

ANNUAL REPORT 2016-17



Association of
Registered Nurses
of Newfoundland
and Labrador

Regulating Registered Nurses
in the Public Interest

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MESSAGE FROM THE PRESIDENT



Julie Nicholas, RN, BN, MHSM
President, ARNNL Council
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I would like to begin by acknowledging the registered nurses (RNs) of Western Health for hosting ARNNL's 62nd Annual General Meeting on June 5 and 6, 2016. The events started with a Council meeting followed by a linkage session, which engaged the public in a discussion about ARNNL's role in public protection, and concluded with a visioning exercise on how nursing practice may look in the future. Our member education event featured a critical topic for current day nursing practice – societal drug use and its treatment. We heard from the local Royal Newfoundland Constabulary, mental health and addictions nurses, the Registered Nurses Union of Newfoundland and Labrador (RNUNL) and the Canadian Patient Safety Institute (CPSI). The personal stories of suffering touched those present, sparking renewed compassion for individuals and families impacted, as well as thoughtful reflection on the impact on nursing practice. The highlight of the day was fulfilling my first act as President, which was bestowing the Awards for Excellence to nurse leaders in our profession. It was especially humbling to present Pegi Earle, former Executive Director of ARNNL, with our 52nd Honourary Membership Award.

THIS HAS BEEN A VERY ENGAGING AND IMPORTANT YEAR FOR COUNCIL. WE EMBARKED ON A REFRESH JOURNEY FOR OUR GOVERNANCE PROCESSES AND CONTINUED THE WORK OF REVISING OUR GOVERNANCE POLICIES, MAKING WAY FOR A RENEWAL OF OUR ENDS, OR STRATEGIC OUTCOMES, INTO THE 2017-18 YEAR.

Another privilege from this past year was representing RNs at the Beaumont-Hamel 100th Anniversary Commemoration Ceremonies. The ceremonies at the War Memorial saw a large contingent of practicing and non-practicing nurses. They were a spectacle to witness in their white uniforms, black and red capes and nursing caps. The ceremonies concluded with the unveiling gala at The Rooms and included dignitaries such as Princess Anne, who spoke eloquently in remembering fallen soldiers and paying tribute to our war time nurses.

This has been a very engaging and important year for Council. We embarked on a refresh journey for our governance processes and continued the work of revising our governance policies, making way for a renewal of our Ends, or goals, into the 2017-18 year. Council has also been active in approving changes to the ARNNL Regulations and By-laws, and approving ARNNL documents and nursing programs. Highlights are further described in this report. These highlights touch on the work, but certainly are not reflective of the number of volunteer hours provided by the dedicated RNs, Nurse Practitioners (NPs) and public representatives that comprise Council. I

take this opportunity to send a big thank you to them all with a special thanks to those outgoing members who surely will be missed. I would also like to send an appreciation note on behalf of Council to Lynn Power, ARNNL Executive Director, and to ARNNL staff who work tirelessly on behalf of the public and members, and provide Council the support it needs to move our regulatory mandate forward.

In closing, I would like to pay tribute to the RNs of Newfoundland and Labrador. Your engagement with the ARNNL this past year is appreciated and your insights highly valued in regard to how nursing in this province can be shaped to better serve the public. A special thank you to those who participated in this year's linkage activities and those who shared their thoughts and experiences during the recent President's Teleconference. Stay tuned for more engaged discussions as Lynn Power and I visit various regions in the province in the coming months!



Julie Nicholas

Messages from ARNNL's External Stakeholders

ARNNL is involved nationally and internationally with many organizations. This section highlights some of the strategic work that has been undertaken together this past year and the value of these connections for members and the public in Newfoundland and Labrador.

Message from the Canadian Nurses Association (CNA)



It has been a pleasure for CNA to collaborate with ARNNL over the last year. Through ARNNL's involvement in the development of CNA's National Nursing Framework on Medical Assistance in Dying in Canada and the organization's continued support for the inclusion of home care in the next federal health accord, ARNNL has truly made an impact on CNA's everyday work to support the nursing profession and improve health care across Canada.

Message from the Canadian Council of Registered Nurse Regulators (CCRNR)



CCRNR continues to promote excellence in professional nursing regulation and serves as the national forum regarding regulatory matters. We extend our appreciation to ARNNL for being an active member, most recently with ARNNL's Executive Director, Lynn Power, becoming our Vice-President.

In 2016, CCRNR released the NP Practice Analysis Project, a multi-year, government-funded project that will inform regulatory decisions across Canada. We also focused on ensuring entry-to-practice exams for RNs and NPs are competency-based and legally defensible. Another focus for CCRNR was exchange of information on regulatory trends, best practices, policy, and legislation in individual jurisdictions, across Canada, and internationally.

Message from the International Council Of Nurses (ICN)



The nurses of Canada, through the ICN member, the Canadian Nurses Association, have been strong supporters of the work of ICN, helping us to raise the voice of the global nursing community at the highest policy tables in the world. We are proud of ARNNL's achievements, focused on patients on a day to day basis, ensuring they have access to quality care, and lobbying your government to invest in the nursing workforce. We at ICN look forward to a long collaboration.

Messages from ARNNL's External Stakeholders

Message from National Council Of State Boards Of Nursing (NCSBN)



As the demands of health care consumers change and the well-being of our populations shift, the challenges that regulators face are altering at a frenetic pace. As regulators, we need to identify how best to address these challenges.

As an associate member of NCSBN, ARNNL participates in ongoing dialogues among nursing regulatory bodies throughout the world. ARNNL contributes to the multicultural exchange of thoughts and ideas as well as sharing their knowledge and experiences. Their input is invaluable to current discussion of common issues and challenges.

Working together, our regulatory solutions are stronger. Most importantly, it is through working together that we are better able to protect the public that we serve.

Message from the Canadian Nurses Protective Society (CNPS)



The CNPS celebrates the care, the expertise and the dedication that ARNNL brings every day to enhance the health and well-being of the citizens of Newfoundland and Labrador.

The CNPS also wishes to convey its heartfelt gratitude to ARNNL for its continued support of our mission. Thank you for your input into the CNPS' advocacy efforts surrounding the adoption of medical assistance in dying. We appreciate the strong voice you are adding to the call for adequate legislative protection for nurses providing end-of-life care, whatever their personal conviction. We acknowledge ARNNL's efforts around a new CNPS initiative to make legal assistance more readily available to nurses facing a regulatory complaint.

Most of all, we thank ARNNL for being an inspiration of professional integrity. We hope that your organization will see it reflected in CNPS' continued commitment to providing services of the highest standards to your members.

Message from the National Nurses Assessment Service (NNAS)



The NNAS's 2016-17 achievements could not have been accomplished without the support, advice and expertise of staff at ARNNL and our other 20 regulatory body members. This past year NNAS continued to evolve as an organization, holding our first conference in conjunction with our AGM, and publishing our first strategic plan (2016-19). A key focus remains on the international nursing applicants that utilize NNAS services. Together, with other regulatory partners, we are continuously improving the quality of our services. NNAS would also like to acknowledge Lynn Power, ARNNL's Executive Director, as she assumed the role of Chair of the NNAS Board of Directors in 2016.

See "on the global scene" on the next page 

ON THE GLOBAL SCENE

We are members of nursing organizations that offer diverse resources to ARNNL and its members.



www.nnas.ca



CANADIAN
NURSES
ASSOCIATION®

www.cna-aiic.ca



Canadian Nurses
Protective Society
Société de protection
des infirmières et infirmiers
du Canada

www.cnps.ca



Association of
Registered Nurses
of Newfoundland
and Labrador



www.ccrnr.ca



NCSBN

National Council of State Boards of Nursing

www.ncsbn.org



International Council of Nurses

www.icn.ch

In Memoriam

Since the 2016 Annual Meeting, ARNNL has been notified of the passing of the following ARNNL members.

Sympathy is extended to family and friends.

NAME	SCHOOL OF NURSING	YEAR OF GRADUATION
Crann, Pauline Lynette	General Hospital	1985
Downs, Jennifer Mary (nee Walsh)	St. Clare's	1976
French, Alice Maude	General Hospital	1960
Gatherall, Donalda Mary	St. Clare's	1959
Hodder, Cheryl Marjorie (nee Mills)	General Hospital	1980
Hodge, Olga	S.A. Grace General	1961
Horan, Regina K.	St. Clare's	1949
Lawlor, Rodney	St. Clare's	1995
Mercer, Edna Lorraine (nee Parsons)	General Hospital	1971
Molloy, Alice-Marie (nee Rogers)	St. Clare's	1961
Murphy Goodridge, Janet	Queen's University	1981
Rossiter, Margie	St. Clare's	1975
Ryan, Gladys May (nee Brown)	General Hospital	1947
Ryan, Pauline	St. Clare's	1979
Sainsbury, Marina	S.A. Grace General	1962
Scanlon, Marion Basha	St. Clare's	1966
Smith, Theresa Elizabeth (nee Downey)	St. Clare's	1954
Stevenson, Wendy Lloy (nee Bolander)	General Hospital	1963
Walsh, Verna Marie (nee Bonia)	St. Clare's	1954
White, Natasha Maria	University of New Brunswick	1998



Council Ends

Under the Policy Governance model, an End is a statement of the goals or accomplishments to be achieved. These Ends are written with a long-term perspective and are presented in order of resource allocation.

OUR MISSION

Nursing Excellence for the Health of the Population.

In pursuit of its mission, ARNNL exists so there will be¹:

Accountability for Self-Regulation

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

- Competent, ethical Registered Nurses 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

Quality Professional Practice Environments

Practice environments support nurses in providing safe, quality care

- ARNNL supports RNs to advocate for and contribute to quality professional practice environments
- ARNNL provides stakeholders with convincing evidence to influence their policy directions and resource allocation decisions to support quality professional practice environments

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
- 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 determinants of health

- Government and stakeholders have convincing evidence to influence their policy directions and resource allocation decisions to advance the health of the population
- RNs have capacity to advocate for healthy public policy

¹These results are to be achieved at the cost of the membership fees.

April 1, 2016 - March 31, 2017



Front: Sitting (left to right): *Walter Arnold**; *Lynn Power (Executive Director)*; *Valda Duke (Advanced Practice)*; *Julie Nicholas (President)*; *Patricia Rodgers (Eastern region)*; *Tracy MacDonald (Central region)*; and *Irene Baird**
Standing (left to right): *Megan Hudson (Practice)*; *Tonya Ryan (Administration)*; *Lacey Sparkes (Western region)*; *Beverly Pittman (Labrador/Grenfell region)*; *Alexia Barnable (Education/Research)*; *Elaine Warren (President-Elect)*; *Ray Frew**; and *Carmel Doyle**.

*Public Representatives

ARNNL's Council, comprised of 10 RNs and four public representatives, govern the nursing profession and are responsible for public protection through *self-regulation*.

Our Framework

Council sets the overall policy direction to uphold the objects of the *Registered Nurses Act (2008)*. These policies are written as Ends statements. This report will outline the progress toward achieving these Ends over the past year.



Lynn Power, RN, MN
Executive Director
lpower@arnnl.ca

WHO WE ARE

Governance Highlights

ARNNL Council met eight times over the past year. During these meetings, Council discussed matters ranging from specific topics, such as registration improvements, to broader goals, such as connecting with the people of the province. Council also met with key stakeholders such as the Government of Newfoundland and Labrador, leadership in the Regional Health Authorities (RHAs), other regulatory bodies as well as with ARNNL members.

A new, major undertaking for Council this year was to support the development of the Quality Assurance Program (see page 18). This is a program designed to add value for the public and RNs in Newfoundland and Labrador, and is aligned with ARNNL's other regulatory processes.

In September 2016, the *Registered Nurses Regulations (2013)* were amended: lengthening the duration of provisional registration to three (3) years; removing a specified number of attempts on the RN registration exam to an unspecified number that may be attempted within the period of provisional registration; and removing

A NEW, MAJOR UNDERTAKING FOR COUNCIL THIS YEAR WAS TO SUPPORT THE DEVELOPMENT OF THE QUALITY ASSURANCE PROGRAM

the mandatory requirement for a remedial education program prior to a third write of the registration exam. Regulatory changes were also passed by Council in October. These changes included removal of the Baccalaureate of Nursing designation as a requirement for registration (for applicants educated outside of the province only); as well as removal of the mandatory remedial education program prior to a third writing of the NP licensure exam. The October changes are waiting on provincial government approval.

In October, Council granted a three-year conditional approval rating to the Master of Nursing - Nurse Practitioner (MN – NP) Program offered at Memorial University's School of Nursing. The program will provide annual updates on their progress outlining how they are meeting the recommendations provided by ARNNL's Education Approval Committee. MUN is working on plans to meet these recommendations.

Significant time was spent reflecting on current regulatory trends as part of Council's governance model review. New Ends (goals) for ARNNL are expected in the coming year. Council did approve revisions to End three (E-3): *Practice environments support nurses in providing safe, quality care*. Two interpretation statements were added to the original End statement to provide clarification around ARNNL's mandate. The new statements are on page 8.

Part of Council's reflection, mentioned above, are generative discussions which take place during Council meetings and provide an opportunity to consider various important items impacting RNs and their practice. For example, one item discussed this past year was the new

provincial legislation, the Patient Safety Act, and its impact on regulators and the health care profession, as well as the positive aspects of the legislation for patients. A second generative discussion took place regarding the Personal Health Information Act (PHIA). The Government of Newfoundland and Labrador conducted consultation sessions on PHIA, and Council explored a submission to the provincial government from CNPS, along with other implications.

Council also examined the governance implications regarding the rising concern of misuse of opioids. The Canadian Council of Registered Nurses of Canada, the Canadian Nurses Association (CNA), the Canadian Association of Schools of Nursing (CASN) and the Government of Newfoundland and Labrador recently committed to actions to address the opioid crisis at an Opioid Summit and Conference held at the request of the Federal Minister of Health in Ottawa in November 2016. ARNNL and the College of Registered Nurses of British Columbia started leading the development of a guidance document for Canadian nurse regulators to identify best practices and provide recommendations for regulatory processes to support a consistent approach for RNs and NPs to address the opioid crisis.

ARNNL welcomed the Newfoundland and Labrador Foot Care Nurses as one of the organization's Special Interest Group (SIG) in 2016-17. Council also completed work on the relationship between ARNNL and SIGs, amending the By-law, as well as revising the guidelines for these groups.



Contingent of practicing and non-practicing nurses getting ready to march in the July 1 Memorial Day parade.

ARNNL was proud to represent RNs and NPs in this province at the special ceremonies at both the War Memorial and The Rooms recognizing the 100th Anniversary of Beaumont-Hamel. ARNNL President Julie Nicholas laid a wreath at the War Memorial as a member of the Uniformed Services Group, and attended the Official Commemoration Ceremonies at The Rooms along with ARNNL Executive Director Lynn Power. Both members were honoured to pay respects to those that served. A large contingent of nurses, both practicing and non-practicing, marched as part of the uniformed military parade from the Sergeant's Memorial to the War Memorial just ahead of the official start of the ceremonies (picture).

In 2016-17, ARNNL's ACCESS magazine also ran a three-part series in conjunction with Memorial University of Newfoundland (MUN) School of Nursing highlighting nurses who served during WWI. Check out these editions on ARNNL's website.

Annual General Meeting (AGM)

The 62nd AGM was held in Corner Brook on June 6, 2016 at the Greenwood Inn and Suites. Over 100 people attended the event, which kicked off with an education session focusing on illicit and prescription drug abuse in society and their influence on nursing practice followed by a patient safety presentation, which called attention to the importance of listening to clients. The AGM provided an opportunity to review highlights of the past year, as well as an opportunity for RNs to interact with Council and learn more about regulatory and association initiatives. A pinning ceremony, symbolizing the transition of Presidents from Regina Coady (serving 2014-16) to Julie Nicholas (serving 2016-18) was conducted.

AGM attendance was made available via audio conference for those who could not travel to Corner Brook, Newfoundland and Labrador (NL). This service was first offered in 2010, and has seen participant numbers rise slightly each year.

The day closed with ARNNL's Awards for Excellence Gala.

Motion: 62nd AGM

A call for resolutions was issued by ARNNL in January 2016 for the 62nd AGM. One resolution was received by the deadline. The resolution proposed that ARNNL develop a discussion document in consultation with key stakeholders, including nursing educators, students, administrators, researchers and practicing nurses, to provide background information and analysis of ongoing issues associated with the NCLEX-RN® exam. This document was proposed to be used as a guide for future action for supporting students in the successful writing of the exam. This motion was passed with Council indicating their support of the intent behind the motion.

Over the past year communications with the movers of the motion ensued with the goal of clarifying content and best processes for engagement. Further information on the status will be reported at the 2017 AGM. On a related note, ARNNL is partnering with faculty from each of the schools of nursing on a project investigating academic performance predictors of success on the NCLEX-RN® exam. The results will help inform the development of education strategies while building on the existing strengths of the undergraduate nursing program. Data collection and analysis are underway. Stay tuned for the results!



ARNNL's Awards for Excellence: Recognizing RNs in Corner Brook

ARNNL's Awards for Excellence honoured four outstanding RNs in 2016, in the categories of Education (Lorna Walsh, RN, BN, M.Ed); Administration (Donnie Sampson, RN, NP, MN); Practice (Cathy Murphy, RN, M.Ed); and the Elizabeth Summers Novice Nurse Award (Brittany Abbott, RN, BN). As part of the awards gala, the 52nd Honourary Membership was bestowed to Margaret (Pegi) Duff Earle.

Linkage with Members and the Public

Council endeavoured to remain informed about trends in health care and nursing and, throughout the year, engaged both members and the public.

During National Nursing Week (NNW) ARNNL and College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNL) joined counterparts across Canada from May 9-15, 2016 in recognizing NNW and the theme, "Nurses: With you every step of the way."

Council held a public linkage session the evening ahead of the AGM, on June 5, 2016. The purpose of the session was to provide an opportunity for the public to connect with ARNNL Council on the west coast of the province.

Julie Nicholas held the annual President's Teleconference in March to connect with members and gain direct insight into their perspectives on the future of the nursing profession.

Councillors also reached out to members in their region/ domains throughout the 2016-17 year. Feel free to reach out to the Councillor in your area.

Financial Position

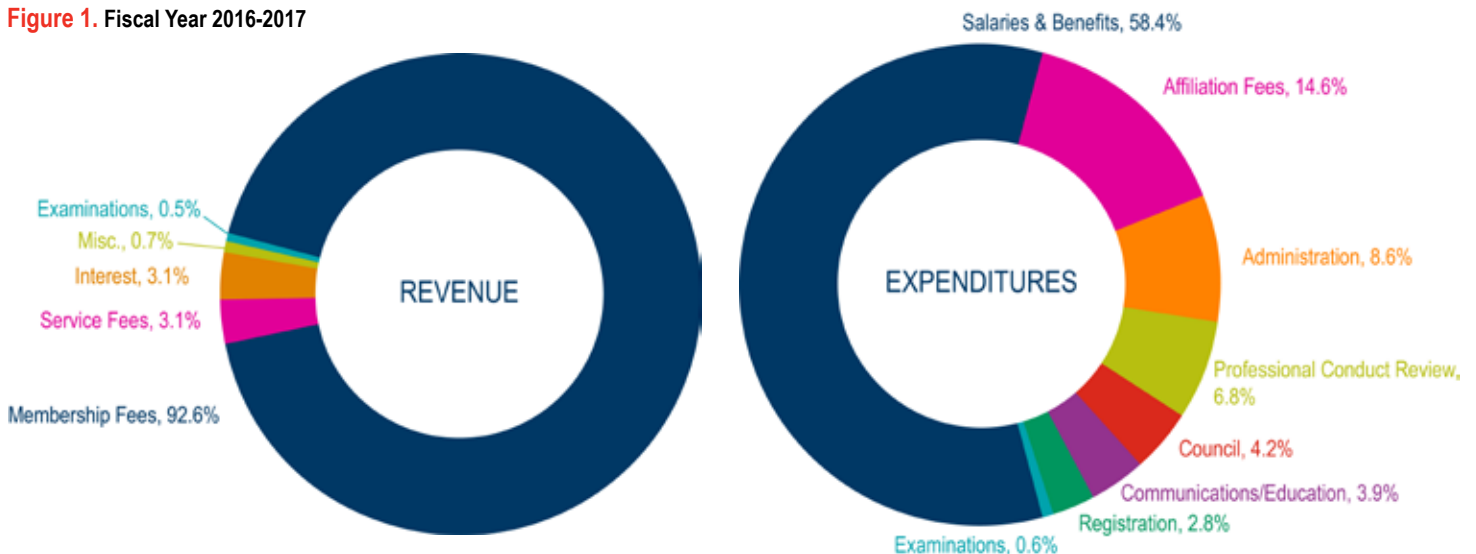
The audited financial statements for 2016-17 are distributed at the Annual Meeting and are posted on ARNNL's website. ARNNL welcomes questions of the auditor at the AGM, or calls to the organization with inquiries. Recognizing the rise in the complexity and depth of complaints over the years, Council made investment changes to support the health of the internally restricted Professional Conduct Review fund again this year. Other financial investments included contributing to the Building Contingency Fund for future replacement of ARNNL offices, and establishment of reserve funds allocated to enhance communication support materials to better connect with members and the public.

Making Connections

In 2016-17 ARNNL staff connected with:

- Over 250 members at events and orientations.
- Over 400 at targeted education sessions on topics such as scope of practice, documentation, standards, and the Continuing Competency Program (CCP).
- Over 184 conference attendees through third party events, for example, RNUNL Convention, Eastern Health's Research Symposium and the Palliative Care Conference.
- Close to 1,800 health professionals in attendance at the ARNNL/Newfoundland and Labrador Association of Social Workers (NLASW)/College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNL) webinar on Medical Assistance in Dying (MAID).
- Participants who attended the seven ARNNL facilitated provincial educational teleconferences on topics such as addictions, self-regulation, mental health, and home health monitoring.
- Approximately 700 students in the Bachelor of Nursing Program sites (Centre for Nursing Studies, Western Memorial Regional Hospital and MUN) who participated in education sessions with ARNNL Policy and Practice Consultants.
- NPs who joined two ARNNL facilitated provincial teleconferences, one on MAID and the other on Choosing Wisely NL. Several communiques were shared online with NPs on topics regarding Suboxone, Choosing Wisely NL and ARNNL's NP Evaluation Project.

Figure 1. Fiscal Year 2016-2017



WHAT WE DO

Accountability for Self-Regulation

Registration

- Practicing licenses were issued to 284 new members. Of these, 72% were graduates of an NL school of nursing, 26% were from other Canadian jurisdictions and 2% were Internationally Educated Nurses (IENs).
- The majority of members (95%) renewing a practicing license met the March 1 administrative deadline to submit their renewal application to ARNNL.
- Revisions and improvements to MyARNNL were completed during the year including: date of birth confirmation; non-practicing members ability to obtain ARNNL Trust membership; and a new payment module. Revisions to the registration process were conducted, including revamping the auto-approve license feature to expedite processing of all types of registrations.
- The majority of members (99.5%) renewing a practicing license declared they completed all components of the CCP. Thirty-one members were issued a conditional license due to outstanding CCP



- requirements. Three of those members failed to meet the program obligations within the 90-day time period, thus their statuses were changed to non-practicing. One license was re-issued following receipt and review of the member's CCP documents.
- Focus groups with managers and educators were conducted in follow-up to a consultation process started in 2015 regarding the new graduate interim license (IL-II). The conditions and restrictions on this license were revised and related communication was disseminated.
- Work commenced to revise the competency validation process for NPs who have insufficient practice hours to renew an NP license and who wish to re-enter NP practice.
- ARNNL continued to contribute to the provincial RN Workforce Model project. This Workforce Model informs decision-making on a wide range of topics from the number of seats available for nursing school programs, to supply and demand within the profession. Consequently, ARNNL began discussions with researchers to see if there was a way to explore trends further, such as yearly rises in the preference for casual positions.

Our Numbers – Local:

- There were 6,400 members with a practicing license at year-end in 2016-17, an increase of less than 1% over last year (Figure 2). The number of non-practicing members increased slightly from 555 to 574.
- NPs accounted for just over 2% of practicing members. A total of 156 members had a practicing NP license in 2016-17, representing a 12% increase over last year.

Our Numbers – Abroad:

- Forty applicants identified ARNNL as a jurisdiction of choice on their NNAS application, the national application entry point, and of these, 16 filed applications with ARNNL last year. The number of IEN applicants continues to remain low.
- In 2016-17, 12 IENs were referred for a Competency Based Assessment (CBA) to assist in determining their eligibility for provisional registration and bridging education to address identified gaps. This process is administered by the Centre for Nursing Studies.
- New in 2016-17, IENs approved for provisional registration were given the option to complete select courses in the IEN Bridging Program to meet the professional reference requirement for registration and proceed to the registration exam.
- ARNNL, along with other Canadian nursing regulatory bodies, are members and recipients of the services of the NNAS. Processes for IEN assessment were revised or enhanced in response to identified opportunities for quality improvement.

Figure 2: ARNNL Practicing Members

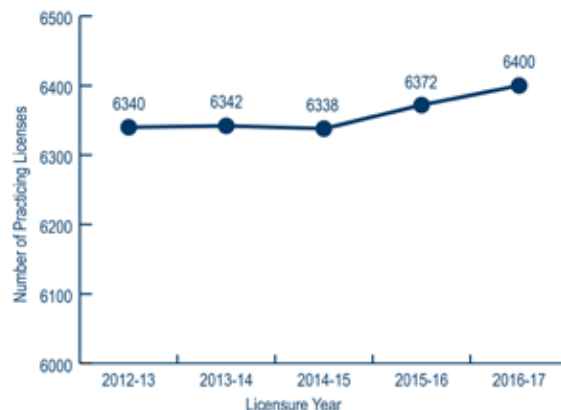
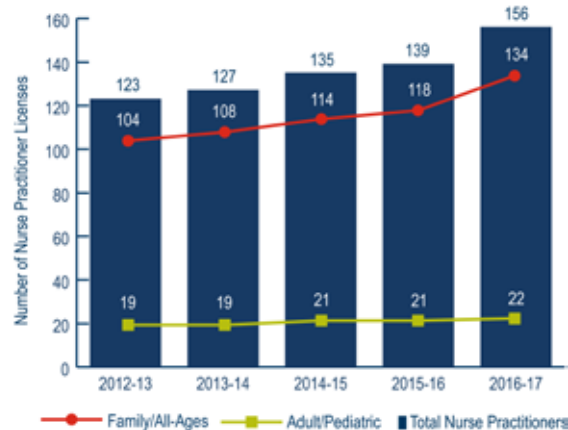


Figure 3: Nurse Practitioners



Examinations

- The majority of NP-Family/All-Ages (F/AA) graduates who completed an NP program in NL successfully wrote the Canadian Nurse Practitioner Exam (CNPE). Of the NP-F All Ages (F/AA) graduates who completed an NP program outside of NL, 100% successfully wrote the CNPE.
- All writers of the Adult-Gerontology exam who completed an NP program outside of NL successfully wrote the exam.
- ARNNL supported the ongoing development of the CNPE exam as ARNNL members continued to provide their expertise as item reviewers.
- ARNNL continued to participate in the NCLEX-RN® exam development program with members attending item review and expert review panels (practice analysis and knowledge skill and ability panels).
- By fiscal year end, 99% of 2016 graduates from NL nursing programs were successful in writing the NCLEX-RN® exam. Further results are presented below.

MILESTONE

NCLEX-RN® Milestone in Newfoundland and Labrador

The NCLEX-RN® exam was officially launched in January 2015. Writers of the exam included new graduates from NL schools of nursing, graduates from other jurisdictions who wished to be registered in NL, IENs and NL graduates from previous years who were not yet successful on a licensure exam. Results for 2016 graduates from the NL schools of nursing show 88% passed the exam on their first attempt. This is a nine-point increase compared to 2015 graduates (79%). By fiscal year end, 99% of 2016 graduates had passed the exam; up slightly from 95% of 2015 graduates at year end 2015-16.

Resources

Keeping regulatory documents current provides members with the most relevant, up-to-date information for their practice. The communications below were revised this past year:

- Provisional Registration, Interim License and Licensure Conditions fact sheets
- Registration and licensure web content, including applications and associated forms

In addition, work commenced on a new resource to assist members when they are considering if they will renew a practicing license or non-practicing membership. Annual Licensure and Membership Renewal: Important Considerations when Making Decisions highlights legislated requirements for licensure renewal as well as provides some other important information for the member's consideration as they make their decision.

ARNNL & CNPS: Two components in the licensure renewal process

The project between ARNNL and the Canadian Nurses Protective Society (CNPS) for payment of fees for the 2016-17 licensure year was a success. Following completion of their ARNNL application, members renewing a practicing license were redirected to the CNPS website to complete the professional liability protection (PLP) process including payment. This partnership with CNPS has increased member awareness of CNPS and the services they offer to beneficiaries. Data from CNPS show:

- Visits to the CNPS website from ARNNL members were up 66%
- Webinar participation by ARNNL members was up 72%
- Calls to CNPS by ARNNL members seeking information, legal advice and legal assistance were up 9%

Starting in 2017, ARNNL members had the option to purchase Supplementary Protection from CNPS for legal assistance with respect to matters before their association/college and assistance with complaints and disciplinary hearings.



Association of
Registered Nurses
of Newfoundland
and Labrador



Canadian Nurses
Protective Society

Société de protection
des infirmières et infirmiers
du Canada

Transparent, Accessible and Fair Professional Conduct Review Process

The Professional Conduct Review (PCR) process is used to assess an allegation, and to intervene when a member's practice or conduct is alleged to be unacceptable and deserving of sanction. The process is authorized by the *RN Act (2008)*. The number of allegations filed this year reached an all-time high of 38, with a notable increase in allegations filed by the public. With the ongoing complexity of cases as well as legal challenges to the PCR process, the addition of in-house legal counsel (2015) and a legal assistant (2016) to ARNNL continues to be beneficial.

The Act gives the Director of PCR authority to attempt to resolve an allegation where it appears it may be resolved satisfactorily. Allegations that are not resolved are referred to a Complaints Authorization Committee (CAC), appointed from Council members, for decision. The CAC may consider an allegation a complaint and refer to an Adjudication Tribunal, convened from the Disciplinary Panel, for a hearing to dispose of the complaint. The CAC may also recommend that Council suspend, restrict or further investigate a member's practice. Table 1 and Figure 4 detail the number and outcomes of allegations and complaints.

Table 1: Disposition of Complaints Lodged Under the Registered Nurses Act (2008)

	Allegations received in 2016-2017	Allegations acted on in 2016-2017	Total actions taken in 2016-2017
Total	38¹	48²	167
Action Taken³			
Attempt to Resolve via Agreement process ⁴	31	0	31
Allegation referred to CAC -pending	1	0	1
Investigation/ADR ⁵ ordered by the CAC	11	3	14
Registrant required to meet with CAC	0	0	0
Caution or Counsel Issued by CAC	1	0	1
Referred to Hearing Tribunal	0	3	3
CAC recommended to Council to Suspend/Restrict member license	0	2	2
Agreement/ADR pending	5	2	7
Agreement/ADR Finalized	9	6	15
Monitored under Agreement ADR	10	29	39
Conditions of Agreement/ADR completed	1	16	17
Investigations commenced or completed	6	9	15
Withdrawn by Complainant	1	0	1
Appeal of Decision of the CAC to Court ⁶	1 ⁷	1	2
Hearing Tribunals	0	4	4
Monitoring of Order of PCR Panel/Adjudication Tribunal	0	11	11
Dismissed by CAC	3	1	4
De-Registration	0	0	0

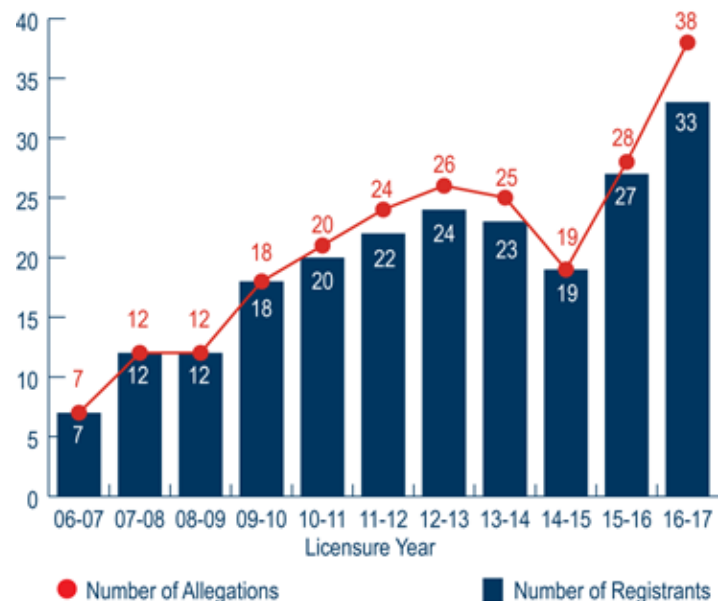
Notes

1. Allegations were filed against 33 nurses with one RN having three allegations filed and three RNs having two allegations filed in this time period (n=38)
2. Total allegations filed between 2009-2017 were 160 and in 2016-17 action was taken on 48 allegations.
3. Each allegation may result in multiple actions therefore number of actions may not equal number of allegations
4. Section 22 provides authority to the Director of PCR to attempt to resolve an allegation. The resolution is finalized in a written Agreement and monitored accordingly.
5. Alternative Dispute Resolution (ADR).
6. Trial Division of the Supreme Court
7. Appeal was discontinued by the complainant

This year:

- Thirty-eight reports were filed alleging a member engaged in conduct deserving of sanction, including several reports that a member's nursing employment had been terminated.
- These allegations related to members' failure to uphold ARNNL's *Standards of Practice for Registered Nurses (2013)*:
 - Standard 1: Responsibility and Accountability
 - Standard 2: Knowledge-Based Practice
 - Standard 3: Client-Centered Practice
 - Standard 4: Public Trust
- Conduct issues identified included: conduct that does not conform to the values and beliefs within the *Canadian Nurses Association 2008 Code of Ethics for Registered Nurses* (failing to demonstrate accountability in nursing care, breaching obligations under an Agreement to resolve an allegation); appropriate documentation of client assessment and care; failure to complete client assessments, incompetence in provision of nursing care (e.g., errors in medication

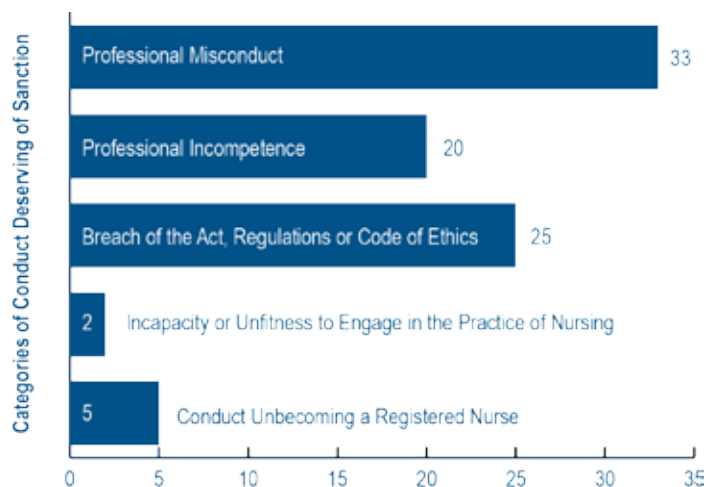
Figure 4: Number of Allegations (2006-07 to 2016-17)



administration processes, inappropriate judgement in emergent situations); failure to adhere to the *Registered Nurses Regulations (2013)* (e.g. failing to provide notice of change of name employer within 30 days); failure to demonstrate professional communication with clients and colleagues and failure to practice within scope of a registered nurse.

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

Figure 5: Categories of Conduct Deserving of Sanction



- The CAC met 12 times to review allegations lodged against 24 members.
- Acting on the CAC recommendation, Council suspended the license of one member and placed restrictions on the license of another member pending the outcome of a disciplinary hearing.
- Adjudication Tribunals were convened to conduct hearings into complaints against four members and four members were found guilty of conduct deserving of sanction. The Adjudication Tribunal also rendered two decisions on cases commenced in the previous year.
- On the order of an Adjudication Tribunal, licenses for three RNs were suspended and one license was restricted, one RN has complied

with the tribunal's order such that their license was reinstated. The Adjudication Tribunal awarded costs in four cases.

- Two members were subject to an order of an Adjudication Tribunal, one order of which was made in a previous year, met all terms of the order such that their licenses are now in good standing.
- As required under the Act, the outcomes of disciplinary hearings are published in the member's local newspaper when a member is found guilty and an Order of the Adjudication Tribunal suspends or imposes conditions or restrictions on a license. Five hearing outcomes were published in 2016. Notices of hearings are posted on the ARNNL website and are open to the public.
- Council appointed a new RN Chairperson for the Disciplinary Panel and reappointed three RN members. Public Representatives are now to be appointed by the Independent Appointments Commission established by the provincial government on May 26, 2016.
- The use of electronic/digital technology in the PCR process continues to grow where appropriate. Again this year, skype video/teleconference appearances have been utilized at a hearing in certain matters where authorized by the Disciplinary Panel.
- In May 2016, the Supreme Court of Newfoundland and Labrador, Court of Appeal, dismissed an appeal of an employer and ordered the employer to disclose quality assurance information to ARNNL as part of an investigation into an allegation that a registrant had engaged in conduct deserving of sanction under the Act.
- In March 2016, a Notice of Appeal was filed by a complainant with respect to a decision of the CAC that dismissed an allegation against a registrant. In November 2016, the Supreme Court of Newfoundland and Labrador Trial Division determined that a Notice of Appeal must be filed within 30 days of notice of the decision of the CAC and not from subsequent reasons. As a result, the complainant's Notice of Appeal was dismissed.
- In September 2016, a Notice of Appeal was filed by a complainant with the Supreme Court of Newfoundland and Labrador Trial Division with respect to a decision of the CAC that dismissed an allegation against a registrant. In November 2016, the Complainant filed a Notice of Discontinuance with respect to the Notice of Appeal.

Our Education Profile

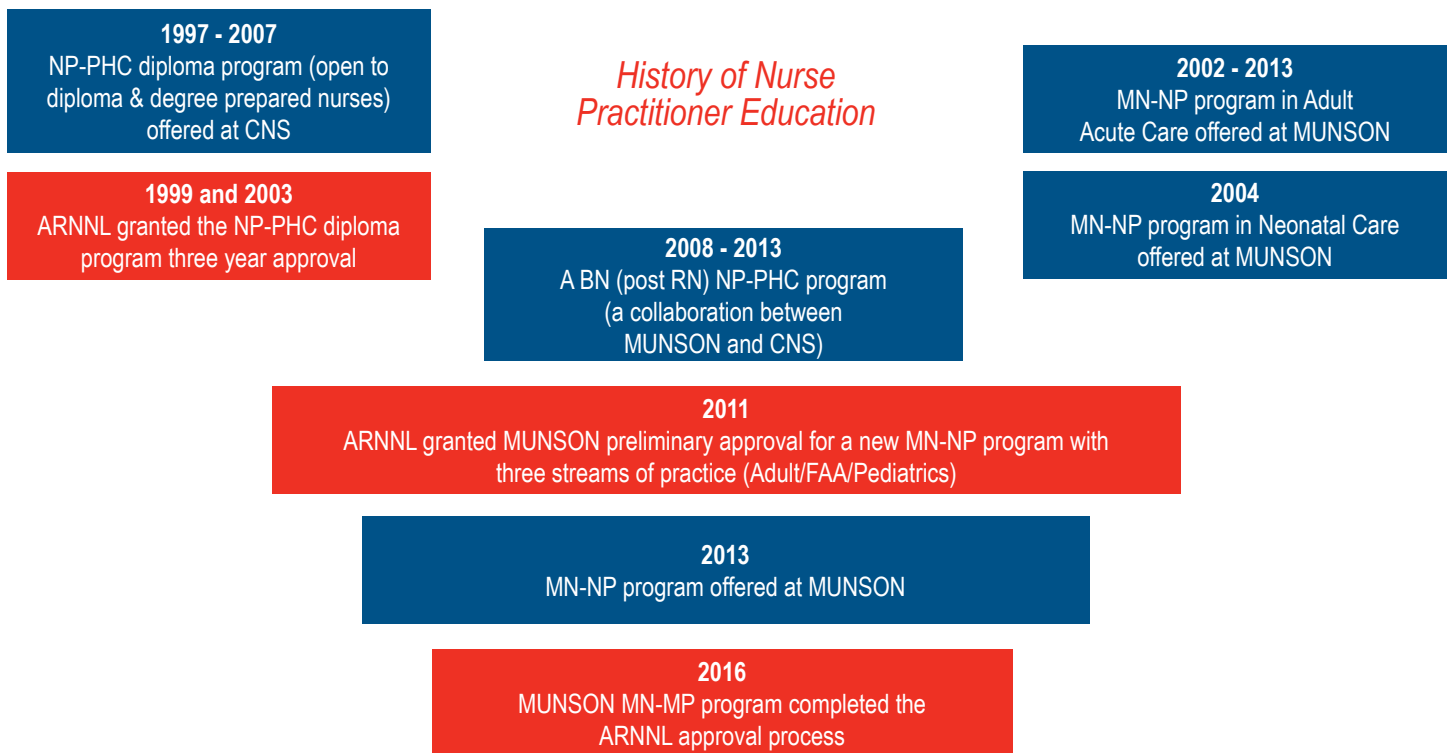
- The number of RNs and NPs enrolled and participating in formal education is increasing. The number of students in 2016-17 enrolled in a nursing program at Memorial University of Newfoundland were:
 - Master of Nursing 88
 - MN-NP option 43
 - Post-master NP 5
 - PhD 7
 - Post-basic BN program 58
- Thirty-six ARNNL members are presently enrolled and participating in the Athabasca University Nurse Practitioner program.
- Approximately 11% of practicing members achieved current CNA Certification in one of 20 different specialty areas. Community health nursing, psychiatric/mental health nursing and preoperative nursing had the highest uptake. Congratulations to everyone!
- The highest level of education attained by practicing members in 2016-17:
 - Diploma in Nursing (36%), BN (56%), MN (5%), PhD in Nursing (0.2%) and 3% have post-basic university degrees in other disciplines.

Over the course of the year, regulatory staff participated in presentations and discussions with students and members on a variety of regulatory topics. See Table 2 below.

Table 2: Touch Points: Presentations with Regulatory Staff

Topic of Presentation	Organization / Group	Audience	# Attended	# of presentations
Self-regulation	Western Regional School of Nursing	Students	50	1
Provisional Registration & NCLEX-RN®	Memorial University School of Nursing	Students	80	2
Provisional Registration & NCLEX-RN®	Western Regional School of Nursing	Students	55	2
Provisional Registration & NCLEX-RN®	Centre for Nursing Studies	Students	120	1
Regulations	ARNNL Student Representative Program	Students	14	3
PCR	ARNNL Student Representative Program	Students	14	2
NCLEX-RN®	ARNNL Student Representative Program	Students	14	3
PCR	Managers Workshop	Members	30	1
PCR	ARNNL Work Place Representatives	Members	70	3
PCR	Clinical Managers	Members	9	1
ARNNL Resources	Eastern Health Orientation	Members	60	4

Figure 6: History of Nurse Practitioner Education



NP-PHC: Nurse Practitioner - Primary Health Care
CNS: Centre for Nursing Studies
MUNSON: Memorial University of Newfoundland School of Nursing
MN-NP: Master of Nursing - Nurse Practitioner

Quality Assurance

Building on work commenced in 2015 to prepare for proclamation of the Quality Assurance provisions added to the RN Act in December 2014, the Quality Assurance Development Committee (QADC) completed its work. The QADC was established by Council in June 2015 for the purposes of making recommendations on the structure of an ARNNL Quality Assurance (QA) Program. The QADC developed a set of Principles, a Framework, as well as a list of issues/concerns that could be referred to the legislated QA Program, including a screening process that could be utilized by the Director of Professional Conduct Review. With the completion of the QADC work, the next stage, preparation for the proclamation, required recruitment of members for the Quality Assurance Committee. This work is currently underway.

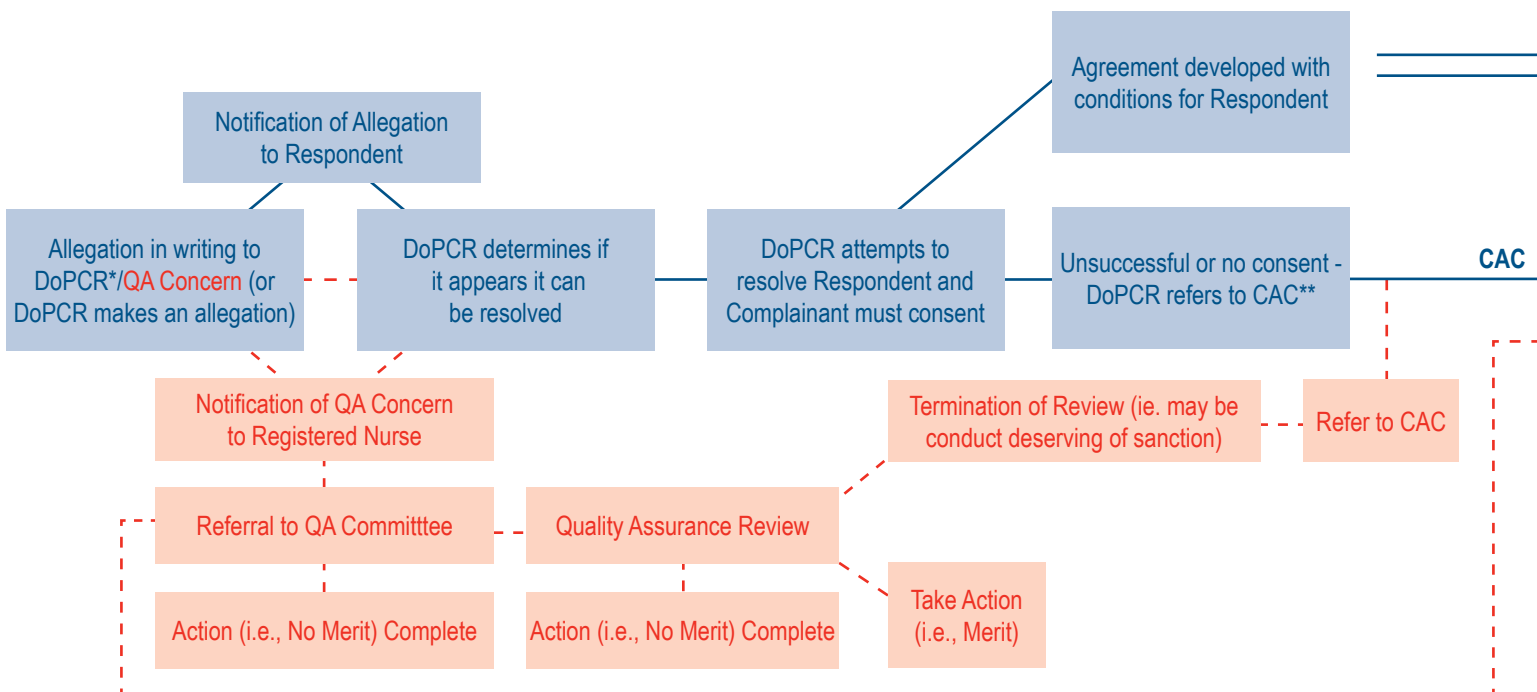
Figure 8: Quality Assurance Framework

ARNNL's QA Framework comprises a general vision for QA within ARNNL that all RNs/NPs practice safely, competently, compassionately and ethically according to Standards of Practice and Code of Ethics. It identifies key elements that contribute to ensuring that Standards of Practice/Code of Ethics are maintained by RNs in the province. Incorporating the QA Program within ARNNL's new QA Framework will strengthen ARNNL's ability to promote good nursing practice, prevent poor nursing practice and intervene when nursing practice is unacceptable (but not conduct deserving of sanction).

PCR and QA Framework

When the QA provisions are proclaimed, ARNNL will have a new tool, in addition to the PCR process, to utilize when concerns regarding a RN's practice are forwarded to ARNNL. The PCR and QA Program Process image below demonstrates the interchange that may occur between the PCR and QA processes (see figure 7 below).

Figure 7: ARNNL Professional Conduct Review (PCR) and Quality Assurance (QA) Program Interaction

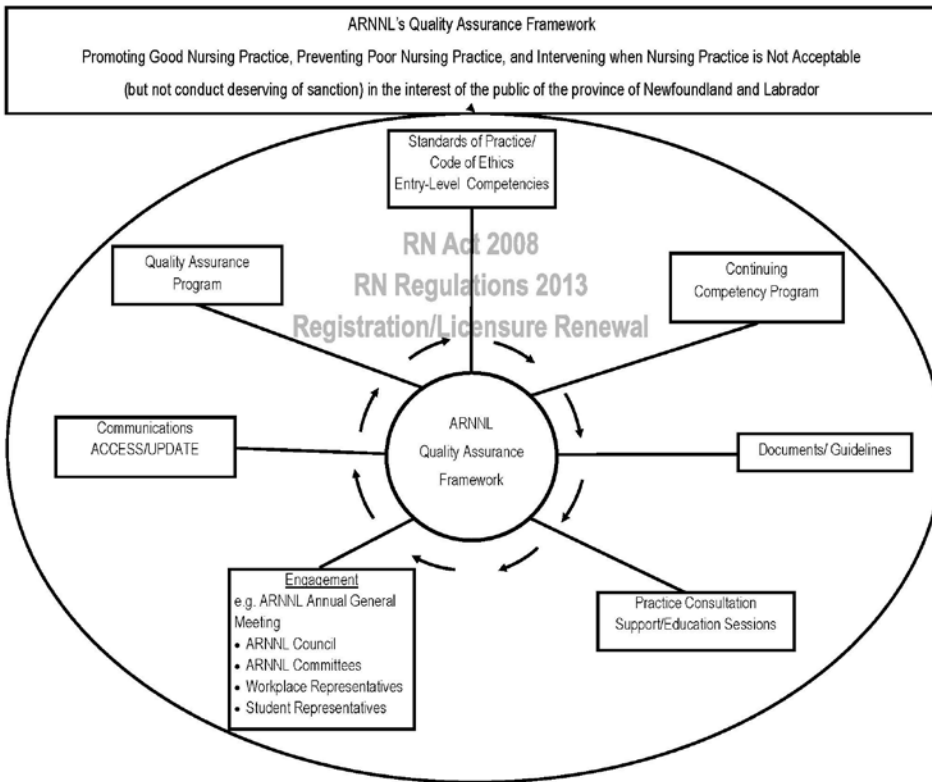


*Director of Professional Conduct Review

**Complaints Authorization Committee

---Subject to Proclamation of Bill 32

Figure 8: Quality Assurance Framework



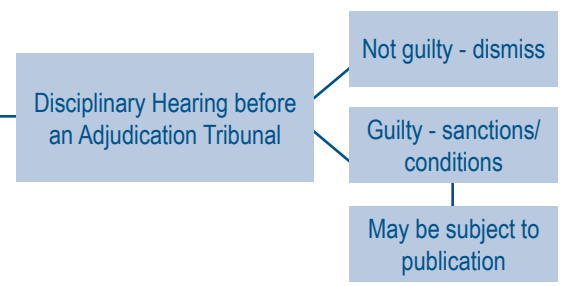
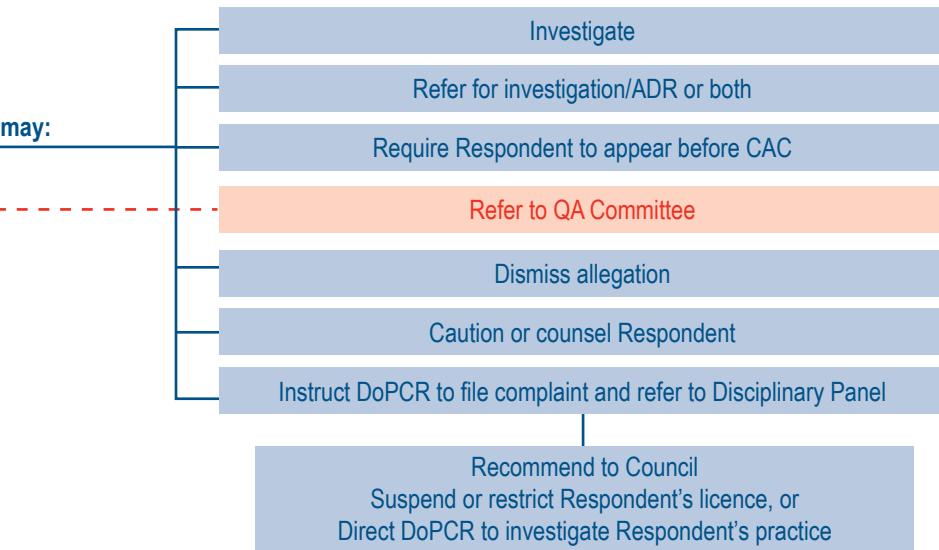
Engaging the Next Generation: Students

The ARNNL Nursing Student Representative Program completed its third year in 2016-17. The program is comprised of 14 nursing students enrolled in the BN Collaborative Program at the Centre for Nursing Studies, Memorial University School of Nursing and the Western Regional School of Nursing. These students attended sessions on many nursing topics including self-regulation, the PCR Process, scope of practice, NCLEX-RN®, and nursing resources to assist with practice. Students had the opportunity to also attend ARNNL teleconferences and ARNNL Council meetings. Accolades to Anne Marie Tracey (CNS), Lynn Cooze (MUNSON) and Rebecca Newton (WRSON) who are the lead faculty contacts for the program at their respective sites.



Sitting Left to Right: Laura Philpott, Chelsea Murphy
 Standing Left to Right: Ryley Siscoe, Stephanie Purdy, Kandice Power
 *Five of 14 ARNNL Student Representatives

Respondent completes all conditions - successful resolution





DOCUMENTS TO SUPPORT YOUR PRACTICE

STANDARDS DOCUMENTS

articulate conduct or performance required of RNs and NPs, and further define responsibilities set out in legislation and regulation.

INTERPRETIVE DOCUMENTS

provide direction and further explanation in relation to expectations within standards.

REGULATORY DOCUMENTS

provide direction and further explanation in relation to expectations identified within the *RN Act* and *RN Regulations*.

FACT SHEETS

provide factual regulatory information.

POSITION STATEMENTS

set out ARNNL's evidence-informed view on a particular issue.

DISCUSSION DOCUMENTS

provide background information or analysis of an issue of which nursing has knowledge or expertise.

BRIEFS

are short documents that reflect ARNNL's current views on a specific topic or issue.

PUBLIC POLICY DOCUMENTS

highlight ARNNL's views that advocate for and/or advance policies that address issues of health and well-being of the public.

Professionalism and Quality Professional Practice Environments

Professionalism and Quality Professional Practice Environments are ARNNL Council Ends. Under these Ends, ARNNL connects with stakeholders, such as members and the public. Over the past year, ARNNL assisted RNs and NPs to work their full scope of practice and advance within their roles by providing information, consultations, and documents. The Document Library is a wealth of information and available on ARNNL's website. Publications in the Document Library were downloaded 7,836 times in 2016-17.

ARNNL staff conducted a review process of 69 ARNNL documents. The documents were reviewed for currency and then categorized according to the new Document Library. Part of this process saw ARNNL archive 15 documents. While these documents are no longer listed on ARNNL's website, they are stored electronically and available upon request.

Resources

Over the year, ARNNL Council approved the following documents:

- *Entry-level Competencies for Nurse Practitioners in Newfoundland and Labrador*
- *Insulin Dosage Adjustment*
- *Registered Nurses and Nurse Practitioners - Aiding in Medical Assistance in Dying*
- *Self-Employed Registered Nurses and Nurse Practitioners*

The following documents were in various stages of development or revision:

- Dispensing by Registered Nurses
- Scope of Nursing Practice: Definition, Decision-Making and Delegation
- Medication Standards
- Orientation Programs for Registered Nurses: Best Practice Guidelines
- Nurse Practitioners - Providing Medical Assistance in Dying (MAID)

ARNNL Practice Consultants regularly connected with stakeholders to share information. Below are a few touch points from 2016-17:

- Participated in a Scope of Practice Panel at the Centre for Nursing Studies (BN and LPN students)
- Presented at RNUNL Convention
- Presented to Massage Therapists on the topic of social media
- Held Managers Workshops with both Central Health and Eastern Health
- Attended the Canadian Nurses Association's Conference "Nurses: Driving the Shift to Primary Health Care"

The 2016 NNW theme "Nurses: With you every step of the way" was advertised in print and radio. ARNNL partnered with the College of Licensed Practical Nurses (CLPNNL) in advertising to highlight the roles of various care providers within the health care team. See pictures of Newfoundland and Labrador RNs, NPs and LPNs below.



ARNNL's Workplace Representative Program

This past year the Workplace Representative Program (WPR) reached its 23rd year. Approximately 100 RNs volunteered as liaisons between members in their practice areas and ARNNL.



First Row: Sarah Messervey, Kim Bradbury, Denise Bryant, Michelle Carpenter. Second Row: Terri-Lyn Coade, Cheryl Dyke, Dena King, Stobhainn Lewis

WPRs provide information about ARNNL documents, activities and services. As well, Workplace Representatives communicate information about issues and priorities raised by their colleagues to ARNNL. New WPRs participated in a two-day orientation workshop at ARNNL House to broaden their understanding of the RN's self-regulatory responsibilities, as well as to increase application of ARNNL tools and resources into professional issue resolution.

Needs Assessment

Fourth year nursing students completed a needs assessment of ARNNL Workplace Representatives as part of their Community Health Practice course.



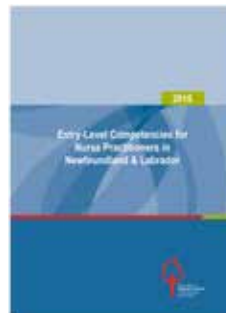
Left to Right: Jessica Owens; Aimee O'Keefe; and Elaina McDonald

Working to Full Scope of Practice

- Revision of the ARNNL document that outlines scope of practice for RNs, *Scope of Nursing Practice – Definition, Decision-Making and Delegation (2006)* is underway. A 2018 completion date is anticipated.
- Nursing consultants responded to over 100 calls related to scope of practice and continued to provide presentations related to scope of practice at the request of the health system.
- An Education Strategy was developed which reviewed the literature, educational offerings and delivery methods in other jurisdictions and other professions to inform the future approach ARNNL takes supporting member professional development and continuing competence.
- Consultation focus group sessions on interim license and interim license II were held to inform Council decisions. Information gleaned from sessions will inform work on the development of a transition to practice document.
- ARNNL continued to provide support to RNs seeking self-employment. In 2016-17, 73 RNs identified as self-employed.
- ARNNL participated on two provincial government working groups related to primary health care initiatives; one looking at scopes of practice and the other reviewing team based models of care.
- A review of the *Standards for Nurse Practitioner Practice in Newfoundland and Labrador (2013)* began and continues to incorporate changes to ensure content remains current with NP practice.
- *The Canadian Nurses Association (CNA) 2008 Code of Ethics for Registered Nurses* is the Council approved authoritative criteria to guide ethical RN practice for ARNNL members. In 2016 CNA began consultations on proposed revisions to the Code, and ARNNL is participating in the review as well as gathering member feedback on revisions. A 2017 completion date is anticipated.
- ARNNL continued to advocate and work with various provincial and federal government departments, CNA, the Newfoundland and

Labrador Nurse Practitioner Association and individual NPs to highlight federal and provincial barriers to NP scope of practice in federal legislation.

- Work continued on ARNNL's NP Evaluation. The NP Evaluation Advisory Committee finalized a conceptual framework to inform the methodology and data collection tools. A request for proposals was advertised and a vendor was selected. The vendor is currently developing data collection tools in consultation with ARNNL and data collection began in March 2017 using a mixed methodology of surveys, focus groups and individual key informant interviews.
- ARNNL, along with other nursing regulatory bodies, engaged in consultation with NPs and other key stakeholders on NP entry level competencies that were identified from CCRNR's NP Practice Analysis. A new regulatory document: *Entry-Level Competencies for Nurse Practitioners in Newfoundland and Labrador (2016)* will serve several purposes, i.e., inform NP Education



Program Approval Process, guide curriculum development, create public and employer awareness of practice expectations for entry to practice, inform future decisions regarding entry to practice NP exams and permit CCRNR to work towards harmonizing NP registration and licensure requirement across Canada.

- ARNNL continued to be an active member of the Committee on the Abuse of Prescription Drugs. This committee formulated a proposal for a provincial Prescription Monitoring Program which was accepted by the provincial government.
- The steps required to grant NPs the authority to prescribe Methadone and/or Suboxone (Buprenorphine/Naloxone) were explored through the NP Standards Committee. The public value for NPs to prescribe these medications were identified by both the provincial government and Regional Health Authorities.

Meet the 2016 Audit Committee

The 2016 CCP Audit occurred on May 31, 2016 at ARNNL House with 11 auditors. This past year, 200 members were audited. Of those audited, 85% met all the initial audit requirements. The remaining 15% were contacted by an ARNNL Nursing Consultant for clarification of information or to provide additional education. As of September 14, 2016, all members requiring follow up were deemed to have met the requirements. Combining those who initially met requirements with those who met requirements with follow-up demonstrated that 100% of audited members developed and implemented a learning plan and evaluated the impact of their learning on their nursing practice.

We want to thank the 2016 Audit Committee for volunteering their time with ARNNL.



Back row: Michelle Carpenter, Edmund Walsh, Regina Walsh, Brenda Hayter, Lisa Hussey, Patricia Grainger, Beverly Simms, and Joanna Baird.
Front row: Rosemarie Woods, Marie Clarke, Rhonda McDonald, Myrna Pardy, and Pam King-Jesso.

- ARNNL was represented on a working group that informed the development of a safe controlled drugs and substances (CDS) prescribing course developed in partnership with MUN's Faculty of Medicine and the College of Physicians and Surgeon of NL (CPSNL). ARNNL committed funding for the maintenance of the course. ARNNL Council will be considering in the future the option for use for NPs.
- ARNNL was represented on both an Opioid Dependence Treatment (ODT) Advisory Committee and a working group which are responsible for developing a provincial ODT policy and exploring methods to build prescribing capacity to provide a continuum of ODT services in NL.
- ARNNL participated in research related to a gap analysis of current provincial addiction services with its findings being used by the ODT committee to inform provincial policy direction.
- In response to the Royal Assent of the Federal Law on June 17, 2017 an Act to Amend the Criminal Code and to make amendments to other Acts (MAID), Council approved a regulatory document *Registered Nurses and Nurse Practitioners - Aiding in Medical Assistance in Dying (2016)* to outline practice expectations for RNs and NPs aiding in MAID. In addition, ARNNL developed a draft regulatory document,

Nurse Practitioners - Providing Medical Assistance in Dying which has undergone consultation with NPs and other key stakeholders.

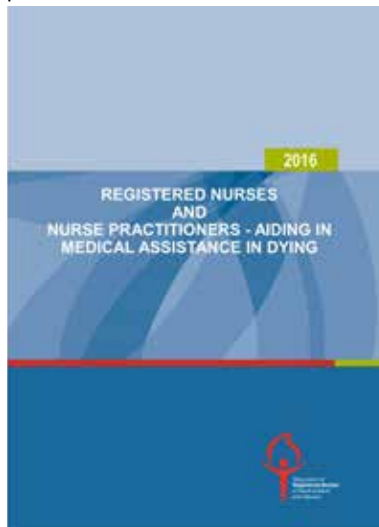
- ARNNL participated in the development by the Canadian Nurses Association (CNA) on the document, *National Nursing Framework in Medical Assistance in Dying*.

Healthy Public Policy

ARNNL advocated for healthy public policies in many different areas, as shown in the examples of our support to address the increase in misuse of opioids across the country. ARNNL also endeavours to monitor health care trends, and keep informed about topics across the health sector. Ways in which this is achieved is by making connections in the community, for example, for 2016-17:

- An ARNNL representative sat on the Board of Directors of Newfoundland and Labrador Centre for Health Information (NLCHI)
- An ARNNL representative sat on the Advisory Committee, guiding the implementation of Midwifery in Newfoundland and Labrador
- ARNNL's Executive Director, President, and Communications Officer, participated in pre-budget consultations
- ARNNL participated in consultation sessions with the provincial government's All-Party Committee on Mental Health and Addictions. Their document *Towards Recovery: A Vision for a Renewed Mental Health and Addictions System* outlined 54 recommendations for improving the delivery of mental health and addictions services.
- ARNNL participated in discussions related to the federal poverty-reduction strategy
- ARNNL hosted two teleconferences in February and March (respectively) focusing on anxiety in children and adolescence, as well as remote patient monitoring

ARNNL's Council President, as a CNA board member, worked collaboratively with CNA in addressing barriers in NP practice due to federal legislation. ARNNL's President, President-Elect, and Executive Director also met with government officials including the Member of Parliament for Avalon to communicate these barriers and support for potential future amendments.



Nursing knowledge and expertise was shared with government and helped shape government strategies/policies. An ARNNL representative sat on the following government appointed committees: Provincial Wellness Advisory Council; RN Workforce Planning Committee; and Primary Health Care (PHC) Advisory Committee. ARNNL

representatives were added to sub-committees for the PHC Advisory Committee on Team Based Models of Care and Scope of Practice.

ARNNL also has committees (see page 24). One of those committees where the regulatory work intersects with public policy is the NP Standards Committee. The Committee met twice in 2016-17 to review and discuss changes to the NP Standards, such as:

- Standard 7: Therapeutic Management (prescribing controlled drugs and substances)
- NP roles in Primary Health Care (PHC) (as per the provincial PHC framework)
- NP role in medical assistance in dying (MAID)
- Prescribing Methadone, Suboxone and Medical Cannabis
- ARNNL controlled drugs and substances initiatives related to NP Practice

ARNNL provided education to members on public policy topics. Two teleconferences were held in 2016-17 related to mental health and addictions: (i) Evolving Perspectives on Addiction, and (ii) Taking it to the Street: Drugs and Other Paraphernalia. An education series on addictions was also offered in conjunction with ARNNL's 2016 Annual General Meeting.

ARNNL routinely shared and discussed policy information with relevant committee members, as was the case with members of the organization's Workplace Representatives and Nursing Student Representatives. This year, information was shared on policy topics, such as:

- Midwifery
- NL Stroke Symposium (e.g., palliative stroke care, telestroke)
- NL Smokers' Helpline Update
- Alliance for Control of Tobacco – National Non-Smoking Week

ARNNL also shared information on resources with its members on public policy topics through web postings, some examples are as follows:

Web Pages/Resources:

- Commentary on MAID/physician assisted death
- Archived public policy documents remain available on ARNNL's public policy webpage

Documents on:

- Primary Health Care
- RN Role in Promoting Breastfeeding
- Cosmetic Use of Pesticides
- Mandatory Bicycle Helmet Use in NL

In addition to the resources noted above, policy-related news and events for other organizations were posted to the ARNNL website.

Examples included:

- Call to participate in Health Canada's Revision of the Food Guide (Health Canada)
- Opportunity for input – draft CNA National Nursing Framework on MAID
- Medical Marijuana: Legal Implications for Nurses (CNPS)
- Medical Assistance in Dying Updates (CNPS)
- Timely topics in palliative and end of life care (Palliative Care NL AGM)
- Supporting the Mental Health of Children, Youth and Families in NL (DHCS Strongest Families Initiative)
- Mental Health at Work: Support for Employees and Occupational Health Nurses (Occupational Health Nurses AGM)
- NP Choosing Wisely NL Initiative
- Choosing Wisely Talks (Choosing Wisely Canada)

ARNNL worked with national and international organizations to share information, support on-going policy work, and keep members informed on healthy public policy issues. Some of these organizations include CNPS, CCRNR, CNA, NNAS, ICN and NCSBN (see page 4 for more information).

The Rising Concern of Opioids

ARNNL has remained informed about the impact of opioids this past year. Representatives participated in numerous government activities to address the opioid crisis, for example, representatives attended the Opioid Summit and Conference held in Ottawa in November 2016.



Photo credit: Health Canada

The “Self” in Self-Regulation

The organization’s achievements are due to the hard work of members and dedicated volunteers who take the time to give back not only to ARNNL, but the profession. This strengthens connections within the health care sector for RNs and NPs and allows the organization to continue to pursue its mission “Nursing Excellence for the Health of the Population.”

COMMITTEE MEMBERS AND EXTERNAL REPRESENTATIVES

April 1, 2016 - March 31, 2017

ARNNL had 25 Committees working towards the organization’s mission of nursing excellence, as well as carrying out the mandate of regulation of the profession for public protection.

GOVERNANCE

Appointments Committee

Audit Committee

Council

Education Approvals Committee

Executive Committee

Nominations Committee

Quality Assurance Development Committee

Resolutions Committee

Standing Committee on Linkage with Owners

ARNNL COMMITTEES

Advisory Committee on Continuing Competence

Advisory Committee on Nursing Administration

Awards for Excellence

Clinical Managers Advisory Committee

Complaints Authorization Committee

Controlled Drugs and Substances Working Group

Disciplinary Panel

Dispensing Working Group

Insulin Dosage Adjustment Working Group

Medication Standards Working Group

Nurse Practitioner Evaluation Advisory Committee

Nurse Practitioner Standards Committee

Nursing Practice Committee

Nursing Student Representative Program

Transition to Practice Document Development Group

Workplace Representatives Program

We extend a heartfelt **thank you** for the energy and expertise given this past year.

ARNNL REPRESENTATION ON OTHER COMMITTEES, AFFILIATIONS AND IN CONSULTATION PROCESSES

In 2016-17 ARNNL Council, staff and members were engaged in the health community to ensure nursing had representation and a voice, as well as kept informed on emerging issues and remain in-tune with health trends.

National

- Canadian Council of Registered Nurse Regulators (CCRNRR) Board and Committees/Working Groups
- Regulatory Registration Network
- Nurse Practitioner Exam Administration Working Group
- Number of Writes Working Group (ended June 2016)
- NP practice Analysis Working Group (ended Fall 2016)
- CCRNR National Controlled Drugs and Substances Working Group
- National Nursing Assessment Services Board and Working Groups
- Canadian Nurses Association Board
- Canadian Public Health Association
- CNPS Assistance Review Committee
- CNPS Board of Directors
- Canadian Nurse Practitioner Exam (CNPE) Committee
- NCLEX-RN® Exam Development

Provincial

- Provincial Laboratory Formulary Advisory Committee
- Canadian Mental Health Association – NL Chapter
- NL Alliance for Control of Tobacco
- Canadian Cancer Society – NL Chapter
- Heart and Stroke Foundation – NL
- Injury Prevention Coalition – NL
- NL Palliative Care Association
- Food Security Network
- NL Centre for Health Information
- Baby-Friendly NL
- NL Pharmacy Board Expanded Practice Advisory Committee
- NL Pharmacy Network Advisory Committee
- NL Public Health Association
- Provincial Midwifery Implementation Committee
- Provincial Primary Health Care Advisory Committee
- Provincial Seniors Nutrition Working Group
- Provincial Wellness Advisory Council
- Telehealth Advisory Committee
- Committee on the Abuse of Prescription Medication
- Safe CDS Course Working Group
- Opioid Dependence Treatment Advisory Committee
- Opioid Dependence Treatment Working Group

ARNNL SPECIAL INTEREST GROUPS

ARNNL recognized 13 Special Interest Groups (SIGs). For Guidelines for ARNNL SIGs, or to learn more about establishing and maintaining a special interest group, visit ARNNL's website.

- Newfoundland & Labrador Foot Care Nurses (NLFCN)
- Newfoundland & Labrador Nurse Practitioner Association (NLNPA)
- Infection Prevention and Control – Newfoundland and Labrador (IPAC-NL)
- Newfoundland and Labrador Operating Room Nurses Association (N&LORNA)
- Newfoundland and Labrador Gerontological Nurses Association (NLGNA)
- Newfoundland and Labrador Emergency Nurses Association (NLENA)
- Association of Occupational Health Nurses of Newfoundland and Labrador (AOHNNL)
- Urology Nurses of Canada - Newfoundland & Labrador Division
- Cardiovascular Nurses (CCCN)
- Newfoundland and Labrador Diagnostic Imaging Nurses Association
- Canadian Association of Neuroscience Nurses (CANN)
- Canadian Association of Nurses in Oncology, Newfoundland Branch (CANO)
- Newfoundland and Labrador Chapter of the Canadian Society of Gastroenterology Nurses & Associates (NL-CSGNA)

The ARNNL Education & Research Trust is a registered charity established in 1986 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 Bachelor of Nursing students and registered nurses enrolled in continuing education programs and those conducting research.

Highlights of Awards for 2016-2017

- A total of 147 applications were submitted during the three funding competitions held in 2016-17. Of these, 113 applications met the award criteria and were included in the review.
- Seventy-two awards and bursaries were awarded in 2016-17 (Figure 9). Twenty additional continuing education bursaries valued at \$5,450 were awarded but could not be distributed because the applicants were unable to attend the event or they received funding from another source.
- The total amount awarded was \$58,200. Most of the funding was awarded to practicing RNs (81%) with 19% going to students enrolled in basic BN programs. The majority of funds supported RNs pursuing continuing education (37%) such as attending conferences, completing a post-basic course or obtaining CNA Certification (Figure 10).



The Trust Awards: Western School of Nursing, Corner Book, NL

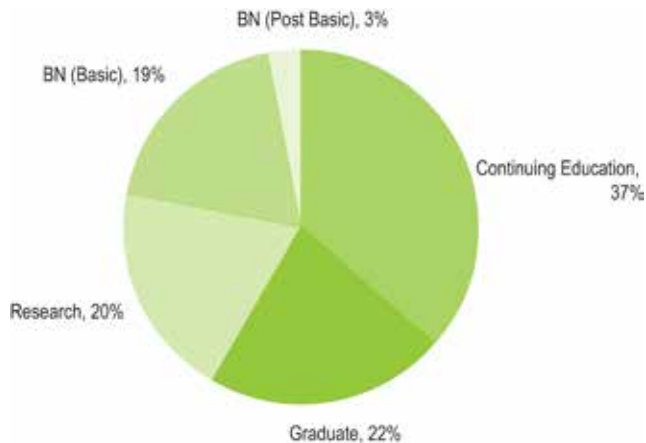


The Trust Awards: Holiday Inn, St. John's, NL

Figure 9. Number of Trust Awards Distributed (1987-2016)



Figure 10. Where the Trust Money Went in 2016-2017



Members of Trust Awards Committees:

- | | |
|---------------|--------------------------|
| Linda Andrews | Lisa Picco |
| Ann Battcock | Sue Ann Mandville-Anstey |
| Gloria Earle | Chantal Parsons |
| Penny Grant | Nicole Snow |

Trust Board of Directors

- Janet Templeton, President
- Sara Smith, President Elect
- Wayne Smith, Eastern Rural Regional Director
- Vacant, Eastern Urban Regional Director
- Tina Drainville, Central Regional Director
- Erica Hurley, Western Regional Director
- Brenda Whyatt, Northern Regional Director
- Paulette Roberts, Labrador Regional Director
- Joan Whelan, Director at Large
- Tina Edwards, Director at Large
- Lynn Power, Secretary-Treasurer
- Julie Wells, Coordinator

BEHIND THE SCENES



Sitting (left to right): *Trudy Button, Lana Littlejohn, Lynn Power, Michelle Osmond, Gillian Costello and Bradley Walsh.*

Standing (left to right): *Jessica Howell, Jennifer Lynch, Michelle Carpenter, Kristen Hart, Jeanette Gosse, Carolyn Rose, Julie Wells, Michelle Nawfal, Rolanda Lavallee, Pamela King-Jesso and Siobhainn Lewis.*

Missing from photo: *Christine Fitzgerald*

ARNNL has 17 permanent staff, one on leave and one replacement position, as well as various contractual hires throughout the year as needed. A new Communications Officer joined ARNNL this past year.

Operational Highlights:

- Continued building of the restricted fund for the future replacement of 55 Military Road.
- Strengthening of Conduct Review Fund for unbudgeted or unanticipated legal work related to appeals and PCR activities.
- Completed job evaluation reviews of all positions as well as employee compensation by an external consulting firm.
- Major contributor to other jurisdictions' move to implement a payment platform for CNPS since ARNNL was the first in the country to develop and test.
- Invested in upgrades and repairs of office on 55 Military Road (ARNNL House)
- Continued updates to administrative policies to support improvements in services.

ARNNL also participated in a series for CBC called Haunted NL in October. The piece was titled "the Guardian" and profiled the history of the property and introduced viewers to the resident ghost (and former occupant) Agnes Ledingham.

See the story at www.arannl.ca



Association of
Registered Nurses
of Newfoundland
and Labrador

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1 (800) 563-3200 (NL only)
Fax (709) 753-4940
info@arnnl.ca
arnnl.ca

Financial Statements of

**ASSOCIATION OF
REGISTERED NURSES OF
NEWFOUNDLAND AND
LABRADOR**

Year ended March 31, 2017



KPMG LLP
TD Place
140 Water Street, Suite 1001
St. John's Newfoundland A1C 6H6
Canada

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Fax (709) 733-5050
Internet www.kpmg.ca

INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying financial statements of Association of Registered Nurses of Newfoundland and Labrador, which comprise the statement of financial position as at March 31, 2017, the statements of operations, changes in net assets and cash flows for the year then ended, and notes, comprising 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our 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, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained 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 Association of Registered Nurses of Newfoundland and Labrador as at March 31, 2017, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Chartered Professional Accountants

June 8, 2017

St. John's, Canada

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR


Statement of Financial Position

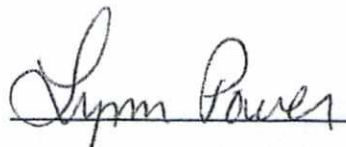
March 31, 2017, with comparative information for 2016

	2017	2016
Assets		
Current assets:		
Cash and cash equivalents	\$ 3,292,935	\$ 3,052,718
Trade receivable	24,900	16,003
Short-term investments (note 2)	-	54,807
Prepaid expenses	38,610	16,676
	<u>3,356,445</u>	<u>3,140,204</u>
Portfolio investments (note 2)	2,500,632	2,296,020
Capital assets (note 3)	176,735	194,481
	<u>\$ 6,033,812</u>	<u>\$ 5,630,705</u>
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities (note 4)	\$ 572,644	\$ 662,456
HST payable	349,086	304,341
Deferred revenue	2,459,481	2,478,535
	<u>3,381,211</u>	<u>3,445,332</u>
Accrued severance pay	104,977	81,137
	<u>3,486,188</u>	<u>3,526,469</u>
Net assets:		
Unrestricted	1,067,923	862,166
Internally restricted (note 9)		
Invested in capital assets	176,735	194,481
Legal assistance plan	89,247	98,826
Ways and means plan	88,813	81,223
Conduct review plan	280,000	200,000
Building contingency plan	810,418	647,918
TD affinity plan	34,488	19,622
	<u>2,547,624</u>	<u>2,104,236</u>
Commitments (note 7)		
	<u>\$ 6,033,812</u>	<u>\$ 5,630,705</u>

See accompanying notes to financial statements.

On behalf of the Council:

 President

 Executive Director

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Statement of Operations

Year ended March 31, 2017, with comparative information for 2016

	2017	2016
Revenues:		
Practicing members	\$ 2,591,272	\$ 2,709,936
IEN Project	-	127,679
Registration service fees	78,040	73,850
Interest income	70,165	65,404
Canadian Nurses Association	-	50,421
Other	39,083	32,944
Non-practicing members	22,049	21,117
Dividend income	19,158	9,756
Examinations	15,375	4,500
	<u>2,835,142</u>	<u>3,095,607</u>
Expenses:		
Salaries and benefits	1,454,358	1,443,432
Affiliation fees (note 5)	359,020	537,952
Administration	192,904	156,763
Professional conduct review	152,093	154,422
Expenses of council	106,342	82,050
Registration	86,353	79,827
Communications	72,012	64,057
Amortization	30,665	31,913
Practice and policy	25,536	35,458
Other	18,191	18,759
IEN Project	-	118,584
	<u>2,497,474</u>	<u>2,723,217</u>
Excess of revenues over expenses, before other items	337,668	372,390
Other expenses (income):		
Loss on sale of investments	12,357	39,773
Unrealized (gain) loss on fair value of investments	(118,077)	123,114
	<u>(105,720)</u>	<u>162,887</u>
Excess of revenues over expenses	<u>\$ 443,388</u>	<u>\$ 209,503</u>

See accompanying notes to financial statements.

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Statement of Changes in Net Assets

Year ended March 31, 2017, with comparative information for 2016

	Invested in Capital Assets	Legal Assistance Plan	Ways and Means Plan	Conduct Review Plan	Building Contingency Plan	TD Affinity Plan	Unrestricted	2017	2016
Balance, beginning of year	\$ 194,481	\$ 98,826	\$ 81,223	\$ 200,000	\$ 647,918	\$ 19,622	\$ 862,166	\$ 2,104,236	\$ 1,894,733
(Deficiency) excess of revenues over expenses	(30,665)	-	-	-	-	-	474,053	443,388	209,503
Capital asset purchase	12,919	-	-	-	-	-	(12,919)	-	-
Internally restricted (note 9)	-	(9,579)	7,590	80,000	162,500	14,866	(255,377)	-	-
Balance, end of year	\$ 176,735	\$ 89,247	\$ 88,813	\$ 280,000	\$ 810,418	\$ 34,488	\$ 1,067,923	\$ 2,547,624	\$ 2,104,236

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Statement of Cash Flows

Year ended March 31, 2017, with comparative information for 2016

	2017	2016
Cash provided by (used in):		
Operations:		
Excess of revenues over expenses	\$ 443,388	\$ 209,503
Items not involving cash:		
Amortization	30,665	31,913
Increase in accrued severance pay	23,840	4,682
Realized loss on sale of investments	12,357	39,773
Unrealized (gain) loss on fair value of investments	(118,077)	123,114
Reinvested investment income	(25,236)	(17,129)
	366,937	391,856
Changes in non-cash operating working capital:		
Increase in trade receivable	(8,897)	(2,757)
Decrease in IEN receivable	-	36,069
(Increase) decrease in prepaid expenses	(21,934)	19,984
(Decrease) increase in accounts payable and accrued liabilities	(89,812)	173,088
Increase (decrease) in HST payable	44,745	(15,122)
(Decrease) increase in deferred revenue	(19,054)	81,167
	271,985	684,285
Investing:		
Decrease in unspent IEN contributions	-	(1,807)
Purchase of capital assets	(12,919)	(14,588)
Purchase of investments	(384,670)	(2,835,148)
Proceeds from sale of investments	365,821	881,347
	(31,768)	(1,970,196)
Increase (decrease) in cash and cash equivalents	240,217	(1,285,911)
Cash and cash equivalents, beginning of year	3,052,718	4,338,629
Cash and cash equivalents, end of year	\$ 3,292,935	\$ 3,052,718
Cash and cash equivalents consists of:		
Cash	\$ 836,926	\$ 876,379
Short-term investments	2,456,009	2,176,339
	\$ 3,292,935	\$ 3,052,718

See accompanying notes to financial statements.

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Notes to Financial Statements

Year ended March 31, 2017

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.

1. Significant accounting policies:

These financial statements are prepared in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Canada Handbook.

(a) Cash and cash equivalents:

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

(b) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Freestanding derivative instruments that are not in a qualifying hedging relationship and equity instruments that are quoted in an active market are subsequently measured at fair value. All other financial instruments are subsequently recorded at cost or amortized cost, unless management has elected to carry the instruments at fair value. The Association has not elected to carry any such financial instruments at fair value.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method (or effective interest rate method).

Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. If there is an indicator of impairment, the Association determines if there is a significant adverse change in the expected amount or timing of future cash flows from the financial asset. If there is a significant adverse change in the expected cash flows, the carrying value of the financial asset is reduced to the highest of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount the Association expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future year, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial carrying value.

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Notes to Financial Statements (continued)

Year ended March 31, 2017

1. Significant accounting policies (continued):

(c) 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 and US 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.

(d) Capital assets:

Capital assets are stated at cost, less accumulated amortization. Amortization is provided using the following methods and annual rates:

Asset	Basis	Rate
Building	Straight line	2.5%
Furniture and fixtures	Declining balance	20%
Computer software	Declining balance	50%
Land improvements	Declining balance	8%

The carrying amount of an item of capital assets are tested for recoverability whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognized when the asset's carrying amount is not recoverable and exceeds its fair value.

(e) Severance pay:

Employees receive a severance payment of one week per year of service which vests when they reach nine years of continued service. An accrual for severance pay is recorded in the accounts for the estimated liability.

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Notes to Financial Statements (continued)

Year ended March 31, 2017

1. Significant accounting policies (continued):

(f) Revenue recognition:

The Association follows the deferral method of accounting for contributions. Under this method, any restricted contributions are recognized as revenue in the period in which the related expenses are incurred. Unrestricted contributions are reported as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Contributions that are specified to be used towards capital projects are recognized as deferred capital contributions in the period in which they are received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured and are amortized to income on the same basis as the related capital item.

(g) 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 amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Significant items subject to such estimates and assumptions include the carrying amounts of accrued severance pay and capital assets.

(h) Foreign currency translation:

Assets and liabilities of the Association's denominated in a foreign currency are translated at year end exchange rates. Revenue and expenses are translated at a weighted average of rates in effect during the year.

2. Investments:

	2017	2016
Short-term investments:		
Cost	\$ -	\$ 53,459
Fair market value	-	54,807
Portfolio investments:		
Cost	2,530,326	2,443,791
Fair market value	2,500,632	2,296,020

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Notes to Financial Statements (continued)

Year ended March 31, 2017

3. Capital assets:

			2017	2016
	Cost	Accumulated amortization	Net book value	Net book value
Building	\$ 441,463	\$ 333,176	\$ 108,287	\$ 119,324
Furniture and fixtures	716,415	660,298	56,117	60,658
Computer software	75,289	66,720	8,569	10,410
Land improvements	13,575	9,813	3,762	4,089
	\$ 1,246,742	\$ 1,070,007	\$ 176,735	\$ 194,481

4. Accounts payable and accrued liabilities:

	2017	2016
The Canadian Nurses Protective Society	\$ -	\$ 136,545
Other trade accounts payable	65,159	35,430
Employee vacation payable	191,908	177,719
Other accrued liabilities	54,686	46,751
ARNNL Education and Trust	108,632	107,287
Government remittances	18,810	20,613
Other	51,949	46,361
Canadian Nurses Association	81,500	91,750
	\$ 572,644	\$ 662,456

5. Affiliation fees:

	2017	2016
Canadian Nurses Association	\$ 331,867	\$ 338,463
The Canadian Nurses Protective Society	-	177,427
National Council of State Boards of Nursing	1,966	2,046
Canadian Council of Registered Nurses Regulators	22,500	20,000
Other	2,687	16
	\$ 359,020	\$ 537,952

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Notes to Financial Statements (continued)

Year ended March 31, 2017

5. Affiliation fees (continued):

The Canadian Nurses Protective Society (CNPS) provides liability protection for all nurses registered in Newfoundland and Labrador. Prior to April 1, 2015, this money was included in membership fees collected by ARNNL and was recognized as revenue. The payment to CNPS of the monies collected was paid to CNPS and recognized as an expense. Effective April 1, 2016, all CNPS fees were paid directly by members to CNPS with ARNNL no longer recognizing the revenue nor the expense.

6. Related party transactions:

The following represents significant transactions with the members of the Council 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.

	2017		2016
President honorarium	\$ 7,000	\$	7,000
Reimbursement of travel expense for Council	7,268		9,545
	\$ 14,268	\$	16,545

7. Commitments:

The Association has commitments with respect to office equipment leases. The amounts committed with respect to these and other leases are as follows:

2018	\$	8,943
2019		2,344
	\$	11,287

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Notes to Financial Statements (continued)

Year ended March 31, 2017

8. Employee future benefits:

The Association's full-time employees participate in a multi-employer defined benefit plan, the Public Service Pension Plan (PSPP). Sufficient information is not available to use defined benefit plan accounting, and thus defined contribution plan accounting is used. 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 totaled \$132,017 (2016 - \$127,438).

Employee contributions are up to 11.85% of pensionable salary, less a formulated amount representing contributions to the Canada Pension Plan (CPP). A pension benefit is available for new employees based on the number of years of pensionable service times 2% of the employee's best six years average salary, and for existing employees, based on the higher of the frozen best average five year earnings or the best average six year earnings. Both new and existing pension benefits are reduced by a formulated amount representing CPP pension benefits for each year since 1967.

The Association's part-time employees participate in a multi-employer defined contribution plan, the Government Money Purchase Pension Plan (GMPP). 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 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 were \$291 (2016 - \$2,268).

The Association is required to pay accumulated sick leave to its eligible employees if they are unable to work due to illness or injury. The total accumulated leave amounts to \$307,352 at March 31, 2017 (2016 - \$314,740). Employees are not entitled to payment if they leave the employment of the Association. The accumulated sick leave is not recorded in the financial statements.

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Notes to Financial Statements (continued)

Year ended March 31, 2017

9. Plans:

During the period, the Council approved the following transfers to and between internally restricted funds:

	Unrestricted	Legal Assistance Plan	Ways and Means Plan	Conduct Review Plan	Building Contingency Plan	TD Affinity Plan
Allocation of fees	\$ (268,296)	\$ 6,973	\$ 6,973	\$ 80,000	\$ 162,500	\$ 16,366
Allocation of interest	-	-	617	-	-	-
Costs incurred	-	(16,552)	-	-	-	(1,500)
	\$ (268,296)	\$ (9,579)	\$ 7,590	80,000	\$ 162,500	\$ 14,866

The Association has established the following plans which accumulate funds to cover 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 non-routine repair and maintenance costs and future replacement needs associated with the property at 55 Military Road, St. John's.

TD Affinity Plan

The TD Affinity Plan has been established to accumulate funds received from TD Insurance Meloche Monnex for the percentage of the insurance sales to members of ARNNL. The fund is built indefinitely and to be used at the discretion of the Council. An amount of \$1,500 is earmarked annually for member/public awareness initiatives

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Notes to Financial Statements (continued)

Year ended March 31, 2017

10. 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.

Financial instruments consist of cash, trade receivable, short-term investments, portfolio investments, and accounts payable and accrued liabilities. The fair value of financial instruments approximate their carrying values unless otherwise noted.

(a) 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.

(b) 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 and deposits held with financial institutions. The credit risk concentration with respect to accounts receivable is not significant. Financial instruments are held with major Canadian financial institutions.

(c) 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.