Regulating Registered Nursing in the Public Interest

ANNUAL REPORT

2012-13

Association of Registered Nurses of Newfoundland and Labrador
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Message from the Canadian Nurses Association

I am honoured to extend warm greetings to Newfoundland and Labrador’s registered nurses on behalf of CNA’s staff and Board of Directors.

The Association of Registered Nurses of Newfoundland and Labrador (ARNNL) is one of CNA’s highly esteemed partners and a valued ally in all our contributions to the health of Canadians and the advancement of nursing. The strong leadership your Past President Beverly White brought to our board, and to our governance and leadership committee from 2010-12, was truly invaluable. This past March, we had the special privilege of joining Cathy Stratton, your new President, in recognizing Bev with a Queen Elizabeth II Diamond Jubilee Medal. CNA has greatly benefited as well from the nursing and health care insight and experience of your former Executive Director, Pegi Earle. Today, we are also very pleased to be working with Lynn Power, ARNNL’s new Executive Director.

In CNA’s commitment to advancing nursing and health, it is only through the collective efforts of such dedicated jurisdictional members as ARNNL that we will effect lasting change.

We witnessed this kind of dedication in November when your President and Executive Director actively participated in CNA’s Parliament Hill Day. Both helped to bring nursing solutions that would improve health and the health care system directly to some of Newfoundland and Labrador’s MPs and senators. Their efforts made an important contribution to meeting our objectives on enhancing health and keeping people well.

This effort followed another collective CNA and ARNNL success in the spring: a public awareness campaign called Nurse Practitioners: It’s About Time! The campaign championed NPs as a solution to timely access to the right care. By working together, the campaign was better able to reflect current realities facing your provincial health care system, such as meeting public health needs for an aging population and managing an ever-growing number of chronic diseases.

I extend my sincere thanks for your commitment and collaboration on these important initiatives. I salute your board, your management team and your members for the many achievements you have marked over the past year, as I look forward to our continued partnership in advancing positive health outcomes in the public interest and in advancing a strong, dynamic profession.

Warmly,

Barb Mildon, RN, PhD, CHE, CCHN(C)
President
Canadian Nurses Association
Message from the President

Reflecting on this past year brings to mind significant events for ARNNL.

In June 2012, our Executive Director (ED), Pegi Earle, announced that she was going to retire at the end of the year. Pegi’s energy, integrity, and optimism were integral in providing strategic leadership for ARNNL. Following Pegi’s news, Council put into place a search to fill this key leadership and administrative role at the Association. We were able to transition smoothly by hiring Lynn Power whose more recent significant successes came from her role at ARNNL as the Director of Policy and Practice and previously as ARNNL’s Nursing Consultant – Practice. Lynn’s excitement and commitment, incorporated into a leadership style that acknowledges that all individuals and issues are worthy of consideration, continues to advance our profession. We are very pleased to have Lynn leading ARNNL.

In 2012-13, the government of Newfoundland and Labrador has declared that we are in the midst of an economic decline. This creates a new set of issues, challenges and stresses. At the time of writing this message, it is not fully evident what changes are on the horizon. ARNNL Council and staff have devoted considerable time and attention to the emerging changes. ARNNL continues to work closely with government to advocate for the profession and the health of the public. ARNNL recognizes the need for the transformation of the health care system because of the changing and evolving health needs of our population, aging demographics, newer options for treatment, impact of technology, and knowledge translation directed at providing more effective health services. Registered nurses (RNs) and nurse practitioners (NPs) are leaders in this province and our voices are valuable in advocating for “Nursing Excellence for the Health of the Population.”

As a professional regulatory body, one of the activities of Council has been the handling of complaints against RNs. We are guided by our mandate to protect the public and this responsibility is a privilege that is taken very seriously. I would like to acknowledge the important and invaluable contribution of Council’s knowledge and expertise in dealing with such complex matters.

ARNNL continues to work closely with government to advocate for the profession and the health of the public.
Member engagement is essential to maintain an open and effective relationship with members and the public. I would like to thank everyone who participated in the President's teleconference in September and encourage everyone to consider participating in the fall 2013 session. As well, I have enjoyed meeting RNs in the province to engage in dialogue about important issues impacting our profession.

There is much about the role of President that is inspiring and I would be remiss if I did not mention this. Some of the inspiration is evident in the accomplishments of ARNNL’s Awards for Excellence recipients in 2012: Linda Norman-Robbins, RN, BN, M.Sc.A; Patricia Rodgers, RN, B.VocED, CNCC(C); and Deborah Gregory, BN, MSc, PhD. There were a number of registered nurses chosen as recipients of the Queen Elizabeth II Diamond Jubilee Medal. There are also many inspiring stories of nurses who are improving the lives of individuals and their communities, engaging in research, sharing knowledge, and supporting one another to provide the best possible care. Passion is what guides these nurses and it is evident in everything they do.

I would also like to acknowledge ARNNL Council, staff and the many volunteer RNs whose commitment and dedication are invaluable in achieving our objectives for the nursing profession.

There may be challenges in the days that lie ahead, but together there is the capacity to move nursing forward for the health of our population. Please email me to share your ideas to help guide Council’s work in advancing registered nursing in the province.

Cathy Stratton, RN, MN
president@arnnl.ca

There may be challenges in the days that lie ahead, but together there is the capacity to move nursing forward for the health of our population.
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.

**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**

*Accountability for self-regulation of the nursing profession in the public interest*

- Competent, ethical RNs are providing quality care in an evolving health system
  - RNs meet entry-level requirements for practice
  - RNs meet the requirements for continuing competence
  - RNs adhere to the standards for nursing practice and code of ethics for RNs
- Regulatory processes are transparent, accessible and fair
- Members understand the process of self-regulation and their accountabilities in self-regulation

**Professionalism**

*The nursing profession is prepared for and enabled to meet the present and future health needs of the public*

- Government and stakeholders have compelling evidence of the impact of adequate nursing human resources on the health status of the population
- RNs and stakeholders have access to standards and policies to support nurses to work to their full scope of practice

**Quality Professional Practice Environments**

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

- RNs are prepared for leadership roles in practice, management, education, research and policy
  - There are adequate supports in the system for preceptorship, mentorship and lifelong learning
  - RNs play a leadership role in identifying, implementing and evaluating evidence-informed practice and innovation
- Enhanced recruitment and retention of a diverse workforce of RNs

**Healthy Public Policy**

*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*

- Government and stakeholders have convincing evidence to influence their policy directions and resource allocation decisions to advance the health of the population
- The public is aware of the importance of health promotion and illness prevention for the health of the population
- RNs have capacity to advocate for healthy public policy
Since the 2012 Annual Meeting, ARNNL has been notified of the passing of the following ARNNL members. Sympathy is extended to family and friends.

<table>
<thead>
<tr>
<th>NAME</th>
<th>SCHOOL OF NURSING</th>
<th>YEAR OF GRADUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basu, Anita</td>
<td>College of Nursing</td>
<td>1954</td>
</tr>
<tr>
<td></td>
<td>New Delhi, Delhi, India</td>
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<tr>
<td>Budgell, Caroline Fanny</td>
<td>S.A. Grace Hospital</td>
<td>1962</td>
</tr>
<tr>
<td>Burton, Florence Dorothy May</td>
<td>St. Clare’s Mercy Hospital</td>
<td>1985</td>
</tr>
<tr>
<td>(nee Reid)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cahill, Nora (nee Fox)</td>
<td>Halifax Infirmary</td>
<td>1947</td>
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<tr>
<td></td>
<td>Halifax, Nova Scotia</td>
<td></td>
</tr>
<tr>
<td>Chidley, Ann Maureen (nee</td>
<td>S.A. Grace Hospital</td>
<td>1975</td>
</tr>
<tr>
<td>Kennedy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Churchill, Sharon Joy</td>
<td>Memorial University</td>
<td>1987</td>
</tr>
<tr>
<td>Hapgood, Joanne</td>
<td>General Hospital</td>
<td>1979</td>
</tr>
<tr>
<td>Hickey, Bernard (Barney) T.</td>
<td>General Hospital</td>
<td>1982</td>
</tr>
<tr>
<td>Mercer, Bradley</td>
<td>Memorial University</td>
<td>2003</td>
</tr>
<tr>
<td>Mercer, Valma June (nee</td>
<td>General Hospital</td>
<td>1963</td>
</tr>
<tr>
<td>Dywer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mills, Ruby</td>
<td>General Hospital</td>
<td>1961</td>
</tr>
<tr>
<td>Moore, Margaret “Pamela” (nee</td>
<td>S.A. Grace Hospital</td>
<td>1969</td>
</tr>
<tr>
<td>Howell)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Murphy, Hilary (nee Hart)</td>
<td>S.A. Grace Hospital</td>
<td>1967</td>
</tr>
<tr>
<td>(nee Howell)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Murphy, Hope Daral (nee</td>
<td>General Hospital</td>
<td>1961</td>
</tr>
<tr>
<td>Higgins)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smith, Mabel (nee Best)</td>
<td>S.A. Grace Hospital</td>
<td>1962</td>
</tr>
<tr>
<td>Tapper, Ruth (Ruthie) (nee</td>
<td>General Hospital</td>
<td>1948</td>
</tr>
<tr>
<td>Morris)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Being part of a self-regulated profession means that RNs govern nursing, and are the ‘self’ in self-regulation (see p. 23). Thank you to all who contributed over the past year.
Who We Are

ARNNL Council in the interest of the public, and on behalf of members, serve to advance the objects of the Registered Nurses (RN) Act (2008):
• To advance and promote the ethical and professional standards of the nursing profession;
• To promote proficiency and competency in the nursing profession; and
• To encourage members to participate in activities promoting the health and well-being of the public.

Council consists of 10 elected RNs and four appointed public representatives. Representatives from nursing student societies are also invited to attend Council meetings as observers. Each year there is an election to fill vacated RN Council positions. In early 2013, an election was held for the positions of Advanced Practice and Practice. The Nominations Committee recruited a slate of nominees, conducted an election, and will report the outcome at the annual meeting on June 7. Look for the call next year, and if you’re eligible, run for a seat at the Council table ... and remember to cast your vote!

Our Framework
Council sets the overall policy direction to uphold the objects of the Act. These policies are written as Ends statements (see p. 6). This report will highlight progress toward achieving these Ends over the past year.

Milestone
A significant milestone achieved after many years of development was the approval of new Regulations – arising from the RN Act (2008). These regulations cover registration and licensure, approval of nursing education programs, professional conduct review, and continuing competence processes. Further information and related bylaw changes will be forthcoming in the coming year.
Annual Meeting
Over 50 members attended ARNNL’s 58th Annual Business Meeting (ABM) on June 6, 2012, in St. John’s. Cathy Stratton, RN, MN, Associate Director (Administration) at Western Regional School of Nursing, was officially installed as ARNNL’s 26th President. Making the ABM available via audio conferencing was introduced in 2010, and in 2012 we welcomed more members by phone than in previous years. We encourage you to utilize this opportunity to participate.

The Resolutions Committee issued a call for resolutions in January 2012. There were no resolutions submitted by the deadline. Consider submitting a resolution in the future as a means of influencing the work of your Association.

Linkage with Members and the Public
Over the last year, as part of Council’s ongoing mandate to remain informed about trends in health care and nursing, the following groups and individuals participated in Council sessions:

**June 2012:** Sister Angela McGrath, Co-Director, The Gathering Place

**October 2012:** Darren Stratton, McInnes Cooper, Procedural Fairness in the Professional Conduct Review process

**February 2013:** Sgt. Peter McKay and Staff Sgt. Chris Fitzgerald, Royal Canadian Mounted Police, and representatives from the Association of Occupational Health Nurses of Newfoundland and Labrador: Pamela Wells, Kelly Nichols, Cathy Dormody, Kathy King, and Laura Stanford

Linkages with members also took place during National Nursing Week visits to Hoyles Escasoni, St. Patrick’s Mercy Home, General Hospital/Janeway/Memorial University School of Nursing, Service Canada, and Atlantic Offshore Medical Services, and as part of the annual President’s Teleconference in September.

Financial Position
The audited financial statements for 2012-13 are distributed at the annual meeting and are posted at www.arnnl.ca. You are welcome to post questions to our auditors at the ABM, or to contact us with inquiries.
What We Do

ACCOUNTABILITY FOR SELF-REGULATION

Examinations
The successful completion of a RN or NP exam is the final measure of competence that all graduate nurses must attain before they can be registered and licensed. Over the past year:

- 95% (n=240) of the 253 Bachelor of Nursing (BN) graduates successfully wrote the Canadian Registered Nurse Exam (CRNE) for the first time.
- 60% of the NP-Primary Health Care NL graduates successfully wrote the Canadian Nurse Practitioner Exam (CNPE) Family & All-Ages.

Work continued with the National Council of State Boards of Nursing for the development of the NCLEX-RN. This state-of-the-art, computer-adaptive entry to practice examination will be available for students to write in 2015. ARNNL members have been participating in item writing/reviewing, workshops, conferences, and continuing education. Together, we are ensuring a smooth transition to the new exam.

Registration
It was another record year for registration and licensure.

- Registration renewal for the 2013-14 licensure year was 100 per cent online.
- The registration status of members can be verified 24 hours a day through ARNNL’s Member Search Tool. Last year this tool was upgraded to display effective date as well as license expiry date. The year also saw the end to the issuing of paper license/membership cards - all verifications of an individual RN’s/NP’s registration status are done electronically.
- Continuing Competence Program (CCP) education sessions and ARNNL’s online tutorial continues to be one of the most used tools on www.arnnl.ca. Ninety-nine per cent of practicing members reported that they completed all components of the CCP. The development of the CCP formal audit will commence in the coming year.
- Practicing licenses were issued to 280 new members in 2012-13. Of these, 82.5% were graduates of a NL school of nursing, 12.5% were from other Canadian jurisdictions, and 5% were Internationally-Educated Nurses (IENs).
- Several NPs commenced the NP Validation Process to regain eligibility for NP licensure. To date, four NPs have completed and were issued a license.
- ARNNL continued to coordinate the development of a Competency-Based Assessment (CBA) process, offered through the Centre for Nursing Studies (CNS), to assess the entry-level practice readiness of IENs. We referred 11 IENs to the CNS, and six have completed the CBA process.
- Development of a new IEN bridging and re-entry education program to address competency gaps, is expected to go to Council for preliminary approval later in 2013.
- ARNNL joined the National Nursing Assessment Service Corporation in 2012. Foundational work has begun to centralize the application and assessment process for IENs. Implementation is expected in 2014. The project is cost shared among Canadian nursing regulators representing RNs, LPNs, and registered psychiatric nurses, and Health Canada.

ONLINE SERVICES

We are moving on our journey to make the web a “one-stop shop” for member service requests. In addition to online licensure renewal, ARNNL’s Member Self-Service website, https://ereg.arnnl.ca/ continued to offer new modules to improve efficiency, and act as an environmental steward by reducing paper waste (e.g., initial registration for NL graduates, IENs and Canadian registered RNs, and the CRNE application). Overall feedback was extremely positive. Thank you for your support and patience!
Our Numbers – Local:
• 6,340 practicing licenses were issued in 2012-13, an increase of 0.5% over last year. The number of non-practicing members was unchanged (Figure 1).
• NPs account for 2% of practicing members. 123 practicing NP licenses were issued in 2012-13 representing a 4.2% increase over last year (Figure 2).

Resources
Providing guidance on regulatory matters is partly achieved through the development and promotion of new and revised documents and resources. During the past year, we:

• Revised the Standards of Practice for Registered Nurses (2013)
• Updated the Competencies in the Context of Entry-Level Registered Nurse Practice (2013-18)
• Supported the transition to the new NP streams of practice: NP-Family & All Ages, NP-Adult & NP-Pediatric
• Promoted the CNA Code of Ethics for Registered Nurses, interactive online learning modules, and webinars
• Disseminated CNA public policy documents
• Developed an “About ARNNL” promotional brochure
• Revised “About ARNNL” posters for public display

Our Numbers – Abroad:
• Thirty-nine applications were received from IENs in 2012-13, a 40% decrease compared to last year.
• Fourteen IENs obtained full registration and licensure, and an additional 13 were assessed to be eligible for an interim license in 2012-13.
Education
Many high-caliber and in-demand nursing programs are offered in the province.

• 293 students were accepted to the BN program last year.
• The Master of Nursing (MN) program continues to be in demand; 98 students are currently enrolled, with 95% enrolled in part-time studies.
• The new MN NP Program started in January 2013 with 16 students; another intake is planned for September.
• 7.5% of practicing members (n=453) indicated that they are currently enrolled in a post-basic education program.
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 and outlined in the RN Act (2008). The increasing number of allegations, complexity of cases, and the legalization of the PCR process has resulted in substantial program costs for a fourth consecutive year. For details on the procedures, please review sections 18-35 at www.assembly.nl.ca/Legislation/sr/statutes/r09-1.htm.

Figure 3 and Table 1 show the number, source and disposition of allegations and complaints.

Figure 3

This year, 26 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.

Conduct issues identified included: practicing without a license; conduct that does not conform to the values and beliefs within the Code of Ethics for Registered Nurses (breaching client privacy, sleeping on duty, dishonesty, failing to maintain professional boundaries); inappropriate documentation of client assessment and care; lack of professionalism in client interactions; and errors in medication administration.

- The Complaints Authorization Committee (CAC) reviews and refers allegations and determines the next course of action. The CAC met 14 times to review allegations lodged against 25 members. Acting on the CAC recommendations, Council suspended three members’ licenses pending a disciplinary hearing and decision of an Adjudication Tribunal.
- Adjudication Tribunals were convened to conduct hearings into complaints against six members: one member was found not guilty and the complaint dismissed; two members were found guilty of conduct deserving of sanction with two decisions pending; and a member’s request to be struck from the Register was granted.

The PCR Process: When an Allegation is Submitted (RN Act, 2008)

*Director of Professional Conduct Review*
Four respondents who had allegations filed against them requested and were granted De-Registration by Council (rights and privileges as a RN to practice nursing cease).

Last year one notice of appeal was filed with the Trials division of the Supreme Court with respect to a decision of an Adjudication Tribunal.

As required by the Act, the outcomes of disciplinary hearings, when a member is found guilty and an Order of the Adjudication Tribunal suspends or imposes conditions on a license, are published in the member’s local newspaper. Two hearing outcomes were published in 2012.

Notes
1. Complaints lodged in a previous year with an action(s) required in 2012-13, the total number of allegations/complaints lodged from 2006 to 2012 (n=93).
2. Alternate Dispute Resolution (ADR)

<table>
<thead>
<tr>
<th>Complaints/ Allegations 2006-12</th>
<th>Allegations 2012-13</th>
<th>Total actions taken 2012-13</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>51</td>
<td>26</td>
</tr>
<tr>
<td>Action taken</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attempt to resolve</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Investigation/ADR(^2) ordered by the CAC</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Registrant required to meet with CAC</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Caution or Counsel issued by CAC</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Referred to Hearing Tribunal</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Allegation referred to the CAC but not yet heard</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>CAC recommended to Council to suspend/restrain member license</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>ADR pending</td>
<td>4</td>
<td>2</td>
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<tr>
<td>ADR finalized</td>
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<tr>
<td>Monitored under ADR Agreement</td>
<td>21</td>
<td>12</td>
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<tr>
<td>Conditions of ADR completed</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Investigations commenced or completed</td>
<td>12</td>
<td>8</td>
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<tr>
<td>Withdrawn by Complainant</td>
<td>1</td>
<td>0</td>
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<td>Hearing Tribunals</td>
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<td>1</td>
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<td>Monitoring of Order of Adjudication Tribunal</td>
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<td>0</td>
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<tr>
<td>Dismissed by CAC</td>
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<tr>
<td>De-Registration</td>
<td>4</td>
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</tr>
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</table>

Table 1: Disposition of Complaints Lodged Under the *RN Act*
April 1, 2012 - March 31, 2013

![Decision tree diagram]

**Decision tree diagram:***

- **Investigate**
- **Refer for investigation/ADR or both**
- **Require Respondent to appear before CAC**
- **Dismiss allegation**
- **Caution or counsel Respondent**
- **Instruct DoPCR to file complaint and refer to Disciplinary Panel**
- **Recommend to Council**
  - 1. Suspend or restrict Respondent’s license, or
  - 2. Direct DoPCR to investigate Respondent’s practice

**Not guilty - dismiss**

**Guilty - sanctions/conditions**
PROFESSIONALISM

We are excited to announce that last year we moved forward on our Professionalism in Nursing Strategy. Four overarching elements that illustrate what professionalism in registered nursing means have been identified: Accountable, Knowledgeable, Visible, and Ethical. These concepts will be used as part of a strategic communications and marketing campaign, and are inherent in our new Standards of Practice for Registered Nurses (2013). Further, work progressed on new documents detailing requirements of the therapeutic relationship and use of social media, and promotion of the RN and NP roles continued through the distribution of credential pins to members. Further details on these and other projects will be announced over the year.

Working to Full Scope of Practice

Our Nursing Consultants continue to provide advice and guidance to support nurses in new or emerging roles and when assuming new competencies.

- Nurse entrepreneurship remains active. Ten RNs indicated that they were establishing independent practice this year. Twenty-nine attended an open teleconference to learn about related professional and legal responsibilities. A total of 33 members identified their primary employment as independent practice. Work was completed on a white paper identifying elements for ARNNL’s future consideration to support these nurses.
- Work continued to update ARNNL’s Shared Scope of Practice with LPNs document.
- The Framework for NP Practice in Newfoundland and Labrador (2008) was amended to authorize NPs to prescribe additional drugs in the antiretroviral classification.
- The federal Controlled Drug and Substance Act was amended to include ‘New Classes of Practitioners Regulations’ which will give NPs the authority to prescribe authorized controlled drugs and narcotics. Seventy-five nurse practitioners have enrolled/ completed the related continuing education course.
- ARNNL is working with CNA on strategies to promote growth of the Clinical Nurse Specialist role.
- ARNNL provided clarification on nursing student scope of practice in relation to point-of-care testing within the new laboratory accreditation standards.

Fostering Nursing Leadership

- Twenty-four clinical managers in the Eastern Health region attended ARNNL’s two-day workshop, “Advancing Professional Leadership Capacity.”
- Information was obtained from a survey of nurses in management positions to inform future activities in such areas as span of control, job satisfaction, role recruitment, orientation, and succession planning.
- The Workplace Representative (WPR) program, now in its 19th year, consists of RN and NP volunteers in the workplace who serve as liaisons to increase awareness of ARNNL’s role. There are now 104 WPRs throughout the province.
- Congratulations to 13 ARNNL Special Interest Groups (SIGs) involved in various specialties within the nursing profession (see p. 20). ARNNL continues to support knowledge translation through providing two evidence-based practice funding awards annually to SIGs.

ARNNL has highlighted the achievements and leadership qualities of 36 RNs through profiles and mentions in our ACCESS magazine.
QUALITY PROFESSIONAL PRACTICE ENVIRONMENTS

• The joint ARNNL/CLPNNL Quality Professional Practice Environment (QPPE) program continued. Since 2005, 17 sites have participated. In 2012-13 two new groups started: Bonne Bay Health Centre and Bay St. George Long Term Care Centre. To date, almost 700 nurses have participated using the program to empower them to solve problems, influence change, and to create quality workplaces.
• QPPE’s first regional facilitator, Barbara Elliott, joined the team and is testing the train-the-trainer approach in the Western region.
• ARNNL’s nursing staff continued to offer confidential consultations and assistance to members resolving practice concerns. This year, we responded to over 90 calls.
• Work continued on updating The Role of the RN in Long-Term Care (2004) position statement.
• Liaison meetings were held with key stakeholders to address issues of common concern, such as quality of RNs’ workplaces, nursing human resource planning, professionalism, and skill mix.
• For the seventh year, ARNNL and NLNU collaborated on the Nursing Innovations Conference, “Showcasing Your Professional Presence,” which saw over 140 in attendance.
• In February, ARNNL and the Newfoundland and Labrador Association of Social Workers collaborated for the 10th year on a joint educational event. The panel discussion, Rethinking Stereotypes, Challenging our Perceptions: What Health Professionals Need to Know, was attended in person by over 100 people and watched live via webinar. You can view the full webinar on ARNNL’s YouTube channel at www.youtube.com/arnnl.

ON THE NATIONAL SCENE

We liaise with national nursing organizations to provide support and resources to ARNNL members.
HEALTHY PUBLIC POLICY

We continued over the year to advocate for the following public policy platforms:

- sustainability of the health care system
- release of a comprehensive health human resource plan
- initiatives to enhance and sustain retention of health professionals in rural, remote, and hard-to-recruit settings
- and for specific practice areas, such as nursing education, long-term care and nursing leadership, where there are a higher-than-average number of RNs nearing retirement age

With other social policy coalitions, ARNNL supported public messaging and action to promote breastfeeding, support the ban on the cosmetic use of pesticides, promote seniors nutrition, place age restrictions on the use of tanning beds, and support smokers to quit.

ARNNL’s policy agenda was shared with the Minister of Health and Community Services, provincial and federal elected officials, at the Provincial Government’s Pre-Budget Consultations, and in a CNA lobby with federal Members of Parliament and senators.

- The National Nursing Week theme, “Nursing – The Health of our Nation” provided the opportunity to raise public awareness about the role of nursing in influencing the health of the population.
- ARNNL supported CNA on numerous projects such as the NP awareness campaign, opposing cuts to refugee health benefits, creating a national housing strategy, banning asbestos, reducing sodium consumption, and promoting the value of influenza vaccinations.

ARNNL continued to work with the Provincial Wellness Advisory Council, Newfoundland & Labrador Public Health Association, Canadian Mental Health Association Newfoundland and Labrador, Injury Prevention Coalition, Newfoundland and Labrador Medical Association, Newfoundland and Labrador Alliance for the Control of Tobacco, and many other organizations to advance the health and well-being of our population.

AWARDS FOR EXCELLENCE IN NURSING MARKS A MILESTONE

In June, three RNs were honoured as part of a ceremony celebrating the 20th Anniversary of ARNNL’s Awards for Excellence in Nursing program. Established in 1992, the program recognizes RNs for their commitment to improving the quality of health care in the province; leadership and professionalism; lifelong learning; innovation; and contribution to the nursing profession.

Linda Norman-Robbins, Director, Western Regional School of Nursing, Western Health, received the Award for Excellence in Nursing – Administration; Patricia Rodgers, Clinical Educator, General Hospital, Eastern Health received the Award for Excellence in Nursing – Education; and Deborah Gregory, Health Policy Analyst and Clinical Assistant Professor, Eastern Health and Memorial University, Faculty of Medicine received the Award for Excellence in Nursing – Research.

Nominate a RN or NP for an Award for Excellence in Nursing. Visit www.arnnl.ca.
Conclusion

ARNNL has had a year of continued progress in pursuit of its mission, “Nursing Excellence for the Health of the Population.”

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. 23), as well as an invaluable team of enthusiastic and dedicated ARNNL staff (p. 31). Thank you!
Special Interest Groups

There are 13 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 (CANO), Newfoundland Branch
- Canadian Council of Cardiovascular Nurses - NL Division (CCCN-NL)
- 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
- National Emergency Nurses Affiliation (NENA) NL
- Newfoundland and Labrador Gerontological Nurses Association (NLGNA)
- Newfoundland and Labrador Nurse Practitioner Association (NLNPA)
- Newfoundland and Labrador Operating Room Nurses Association (N&LORNA)
- Psychiatric/Mental Health Nurses Special Interest Group of Newfoundland and Labrador (PSIGNAL)
- Urology Nurses of Canada – Newfoundland & Labrador Division

Looking Ahead

PRESIDENT:
Pamela Wells

EXECUTIVE:
Pamela Wells – President-Elect
Kelly Nichols – Vice-President
Cathy Dormody – Secretary
Kathy King – Treasurer
Denise Maher – Past-President

NUMBER OF MEMBERS:
34 active members; 19 have earned CNA certification. Members and associates reside and work across Newfoundland and Labrador in diverse industries.

OBJECTIVES:
AOHNNL believes in promoting and maintaining the physical, social, and psychological well-being of all individuals in their work environment.

HIGHLIGHTS OF THE YEAR:
- 2012 National Occupational Health Nurses Conference
- AOHNNL partnered with Workplace Health, Safety and Compensation Commission to plan and host “Talk on the Rock,” a conference focused on the prevention of known occupational disease. “Talk on the Rock” was a successful three-day conference attended by over 130 delegates, dignitaries, and speakers on Oct. 1-3, 2012
- Canadian Occupational Health Nurses Association Award of Excellence in Occupational Health Nursing was presented to ARNNL member Brenda Greenslade
- ARNNL Council presentation Feb. 8, 2013

Submitted Reports
PRESIDENT: Jill Bruneau

EXECUTIVE:
- Patricia Grainger – Treasurer
- Donna Best – Research
- Tonya Hiscock – Education
- Barbara Dalton – Health Promotion
- Laurie Chafe – Membership

NUMBER OF MEMBERS: 20+

OBJECTIVES:
• CCCN-NL provincial division provides educational and networking opportunities and cardiovascular events, as well as health promotion and advocacy initiatives that give breadth to CCCN membership and empowers the organization
• CCCN’s vision advances cardiovascular nursing through leadership, advocacy, research and knowledge translation
• CCCN’s mission is to be the voice for cardiovascular nursing in Canada and promote the health and well-being of Canadians through standards, research, education, health promotion, specialty certification, advocacy, and strategic alliances

HIGHLIGHTS OF THE YEAR:
• Partnered with the Heart and Stroke Foundation and nurses, physicians, and dieticians for a health education session for over 80 seniors
• Hosted Health Promotion booth on “Healthy Eating-Healthy Body”

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PRESIDENT: Todd Warren

EXECUTIVE: Cathy Fewer – Treasurer/Administration

NUMBER OF MEMBERS: 64

OBJECTIVES:
To represent the interests of emergency department nurses to enable them to deliver best practice nursing care at the highest standard possible. NENA relies on evidence-based research to formulate and suggest policy and procedure, as it relates to emergency department nursing. NENA offers emergency nursing educational courses that have become the national standard.

HIGHLIGHTS OF THE YEAR:
• Revival of the Provincial Emergency Nurses Conference after eight years
• Delivered the Trauma Nursing Core Course consistently
• Canadian Triage Acuity Scale course
• Increase in membership numbers and provincial awareness
• Introduced the Emergency Nursing Pediatrics Course

Looking Ahead
• Annual General Meeting to be held in May 2013 with guest speaker Dr. Kevin Melvin speaking on the “History of Cardiac Surgery in Newfoundland and Labrador”
• National CCCN Spring Conference to be held in St. John’s in May 2013
COORDINATOR:
Karen Whitehorne

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

NUMBER OF MEMBERS:
64

OBJECTIVES:
To support and promote the development of Psychiatric/Mental Health Nursing practice in the province by:

• Promoting awareness of roles of Mental Health nurses
• Providing consultation and support to members and to professional groups (e.g., 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

HIGHLIGHTS OF THE YEAR:
• Fifty nurses attended a very enjoyable and enlightening Education Day on June 11 with keynote speaker Dr. John Cutcliffe, who spoke about care of suicidal clients. This day was attended also by Consumer’s Health Awareness Network of Newfoundland and Labrador
• In a teleconference on Oct. 19, Colleen Simms, provincial director for mental health and addictions, gave a review of the plans for the mental health and addictions program provincially
• Our representative on Canadian Federation of Mental Health Nurses is Florence Budden

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

Looking Ahead
Addressing the challenges related to offering RN professional development.
COMMITTEE MEMBERS AND EXTERNAL REPRESENTATIVES
April 1, 2012 to March 31, 2013

This listing represents all members and external representatives who served on committees/working groups during the April 1, 2012 to March 31, 2013 period. Representation may have changed throughout the year.

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

GOVERNANCE

Council
- White, Beverly, President
- Stratton, Cathy, President
- Coady, Regina, President-Elect
- Frew, Ray, Public Representative
- Arnold, Walter, Public Representative
- Baird, Irene, Public Representative
- Doyle, Carmel, Public Representative
- Peyton Murphy, Evelyn, Practice
- Alyward, Cathy, Advanced Practice
- Manuel, Madonna, Education/Research
- Burke, Cathy, Administration
- Warren, Elaine, Administration
- Kieley, Colleen, Eastern Region
- Evans, Sandra, Central Region
- Doyle, Anne, Western Region
- Ballett, Jennifer, Western Region
- Pittman, Beverly, Labrador/Grenfell Region
- Earle, Pegi, Executive Director (non-voting)
- Power, Lynn, Executive Director (non-voting)

Executive Committee
- White, Beverly, President
- Stratton, Cathy, President
- Coady, Regina, President-Elect
- Alyward, Cathy, Advanced Practice
- Manuel, Madonna, Education/Research
- Evans, Sandra, Central
- Earle, Pegi, Executive Director (non-voting)
- Power, Lynn, Executive Director (non-voting)

Appointments Committee
- Alyward, Cathy
- Ballett, Jennifer
- Doyle, Anne
- Peyton Murphy, Evelyn
- Pittman, Beverly, Chairperson
- Warren, Elaine
- McIsaac, Beverley, ARNNL Staff
- Power, Lynn, ARNNL Staff

Audit Committee
- Ballett, Jennifer
- Burke, Cathy, Chairperson
- Doyle, Anne
- Gear, Sandra, Past Council Member
- Pittman, Beverly
- Rodgers, Tony, Public Representative
- Warren, Elaine, Chairperson
- Earle, Pegi, Executive Director
- Power, Lynn, Executive Director
- Dewling, Liz, ARNNL Staff

Standing Committee on Linkage with
Owners
- Alyward, Cathy
- Coady, Regina, Chairperson
- Frew, Ray
- Stratton, Cathy, Chairperson
- Earle, Pegi, Executive Director
- Power, Lynn, Executive Director
- Wells, Julie, ARNNL Staff

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

Resolutions Committee
- Andrews, Daphne, Alternate
- Workplace Representative
- Coady, Regina, Chairperson
- Hodder, Harvey, Parliamentarian
- Kieley, Colleen, ARNNL Council
- Porter, Ashley, Workplace Representative
- Stratton, Cathy, Chairperson
- Osmond, Michelle, ARNNL Staff

ADVANCED NURSING PRACTICE

NLCHI Pharmacy Network Information Governance Committee
- Oldford, Karen

Nurse Practitioner Standards Committee
- Barron, Kelly
- Best, Donna
- Brown, Heather
- Collingwood, Dr. John
- Collins, Carmel
- Doyle-Barry, Irene
- Efford, Kimberly
- Emberley-Burke, Wanda
- Greene Freder, Marcy
- Hatcher, Dr. Lydia
- Ludlow, Anita
- Oldford, Karen
- Pack, Glenda
- Priddle, Margot, Newfoundland and Labrador Pharmacy Board
- Riggs, Carol Ann
- Vardy, Dr. Cathy
- McIsaac, Beverley, ARNNL Staff
<table>
<thead>
<tr>
<th>Nurse Practitioner Streams of Practice Committee</th>
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<tr>
<td>• Best, Donna</td>
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<td>• <strong>Boone, Cheryl</strong></td>
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<td>• Greene Feder, Marcy</td>
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<th>Nurse Practitioner Framework Working Group</th>
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<td>• <strong>Barbour, Lori</strong></td>
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<th>ADVOCACY FOR HEALTH AND THE PROFESSION</th>
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<tr>
<td>Advisory Committee on Nursing Administration</td>
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<td>• Billard-Crourcher, Darlene</td>
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<td>• Brown, Heather</td>
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<td>• Buckle, Tina</td>
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<td>• Chubb, Katherine</td>
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<td>• Fisher, Paul, CLPNNL</td>
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<td>• Kearney, Anne</td>
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<td>• Norman-Robbins, Linda</td>
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<tr>
<td>• Saunders, Cindy</td>
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<th>Awards for Excellence</th>
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<tbody>
<tr>
<td>• Lane, Charmaine</td>
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<td>• Mitchell, Lorraine</td>
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<td>• <strong>Payne, Krista Nicole</strong></td>
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<td>• Wells, Carla</td>
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<td>• Woodman, Nicole, Chairperson</td>
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<th>Clinical Managers Advisory Committee</th>
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<td>• Cooze, Darryl</td>
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<td>• Fewer, Cathy</td>
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<td>• King, Marlean</td>
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<td>• LeRoux, Cynthia</td>
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<td>• Toms, Krista</td>
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<td>• Verch, Ann</td>
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<td>• Welsh, Kelli</td>
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<td>• Lewis, Siobhainn, ARNNL Staff</td>
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<th>NL Integrated Stroke Strategy Advisory Committee</th>
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<tr>
<td>• Slade, Virginia (Jenny)</td>
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<th><em>CNA BOARD OF DIRECTORS</em></th>
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<td>• White, Beverly, President</td>
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<td>• Stratton, Cathy, President</td>
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<th><em>CNA COMMITTEE ON RESOLUTIONS</em></th>
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<tr>
<td>• Grainger, Patricia</td>
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<th>COMMUNICATIONS WITH MEMBERS</th>
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<tr>
<td>New Member Engagement Staff Advisory Committee</td>
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<tr>
<td>• Brophy, Dion</td>
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<td>• Walsh, Bradley, ARNNL Staff</td>
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<th>Workplace Representatives (WPRs)</th>
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<td>• Albrechts, Barbara</td>
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<td>• Allan, Peggy</td>
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• McDonald, Sharon
• McDonald -McCarthy, Stacy
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• Morgan, Natalie
• Morris, Karen
• Moulton, JoAnn
• Moyst, Barbara
• Nolan, Christopher
• Norman, Sarah
• Oates, Karla
• O’Driscoll, Rhonda
• Park, Colleen
• Peach, Jenelle
• Peyton, Kim
• Pittman, Beverly
• Pottle, Deneka
• Porter, Ashley
• Porter, Laurie
• Purchase, Andrea
• Ralph, Penny
• Reid, Beverley
• Reid, Susan
• Roberts, Laurie
• Rogers Harding, Roxanne
• Rooney, Catherine
• Rowsell, Anne
• Roy, Glenda
• Sears, Deborah
• Shreffard, Ashlee
• Shreffard, Stacey
• Short, Theresa
• Singleton, Irene
• Sinnicks, J. Benay
• Slade, Virginia (Jenny)
• Slaney, Ann-Marie
• Smith, Heather
• Stokes, Peggy
• Street, Karen
• Tapp, Glenda
• Thistle, Elsie
• Thorne, Darlene
• Todhunter, Karen
• Tucker, Bernadette
• Walsh, Dawn
• Walsh, Mario
• Ward, Colleen
• Williams, Anne
• Woodman, Nicole
• Power, Lynn, ARNNL Staff
• Lewis, Siobhainn, ARNNL Staff

WPR Outgoing
• Beson, Colleen
• Dewling, Robert
• King, Krista
• Lundrigan, Daniele
• Metcalfe, Pamela
• Richards, Karla
• Skinner, Beth
• Smith, Karen
• Squires, Liam

WPR Administrative Support Persons
• Burns, Stan
• Downing, Gail
• Kearney, Anne
• Mayo, Beth
• McDonald, Catherine
• Morgan, Annette
• Moss, Sandra
• Nicholas, Julie
• Pelley, Joanne
• Power-Murrin, Maxine
• Reid-White, Betty
• Slaney, Charlene
• Lewis, Siobhainn, ARNNL Staff

EDUCATION
BN (Collaborative) Approval Committee
• Diamond-Freake, Sylvia
• Elliott, Adam
• Kennedy, Karen
• King-Jesso, Pamela
• Mackenzie, Theresa, Public Representative
• O’Keeffe, Catherine
• Read, Trudy
• Smith, Ron
• Walsh, Lorna
• McIsaac, Beverley, ARNNL Staff

NP Program Approval Committee
• Best, Donna
• Chubbs, Katherine, Chairperson
• Greene Feder, Marcy
• Griffiths, Beverly
• Hoddinott, Lisa
• Nicholas, Julie
• Rolfe, Joyce
• Simms, Joanne
• Strong, Shirley, Public Representative
• McIsaac, Beverley, ARNNL Staff

LEGAL SERVICES
CNPS Assistance Review 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 Strategy Advisory Committee
• Buckle, Carolyn
• Fequet, Julie
• Meadus, Robert
• Noble, Joanna, Healthcare Insurance Reciprocal of Canada
• O’Neill, Janice, CLPNNL
• Osmond, Patricia
• Pittman, Beverly
• Quinlan, Kelly
• Skinner, Tina
• Wheeler, Doreen
• Power, Lynn, ARNNL Staff

Nursing Practice Committee
• Buckle, Carolyn
• Butler, Mollie
• Diamond-Freake, Sylvia
• Goulding, Valery
• Hiscock, Tonya
• Hodder, Lori
• Hunt Smith, Heather
• Letto, Rufina
• McCarthy, Sherry
• Moran, Glens
• Peckford, Cynthia
• Pike, Karen
• Sampson, Donnie
• Lewis, Siobhainn, ARNNL Staff
• Power, Lynn, Chairperson/ARNNL Staff

Quality Professional Practice Environment Steering Committee
• Buckle, Carolyn
• Eddison, Brenda
• Elliott, Barbara
Role of the RN in Long Term Care Review
- Doyle, Anne
- Elliott, Barbara
- Lannon, Bridget
- Mason, Carol
- Lundrigan, Elizabeth
- Murphy, Jeannie
- Lambe, Laura
- Smith, Trudy
- Walters, Paula
- LeDrew, Sharon
- Lewis, Siobhainn, ARNNL Staff

Shared Scope of Practice with LPNs Review
- Bartlett, Scott
- Bennett, Mary Jane
- Colbourne, Andrea
- Curlew, Wanda
- Elliott, Barbara
- Felix, Darlene
- Gilbert, Lisa
- Hickey, Tina
- Jarvis, Charlene
- Kirkland, Edwina
- Tessier, Marilyn
- Viau, Robyn
- White, Kimberley
- Lewis, Siobhainn, ARNNL Staff

PROFESSIONAL CONDUCT REVIEW
Complaints Authorization Committee
- Alyward, Cathy, ARNNL Council
- Arnold, Walter, Public Representative
- Baird, Irene, Public Representative, Vice-Chair
- Ballett, Jennifer, ARNNL Council
- Burke, Cathy, ARNNL Council
- Coady, Regina, ARNNL Council
- Doyle, Anne, ARNNL Council
- Doyle, Carmel, Public Representative
- Evans, Sandra, ARNNL Council, Chairperson
- Frew, Ray, Public Representative
- Kieley, Colleen, ARNNL Council
- Manuel, Madalona, ARNNL Council
- Peyton Murphy, Evelyn, ARNNL Council
- Pittman, Beverly, ARNNL Council
- Warren, Elaine, ARNNL Council

Disciplinary Panel
- Alyward, Paul
- Banks, Augustus, Public Representative
- Clarke, Anneliese
- Clarke, Marie
- Cody, Ann, Public Representative
- Crotty, Patricia
- Dillon, Sean
- Dobbín, Renee
- Elson, Katherine
- Finch, Sherry (Murray)
- Higdon, Caleb, Public Representative
- House, Vanessa
- Hutchings, Kendra
- Hutchings-Taylor, Shelley Lee
- Kelly, Melodie, Public Representative
- King-Jesso, Pamela
- Layden, Melvin
- Luther, Donna
- Mackenzie, Theresa, Public Representative
- Mason, Carol
- McGonigle-Roberts, Mary-Ellen
- Miller, Sheila
- Minaker, Keith, Public Representative
- Morgan, Arthur
- Moyst, Debbie, Chairperson
- Mullins, Thomas, Public Representative
- Newton, Darren, Public Representative
- Nolan, Christopher
- Osmond, Kimberly
- Peyton, Nicole
- Porter, Neil, Public Representative
- Power, Suzy
- Rauman, Peggy
- Snow, Nicole
- Taylor, Shelley
- Wade, Edward, Public Representative

REGISTRATION
Board of Examiners
- Earle, Gloria
- King-Jesso, Pamela
- Kearney, Anne
- Norman-Robbins, Linda, Chairperson
- Webber, Karen
- McIsaac, Beverley, ARNNL Staff
- Osmond, Michelle, ARNNL Staff

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
- Rowell, Anne
- Walsh, Bradley, ARNNL Staff
- McIsaac, Beverley, ARNNL Staff

Canadian Nurse Practitioner Exam (CNPE) Committee
- McIsaac, Beverley, Wanda
- McIsaac, Beverley, ARNNL Staff (Alternate)

CNPE – Family/All Ages Blueprint Development Committee
- Sampson, Donnie

CNPE Item Writing Participants
- Cabot, Antionette
- Cahiil, Denise
- Clarke, Marie
- Doyle Barry, Denise
- Emberley-Burke, Wanda
- Greene Feder, Marcy
- King, Dena
- McIsaac, Beverley
- Pelley, Angela
- Power-Kean, Kelly
- Rumsey, Heather
• Sampson, Donna
• Sibley, Nicole
• Simms, Joanne

CNPE Item Revision Participants
• Emberley-Burke, Wanda
• Greene Feder, Marcy
• McIsaac, Beverley

Canadian Registered Nurse Exam (CRNE) Committee
• White, Marilyn

CRNE Item Writing Participants
• Clarke, Heather
• Langor, Gemma
• Schofield, Gladys
• Taylor, Heather
• Tobin, Brenda
• Watkins, Kathy
• White, Marilyn
• Williams, Ann

NCLEX Item Development
• Jones, Kimberly

ARNNL EDUCATION AND RESEARCH TRUST

Board of Directors
• Smith, Sharon, President
• Grant, Penny, President-Elect
• Alteen, Anna Marie, Western Regional Director
• Fowler, Eleanor, Labrador Regional Director
• Hart, Dianne, Director at Large
• Lundrigan, Starlene, Eastern Rural Director
• Reid, Beverley, Central Regional Director
• Roy, Glenda, Central Regional Director
• Simms, Beverley, Northern Regional Director
• Templeton, Janet, Eastern Urban Director
• Wells, Julie, ARNNL Staff/Trust Coordinator
• Earle, Pegi, Executive Director/Secretary-Treasurer
• Power, Lynn, Executive Director/Secretary-Treasurer

Awards Committee
• Andrews, Linda
• Battcock, Anne
• Doyle Barry, Irene
• LeGrow, Diane
• White, Reshelda (Shelly)
• Wells, Julie, ARNNL Staff/Trust Coordinator

Research Award Review Committee
• Didham, Paula
• Ludlow, Valerie
• Snow, Nicole
• Wells, Julie, ARNNL Staff/Trust Coordinator

ARNNL STAFF REPRESENTATION ON OTHER COMMITTEES/CONSULTATION PROCESSES

National
• Canadian Council of Registered Nurse Regulators:
  - Google Groups:
    - Policy and Practice
    - Corporate Support
    - Communications
    - Quality Assurance in Continuing Competence
    - Nurse Practitioners
    - Registration
    - Professional Conduct
  - Nurse Practitioner Controlled Drug and Substance Working Group
  - Exam Committee
  - Jurisdictional Collaborative Project to Revise Entry-Level Registered Nurse Competencies
  - Canadian Institute for Health Information Health Human Resources Database
  - Canadian Nurse Practitioner Exam Examination Council
  - Canadian Registered Nurse Exam Examination Council
  - Jurisdictional Collaborative Working Group on the Development of Nursing Practice Standards
  - Canadian Nurses Association National Executive Exam Council
  - National Nursing Assessment Service Working Group

ARNNL-NLNU Liaison
• Canadian Mental Health Association
• NL Provincial Advocacy Committee
• Department of Health and Community Services (DHCS), Provincial Wellness Advisory Council
• DHCS, Provincial Nursing Network
• DHCS, Provincial Workforce Planning Committee
• 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 (NLCHI), Board of Directors
• NLCHI, NL Pharmacy Network Advisory Committee
• NLCHI, Telehealth 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
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 enrolled in education programs, and those conducting nursing research.

**Highlights of Awards for 2012-13**

- A total of 86 scholarships, awards and bursaries were awarded in 2012-13 (Figure 1).
- The total amount awarded was $58,105. The majority of available funds – 87% – went to practicing RNs. Just over half (51%) 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).
Donor Profile
Newfoundland and Labrador Nurses Respiratory Society

The Newfoundland and Labrador Nurses Respiratory Society (NLNRS) was officially disbanded in January 2013 following 40 years of education and advocacy for respiratory health in Newfoundland and Labrador. The group transferred its unused funds – $17,376.53 – to the ARNNL Education and Research Trust to establish a scholarship for registered nurses working in respiratory care who are enrolled in a graduate program. One NLNRS Legacy Scholarship will be awarded annually to a registered nurse completing a Doctorate of Nursing or Master of Nursing degree. The Trust is pleased to administer the Newfoundland and Labrador Nurses Respiratory Society Legacy Scholarship on behalf of the former Special Interest Group.

Thank You!

Thank you, ARNNL members, for your $10 membership fee to the Trust, 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).
ARNNL has 15 permanent staff (14 full-time and one part-time) and has utilized several contractual hires throughout the year.

In June, Pegi Earle announced her intention to retire as ED at the end of the year. After a Council-led recruitment process, Lynn Power, former Director of Policy and Practice, was appointed as ARNNL’s ED. Lynn’s former role was restructured to Nursing Consultant – Policy and Practice; Pamela King-Jesso was the successful candidate to fill that role. Carolyn Rose, Administrative Assistant, was also welcomed to the team.

Operational Highlights:

- Embarked on a review of ARNNL’s technology needs and began planning phase of long-term online services strategy
- For the third consecutive year, as part of Service Canada’s summer student job program, ARNNL hired a student to assist with various projects
- Several administrative policies were updated
- Continued to partner with TD Insurance Meloche Monnex Affinity Program to offer home and auto insurance for members

Thank You, Pegi!

In early December, a number of friends and colleagues gathered at ARNNL House to wish former Executive Director Pegi Earle well in her retirement. Pegi served ARNNL for 27 years – as Consultant for Education, and Consultant for Health Policy and Communications, before taking on the Executive Director role in 2007. Through the years, Pegi worked to advance standards of nursing education and practice on provincial, national, and international levels, and was integral in leading the progression of nursing education from diploma to baccalaureate for entry to nursing practice. Her contributions to ARNNL’s work and commitment to the nursing profession throughout her career are immeasurable. ARNNL Council and staff wish her well in retirement.
Nursing Excellence for the Health of the Population

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

Association of Registered Nurses of Newfoundland and Labrador

March 31, 2013
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
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<td>Independent Auditors' Report</td>
<td>1-2</td>
</tr>
<tr>
<td>Statement of Operations</td>
<td>3</td>
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<td>Statement of Financial Position</td>
<td>4</td>
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<td>Statement of Changes in Net Assets</td>
<td>5</td>
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<tr>
<td>Statement of Cash Flows</td>
<td>6</td>
</tr>
<tr>
<td>Notes to Financial Statements</td>
<td>7-13</td>
</tr>
</tbody>
</table>
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, 2013, 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 accounting standards for not-for-profit organizations, 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.

Auditor’s 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 auditor’s 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 auditor considers internal control relevant to the association’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 association’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 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, 2013 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

**Comparative Information**

Without modifying our opinion, we draw attention to Note 3 to the financial statements which describe that the Association of Registered Nurses of Newfoundland and Labrador adopted Canadian accounting standards for not-for-profit organizations on April 1, 2012 with a transition date of April 1, 2011. These standards were applied retrospectively by management to the comparative information in these financial statements, including the statements of financial position as at March 31, 2012 and April 1, 2011, and the statements of operations, changes in net assets and cash flows for the year ended March 31, 2012 and related disclosures. We were not engaged to report on the restated comparative information, and as such, it is unaudited.

**Other matters**

The comparative figures for April 1, 2011 and the year ended March 31, 2012 were audited by another firm of chartered accountants who provided an audit report without reservation on those financial statements in their report dated June 5, 2012.

St. John’s, Canada

May 24, 2013

Chartered Accountants
## Association of Registered Nurses of Newfoundland and Labrador

**Statement of Operations**  
(Unaudited)

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGM income</td>
<td>$2,370</td>
<td>$30,004</td>
</tr>
<tr>
<td>Dividend income (Note 9)</td>
<td>15,016</td>
<td>16,338</td>
</tr>
<tr>
<td>Examinations</td>
<td>158,770</td>
<td>151,349</td>
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<tr>
<td>IEN Project</td>
<td>141,983</td>
<td>140,000</td>
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<tr>
<td>Interest</td>
<td>49,526</td>
<td>56,526</td>
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<tr>
<td>Non-practicing members</td>
<td>19,656</td>
<td>19,804</td>
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<tr>
<td>Other</td>
<td>61,194</td>
<td>67,648</td>
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<tr>
<td>Practicing members</td>
<td>2,625,303</td>
<td>2,618,377</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>3,073,818</td>
<td>3,100,046</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>164,231</td>
<td>167,291</td>
</tr>
<tr>
<td>CNA, CNPS, CCRNR fees</td>
<td>539,497</td>
<td>453,078</td>
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<tr>
<td>Communications</td>
<td>65,991</td>
<td>68,117</td>
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<tr>
<td>Depreciation</td>
<td>31,405</td>
<td>30,810</td>
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<tr>
<td>Governance</td>
<td>112,994</td>
<td>149,027</td>
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<tr>
<td>IEN Project</td>
<td>127,007</td>
<td>135,573</td>
</tr>
<tr>
<td>Other</td>
<td>33,818</td>
<td>23,948</td>
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<tr>
<td>Practice and policy</td>
<td>95,241</td>
<td>98,122</td>
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<tr>
<td>Professional conduct review</td>
<td>219,339</td>
<td>258,609</td>
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<tr>
<td>Registration</td>
<td>224,922</td>
<td>200,830</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>1,164,109</td>
<td>1,216,608</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>2,779,554</td>
<td>2,802,013</td>
</tr>
<tr>
<td><strong>Excess of revenues over expenses for the year, before other items</strong></td>
<td>294,264</td>
<td>298,033</td>
</tr>
<tr>
<td><strong>Other items</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gain on disposal of investments</td>
<td>1,541</td>
<td>-</td>
</tr>
<tr>
<td>(Decrease) increase in fair value of investments</td>
<td>(9,938)</td>
<td>26,794</td>
</tr>
<tr>
<td><strong>Excess of revenues over expenses for the year</strong></td>
<td>$285,867</td>
<td>$324,827</td>
</tr>
</tbody>
</table>

See accompanying notes to the financial statements.
Association of Registered Nurses of Newfoundland and Labrador
Statements of Financial Position

<table>
<thead>
<tr>
<th></th>
<th>March 31, 2013</th>
<th>(Unaudited)</th>
<th>March 31, 2012</th>
<th>(Unaudited)</th>
<th>April 1, 2011</th>
<th>(Unaudited)</th>
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</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 2,797,701</td>
<td>$ 1,524,595</td>
<td>$ 1,487,201</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-term investments (Note 5)</td>
<td>$ 1,056,089</td>
<td>$ 2,260,822</td>
<td>$ 1,750,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>$ 89,638</td>
<td>$ 6,691</td>
<td>$ 14,612</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IEN receivable</td>
<td>$ 55,441</td>
<td>$ 35,000</td>
<td>$ 15,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>$ 24,723</td>
<td>$ 27,866</td>
<td>$ 16,262</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Current</strong></td>
<td>$ 4,023,592</td>
<td>$ 3,854,974</td>
<td>$ 3,283,782</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Portfolio investments (Note 5)</strong></td>
<td>$ 637,175</td>
<td>$ 540,763</td>
<td>$ 657,262</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Capital assets (Note 6)</strong></td>
<td>$ 230,010</td>
<td>$ 247,185</td>
<td>$ 244,293</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$ 4,890,777</td>
<td>$ 4,642,922</td>
<td>$ 4,185,337</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Liabilities and net assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$ 578,238</td>
<td>$ 436,285</td>
<td>$ 368,115</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HST payable</td>
<td>$ 293,250</td>
<td>$ 237,204</td>
<td>$ 299,816</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>$ 2,388,696</td>
<td>$ 2,487,794</td>
<td>$ 2,474,304</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Current</strong></td>
<td>$ 3,260,184</td>
<td>$ 3,261,283</td>
<td>$ 3,142,235</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Deferred capital contribution</td>
<td>$ 1,807</td>
<td>$ 2,109</td>
<td>$ 2,411</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accrued severance pay</td>
<td>$ 101,496</td>
<td>$ 138,107</td>
<td>$ 124,095</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>$ 3,363,487</td>
<td>$ 3,401,499</td>
<td>$ 3,268,741</td>
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<td></td>
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<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>$ 622,304</td>
<td>$ 331,086</td>
<td>$ 56,823</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internally Restricted (Note 7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invested in capital assets</td>
<td>$ 230,010</td>
<td>$ 247,185</td>
<td>$ 244,293</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ways and means plan</td>
<td>$ 58,681</td>
<td>$ 55,390</td>
<td>$ 48,282</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal assistance plan</td>
<td>$ 132,772</td>
<td>$ 143,350</td>
<td>$ 146,964</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Conduct review plan</td>
<td>$ 100,000</td>
<td>$ 100,000</td>
<td>$ 60,960</td>
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<tr>
<td>Building contingency plan</td>
<td>$ 47,115</td>
<td>$ 37,484</td>
<td>$ 35,181</td>
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<tr>
<td>Scholarships/bursaries plan</td>
<td>$ 329,432</td>
<td>$ 326,928</td>
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<tr>
<td>TD affinity plan</td>
<td>$ 6,976</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Net assets</strong></td>
<td>$ 1,527,290</td>
<td>$ 1,241,423</td>
<td>$ 916,596</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 4,890,777</td>
<td>$ 4,642,922</td>
<td>$ 4,185,337</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Commitments (Note 11)
On behalf of the Board

Cathy Strickon  President  Lynne Power  Executive Director

See accompanying notes to the financial statements.
## Association of Registered Nurses of Newfoundland and Labrador

### Statement of Changes in Net Assets

**Year Ended March 31, 2013**

<table>
<thead>
<tr>
<th></th>
<th>Invested in Capital Assets</th>
<th>Legal Assistance Plan</th>
<th>Ways and Means Plan</th>
<th>Conduct Review Plan</th>
<th>Building Contingency Plan</th>
<th>Scholarships/Bursaries Plan</th>
<th>TD Affinity Plan</th>
<th>Unrestricted</th>
<th>Total March 31</th>
<th>Total March 31</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance, beginning of year</strong></td>
<td>$247,185</td>
<td>$143,350</td>
<td>$55,390</td>
<td>$100,000</td>
<td>$37,484</td>
<td>$326,928</td>
<td></td>
<td>$331,086</td>
<td>$1,241,423</td>
<td>$916,596</td>
</tr>
<tr>
<td><strong>Excess of revenue over expenses</strong></td>
<td>(31,405)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>317,272</td>
<td>285,867</td>
</tr>
<tr>
<td><strong>Capital asset purchases</strong></td>
<td>14,230</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(14,230)</td>
<td></td>
</tr>
<tr>
<td><strong>Internally Restricted</strong></td>
<td></td>
<td>(10,578)</td>
<td>3,221</td>
<td></td>
<td>9,621</td>
<td>2,904</td>
<td>6,976</td>
<td></td>
<td>(11,824)</td>
<td></td>
</tr>
<tr>
<td><strong>Balance, end of year</strong></td>
<td>$230,010</td>
<td>$132,772</td>
<td>$58,681</td>
<td>$100,000</td>
<td>$47,115</td>
<td>$329,432</td>
<td>$6,976</td>
<td>$622,304</td>
<td>$1,527,290</td>
<td>$1,241,423</td>
</tr>
</tbody>
</table>

See accompanying notes to the financial statements.
Association of Registered Nurses of Newfoundland and Labrador

Statement of Cash Flows
(Unaudited)
Year Ended March 31

<table>
<thead>
<tr>
<th>Operating activities</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess of revenues over expenses</td>
<td>$285,867</td>
<td>$324,827</td>
</tr>
<tr>
<td>Items not affecting cash:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>31,405</td>
<td>30,810</td>
</tr>
<tr>
<td>Accrued severance pay</td>
<td>(36,611)</td>
<td>14,012</td>
</tr>
<tr>
<td></td>
<td>280,661</td>
<td>369,649</td>
</tr>
</tbody>
</table>

Changes in non-cash working capital:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Increase) decrease in accounts receivables</td>
<td>(82,947)</td>
<td>7,921</td>
</tr>
<tr>
<td>Increase in IEN receivable</td>
<td>(20,441)</td>
<td>(20,000)</td>
</tr>
<tr>
<td>Decrease (increase) in prepaid expenses</td>
<td>3,140</td>
<td>(10,897)</td>
</tr>
<tr>
<td>Increase in accounts payable and accrued liabilities</td>
<td>91,953</td>
<td>118,170</td>
</tr>
<tr>
<td>Increase (decrease) in HST payable</td>
<td>6,046</td>
<td>(12,612)</td>
</tr>
<tr>
<td>(Decrease) increase in deferred revenue</td>
<td>(99,098)</td>
<td>13,490</td>
</tr>
</tbody>
</table>

Cash flow from operating activities | 179,314 | 465,721 |

Investing

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of capital assets</td>
<td>(14,230)</td>
<td>(33,702)</td>
</tr>
<tr>
<td>Decrease in deferred capital contributions</td>
<td>(299)</td>
<td>(302)</td>
</tr>
<tr>
<td>Decrease (increase) in investments</td>
<td>1,108,321</td>
<td>(394,323)</td>
</tr>
</tbody>
</table>

Cash flow provided (used) by investing activity | 1,093,792 | (428,327) |

Net change in cash during the year | 1,273,106 | 37,394 |

Cash, beginning of year | 1,524,595 | 1,487,201 |

Cash, end of year | $2,797,701 | $1,524,595 |

See accompanying notes to the financial statements.
Association of Registered Nurses of Newfoundland and Labrador
Notes to the Financial Statements
March 31, 2013

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 organization, governed by an elected council (the “Council”). As a not-for-profit organization, the Association is exempt from income taxes under the Income Tax Act of Canada.

2. Summary of significant accounting policies

Basis of presentation

These financial statements are prepared in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO).

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.

Financial instruments

Initial measurement

The Association’s financial instruments are measured at fair value when issued or acquired. For financial instruments subsequently measured at cost or amortized cost, fair value is adjusted by the amount of the related financing fees and transaction costs. Transaction costs and financing fees relating to financial instruments that are measured subsequently at fair value are recognized in operations in the year in which they are incurred.

Subsequent measurement

At each reporting date, the Association measures its financial assets and liabilities at cost or amortized cost (less impairment in the case of financial assets), except for equities quoted in an active market, which must be measured at fair value. The Association uses the effective interest rate method to amortize any premiums, discounts, transaction fees and financing fees to the statement of operations. The financial instruments measured at amortized cost are cash and cash equivalents, accounts receivable, payables and accruals.

For financial assets measured at cost or amortized cost, the Association regularly assesses whether there are any indications of impairment. If there is an indication of impairment, and the Association determines that there is a significant adverse change in the expected timing or amount of future cash flows from the financial asset, it recognizes an impairment loss in the statement of operations. Any reversals of previously recognized impairment losses are recognized in operations in the year the reversal occurs.
2. **Summary of significant accounting policies (cont'd.)**

**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.

Short-term investments and portfolio investments are accounted for at fair value with changes in fair value recorded in the statement of operations. Fair value of short-term investments is based on cost plus accrued income. Fair value for portfolio investments is based on the latest bid prices.

**Capital assets**

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

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Depreciation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>2.5% Straight-line</td>
</tr>
<tr>
<td>Office and computer equipment</td>
<td>20%-50% Declining balance</td>
</tr>
</tbody>
</table>

When a capital asset no longer has any long-term service potential to the Association the excess of its net carrying amount over any residual value is recognized as an expense in the statement of operations. Any write-downs recognized are not reversed.

**Severance pay**

An accrual for severance pay is recorded in the accounts for all employees who have a vested right to receive such payment. No provision for the ultimate severance pay liability is made in the accounts for any employee who has less than 9 years of continual service.

**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.

**Use of estimates**

The preparation of the financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year. Actual results could differ from these estimates. These estimates are reviewed periodically and adjustments are made to net income as appropriate in the year as they become known.

Items subject to significant management estimates include allowance for doubtful accounts and accrued severance pay.
3. First-time adoption

These financial statements are the Association’s first financial statements prepared using ASNPO. The date of transition to ASNPO is April 1, 2011. The accounting policies presented in Note 2 to the financial statements were used to prepare the financial statements for the year ended March 31, 2013, the comparative information and the opening statement of financial position as at the transition date.

The adoption of ASNPO resulted in adjustments to the previously reported excess of revenue over expenses of the Association. In accordance with ASNPO, the unrealized gain on investments of $26,794 previously reported in 2012 as an addition on the statement of changes in net assets is now reflected as income recognised on the statement of operations. As a result, the excess of revenue over expenditures previously reported in 2012 has been restated from $298,033 to $324,827. The reclassification has no impact on the Association’s ending reported net assets.

Section 1501, First-time Adoption by Not-for-profit Organizations contains exemptions to full retrospective application which the Association may use upon transition. The Association did not apply any optional exemptions.

4. Financial instrument risks

The Association’s policy for managing significant risks includes policies, procedures and oversight designed to reduce the risks identified to an appropriate threshold. Significant risks managed by the Association include liquidity, credit, and market risks.

Liquidity risk
Liquidity risk is the risk that the Association will be unable to meet its contractual obligations and financial liabilities. The Association manages liquidity risk by monitoring its cash flows and ensuring that it has sufficient cash available to meet its obligations and liabilities.

Credit risk
Credit risk is the risk of loss associated with a counterparty’s inability to fulfill its payment obligations. The Association’s credit risk is attributable to receivables. The Association believes that the credit risk concentration with respect to financial instruments included in receivables is negligible.

Market risk
Market risk is the risk of loss associated with fluctuations in share prices of investments held in public markets. The Association’s market risk is attributable to its investments. The Association manages this risk by regularly monitoring investment activities, having professional advisors manage the portfolio and diversifying its investment portfolio.
Association of Registered Nurses of Newfoundland and Labrador
Notes to the Financial Statements
March 31, 2013

5. Investments

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
<th>April 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-term investments</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>$1,051,656</td>
<td>$2,251,113</td>
<td>$1,750,000</td>
</tr>
<tr>
<td>Fair market value</td>
<td>1,056,089</td>
<td>2,260,822</td>
<td>1,750,000</td>
</tr>
<tr>
<td><strong>Portfolio investments</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>631,080</td>
<td>513,969</td>
<td>538,191</td>
</tr>
<tr>
<td>Fair market value</td>
<td>637,175</td>
<td>540,763</td>
<td>657,262</td>
</tr>
</tbody>
</table>

6. Capital assets

<table>
<thead>
<tr>
<th></th>
<th>Cost</th>
<th>Accumulated amortization</th>
<th>Net book value</th>
<th>April 1, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building</td>
<td>$431,665</td>
<td>$289,397</td>
<td>$142,268</td>
<td>$153,050</td>
</tr>
<tr>
<td>Office and computer equipment</td>
<td>755,677</td>
<td>667,935</td>
<td>87,742</td>
<td>94,125</td>
</tr>
<tr>
<td></td>
<td>$1,187,342</td>
<td>$957,332</td>
<td>$230,010</td>
<td>$247,185</td>
</tr>
</tbody>
</table>

The building is located on leasehold land. The lease expires in the year 2053.

7. 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, St. John's.
## 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.

### TD Affinity Plan

The TD Affinity Plan has been established to accumulate funds received from TD Insurance Meloche Monnex for the percentage of insurance sales to members of ARNNL.

## Summary of internally restricted transfers

<table>
<thead>
<tr>
<th></th>
<th>Legal Assistance Plan</th>
<th>Ways and Means Plan</th>
<th>Conduct Review Plan</th>
<th>Building Contingency Plan</th>
<th>Scholarships/ Bursaries Plan</th>
<th>TD Affinity Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2013</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allocation of fees</td>
<td>$ 6,860</td>
<td>$ 6,860</td>
<td>$ 9,631</td>
<td>$ 2,504</td>
<td>$ 6,976</td>
<td></td>
</tr>
<tr>
<td>Allocation of dividends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allocation of interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs incurred</td>
<td>(17,438)</td>
<td>(3,870)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ (10,578)</td>
<td>$ 3,291</td>
<td>$ 9,631</td>
<td>$ 2,504</td>
<td>$ 6,976</td>
<td></td>
</tr>
</tbody>
</table>

|                     |                       |                     |                     |                           |                            |                  |
| **2012 (Unaudited)**|                       |                     |                     |                           |                            |                  |
| Allocation of fees  | $ 6,831               | $ 6,830             | $ 39,040            | $ 2,835                   |                            |                  |
| Allocation of dividends |                   |                     |                     |                           |                            |                  |
| Allocation of interest |                  |                     |                     |                           |                            |                  |
| Costs incurred      | (10,445)              |                     |                     |                           |                            |                  |
| **Total**           | $ (3,614)             | $ 7,108             | $ 39,040            | $ 2,835                   |                            |                  |
Association of Registered Nurses of Newfoundland and Labrador
Notes to the Financial Statements
March 31, 2013

9. 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 invested by the Association. During the year, an amount of $15,016 (2012 - $16,338) of dividend income was earned on the investments designated to be used for scholarships and bursaries. Of this amount, $12,512 (2012 - $13,504) was allocated to the Trust, with $2,504 (2012 - $2,835) reinvested by the Association.

10. Employee future benefits

The Association’s full-time employees participate in a multi-employer defined benefit plan, the Public Service Pension Plan (PSPP). The assets of the plan are held separately from those of the Association in an independently administered fund. The plan is mandatory for employees upon the date of full-time employment with the Association. Employee and employer contributions are calculated based upon the Newfoundland and Labrador government PSPP. Contributions paid and expensed by the Association to the PSPP during the year totalled $73,866 (2012 - $76,349).

The Association’s part-time employees participate in a multi-employer defined contribution plan, the Government Money Purchase Pension Plan. The assets of the plan are also held separately from those of the Association in an independently administered fund. The plan is mandatory for all part-time employees and employee and employer contributions are at an amount equal to 5% of the salary. Contributions paid and expensed by the Association to the GMPP during the year totalled $1,115 (2012 - $Nil).

11. Commitments

The Association has commitments with respect to office equipment leases which expire in 2017. The amounts committed with respect to these leases are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$18,877</td>
</tr>
<tr>
<td>2015</td>
<td>18,877</td>
</tr>
<tr>
<td>2016</td>
<td>16,200</td>
</tr>
<tr>
<td>2017</td>
<td>4,050</td>
</tr>
</tbody>
</table>

$58,004
Association of Registered Nurses of Newfoundland and Labrador
Notes to the Financial Statements
March 31, 2013

12. Related party transactions

The following represents significant transactions with the members of the board of directors of the Association, not otherwise disclosed in the financial statements. These transactions occur in the normal course of operations and are measured at the exchange amount.

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>President honorarium</td>
<td>$ 7,000</td>
<td>$ 7,000</td>
</tr>
<tr>
<td>Reimbursement of travel expense</td>
<td>$ 13,674</td>
<td>$ 19,192</td>
</tr>
<tr>
<td></td>
<td>$ 20,674</td>
<td>$ 26,192</td>
</tr>
</tbody>
</table>