-focused, provincial health strategy based on primary health care principles. More specifically, ARNNL has advocated for the need to implement a comprehensive community-based, health service approach – from promotion and prevention, to supportive care – within a community engagement model. ARNNL also advocates for the release of a comprehensive health human resource plan, which has been recommended to Government. This plan will ensure an adequate supply of well-prepared nurses and other health care professionals now

LINKAGE SESSIONS WITH MEMBERS OF THE PUBLIC AND THE PROFESSION GENERATE DISCUSSION ABOUT NURSING'S FUTURE

In March, ARNNL facilitated linkage sessions in St. John's and in parts of Labrador. Participants had meaningful discussions regarding the nursing profession and its future, and heard a variety of views on nursing and the health care system. Linkage sessions are held annually with members and leaders of diverse community organizations in at least one region of the province (as per the *Council Ownership Linkages Plan with the Public*, June 2011).

Representatives from 14 community organizations, including the Canadian Cancer Society, Eating Disorder Foundation of Newfoundland and Labrador, and the Seniors Resource Centre of Newfoundland and Labrador took part in a public linkage session at the Holiday Inn in St. John's on March 2. Themes that generated the most discussion included access to health care and community-level supports, utilizing the nurse practitioner role, and stigmas around mental health and addictions. Evelyn Peyton Murphy, ARNNL Councillor (Practice), led the session, and was joined by ARNNL Council Public Representative, Irene Baird, ARNNL's Executive Director, Pegi Earle, and ARNNL staff.

From March 19-21, ARNNL's Executive Director and Beverly White, ARNNL's President, met with registered nurses (RNs) in Labrador as part of the 2012 *President's Tour* (see p. 8 for themes discussed). Member linkage sessions took place with RNs from Natuashish, Nain Health Centre, Mani Ashini Clinic (North West River/Sheshatshiu), Labrador Health Centre, and Happy Valley-Goose Bay Long Term Care Home.



Arriving in Nain. Pictured, left to right: Pegi Earle, Kathy Elson (Clinical Manager - North Community Clinic Services, Labrador-Crenfell Health), and Beverly White.

and into the future. In particular, ARNNL raised the need to support initiatives that enhance and sustain retention of health professionals in rural, remote, and hard-to-recruit settings, and specific practice areas, such as nursing education and nursing leadership, where there are a higher-than-average number of nurses nearing retirement age. In addition, this year ARNNL began to advocate for a new robust Health Accord, which will support standardization of best practices and accountability for outcomes across all provinces and territories.

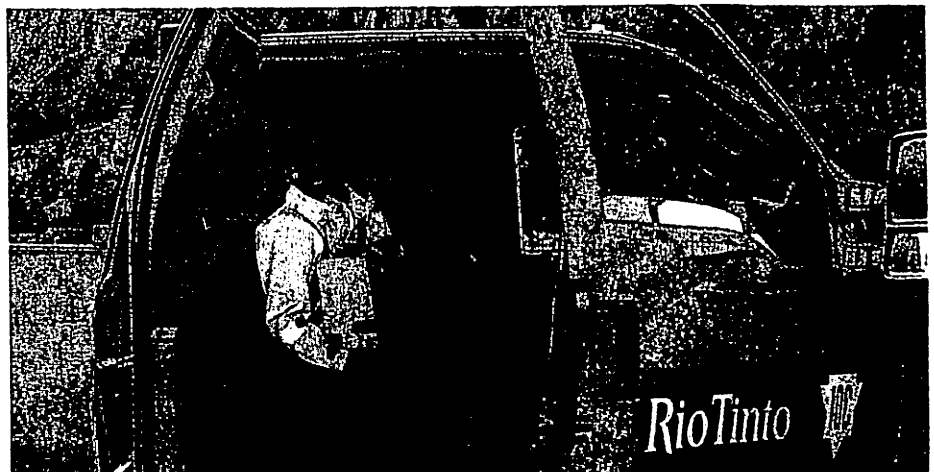
- A new ARNNL *Healthy Public Policy Advisory Committee* was formed to assist ARNNL to strategically plan and move forward on its policy agenda.
- As 2011 was an election year, ARNNL prepared a detailed policy platform and communications process to help Council and members raise the foregoing agenda and other important nursing issues with candidates in both the provincial and federal election campaigns.
- ARNNL's policy agenda was extensively discussed at meetings with the Minister of Health and Community Services, Provincial and Federal election candidates, at the Provincial Government's Pre-Budget Consultations, and in a CNA lobby with Federal Members of Parliament.
- The National Nursing Week theme, "The Health of Our Nation," provided the opportunity to raise awareness about the role of nursing in influencing the health of the population. Initiatives focused on building members' capacity to advocate for the health of their patient populations.
- ARNNL partnered with the CNA on a six-week NP awareness campaign – *Nurse Practitioners: It's About Time!* (p. 8)

- ARNNL continues to advocate for the importance of promoting breastfeeding as a public health priority. In October, during world breastfeeding week, ARNNL publicly released the revised position statement *Registered Nurses' Role in Promoting Breastfeeding*.
- ARNNL lobbied Government to ban the *Cosmetic Use of Pesticides* (2011), and is pleased that new legislation was passed in this regard, effective 2012.
- ARNNL continued to work with the Provincial Wellness Council, Newfoundland and Labrador Public Health Association, and many other organizations to advance the health and well-being of our population. Some examples include (see p. 29 for a complete list):
 - Canadian Mental Health Association- NL to raise awareness about the impact of media on public perceptions of mental health;
 - Newfoundland and Labrador Injury Prevention Coalition to support children's use of bicycle helmets; and
 - Newfoundland and Labrador Alliance for the Control of Tobacco where members provided input into the strategic plan for tobacco control.

3.0 CONCLUSION

ARNNL has had a year of continued progress in pursuit of its new mission, "Nursing Excellence for the Health of the Population." As a progressive professional association and regulatory body, ARNNL continues to raise the professional nursing bar and, in the public and member's interest, integrate new standards, practices, and processes into the profession. In this way, ARNNL strives to support you, our members, to continually raise your professional bar.

There is no doubt that ARNNL's standards, programs, and services are valued resources for members, key stakeholders, and the public. ARNNL's work would not be possible without the support of many members and public representatives, who voluntarily contribute their expertise and time to ARNNL (p. 25). Your commitment to your profession is essential and highly valued. In closing, and on behalf of all ARNNL members, we thank Council for their vision and dedication, and ARNNL staff for bringing their pride and enthusiasm to the important work they do. The extraordinary commitment of ARNNL members, Council, and staff ensures that ARNNL's professional bar remains high!



In September 2011, ARNNL representatives visited Occupational Health and Safety nurses at Iron Ore Company of Canada in Labrador City (pictured, left to right: registered nurses Colleen Rixon and Norma Boozan).

Registration Trends

Figure 2. Number of Practicing and Non-Practicing RN Licenses Issued by Licensure Year (2007-08 to 2011-12)

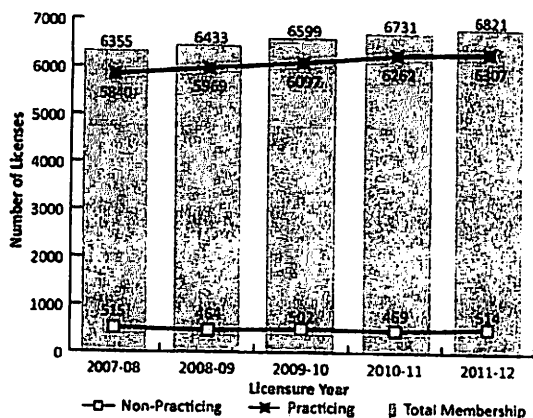


Figure 3. Number of Nurse Practitioners and Clinical Nurse Specialists with Practicing Licenses by Licensure Year (2007-08 to 2011-12)

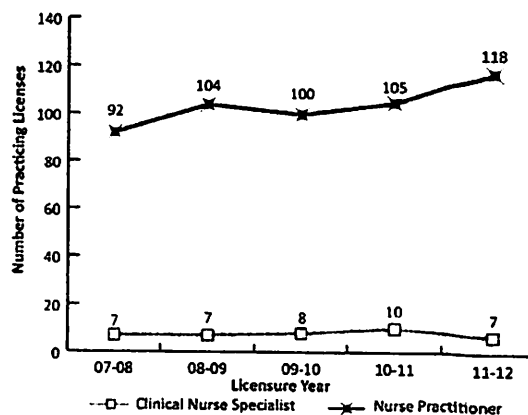


Figure 4. New (Initial) Practicing Members by Original Jurisdiction and Licensure Year (2007-08 to 2011-12)

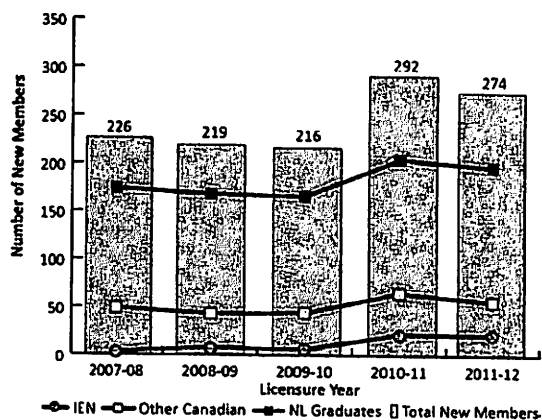


Figure 5. Percentage of NL Graduates Employed in Nursing in NL in the Year Following Graduation (2006-2010)

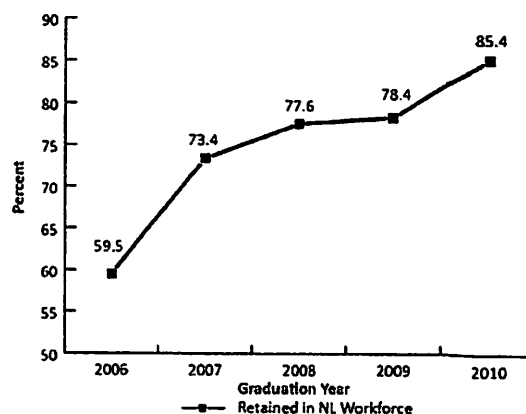


Figure 6. Percentage of Practicing RNs and New NL Graduates Employed Full-Time in Nursing in NL by Licensure Year (2007-08 to 2011-12)

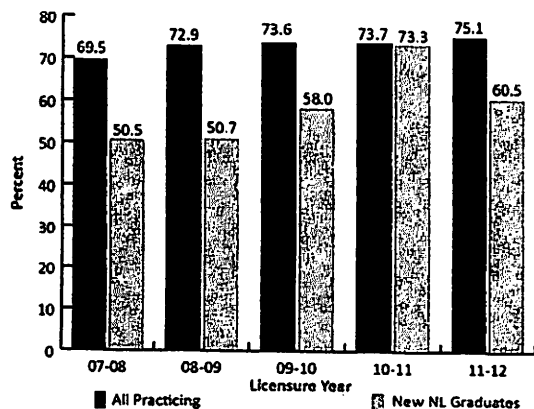
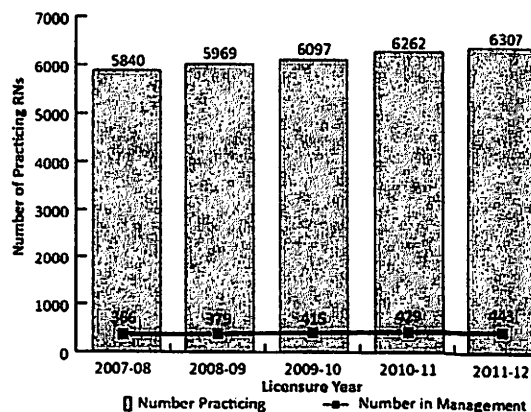


Figure 7. Number of Practicing RNs and Number Employed in Management Positions by Licensure Year (2007-08 to 2011-12)



Special Interest Groups

There are 14 ARNNL Special Interest Groups (SIGs) involved in various specialties within the nursing profession. ARNNL benefits from their expert advice and input, and extends a warm thank you to everyone involved.

- Association of Occupational Health Nurses of Newfoundland and Labrador (AOHNNL)
- Canadian Association of Neuroscience Nurses (CANN)
- Canadian Association of Nurses in Oncology, Newfoundland Branch (CANO)
- Canadian Council of Cardiovascular Nurses (CCCN)
- Community and Hospital Infection Control Association – Newfoundland and Labrador (CHICA-NL)
- Newfoundland and Labrador Chapter of the Canadian Society of Gastroenterology Nurses & Associates (NL-CSGNA)
- Newfoundland and Labrador Diagnostic Imaging Nurses Association
- Newfoundland and Labrador Emergency Nurses Association (NLENA)
- Newfoundland and Labrador Gerontological Nurses Association (NLGNA)
- Newfoundland and Labrador Nurse Practitioner Association (NLNPA)
- Newfoundland and Labrador Operating Room Nurses Association (N&LORNA)
- Newfoundland and Labrador Nurses Respiratory Society (NLNRS)
- Psychiatric/Mental Health Nurses Special Interest Group of Newfoundland and Labrador (PSIGNAL)
- Urology Nurses of Canada – Newfoundland & Labrador Division

COMMUNITY AND HOSPITAL INFECTION CONTROL ASSOCIATION – NEWFOUNDLAND AND LABRADOR (CHICA-NL)

PRESIDENT:

Beverly Pittman

the chapter, and progress toward excellence in infection prevention and control.

EXECUTIVE:

Lola Gushue – President-Elect

Alisa Cuff – Secretary

Lynn Mercer – Treasurer

Merlee Steele-Rodway – Past-President

HIGHLIGHTS OF THE YEAR:

- Formed several subcommittees that helped achieve our identified objectives for 2011. They included a committee that developed a “Welcome Package” providing support to new members entering the field of Infection Control; a committee that developed a process to honour member dedication to CHICA-NL; and a committee that coordinated plans for the CHICA-NL Provincial Conference.
- Hosted a successful 2011 Provincial Conference in St. John’s, during which Vickie Kaminski, President and CEO of Eastern Health, spoke to the group about infection prevention and control as a patient safety priority.

NUMBER OF MEMBERS:

51

OBJECTIVES:

- CHICA-NL is an active chapter willing to work together as a team to promote the best practices in infection control and prevention for the safety of the people within our province.
- CHICA-NL supports new members by providing opportunities to become involved, build relationships, establish networking opportunities within

- Chapter member Marion Yetman was the successful winner of the CHICA-Canada 2011 Champion of Infection Prevention and Control Award.
- Several Infection Control Professionals completed the CHICA-Canada Infection Prevention and Control and Queen’s University program for Infection Prevention and Control. As well, members were successful in passing the certification exam in Infection Prevention and Control.
- The Provincial Infection Prevention and Control Team (PIC-NL) has been meeting on a monthly basis to develop a Strategic Plan for 2011-14 focusing on three priority areas: Governance, Education, and Policy.

LOOKING AHEAD:

- 2012 Provincial Conference at the Mount Peyton Hotel in Grand Falls-Windsor.

NEWFOUNDLAND AND LABRADOR CHAPTER OF THE CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES (NL-CSGNA)

PRESIDENT:

Sandra Stone

EXECUTIVE:

Linda Feltham – Secretary

June Peckham – Treasurer

NUMBER OF MEMBERS:

21

OBJECTIVES:

- To encourage members to achieve high standards of care in daily practice by following and promoting established Standards of Practice.
- To provide regular educational sessions for all members.

- To inform members of available educational opportunities.

HIGHLIGHTS OF THE YEAR:

- Planned and organized a GI Education Day that was attended by 80 people provincewide. Presenters were from all medical disciplines (gastroenterologist, surgeons, anesthesiologist, interventional radiologist, and several RNs). The day was a huge success.
- The chapter sent two members to the Atlantic Gastroenterologists Conference in Nova Scotia in June. Two members also attended the National CSGNA Conference in Ottawa in September.

LOOKING AHEAD:

- The chapter is actively planning educational sessions for members this coming year and will be sending members to the Atlantic GI conference in New Brunswick and the National CSGNA Conference in Montreal.
- Newfoundland and Labrador will host the National CSGNA Conference in 2013.

NEWFOUNDLAND AND LABRADOR GERONTOLOGICAL NURSES ASSOCIATION (NLGNA)

PRESIDENT:

Lisa Adams

EXECUTIVE:

Paula Walters – Past-President

Heather Hunt-Smith – Secretary

Sharon Nolan – Treasurer

NUMBER OF MEMBERS:

47

OBJECTIVES:

- To address the health concerns of older Canadians and the nurses who participate with them in health care. The objectives include:
 - To promote high standards of gerontological nursing practice;
 - To promote education programs in gerontological nursing;

- To participate in affairs which promote the health of elderly persons;
- To promote networking opportunities for nurses interested in the health care of elderly persons;
- To promote and disseminate gerontological nursing research;
- To increase public awareness in the field of gerontological nursing;
- To liaise with other professional and non-professional groups interested in promoting the health and well-being of the elderly population;
- To promote gerontological nursing in the schools of nursing;
- To foster national advancement and recognition of gerontological nursing.

HIGHLIGHTS OF THE YEAR:

- NLGNA Education Day was held on Nov. 4, 2011. It was a successful event with 55 attendees.
- NLGNA bylaws were reviewed and revised by executive. Active NLGNA membership now includes all regulated nurses.

LOOKING AHEAD:

- A new executive has just been formed.
- Efforts underway to facilitate a bigger and better Education Day later this year.

NEWFOUNDLAND AND LABRADOR NURSE PRACTITIONER ASSOCIATION (NLNPA)

PRESIDENT:

Kelly Power-Kean

EXECUTIVE:

Wanda Emberley-Burke – Vice-President
 Heather Rumsey – Secretary
 Valda Duke – Treasurer
 Donna Daley – Communications Director
 Sueann Kean – Past-President

NUMBER OF MEMBERS:

44

OBJECTIVES:

- To support and promote the development of nurse practitioner education and practice in Newfoundland and Labrador.

HIGHLIGHTS OF THE YEAR:

- NLNPA activities: poster and banner revisions; website update with membership-only area; jacket order;

membership cards; increased bursary distribution; advocacy related to ARNNL's Continuing Competence Program (CCP) and insurance coverage of NP prescriptions; annual conference.

- Participation in National Nursing Week, with *Telegram* advertisement (May 2011).
- Participation in Canadian Association of Advanced Practice Nurses (CAAPN)-sponsored NP Advocacy Workshop in Ottawa (Parts 1 and 2), CAAPN September 2011 Conference, and ARNNL 2011 AGM and Conference.
- Participation in various National and Provincial NP-related committees.
- Donation of Automated External Defibrillator in Bishops Falls, in association with Newfoundland and Labrador's Heart and Stoke Foundation; donation to women's shelter in Grand Falls-Windsor.

- Established NL NP pin, which was financially supported by ARNNL.
- Linkage with newly-appointed Vice-President and Chief Nursing Officer, Eastern Health, regarding future Eastern NL NP initiatives.

LOOKING AHEAD:

- NLNPA Annual Conference in September 2012 in St. John's.
- Continue to market the role of NPs.
- Continued updates to website.
- Explore defining NLNPA vision with membership.
- Continued participation in ARNNL's NP Committees.
- Liaise with ARNNL, NLNU, and Reclassification committee regarding current issues.

PSYCHIATRIC/MENTAL HEALTH NURSES SPECIAL INTEREST GROUP OF NEWFOUNDLAND AND LABRADOR (PSIGNAL)

PRESIDENT:

Karen Whitehorne

EXECUTIVE:

Michelle Case – Secretary
 Amelia Hawkins – Treasurer
 Bev Chard – Events Coordinator

NUMBER OF MEMBERS:

33

OBJECTIVES:

- To support and promote the development of Psychiatric/Mental Health Nursing practice in Newfoundland and Labrador by:
 - promoting awareness of the roles of Mental Health nurses;

- providing consultation and support to members and to professional groups (i.e., Canadian Nurses Association, ARNNL, and Canadian Federation of Mental Health Nurses) on professional practice issues;
- partnering with consumers and other health care and related organizations;
- contributing to the development of standards of practice for Psychiatric/Mental Health Nursing;
- promoting and facilitating access to professional development and/or continuing education opportunities for Mental Health nurses;
- influencing the provincial health care system by working with key

- stakeholders for health system reform aimed at enhancing mental health services available to citizens of the province;
- lobbying for healthy public policy.

HIGHLIGHTS OF THE YEAR:

- Group reconvened after a year of inactivity.
- New website launched: <http://www.psignal.comlu.com/>
- Funded several members for conferences.

LOOKING AHEAD:

- Planning education day on June 11 with keynote speaker, international nursing scholar John Cutcliffe.

In Memoriam

Since the 2011 Annual Meeting, ARNNL has been notified of the passing of the following ARNNL members. Sympathy is extended to family and friends.

NAME	SCHOOL OF NURSING	YEAR OF GRADUATION
Adams, Josephine	New Hampshire Tech Institute	1978
Belben, Brenda	S.A. Grace Hospital	1972
Brown, A. Maude (nee Butler)	General Hospital	1942
Bruce, Margot Catherine (nee Pike)	General Hospital	1943
Hatcher, Nina L. (Hicks/nee Whitehorne)	S.A. Grace Hospital	1944
Hawco, Laura Philomena "Phil"	General Hospital	1970
Hill, Bertha Mary (nee Wells)	General Hospital	1951
Howell, Margaret Ann (nee Mullaly)	General Hospital	1975
Kennedy, Stella Margaret (nee Witzell)	St. Mary's Hospital Montreal, Quebec	1937
Kielley, Mary Ruth (nee Bishop)	Halifax Infirmary Halifax, Nova Scotia	1947
McCarthy, Delilah (Dee) (nee Smith)	General Hospital	1971
Murphy, Catherine (nee Mandeville)	St. Clare's Mercy Hospital	1952
Nurse, Mary Dunley (nee Hunt)	General Hospital	1944
Parsons, Mabel (nee Penton)	St. Clare's Mercy Hospital	1952
Quinn, Rosalie Alice (nee Hiscock)	S.A. Grace Hospital	1961
Russell, Katherine (nee Simms)	S.A. Grace Hospital	1945
Schloman, Mary E. (nee Lambe)	St. Clare's Mercy Hospital	
Snow, Lydia "Marjorie" (nee Butler)	General Hospital	1947
Thaxton, Verna (nee Hollett)	General Hospital	1951
Tobin, Gertrude Elizabeth (nee Farrell)	General Hospital	1944

The "Self" in Self-Regulation

Committee Members and External Representatives

April 1, 2011 to March 31, 2012¹

Note: The names of direct care nurses appear in bold.

GOVERNANCE

Council

- White, Beverly, President
- Stratton, Cathy, President-Elect
- Frew, Ray, Public Representative
- Arnold, Walter, Public Representative
- Baird, Irene, Public Representative
- Doyle, Dr. Carmel, Public Representative
- Peyton Murphy, Evelyn, Practice
- **Alyward, Cathy**, Advanced Practice
- Manuel, Madonna, Education/Research
- Burke, Cathy, Administration
- Rodgers, Patricia, Eastern Region
- Kieley, Colleen, Eastern Region
- Evans, Sandra, Central Region
- Doyle, Anne, Western Region
- Joy, Jennifer, Western Region
- Pittman, Beverly, Labrador/Grenfell Region
- Earle, Pegi, Executive Director (non-voting)

Executive Committee

- White, Beverly, President
- Stratton, Cathy, President-Elect
- **Alyward, Cathy**, Advanced Practice
- Doyle, Anne, Western Region
- Manuel, Madonna, Education/Research
- Earle, Pegi, Executive Director (non-voting)

Appointments Committee

- **Alyward, Cathy**
- Joy, Jennifer
- Doyle, Anne
- Peyton Murphy, Evelyn
- Pittman, Beverly, Chairperson
- Power, Lynn, ARNNL Staff

Audit Committee

- Burke, Cathy, Chairperson
- Joy, Jennifer

- Gear, Sandra, Past Council Member
- Pittman, Beverly
- Rodgers, Patricia
- Rodgers, Tony, Public Representative
- Earle, Pegi, Executive Director
- Dewling, Liz, ARNNL Staff

Standing Committee on Linkage with Owners

- **Alyward, Cathy**
- Evans, Sandra
- Frew, Ray
- Stratton, Cathy, Chairperson
- Earle, Pegi, Executive Director
- Wells, Julie, ARNNL Staff

Nominations Committee

- Brockerville, Jackie
- Foss-Jeans, Traci
- Pilgrim, Patricia, Chairperson
- Rixon, Colleen
- Wells, Carla
- Fitzgerald, Christine, ARNNL Staff

Resolutions Committee

- **Andrews, Daphne**, Alternate Workplace Representative
- Kieley, Colleen, ARNNL Council
- Hodder, Harvey, Parliamentarian
- **McDonald, Sharon**, Workplace Representative
- **Porter, Ashley**, Workplace Representative
- Stratton, Cathy, ARNNL Council, Chairperson
- Osmond, Michelle, ARNNL Staff

ADVANCED NURSING PRACTICE

NLCHI Pharmacy Network Information Governance Committee

- **Oldford, Karen**

Nurse Practitioner Continuing Education Committee

- Best, Donna

- **Collins, Carmel**
- Emberley-Burke, Wanda
- **Fowlow, Alisa**
- McIsaac, Beverley, ARNNL Staff
- **O'Brien-Connors, Peggy**
- **Roberts, Nadine**

Nurse Practitioner Marketing Committee

- **Daley, Donna**
- Murphy, Karyn
- **Roberts, Ada**
- **Rumsey, Heather**
- **Sinnicks-House, Ellisa**
- **Stagg, Glenda**
- McIsaac, Beverley, ARNNL Staff
- O'Neill, Jennifer, ARNNL Staff

Nurse Practitioner Standards Committee

- **Barron, Kelly**
- Best, Donna
- Brown, Heather
- **Collins, Carmel**
- Doyle-Barry, Irene
- **Efford, Kimberly**
- Greene Feder, Marcy
- Hatcher, Dr. Lydia, Newfoundland and Labrador Medical Association
- Ludlow, Anita
- **Oldford, Karen**
- **Pack, Glenda**
- Priddle, Margot, Newfoundland and Labrador Pharmacy Board
- **Riggs, Carol Ann**
- Vardy, Dr. Cathy, College of Physicians and Surgeons of Newfoundland and Labrador
- McIsaac, Beverley, ARNNL Staff

Nurse Practitioner Streams of Practice Committee

- Best, Donna
- Boone, Cheryl
- Bruneau, Jill
- Bursey, Joan
- Greene Feder, Marcy
- **Rolfe, Joyce**

¹This listing represents all members and external representatives who served on committees/working groups during the April 1, 2011 to March 31, 2012 period.

- Simms, Joanne
- McIsaac, Beverley, ARNNL Staff

ADVOCACY FOR HEALTH AND THE PROFESSION

Advisory Committee on Nursing Administration

- Billard-Croucher, Darlene
- Brown, Heather
- Butler, Mollie
- Chubbs, Katherine
- Compton, Glenda
- Currie, Elizabeth
- Fisher, Paul, College of Licensed Practical Nurses of Newfoundland & Labrador
- Jones, Louise
- Kearney, Anne
- Ludlow, Anita
- McDonald, Catherine
- McFetridge-Durdle, Dr. Judith
- Nicholas, Julie
- Norman-Robbins, Linda
- Owens, Ron
- Rowsell, Joan
- Simpson, Ozette
- Skinner, Tina
- Smith, Collette
- Stuckless, Trudy
- Turner, Gail
- Earle, Pegi, Executive Director
- Lewis, Siobhainn, ARNNL Staff
- McIsaac, Beverley, ARNNL Staff
- Osmond, Michelle, ARNNL Staff
- Power, Lynn, ARNNL Staff

Autism Society Education Working Group

- Saunders, Cindy

Awards for Excellence and Honorary Membership Committee*

- Lane, Charmaine
- Mitchell, Lorraine
- Payne, Krista Nicole
- Wells, Carla
- Woodman, Nicole, Chairperson
- Power, Lynn, ARNNL Staff

* Honorary Membership has moved to the Appointments Committee as of February 2011.

Clinical Managers Advisory Committee

- Cooze, Darryl
- Fewer, Cathy
- King, Marlean
- Lane, Charmaine
- LeDrew, Holly

- LeRoux, Cynthia
- Pelley, Joanne
- Philpott, Krista
- Scott, Lori
- Smith, Wavey
- Verch, Ann
- Lewis, Siobhainn, ARNNL Staff

NL Integrated Stroke Strategy Advisory Committee ISAAC-2, Heart & Stroke Foundation

- Slade, Virginia (Jenny)

CNA BOARD OF DIRECTORS

- White, Beverly, President
- Earle, Pegi, Executive Director/Advisor, non-voting

CNA COMMITTEE ON RESOLUTIONS

- Grainger, Patricia

COMMUNICATION WITH MEMBERS

New Member Engagement Staff Advisory Committee

- Brophy, Dion
- Burton, Natasha
- Colbourne, Neil
- Fleming, Gina
- Hudson, Megan
- Sparkes, Lacey
- Thomas, Neenu
- O'Neill, Jennifer, ARNNL Staff
- Walsh, Bradley, ARNNL Staff

Workplace Representatives (WPRs)

- Albrechtsons, Barbara
- Allan, Peggy
- Alyward, Paul
- Andrews, Daphne
- Anstey, Cathy
- Baker, Laura
- Barrett, Mary Elaine
- Bartlett, Vanessa
- Bennett, Mary Jane
- Beson, Colleen
- Best, Tina
- Bishop, Jacqueline
- Bolger, Cavell
- Breeze, Yvonne
- Brockerville, Jacqueline
- Brown, Glenna
- Burton, Claudia
- Butt, Cynthia
- Cake, Cathy

- Callahan, Amy
- Cashin, Selina
- Chaytor, Mabel
- Christopher, Vicki
- Clarke, Anneliese
- Clarke, Heather
- Coombs, Sherri-Lee
- Crotty, Patricia
- Dewling, Robert
- Dillon, Sean
- Durdle, JoAnne
- Dyson, Melissa
- Elliott, Barbara
- Foss, Diane
- Foster, Claudine
- Gillard, Lori Ann
- Gosse, Sherry
- Goudie, Joan
- Hancock, Peggy
- Healey Dove, Nancy
- Hollett, Michelle
- Jerrett, Karen
- Kelly, Tina
- King, Krista
- Layden, Melvin
- Lee, Mary
- Lundrigan, Daniele
- Lundrigan, Elaine
- Lundrigan, Joanne
- Lundrigan, Starlene
- Marshall, Cindy
- McCarthy-Woodrow, Lynette
- McDonald, Sharon
- McDonald-McCarthy, Stacy
- McKenna, Angela
- Metcalfe, Pamela
- Morgan, Natalie
- Morris, Karen
- Moulton, JoAnn
- Moyst, Barbara
- Nolan, Christopher
- Norman, Sarah
- Oates, Karla
- O'Driscoll, Rhonda
- Park, Colleen
- Peach, Jenelle
- Peddle, Joanne
- Peyton, Kim
- Pittman, Beverly
- Pottle, Deneka
- Porter, Ashley
- Porter, Laurie
- Purchase, Andrea
- Ralph, Penny
- Reid, Beverley
- Reid, Susan
- Richards, Karla

- Roberts, Laurie
- Rooney, Catherine
- Rowsell, Anne
- Roy, Glenda
- Sears, Deborah
- Sheppard, Ashlee
- Sheppard, Stacey
- Short, Theresa
- Singleton, Irene
- Sinnicks, J. Benay
- Skinner, Beth
- Slade, Virginia (Jenny)
- Slaney, Ann-Marie
- Smith, Heather
- Smith, Karen
- Squires, Liam
- Stokes, Peggy
- Street, Karen
- Tapp, Glenda
- Thistle, Elsie
- Thorne, Darlene
- Todhunter, Karen
- Tucker, Bernadette
- Walsh, Dawn
- Walsh, Mario
- Ward, Colleen
- Weeks, Colleen
- Williams, Anne
- Woodman, Nicole
- Lewis, Siobhainn, ARNNL Staff
- Power, Lynn, ARNNL Staff

WPR Outgoing

- Bengier, Bernice
- Bolger, Cavel
- Boone, Shannon
- Codner, Alexandra
- Fitzpatrick, Constance
- Gould, Paula
- Johnson, Gloria
- Kieley, Colleen
- King, Krista
- Lane, Helen
- Layden, Sherry
- Mason, Carol Ann
- Meadus, Robert
- Molloy, Catriona
- Philpott, Christa
- Sullivan, Gerrienne
- Tucker, Bernadette
- Tulk, Karen

WPR Administrative Support Persons

- Brushett, Flora
- Burns, Stan
- Clarke, Michele

- Cross, Gina
- Downing, Gail
- Doyle, Ann
- Evans, Sandra
- Hatt, Michelle
- Kearney, Dr. Anne
- LeGrow, Diane
- Manning, Ann
- Mayo, Beth
- McDonald, Catherine
- Morgan, Annette
- Moss, Sandra
- Nicholas, Julie
- Pelley, Joanne
- Power-Murrin, Maxine
- Reid-White, Betty
- Slaney, Charlene
- Temple, Tammy
- White, Kimberley
- Lewis, Siobhainn, ARNNL Staff

EDUCATION

BN (Collaborative) Approval Committee

- Diamond-Freake, Sylvia
- Gardiner, Bob, Department of Education
- Kearney, Dr. Anne
- Mackenzie, Theresa
- Turner, Barbara
- Walsh, Lorna
- Read, Trudy
- Smith, Sharon, Chairperson
- McIsaac, Beverley, ARNNL Staff

Nursing Innovations Conference

- Aylward, Mark
- Coffey-Hickey, Tammy
- Granville, Elizabeth
- Murphy, Karyn
- Prideaux, Mary
- Street, Karen
- Lewis, Siobhainn, ARNNL Staff
- O'Neill, Jennifer, ARNNL Staff

NP Program Approval Committee

- Best, Donna
- Chubbs, Katherine, Chairperson
- Greene Feder, Marcy
- Griffiths, Beverley
- Hoddinott, Lisa
- Power-Kean, Kelly
- Rolfe, Joyce
- Simms, Joanne
- Stagg, Glenda
- Strong, Shirley, Public Representative

- Nicholas, Julie
- McIsaac, Beverley, ARNNL Staff

LEGAL SERVICES

Canadian Nurses Protective Society (CNPS) Adjudication Committee

- Dobbin, Renee
- Earle, Gloria

CNPS Board of Directors

- Watkins, Kathy

NURSING PRACTICE

CNA Working Group-Evaluation Framework to Determine the Impact of Nursing Staff Mix Decisions

- Morgan, Annette

Documentation Standards Checklist Working Group

- Barron, Andrea
- Dawe, Sandra
- Dormody, Cathy
- Follett, Joan
- Fry, Peggy
- Noble, Joanne, Healthcare Insurance Reciprocal of Canada (HIROC)
- Puddester, Sherri
- Rumsey, Heather
- Power, Lynn, ARNNL Staff

Documentation Strategy Advisory Committee

- Barrett, Mary Elaine
- Brown, Gladys
- Buckle, Carolyn
- Fequet, Julie
- Meadus, Robert
- Noble, Joanna, HIROC
- O'Neill, Janice, College of Licensed Practical Nurses of Newfoundland & Labrador
- Osmond, Patricia
- Pittman, Beverley
- Quinlan, Kelly
- Skinner, Tina
- Wheeler, Doreen
- Power, Lynn, ARNNL Staff

Nursing Practice Committee

- Brown, Cindy
- Buckle, Carolyn
- Byrne, Cynthia
- Diamond-Freake, Sylvia
- Dumaresque, Janet

- **Goulding, Valery**
- Hull, Andrena
- Hunt Smith, Heather
- Letto, Rufina
- Pike, Karen
- **Reddy, Jeannie**
- Sampson, Donna
- **Sheppard, Rhonda**
- Squires, Debbie
- Tobin, Brenda
- Lewis, Siobhainn, ARNNL Staff
- Power, Lynn, Chairperson/ARNNL Staff

Quality Professional Practice Environment Steering Committee

- Buckle, Carolyn
- Diamond-Freake, Sylvia
- Fulford, Rosemarie
- **Halleran, Madonna**
- Hunt-Smith, Heather
- Mitchell, Lorraine
- O'Neill, Janice, CLPNNL
- **Prideaux, Mary, NLNU**
- Skinner, Tina
- Sheppard, Suellen, Department of Health and Community Services
- **White, Shelly**
- Bennett, JoAnna, ARNNL Staff
- Power, Lynn, Chairperson/ARNNL Staff
- Wells, Julie, ARNNL Staff

Requisite Skills and Abilities Committee

- Alteen, Anna Marie
- **Baird, Erin**
- Beaton, Marilyn
- Brown, Dianne
- Browne, Jennifer, Student Affairs & Services, MUN
- Castagne, Christine
- Colbourne, Peggy
- **Kieley, Colleen**
- King, Renee
- Strickland, Paula
- Tracey, Anne Marie
- Webber, Karen
- Lewis, Siobhainn, ARNNL Staff

Role of the RN in Long Term Care Review

- Doyle, Ann
- Elliott, Barbara
- **Lannon, Bridget**
- **Mason, Carol**
- **Murphy, Jeannie**
- Lambe, Laura

- LeDrew, Sharon
- Lundrigan, Elizabeth
- Walters, Paula
- Lewis, Siobhainn, ARNNL Staff

Shared Scope of Practice Review

- Bartlett, Scott
- **Bennett, Mary Jane**
- **Colbourne, Andrea**
- Curlew, Wanda
- Elliott, Barbara
- Gilbert, Lisa
- **Hickey, Tina**
- Jarvis, Charlene
- Kirkland, Edwina
- Tessier, Marilyn
- Viau, Robyn
- White, Kimberley
- Lewis, Siobhainn, ARNNL Staff

PROFESSIONAL CONDUCT REVIEW (PCR)

Complaints Authorization Committee

- **Alyward, Cathy, ARNNL Council**
- Arnold, Walter, Public Representative
- Baird, Irene, Public Representative, Vice-Chair
- **Joy, Jennifer, ARNNL Council**
- Burke, Cathy, ARNNL Council
- Courtney, Bea, Public Representative, Vice-Chair
- Doyle, Anne, ARNNL Council
- Doyle, Dr. Carmel, Public Representative
- Evans, Sandra, ARNNL Council, Chairperson
- Frew, Ray, Public Representative
- **Kieley, Colleen, ARNNL Council**
- Manuel, Madonna, ARNNL Council
- **Peyton Murphy, Evelyn, ARNNL Council**
- Pittman, Beverly, ARNNL Council
- Rodgers, Patricia, ARNNL Council
- Stratton, Cathy, ARNNL Council

Disciplinary Panel

- **Alyward, Paul**
- Cashin, Ron, Public Representative
- **Clarke, Marie**
- Coady, Regina
- Cody, Dr. Ann, Public Representative
- **Crotty, Patricia**
- **Dillon, Sean**
- Diamond-Freake, Sylvia

- Dobbin, Renee
- **Downey, Charlene**
- **Finch, Sherry (Murray)**
- House, Vanessa
- **Hutchings, Kendra**
- **Hutchings-Taylor, Shelley Lee**
- **Jacobs, Marilyn**
- Kelly, Melodie, Public Representative
- King-Jesso, Pamela
- **Langdon, Alana**
- Layden, Melvin
- Luther, Donna
- Mackenzie, Theresa, Public Representative
- **Marsh, Tonya**
- **Mason, Carol**
- **McGonigle-Roberts, Mary-Ellen**
- Morgan, Arthur
- Moyst, Debbie, Chairperson
- Newton, Darren, Public Representative
- **Nolan, Christopher**
- **Osmond, Kimberly**
- **Peyton, Nicole**
- **Power, Suzy**
- **Rauman, Peggy**
- **Rideout, Joanne**
- Rixon, Colleen
- Snow, Nicole
- Taylor, Shelley
- Tobin, Brenda
- Wade, Edward, Public Representative
- West, Dr. Patricia, Public Representative
- White, Kimberley
- Winsor, Wanda
- Woolridge, Judy, Public Representative

REGISTRATION

Board of Examiners

- Earle, Gloria
- Kearney, Anne
- Norman-Robbins, Linda, Chairperson
- Webber, Karen
- McIsaac, Beverley, ARNNL Staff
- Osmond, Michelle, ARNNL Staff

Canadian Nurse Practitioner Exam (CNPE) Committee

- Emberley-Burke, Wanda

CNPE – Family/All Ages Blueprint Development Committee

- **Sampson, Donnie**

CNPE Item Writing Participants

- Cabot, Antionette
- Clarke, Marie
- Emberley-Burke, Wanda
- King, Dena
- Pelley, Angela
- Power-Kean, Kelly
- Sibley, Nicole

CNPE Item Revision Participants

- Daley, Donna

Canadian Registered Nurse Exam (CRNE) Committee

- White, Marilyn

CRNE Item Writing Participants

- Langor, Gemma
- Tobin, Brenda
- Watkins, Kathy
- White, Marilyn

Staff Advisory Committee on Continuing Competence

- Baird, Joanne
- Bragg, Dorothy
- Burke, Cathy
- Grainger, Patricia
- Greene Feder, Marcy
- Hewitt, Fatima
- Hoddinott, Lisa
- Hunt Smith, Heather
- McDonald, Rhonda
- Rowsell, Anne
- McIsaac, Beverley, ARNNL Staff
- Walsh, Bradley, ARNNL Staff

ARNNL EDUCATION AND RESEARCH TRUST

Board of Directors

- LeDrew, Holly, President
- Smith, Sharon, President-Elect
- Fowler, Eleanor, Labrador Regional Director
- Grant, Penny, Director at Large
- Hart, Dianne, Director at Large
- Lundrigan, Starlene, Eastern Rural Director
- Parrill, Cindy, Western Regional Director
- Roy, Glenda, Central Regional Director
- Simms, Beverly, Northern Regional Director
- Templeton, Janet, Eastern Urban Director

- Wells, Julie, ARNNL Staff/Trust Coordinator
- Earle, Pegi, Executive Director/ Secretary-Treasurer

Awards Committee

- Doyle-Barry, Irene
- LeGrow, Diane
- Manning, Ann
- Pippy, Sharon
- White, Shelly
- Wells, Julie, ARNNL Staff/Trust Coordinator

Research Award Review Committee

- Ludlow, Valerie
- Warford, Kim
- Wells, Carla
- Wells, Julie, ARNNL Staff/Trust Coordinator

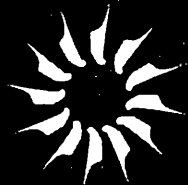
ARNNL STAFF REPRESENTATION ON OTHER COMMITTEES/ CONSULTATION PROCESSES

National

- Canadian Council of Registered Nurse Regulators
- Canadian Institute for Health Information Health Human Resources Database
- Canadian Nurses Association Governance & Leadership Committee
- Canadian Nurse Practitioner Examination Council
- Canadian Registered Nurse Examination Council
- Jurisdictional Collaborative Working Group on the Development of Nursing Practice Standards
- Jurisdictional Collaborative Project to Revise Entry-Level Competencies
- National Nursing Assessment Service Working Group
- National Toolkit for Family Practice Advisory Committee
- Nurse Practitioner Controlled Drug and Substance Working Group
- Registration Counterparts Language Proficiency Working Group

Provincial

- ARNNL-NLNU Liaison Meeting
- Canadian Mental Health Association – NL Provincial Advocacy Committee
- DHCS, Provincial Wellness Advisory Committee
- DHCS, Health Line Advisory Committee
- DHCS, Personal Health Information Act Steering Committee
- DHCS, Provincial Nursing Network
- DHCS, Provincial Working Group Recruitment of IENs
- DHCS, Provincial Advisory Committee for Staff Mix in Long Term Care
- DHCS, RN Workforce Model Working Group
- Health Profession Regulators Network
- Memorial University of Newfoundland (MUN), School of Nursing, Academic Council
- MUN BN Collaborative Program Advisory Committee
- Newfoundland and Labrador Centre for Health Information, Board of Directors
- Newfoundland and Labrador Centre for Health Information, NL Pharmacy Network Advisory Committee
- Newfoundland and Labrador Centre for Health Information, Tele-Health Advisory Committee
- Newfoundland & Labrador Public Health Association
- Provincial Advisory Committee on Opioid Treatment Services
- Provincial Advisory Committee on Cervical Screening
- Provincial Injury Prevention Coalition
- Provincial Seniors Nutrition Working Group
- Provincial Wound Care Advisory Committee
- Western Regional School of Nursing, Academic Council



The ARNNL Education and Research Trust was established in 1986 with a mandate to facilitate the expansion of nursing knowledge for the benefit of the public at large. The Trust accomplishes this mandate by providing scholarships, bursaries, and awards to student nurses and registered nurses (RNs) enrolled in education programs, and those conducting nursing research.

Highlights of Awards for 2011-12

- A total of 95 scholarships, awards, and bursaries were awarded in 2011-12 (Figure 1).
- The total amount awarded was \$56,440. The majority of available funds – almost 80 per cent – went to practicing RNs. Just over 40 per cent of the funds were awarded to support RNs pursuing continuing education such as attending a conference, completing a post-basic course, or writing the CNA Certification exam (Figure 2).
- During the Awards Ceremony in St. John's, Honorary Membership was presented to Violet Ruelokke and Rosanne Lake in recognition of their dedication and vision as founding members of the Trust.

Thank you, ARNNL members, for your \$10 membership fee, and to our generous supporters: Health Archives and Museum Board of Newfoundland and Labrador, the Young and Llewellyn families, the Penney and McCallum families, the Hillyard family, the Yetman family, Newfoundland and Labrador Gerontological Nurses Association, St. Clare's Mercy Hospital School of Nursing Alumni Association, General Hospital School of Nursing Alumni Association, Bay St. George Chapter, and two past-presidents of the Trust (Violet Ruelokke and Marcella Linehan).

Figure 1. Number of Trust Awards (1987-2011)

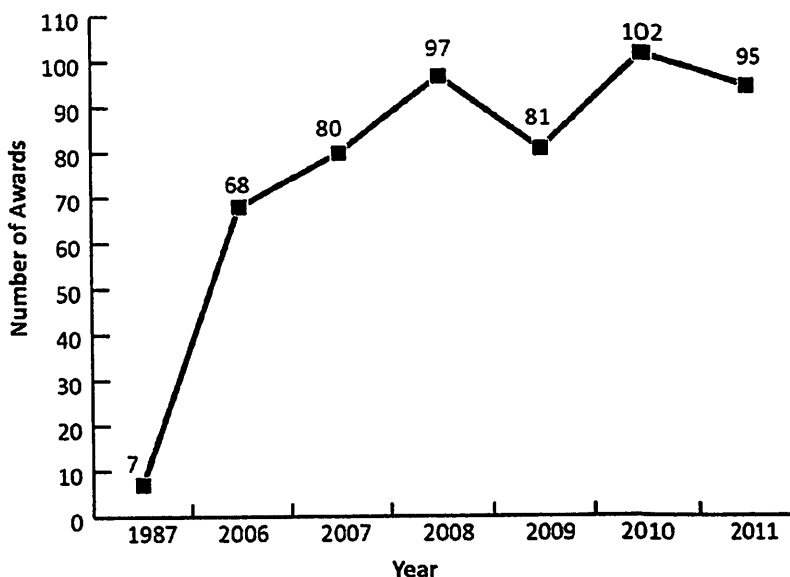
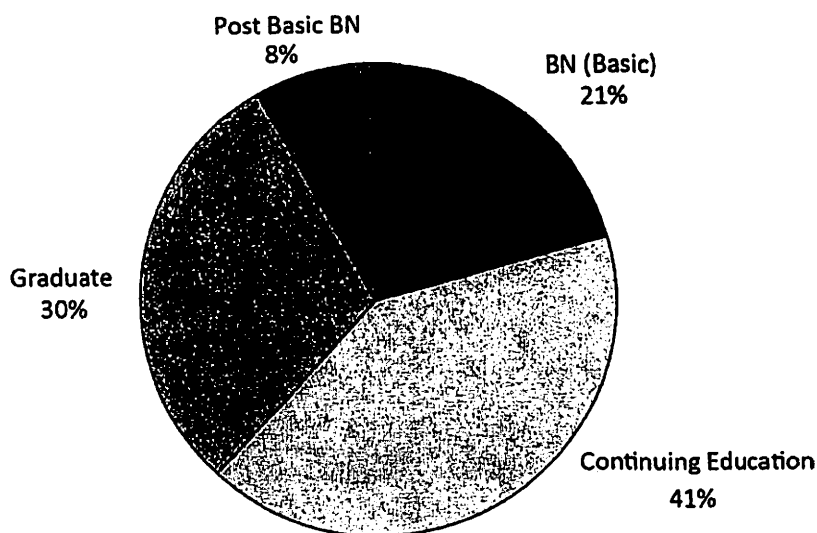


Figure 2. Where the Money Went in 2011-12





St. John's ceremony, December 2011



Comer Brook ceremony, December 2011

THE POWER OF GIVING: ONE DONOR'S STORY

In 2010, Bill Yetman approached the Trust to inquire about creating a scholarship for nurses working in oncology. He was seeking a way to recognize nurses for the extraordinary care provided to his father while he was in palliative care, and for his mother who was undergoing cancer treatment. Bill said that, "although we will never be able to repay those who cared for Peter (and now for Elizabeth), we do hope this small gesture by way of a scholarship will demonstrate to all oncology nurses in Newfoundland and Labrador that we admire what you do and love you for doing it for Mom and Dad." The Trust is pleased to administer the Peter and Elizabeth Oncology Nursing Scholarship on behalf of the Yetman family – Bill, Wanda, Jim, Corina, Lori, Pat, and Theresa.



The Yetman family and scholarship recipient Ann Marle Coady (left)
St. John's ceremony, December 2011



Association of Registered Nurses
of Newfoundland and Labrador

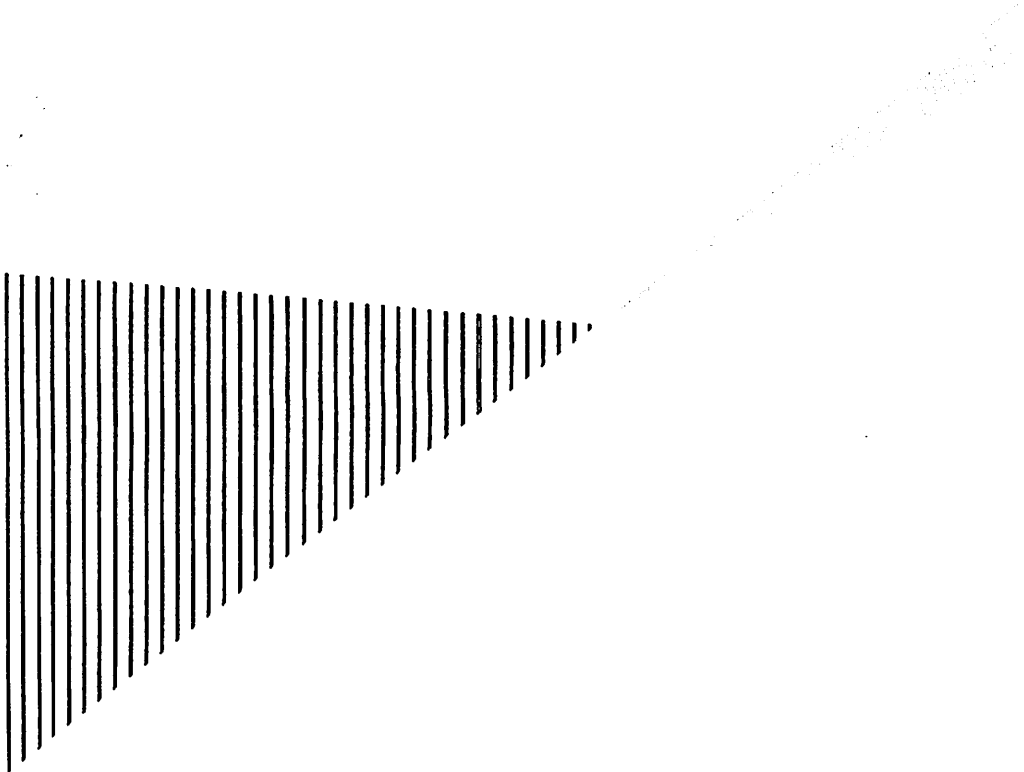
55 Military Road
St. John's, NL
A1C 2C5
709-753-6040
1-800-563-3200
info@arnnl.ca
www.arnnl.ca

Nursing Excellence for the Health of the Population

Financial Statements

**Association of Registered Nurses of
Newfoundland and Labrador**

March 31, 2012



INDEPENDENT AUDITORS' REPORT

To the Members of the
Association of Registered Nurses of Newfoundland and Labrador

We have audited the accompanying financial statements of the **Association of Registered Nurses of Newfoundland and Labrador**, which comprise the statement of financial position as at March 31, 2012 and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the **Association of Registered Nurses of Newfoundland and Labrador** as at March 31, 2012 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Ernst & Young LLP

St. John's, Canada,
June 5, 2012

Chartered Accountants

Association of Registered Nurses of Newfoundland and Labrador

STATEMENT OF FINANCIAL POSITION

As at March 31

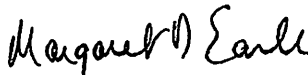
	2012	2011
	\$	\$
ASSETS		
Current		
Cash and cash equivalents	1,524,595	1,487,201
Short-term investments <i>[note 4]</i>	2,260,822	1,750,000
Accounts receivable	6,691	14,612
IEN receivable	35,000	15,000
Prepaid expenses	27,866	16,969
Total current assets	3,854,974	3,283,782
Portfolio investments <i>[note 4]</i>	540,763	657,262
Capital assets, net <i>[note 5]</i>	247,185	244,293
	4,642,922	4,185,337
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued liabilities	773,489	667,931
Deferred revenue	2,487,794	2,474,304
Total current liabilities	3,261,283	3,142,235
Deferred capital contribution	2,109	2,411
Accrued severance pay	138,107	124,095
Net assets		
Unrestricted	331,086	56,823
Internally restricted		
Invested in capital assets	247,185	244,293
Ways and Means Plan <i>[note 6]</i>	55,390	48,282
Legal Assistance Plan <i>[note 6]</i>	143,350	146,964
Conduct Review Plan <i>[note 6]</i>	100,000	60,960
Building Contingency Plan <i>[note 6]</i>	37,484	35,181
Scholarships/Bursaries Plan <i>[note 6]</i>	326,928	324,093
	1,241,423	916,596
	4,642,922	4,185,337

Commitments *[note 11]*

See accompanying notes

On behalf of the Board:

President 

Executive Director 

 ERNST & YOUNG

A member firm of Ernst & Young Global Limited

Association of Registered Nurses of Newfoundland and Labrador

STATEMENT OF OPERATIONS

Year ended March 31

	2012	2011
	\$	\$
REVENUE		
Practicing members	2,618,377	1,973,175
Examinations	151,349	141,061
IEN Project	140,000	30,000
Other	67,648	99,618
Interest	56,526	30,500
AGM income	30,004	—
Non-practicing members	19,804	18,048
Dividend income <i>[note 8]</i>	16,338	14,960
	<u>3,100,046</u>	<u>2,307,362</u>
EXPENSES		
Salaries and benefits	1,216,608	1,107,323
CNA, CNPS, CCRNR fees	453,078	397,976
Professional conduct review	258,609	168,168
Registration	200,830	205,000
Administration	167,291	151,163
Governance	149,027	96,060
IEN Project	135,573	27,500
Practice and policy	98,122	95,193
Communications	68,117	100,736
Depreciation	30,810	31,386
Other	23,948	24,883
	<u>2,802,013</u>	<u>2,405,388</u>
Excess of revenue over expenses		
(expenses over revenue)	<u>298,033</u>	<u>(98,026)</u>

See accompanying notes

Association of Registered Nurses of Newfoundland and Labrador

STATEMENT OF CHANGES IN NET ASSETS

Year ended March 31

	Internally restricted							Total 2011 \$	
	Invested in capital assets \$	Legal Assistance Plan \$	Ways and Means Plan \$	Conduct Review Plan \$	Building Contingency Plan \$	Scholarships/ Bursaries Plan \$	Unrestricted \$		
Balance, beginning of year	244,293	146,964	48,282	60,960	35,181	324,093	56,823	916,596	895,551
Unrealized gain on investments [note 12]	—	—	—	—	—	—	26,794	26,794	119,071
Excess of revenue over expenses (expenses over revenue)	(30,810)	—	—	—	—	—	328,843	298,033	(98,026)
Capital asset purchases	33,702	—	—	—	—	—	(33,702)	—	—
Internally restricted [note 7]	—	(3,614)	7,108	39,040	2,303	2,835	(47,672)	—	—
Balance, end of year	247,185	143,350	55,390	100,000	37,484	326,928	331,086	1,241,423	916,596

See accompanying notes

Association of Registered Nurses of Newfoundland and Labrador

STATEMENT OF CASH FLOWS

Year ended March 31

	2012	2011
	\$	\$
OPERATING ACTIVITIES		
Excess of revenue over expenses (expenses over revenue)	298,033	(98,026)
Items not affecting cash		
Depreciation	30,810	31,386
Accrued severance pay	14,012	25,005
Net change in non-cash working capital items related to operations <i>[note 10]</i>	96,072	649,230
Cash provided by operating activities	<u>438,927</u>	<u>607,595</u>
FINANCING AND INVESTING ACTIVITIES		
Purchase of capital assets	(33,702)	(9,982)
Decrease in deferred capital contributions	(302)	(302)
Increase in investments	(367,529)	(1,726,672)
Cash used in financing and investing activities	<u>(401,533)</u>	<u>(1,736,956)</u>
Net change in cash and cash equivalents during the year	37,394	(1,129,361)
Cash and cash equivalents, beginning of year	1,487,201	2,616,562
Cash and cash equivalents, end of year	<u>1,524,595</u>	<u>1,487,201</u>

See accompanying notes

Association of Registered Nurses of Newfoundland and Labrador

NOTES TO FINANCIAL STATEMENTS

March 31, 2012

1. NATURE OF OPERATIONS

The Association of Registered Nurses of Newfoundland and Labrador [the "Association"] operates under the authority of the *Newfoundland Registered Nurses Act*. The Association is a not-for-profit entity, governed by an elected council [the "Council"] and is not subject to income taxes under the *Income Tax Act* (Canada).

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles. The significant accounting policies are as follows:

Cash and cash equivalents

The Association considers as cash and cash equivalents deposits in bank, certificates of deposit and short-term investments with original maturities of three months or less.

Revenue recognition

The Association follows the deferral method of accounting for contributions. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received is reasonably assured. Membership fees received from practicing members are deferred and recognized as revenue when the member services are provided.

Investments and investment income

Publicly traded securities are valued at fair value based on the latest bid prices. Short-term securities are valued based on cost plus accrued income, which approximates fair value. Transactions are recorded at the settlement date basis and transaction costs are expensed as incurred.

Capital assets

Capital assets are recorded at cost and are depreciated over their estimated useful lives using the following annual methods and rates:

Building	Straight-line	2.5%
Office and computer equipment	Declining balance	20%, 25% and 50%

Association of Registered Nurses of Newfoundland and Labrador

NOTES TO FINANCIAL STATEMENTS

March 31, 2012

Use of estimates

The preparation of the 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 revenue and expenses during the year. Actual results could differ from those estimates. These estimates are reviewed periodically and, as adjustments become necessary, they are reported in operations in the period during which they become known.

Employee future benefits

The Association's full-time employees participate in a multi-employer pension plan, the Public Service Pension Plan. Part-time employees participate in a government money purchase pension plan. Contributions to such plans are expensed as incurred.

The Association provides a severance payment upon retirement, resignation or termination without cause. The expected cost of providing this employee future benefit is accounted for on an accrual basis.

Financial instruments

The Association has chosen to apply the Canadian Institute of Chartered Accountants ["CICA"] *Handbook* Section 3861, *Financial Instruments – Disclosure and Presentation*, in place of Section 3862, *Financial Instruments – Disclosures and Presentation*. The disclosures required by Section 3861 are provided in note 12.

3. IMPACT OF ADOPTING NEW ACCOUNTING POLICIES

In November 2010, the Accounting Standards Board of the CICA issued Part III of the *CICA Handbook* that sets out the accounting standards for not-for-profit organizations that are effective for fiscal years beginning on or after January 1, 2012, with an option to early adopt. The Association is currently evaluating the impact of these standards on its financial statements.

Association of Registered Nurses of Newfoundland and Labrador

NOTES TO FINANCIAL STATEMENTS

March 31, 2012

4. INVESTMENTS

The Association's investments are comprised of short-term investments and portfolio investments. The short-term investments include Canadian dollar denominated Guaranteed Investment Certificate investments that mature within one year. The portfolio investments include Canadian dollar denominated fixed income and equity securities.

During the year, the Association redeemed preferred share equity investments in the amount of \$275,000 resulting in a realized gain of \$8,570, and the recognition of associated cumulative unrealized losses previously recognized in the Association's net assets balance. Accordingly, there was no net impact on the Association's statement of operations. Based on the terms of the redemption, the Association also recognized and received approximately \$10,250 in interest income.

5. CAPITAL ASSETS

	2012		2011	
	Cost	Accumulated amortization	Net book value	Net book value
	\$	\$	\$	\$
Building	431,665	278,605	153,060	163,852
Office and computer equipment	741,447	647,322	94,125	80,441
	<u>1,173,112</u>	<u>925,927</u>	<u>247,185</u>	<u>244,293</u>

The building is located on leasehold land. The lease expires in the year 2853.

Association of Registered Nurses of Newfoundland and Labrador

NOTES TO FINANCIAL STATEMENTS

March 31, 2012

6. PLANS

The Association has established the following plans which accumulate funds to cover costs in the following areas:

Ways and Means Plan

The purpose of the Ways and Means Plan is to accumulate funds for the next Biennial Convention of the Canadian Nurses Association to be held in Newfoundland and Labrador.

Legal Assistance Plan

The Association has established a Legal Assistance Plan to help members with the professional conduct review proceedings that may take place under Section 21 of the *Newfoundland Registered Nurses Act*.

Conduct Review Plan

The Conduct Review Plan has been established to assist the Association to cover extraordinary legal and related costs associated with the professional conduct review process.

Building Contingency Plan

The Building Contingency Plan has been established to cover the extraordinary repair and maintenance costs associated with the property at 55 Military Road.

Scholarships/Bursaries Plan

The Association has established the Scholarships/Bursaries Plan to support the education of nurses, including scholarships, post-basic courses, continuing education, conferences, research, bursaries and Canadian Nurses Association ["CNA"] certification. These scholarships/bursaries are to be administered by the Association of Registered Nurses of Newfoundland and Labrador Education and Research Trust [the "Trust"] and the amounts transferred will be based on the interest earned on the principal balance. The minimum transfer is \$5,000 per year.

Association of Registered Nurses of Newfoundland and Labrador

NOTES TO FINANCIAL STATEMENTS

March 31, 2012

7. SUMMARY OF INTERNALLY RESTRICTED TRANSFERS

	Legal Assistance Plan \$	Ways and Means Plan \$	Conduct Review Plan \$	Building Contingency Plan \$	Scholarships/Bursaries Plan \$
2012					
Allocation of fees	6,831	6,830	39,040	—	2,835
Allocation of dividends	—	—	—	2,303	—
Allocation of interest	—	278	—	—	—
Costs incurred	(10,445)	—	—	—	—
	<u>(3,614)</u>	<u>7,108</u>	<u>39,040</u>	<u>2,303</u>	<u>2,835</u>
2011					
Allocation of fees	6,982	6,982	—	—	4,106
Allocation of dividends	—	—	—	2,490	—
Allocation of interest	—	242	—	—	—
Costs incurred	(12,413)	—	—	—	—
	<u>(5,431)</u>	<u>7,224</u>	<u>—</u>	<u>2,490</u>	<u>4,106</u>

8. DIVIDEND INCOME

As a result of a Council policy, \$5,000 of the income earned on the investments designated for scholarships and bursaries should be allocated to the Trust annually. Additionally, the Trust will receive 75% of any excess earned while the remainder will be reinvested by the Association. During the year, an amount of \$16,338 [2011 – \$14,960] of dividend income was earned on the investments designated to be used for scholarships and bursaries. Of this amount, \$13,504 [2011 – \$12,470] was allocated to the Trust, with \$2,835 [2011 – \$2,490] reinvested by the Association.

9. EMPLOYEE FUTURE BENEFITS

The Association's contribution to the pension plan as at March 31, 2012 amounted to \$76,349 [2011 – \$71,619].

Association of Registered Nurses of Newfoundland and Labrador

NOTES TO FINANCIAL STATEMENTS

March 31, 2012

10. SUPPORT FOR STATEMENT OF CASH FLOWS

The net change in non-cash working capital items related to operations is comprised of the following:

	2012 \$	2011 \$
Decrease (increase) in accounts receivable	7,921	(11,531)
(Increase) decrease in IEN receivable	(20,000)	104,638
(Increase) decrease in prepaid expenses	(10,897)	15,684
Increase (decrease) in accounts payable and accrued liabilities	105,558	(63,321)
Increase in deferred revenue	13,490	603,760
	<u>96,072</u>	<u>649,230</u>
	2012 \$	2011 \$
Supplemental cash flow information		
Cash paid during the year for interest	(14,200)	(14,657)
Cash received during the year for interest	<u>28,038</u>	<u>31,670</u>

11. COMMITMENTS

The Association has commitments with respect to pending leases which expire in March 2016. Minimum lease payments over the next three years are as follows:

	\$
2013	21,505
2014	2,677
2015	<u>2,520</u>

Association of Registered Nurses of Newfoundland and Labrador

NOTES TO FINANCIAL STATEMENTS

March 31, 2012

12. FINANCIAL INSTRUMENTS

The Association classifies its financial instruments as shown in the following table. The financial instruments are measured as follows based on their classification.

Asset/Liability	Classification	Measurement
Cash and cash equivalents	Available-for-sale	Fair value
Short-term investments	Available-for-sale	Fair value
Portfolio investments	Available-for-sale	Fair value
Accounts receivable	Loans and receivables	Amortized cost
Accounts payable and accrued liabilities	Other financial liabilities	Amortized cost
Accrued severance pay	Other financial liabilities	Amortized cost

The Association's accounts receivable, accounts payable and accrued liabilities, and accrued severance pay balances are presented at amortized cost which approximates fair value.

All portfolio investments are presented at fair market value. For the year ended March 31, 2012, the increase in fair value of investments in the amount of \$18,224 [2011 – increase of \$119,071] was recognized as an increase in the unrestricted net assets of the Association.

Credit risk

The Association does not have significant exposure to any individual or organization.

Interest rate risk

The Association does not have any form of long-term debt and therefore does not have significant exposure to interest rate risk on its financial liabilities.

The Association's interest-bearing investments are exposed to interest rate risk. The Guaranteed Investment Certificates represent the most significant exposure to interest rate risk.

Association of Registered Nurses of Newfoundland and Labrador

NOTES TO FINANCIAL STATEMENTS

March 31, 2012

13. CAPITAL DISCLOSURES

In managing capital, the Association focuses on liquid resources available for operations. The Association's objective is to have sufficient liquid resources to continue operating despite events with adverse financial consequences and to provide it with the flexibility to take advantage of opportunities that will advance its purposes. The need for sufficient liquid resources is considered in the preparation of an annual budget and in the monitoring of cash flows and actual operating results compared to the budget. As at March 31, 2012, the Association has met its objective of having sufficient liquid resources to meet its current obligations.

14. COMPARATIVE FINANCIAL STATEMENTS

The comparative financial statements have been reclassified from financial statements previously presented to conform to the presentation adopted for the current year.