

ANNUAL REPORT 2017-18



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
president@arnnl.ca

As I sit to write my final message as ARNNL president, I am reflecting over the past two years. It has been an honour and privilege to serve the public and nursing profession in this role and to lead a dedicated group of individuals who comprise Council. My term began with honouring nurses at the June 2016 Awards for Excellence Gala in Corner Brook and will end at our 2018 Annual General Meeting (AGM) in Grand Falls-Windsor, where once again I will participate in recognizing nurses for their outstanding contributions. During our June 2017 AGM Open House event, I had the added pleasure of announcing the 10 RNs selected from our province to be included in the Canadian Nurses Association 150th celebrations, which recognized the professional contributions of 150 RNs from across Canada. Bestowing these awards of excellence has been one of my favorite activities as ARNNL President. I have enjoyed many opportunities to connect with members and the public through our various linkage activities. Council has heard the voices of nurses and the public at our AGMs, through our surveys, at National Nursing Week activities, and during the President's Teleconferences, to name a few. I have connected with nurses from across the country as your provincial representative at the Canadian Nurses Association table and met with federal and provincial officials providing input into population health policy while focusing on health

I HAVE ENJOYED MANY OPPORTUNITIES TO CONNECT WITH MEMBERS AND THE PUBLIC THROUGH OUR VARIOUS LINKAGE ACTIVITIES.

priorities from a nursing lens. Of all the meetings and events I attended, I especially appreciated the invitations to nursing student events – graduations, awards ceremonies and fundraising galas. I have been so impressed by the leadership demonstrated by the students carving time out of their busy schedules to raise funds for charitable groups, manage large-scale events and address crowds so eloquently.

Council has been very active over the past year, with its overarching goal to govern nursing regulation in this province in the interest of public protection, while evolving its regulatory processes to meet the needs of both the public and its members. To this end, Council revised its governance model developing three Strategic Outcomes (former “Ends”). The revised governance model puts more emphasis on national and international environmental scanning and enables generative discussion on both the trends in nursing and the broader professional landscape as it relates to the regulation of the profession. The new Strategic Outcomes focus on three key areas: Public Confidence in Self-Regulation; Accountable Professionals; and Evolution of the Profession as you will see in this report's layout. New processes have been developed to align with the renewed governance model and focus Council's efforts on the Strategic Outcomes (see page 8). Council will continue to implement its new model and to evaluate progress on its new directions into the 2018-2019 year. Council and staff are

commended for the many hours above and beyond that were spent on this renewal.

Council's focus on renewal in no way impeded the important regulatory work of the Association. Council deliberated on AGM motions and approved amendments to the *Registered Nurses Regulations (2013)*, changes to nursing scopes of practice, nursing program approval, and recommendations from the Complaints Authorization Committee (CAC). This is just a glimpse of the work of ARNNL Council. I can personally speak to how blessed we are to have such an engaged, knowledgeable and dedicated volunteer board of registered nurses (RNs), nurse practitioners (NPs) and public representatives. I want to acknowledge ARNNL staff with whom Council relies on for support with research and information to assist Council in important deliberations and decisions. On behalf of you, the registered nurses of this province, and myself as ARNNL President, I send out a most heartfelt thank you for enriching my experience. As I pass the torch to President-Elect Elaine Warren I leave feeling assured ARNNL is in good hands and well supported by staff through ARNNL's Executive Director, Lynn Power and her guidance. I wish Council success as they bring the new Strategic Outcomes to life.

A handwritten signature in dark ink that reads "Julie Nicholas". Above the signature is a small red icon of a stylized flame or torch.

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)



CNA and its members, including ARNNL, work collectively for a strong health system, for optimal health for Canadians and for a vibrant nursing profession. Together we have accomplished so much. This includes eliminating numerous barriers to nurse practitioner practice that had long existed in federal legislation and regulations; hosting the federal health minister at CNA to discuss seniors and home care, the opioid crisis and cannabis legislation; updating the CNA Code of Ethics for Registered Nurses; and developing a Choosing Wisely Canada list of nursing recommendations to reduce unnecessary tests and treatment. We appreciate your expertise and ongoing collaboration.

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



CCRNR extends its appreciation again to ARNNL for being an active member of this collaborative organization, with ARNNL's Executive Director Lynn Power serving as Vice-President. CCRNR continues to promote excellence in professional nursing regulation and serves as the national forum regarding RN regulatory matters. In 2017, CCRNR initiated a major project focusing on entry-level competencies for RNs across Canada. With results anticipated in late 2018, we again thank the Executive Director for her leadership, serving as Board Liaison to this vital project.

Message from the International Council Of Nurses (ICN)



Through the Canadian Nurses Association, we are proud to count ARNNL members among the ICN family. Recent examples of the global outreach of ICN which benefit nurses in Newfoundland and Labrador include the 2018 International Nurses Day resources which focus on nurses' role in promoting health as a human right and improving access to health care, and the recently launched Nursing Now campaign, which aims to raise the status and profile of nursing worldwide. We wish you all success in 2018 and look forward to continuing our work together to support and improve nursing worldwide.

Messages from ARNNL's External Stakeholders

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



The ever-evolving health care environment creates special challenges for regulators who are dedicated to ensuring that the nursing workforce is safe and competent. ARNNL, a valued associate member of NCSBN, works with NCSBN's member boards and nursing regulatory bodies throughout the world to discuss issues of common concern. Sharing their knowledge and experiences contributes to the multicultural exchange of thoughts and ideas and helps all involved be better prepared to meet the ongoing and upcoming issues we all face. Working together strengthens us all. Pledged to a noble mission combined with collaboration from peers from across the globe enhances regulatory solutions and enables us to take on future challenges knowing we are united in our commitment to safeguard the public.

Message from the Canadian Nurses Protective Society (CNPS)



CNPS is pleased to collaborate with ARNNL to provide legal education which supports the highest professional and ethical standards, and in so doing, advances patient safety. We are proud to be the provider of individual professional liability protection and legal support services for all registered nurses and nurse practitioners registered to practice in Newfoundland and Labrador. ARNNL was a founding member of the CNPS and we remain committed to providing members with the highest quality of legal advice and assistance and risk management education. We look forward to collaborating with you in 2018, with the goal of supporting safe care.

Message from the National Nursing Assessment Service (NNAS)



Nursing regulators across Canada, including the ARNNL, have been a member of NNAS since its inception in 2009 and go live date in 2014. NNAS is responsible to conduct the initial review of the qualifications of internationally educated nurses wishing to seek employment in Canada, wherever they wish to practice and in whatever area of the profession (RN, licensed practical nurse, or registered psychiatric nurse). NNAS, as the single point of foreign credential assessment for all nursing, helps maintain the quality of nurses practicing in Canada in the interest of public protection. In an era of globalization and labour mobility, establishing NNAS has put the nursing profession in Canada on the leading edge. These outcomes are the direct result of the hard work and collaboration between NNAS and its member regulatory bodies in developing the necessary structures and processes that comprise NNAS. We look forward to building on this work with our provincial partners in the year to come.

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



www.ccrnr.ca



Association of
Registered Nurses
of Newfoundland
and Labrador



NCSBN

National Council of State Boards of Nursing

www.ncsbn.org



International Council of Nurses

www.icn.ch

In Memoriam

Since the 2017 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
Allison, Sharon Rose	St. Clare's	1985
Bradley, Donna Maxine (nee Baldwin)	General Hospital	1993
Buckle, Maureen Ann	St. Clare's	1963
Corbett, Sister Phyllis	St. Clare's	1980
Coultas, Clara (nee Cutler)	General Hospital	1951
Cribby, Lisa (nee Ward)	St. Clare's	1992
Ennis-Ledrew, Helen	St. Clare's	1985
Fifield, Violet (Gloria)	General Hospital	1960
Furlong Steckley, Carol Theresa	General Hospital	1977
Gill, Eileen Joyce	General Hospital	1950
Gullage, Ruby Lorraine (nee Benson)	S.A. Grace General	1959
Gulliver, Kathleen Patricia (nee Eagle)	Memorial University	1989
Hawco, Elizabeth Ann (nee Dower)	General Hospital	1965
Huwiler, Amanda Helen (nee Feener)	Western Memorial Hospital	2002
Jamieson, Elsie	General Hospital	1986
King, Velma	General Hospital	1953
Lee-Greene, Maureen	St. Clare's	1979
Lush, Daphne (nee Verge, formerly O'Guntke)	S.A. Grace General	1961
Maddigan, Joan Leah (nee Warren)	St. Clare's	1952
Mifflin, Jessie E (Perry)	General Hospital	1966
Miller, Gertrude Louise	General Hospital	1951
Neary, Mary Theresa (nee Maher)	St. Clare's	1958
Penney, Nellie Margaret	S.A. Grace General	1985
Scott, Sylvia	S.A. Grace General	1958
Smith, Phyllis Marie	General Hospital	1954
Sullivan, Regina	St. Clare's	1965
White, Joan Elizabeth (nee Shears)	General Hospital	1950
Woodford, Isabel Marie	St. Clare's	1968



ARNNL Strategic Outcomes

at a glance...

Mandate

The mandate of ARNNL is to protect the public through self-regulation of the nursing profession in accordance with the RN Act.

Vision

ARNNL will be recognized as a leader in nursing regulation, a key partner in health regulation and a trusted and valued regulatory body. ARNNL will provide nursing visionary and strategic leadership to strengthen the future of the profession in the province and where relevant, contributes nationally and internationally.

Mission

In fulfilling its Mandate and Objects of the RN Act, ARNNL advances nursing excellence for public protection and optimal health of the Newfoundland and Labrador population.



PUBLIC CONFIDENCE IN SELF-REGULATION

Confidence in the ARNNL to ensure safe, competent, professional nursing practice.

Governance and regulatory processes and policies are objective, accessible, fair and appropriately transparent.

Regulatory programs and services are relevant, credible and innovative enabling nurses to achieve standards for the profession.

Public policy is influenced to promote the health and well-being of the population.



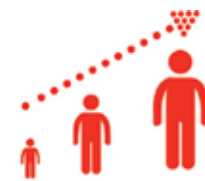
ACCOUNTABLE PROFESSIONALS

Safe, effective, collaborative practice consistent with the Standards of Practice and Code of Ethics.

RNs apply appropriate knowledge, skill and judgement to their full scope of practice.

RNs engage in self-directed professional development and meet the requirements for continuing competence.

RNs have access to resources to support professional practice and engage in self-regulation.



EVOLUTION OF THE PROFESSION

Nursing profession is prepared to meet the future needs of the population.

Nursing roles continue to advance and contribute to the health of the population.



Regulating Registered Nurses in the Public Interest Since 1954



ARNNL COUNCIL 2017-18:

Back standing (left to right): Ray Frew*; Tonya Ryan (Administration); Carmel Doyle*; Elaine Warren (President-Elect); Walter Arnold*; Tracy MacDonald (Central region); and Marie Budden (Western region).

Front sitting (left to right): Irene Baird*; Patricia Rodgers (Eastern region); Julie Nicholas (President); Lynn Power (Executive Director); Valda Duke (Advanced Practice); and Beverly Pittman (Labrador-Grenfell region).

Missing from photo: Megan Hudson (Practice); and Alexia Barnable (Education and Research)

*Denotes Public Representative

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 Strategic Outcomes. This report will outline the progress toward achieving these Strategic Outcomes over the past year.

GOVERNANCE

Over the last year ARNNL Council has lead the organization through a number of significant advancements. Highlights are included below:

- Request to the Provincial Government to change the ARNNL name to one that clearly describes to the public, stakeholders and others the regulatory nature of the organization.
- Conclusion of a Public Survey to inform Council on the public views on nursing and ARNNL.
- Bylaw changes to support improvements in the ARNNL election process and update information on registration processes.
- Advance the vision for a future replacement of ARNNL House and potential opportunities to partner with similar organizations.
- Extension of the current ARNNL Executive Director's contract for another five years commencing January 2018.

ARNNL Council made an effort to stay connected and informed about trends in health care throughout the year. A few examples include:

- Select Councillors holding events during National Nursing Week;
- The President's teleconference in May;
- ARNNL's Open House event;
- President attending national events with jurisdictional counterparts (e.g., CCRNR meetings);
- Liaise with stakeholders to identify areas for improvements in population health; and
- Individual Councillors reaching out to members throughout the year.



Honourable John Haggie, Minister of Health and Community Services; ARNNL President Julie Nicholas; and ARNNL's Executive Director Lynn Power at the 2017 ARNNL AGM.

ARNNL's Awards for Excellence

ARNNL's Awards for Excellence honoured four outstanding registered nurses: Sylvia Diamond-Freake (Administration); Dr. Pamela Ward (Education); Andrea Turpin (Practice); and Lucas Baker (Elizabeth Summers Novice Nurse Award). Recipients and guests gathered to celebrate and recognize nursing excellence at the Awards luncheon.



AGM and Motions

The 63rd AGM was held in St. John's on June 9, 2017. Over 120 people attended including RNs, NPs, nursing students and members of the public.

During the AGM, a motion was put forward for ARNNL to explore other options such as program accreditation and approval, versus the NCLEX-RN® as the requirement for new graduates to be eligible for registration in this province. In the fall meeting Council discussed the motion and determined that no further action was necessary at this time and that a national exam is in the interest of public safety and the profession; however, Council committed to continue to review published research on the NCLEX-RN® and to follow national and international trends regarding regulatory examination. Council also reviewed information and activities in response to the 2016 motion that ARNNL develop a discussion document related to the NCLEX-RN® exam. In response, material is available on ARNNL's website.

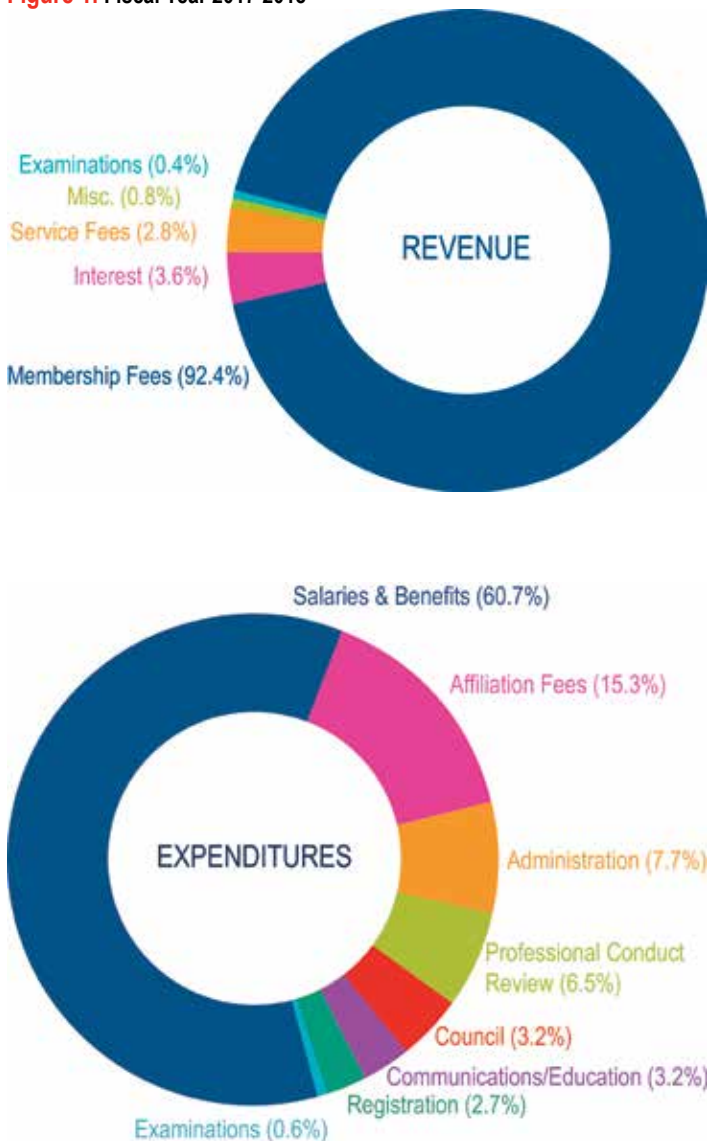
ARNNL Open House

On June 9, 2017 following the ARNNL AGM and Awards Luncheon, ARNNL held an Open House. Over 50 people attended. This event provided an opportunity for ARNNL to highlight 10 RNs from Newfoundland and Labrador who were profiled, along with 140 other RNs, by the Canadian Nurses Association (CNA) as part of an event to celebrate Canada's 150th birthday.

Finance

The audited financial statements for 2017-18 are distributed at the AGM and are posted on ARNNL's website. Recognizing the steady rise in the complexity and depth of complaints over the years, continued contribution to the internally restricted Professional Conduct Review fund was made again this year as well as investment contribution to the Building Contingency Fund for future replacement of ARNNL offices.

Figure 1. Fiscal Year 2017-2018



New Tools

ARNNL also embarked on development of two new tools to support member and public communications. The first edition of the new html-based e-newsletter, *Regulation Matters*, was sent in November 2017. This newsletter replaced the old *Update*, improving the look and real-time distribution to all members. This year ARNNL also entered social media with creation of a @arnnlca Twitter account. This tool expanded ARNNL's reach to include different audiences.



STRATEGIC OUTCOME 1: PUBLIC CONFIDENCE IN SELF REGULATION

Registration

- Practicing licenses were issued to 266 new members. Of these 77% were graduates of an Newfoundland and Labrador (NL) school of nursing, 20% were from other Canadian jurisdictions and 3% were Internationally-Educated Nurses (IENs).
- Ninety-seven percent of members renewing a practicing license met the March 1 administrative deadline to submit their renewal application to ARNNL; 95% in 2016-17.
- Twenty members were issued a conditional license due to outstanding Continuing Competence Program (CCP) requirements.
- Revisions and improvements to MyARNNL were completed during the year including the View Your Practice Hours module.
- In June 2017, the *Registered Nurses Regulations (2013)* were amended removing the need for IENs to have a baccalaureate of nursing designation as a requirement for registration and removing the mandatory requirement for a remedial education program prior to a third write of the NP licensure exam.
- Work is ongoing to revise the competency validation process for NPs who: have insufficient practice hours to renew an NP license; wish to re-enter NP practice; and/or want to change their stream of practice.



ARNNL President Julie Nicholas and Executive Director Lynn Power signing amendments to RN Regulations.

Our Numbers – Local:

- There were 6,357 members with a practicing license at year end in 2017-18, a decrease of less than 1% over last year (Figure 2). The number of non-practicing members decreased slightly from 574 to 551.
- NPs accounted for just over 2% of practicing members. A total of 169 members had a practicing NP license in 2017-18, representing an 8% increase over last year (Figure 3).

Our Numbers – Abroad:

- ARNNL, along with other Canadian nursing regulatory bodies, continued to participate in the National Nursing Assessment Service (NNAS).
- ARNNL has collaborated with two separate organizations to improve select services for IENs: the Centre for Nursing Studies and La Fédération des Francophones de Terre-Neuve et du Labrador (FFTNL).
- ARNNL engaged in a number of processes related to licensure for IENs (Figure 4). The figure shows the number of IEN applicants who were involved in each process during this licensure year, but not all applicants went through each step in this year. For example, a portion of the 30 applications received at ARNNL were submitted to NNAS in the previous year.

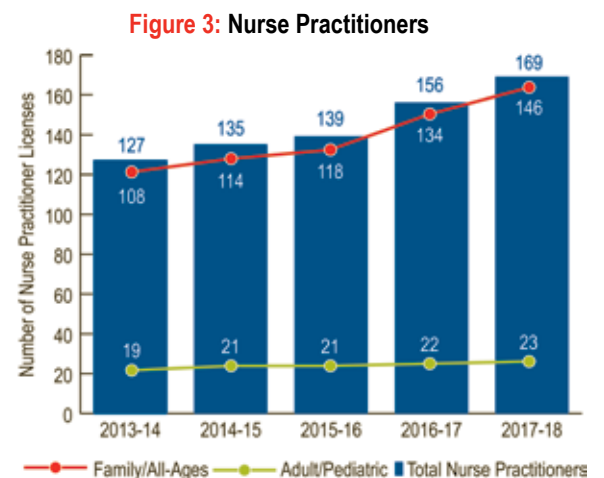
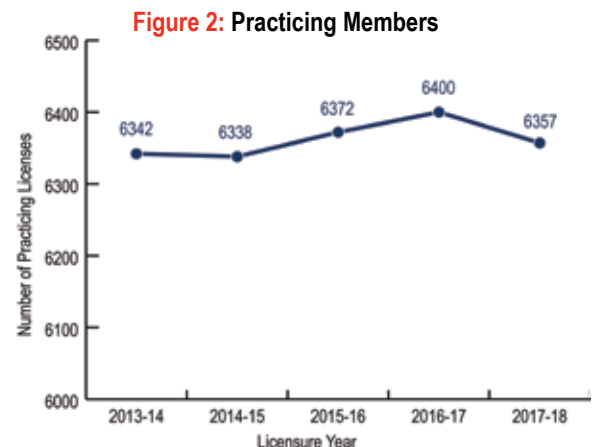
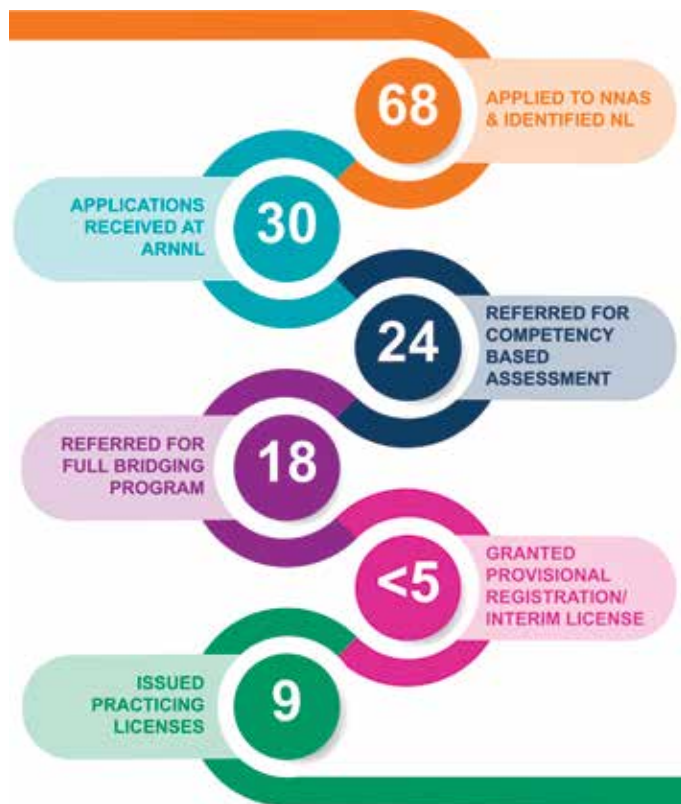


Figure 4: Internationally Educated Nurses



Examinations

- All NP-Family/All-Ages (F/AA) graduates who completed an NP program in Newfoundland and Labrador successfully wrote the Canadian Nurse Practitioner Exam (CNPE).
- ARNNL supported the ongoing development of the CNPE exam including review and approval of examination items, and participation in processes that informed development of a new exam blueprint for 2018-2020.
- Ninety-two percent (92%) of the 2017 graduates from NL schools of nursing were successful on their first attempt on the NCLEX-RN®

exam. By fiscal year-end, 99% of 2017 graduates had passed the exam.

- ARNNL continued to participate in the NCLEX-RN® exam development program with one member selected to participate in an expert review panel. The number of volunteers to participate remains high.

Resources

- New fact sheets were developed on Registration Exam; NPs Prescribing Suboxone and Methadone; and Provisional Registration.
- The Certificate of Conduct fact sheet was revised.
- Registration and licensure web content, including applications and associated forms, was reviewed and updated throughout the year.

Education

In keeping with our regulatory accountability for education programs, Council approved the pilot of a new education program approval process for the Centre for Nursing Studies IEN Bridging/Re-Entry Program to be conducted in 2018.

The number of RNs and NPs currently enrolled and participating in graduate level education

Master of Nursing	88
MN-NP option	43
Post-master NP	5
PhD	7

Note: not all students are current ARNNL license holders.

- Thirty-six ARNNL members were enrolled and participating in the Athabasca Nurse Practitioner program.
- The highest education attained by practicing members in 2017-18:
 - Diploma in Nursing (34%), BN (58%), MN (5%), PhD in Nursing (0.2%) and 3% have post-basic university degrees in other disciplines.

Regulatory staff participated in multiple sessions and events throughout the year with key stakeholders. Below is a snapshot of some of their presentations.

Topic of Presentation	Organization / Group	# Attended
Provisional Registration & NCLEX-RN®	Memorial University School of Nursing	84
	Western Regional School of Nursing	61
	Centre for Nursing Studies	97
	ARNNL Student Representatives	28
Professional Conduct Review	Workshop for Front-line RNs	30
	ARNNL Workplace Representatives	10
	Eastern Health Education Days – St. Clare's	30
	ARNNL Student Representatives	28

Professional Conduct Review Process

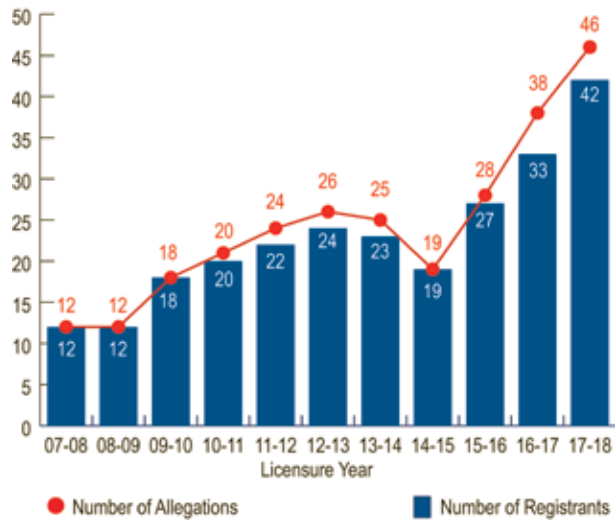
The Professional Conduct Review (PCR) process is used to assess an allegation, and to intervene when a member's practice or conduct is unacceptable and deserving of sanction. The process is authorized by the *Registered Nurses Act (2008)* (the "Act").

The Act gives the Director of PCR (DoPCR) authority to attempt to resolve an allegation or to refer to a Council Complaints Authorization Committee (CAC). The CAC may refer to an Adjudication Tribunal, convened from the Disciplinary Panel, for a hearing. The CAC may also recommend that Council suspend, restrict or further investigate a member's practice. See PCR Process below (Figure 5).

This year:

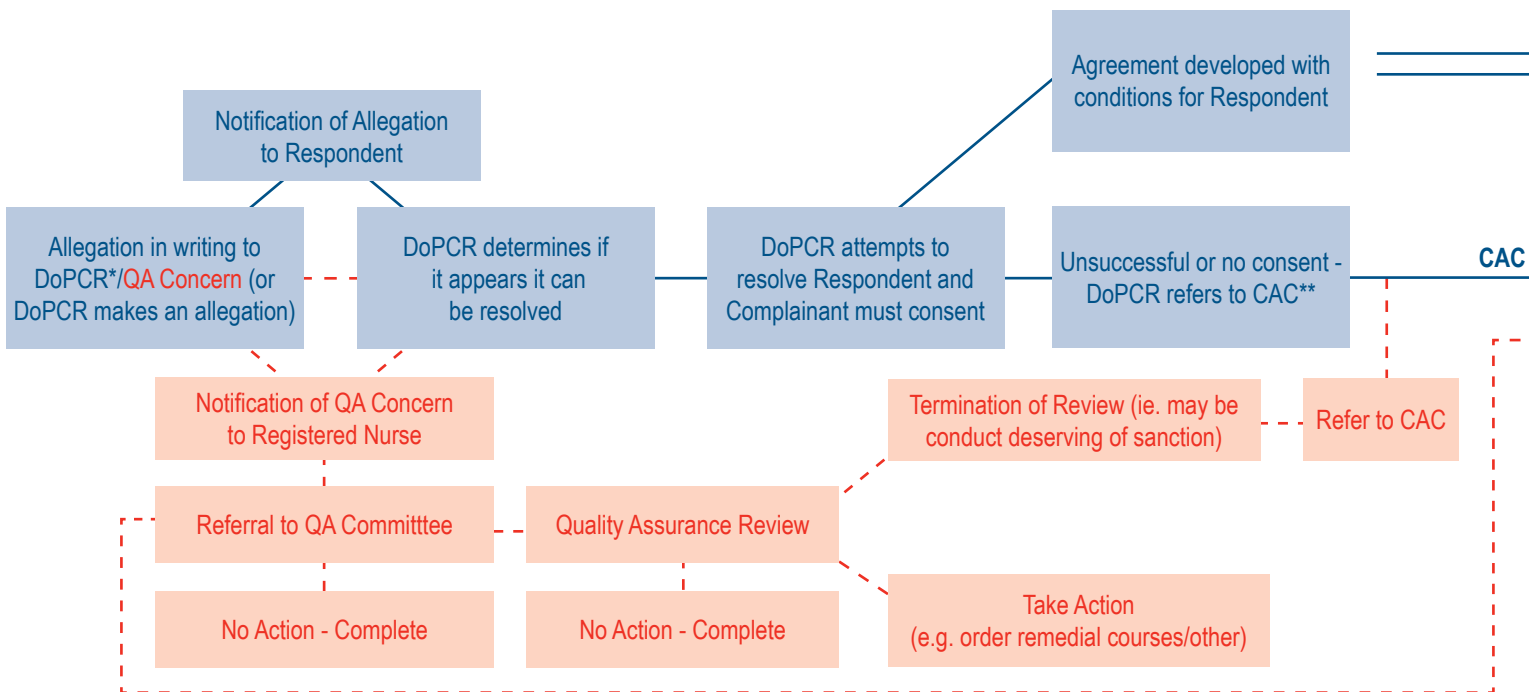
- Forty-six reports were filed alleging a member engaged in conduct deserving of sanction, an all-time high, including several reports that a member's nursing employment had been terminated (Figure 6).
- Consistent with previous years, employers filed the majority of allegations against members. There was an increase in the number of allegations filed by other RNs in accordance with their mandatory duty to report conduct deserving of sanction as set out in section 20(1) of the Act.

Figure 6: Number of Allegations



- Conduct issues identified included:
 - conduct that does not conform to the values and beliefs within the Code of Ethics for Registered Nurses (e.g., failing to demonstrate accountability in nursing care, breaching obligations under an Agreement to resolve an allegation, breaches of client privacy and confidentiality);
 - inappropriate documentation of client assessment and care;

Figure 5: ARNNL Professional Conduct Review (PCR) and Quality Assurance (QA) Program Interaction



*Director of Professional Conduct Review

**Complaints Authorization Committee

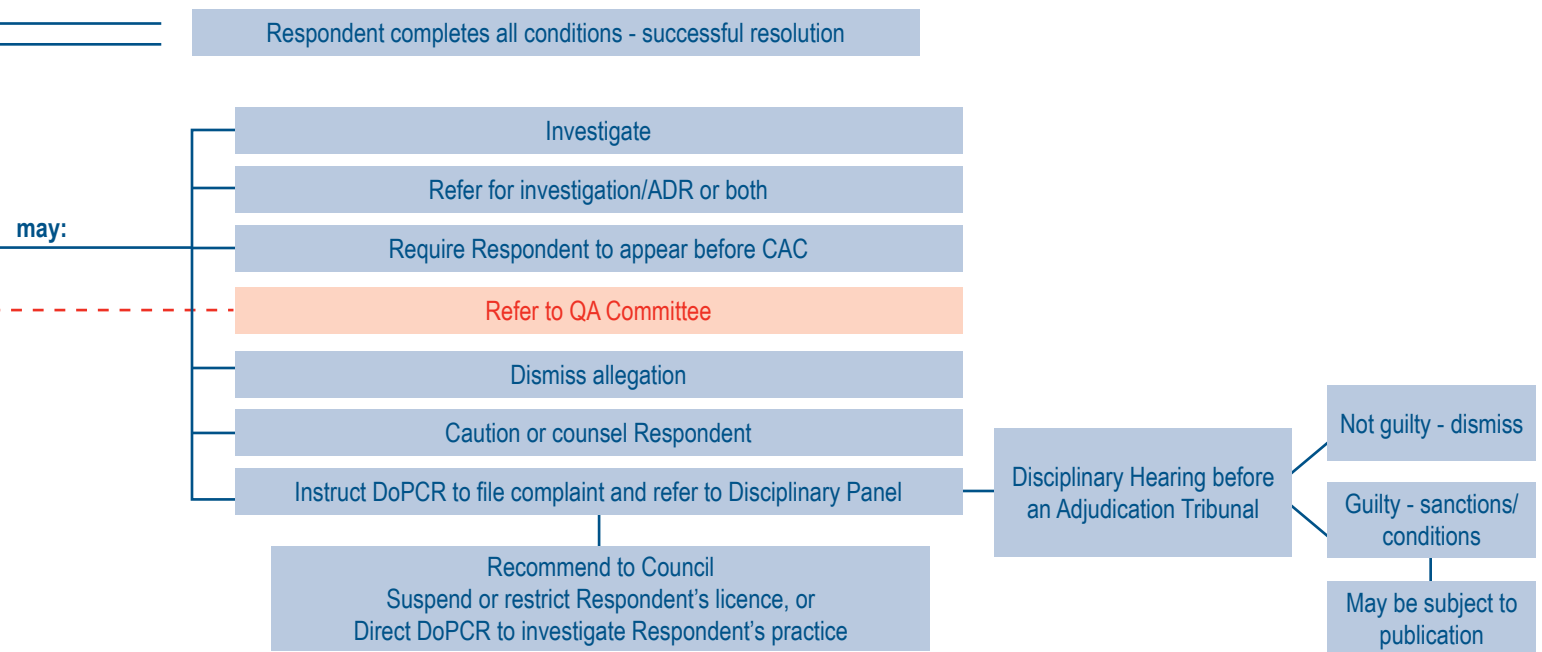
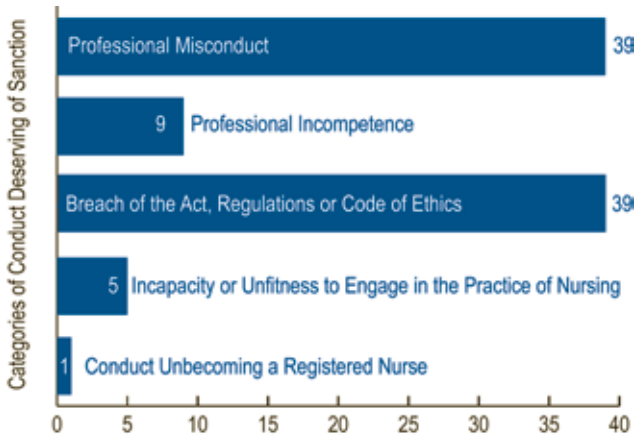
---Subject to Proclamation of Bill 32 (not yet in force)

- failure to complete client assessments;
- incompetence in provision of nursing care (e.g., errors in medication administration processes, inappropriate judgement in emergent situations);
- failure to adhere to the RN Regulations (e.g., practicing nursing without a valid license and liability protection);
- failing to provide notice of change of name employer within 30 days;
- incapacity to engage in the practice of nursing;
- failure to demonstrate professional communication with clients and colleagues; and
- failure to practice within the scope of a nurse practitioner.

- The CAC met 21 times to review allegations lodged against 34 members. In accordance with section 23 of the Act the actions of the CAC included:
 - referred 18 allegations back to the DPCR for alternative dispute resolution and/or investigation;
 - dismissed eight allegations due to insufficient evidence or the allegation not falling within the mandate of the ARNNL;
 - counselled five members to complete specified remedial to address an allegation; and
 - referred three complaints to the Disciplinary Panel.
- Adjudication Tribunals were convened to conduct hearings into complaints against three members; all members plead guilty to conduct deserving of sanction and were suspended for a period ranging from three to six months and specified conditions (e.g., remedial education) to be met prior to licensure reinstatement.
- Council appointed six new RN members and reappointed four RN members to the Disciplinary Panel. Since 2016, Public Representatives are appointed in accordance with the Public Service Commission Act.

The majority of allegations originated in the practice setting and fell into one or more of the categories detailed in Figure 7.

Figure 7: Categories of Conduct Deserving of Sanction



Number and outcomes of allegations over the past year.

Action Taken ³	Allegations received		Allegations acted on		Total Actions	
	Total	46 ¹	57 ²		172	
Attempt to Resolve via Agreement process ⁴		23	2		25	
Allegation referred to CAC-pending		1	0		1	
Investigation/ADR ⁵ ordered by the CAC		10	1		11	
Registrant required to meet with CAC		0	0		0	
Caution or Counsel Issued by CAC		0	6		6	
Referred to Hearing Tribunal		0	3		3	
CAC recommended to Council to Suspend/Restrict member license		0	1		1	
Agreement/ADR pending		8	1		9	
Agreement/ADR Finalized		11	9		20	
Monitored under Agreement ADR		11	31		42	
Conditions of Agreement/ADR completed		5	7		12	
Investigations commenced or completed		10	10		20	
Withdrawn by Complainant		0	0		0	
Appeal of Decision of the CAC to Court ⁶		0	0		0	
Hearing Tribunals		0	3		3	
Monitoring of Order of PCR Panel/Adjudication Tribunal		3	7		10	
Dismissed by CAC		4	4		8	
De-Registration		1	0		1	

Notes

1. Allegations were filed against 42 nurses with one RN having three allegations and two RNs having two allegations filed in this time period (n=46).
2. Total allegations filed between 2009-2018 were 206 and in 2017-2018 action was taken on 57 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.

Quality Assurance (QA)

ARNNL continued activities in preparation to enforce the Quality Assurance provisions that were added to the Act in December 2014 but not yet enacted by government. Activities included: appointed members to the QA committee; orientation of the QA Committee Members; and information sessions provided to members.

The QA Committee will officially meet and undertake their role once proclamation of the QA provisions is made by government.

NP Standards Committee

The Committee met three times in 2017-2018 to review and discuss changes to NP Standards and Scope of Practice such as:

- Standard 7: Therapeutic Management (prescribing controlled drugs and substances);
- NP roles in Primary Health Care (PHC) (as per the provincial PHC framework);
- Prescribing Methadone and Suboxone;
- ARNNL controlled drugs and substances initiatives related to NP Practice;
- NPs providing medical assistance in dying (MAID);
- Quality of Care NL, Choosing Wisely NL and Choosing Wisely Canada;
- NP Evaluation Study; and
- Role in mifegymiso and Medical Cannabis.

ARNNL continues to collaborate with various provincial and federal government departments, Canadian Nurses Association (CNA) and the Newfoundland and Labrador Nurse Practitioner Association to highlight federal barriers to NP Scope of Practice. This year changes to Disability Tax Credit Certificates, Employment Insurance (EI) Certificates and the Canadian Pension Plan (CPP) Disability Benefits were seen.

Continuing Competence Program (CCP) Audit Committee

The 2017 CCP Audit occurred on May 31, 2017 with 11 volunteer CCP auditors and 200 member audits. Of those audited, 86% met all audit requirements. The remaining 14% were required to connect with ARNNL Nursing Consultants for additional education, clarification and/or to submit incomplete or omitted documentation. As of August 2017, 100% of audited members met the requirements.



2017 CCP Audit Committee:

(L-R: front row): Michelle Carpenter, Rhonda McDonald, Linda Mercer, Marie Clarke, Myra Pardy, and Pam King-Jesso.
(L-R: back row): Sarah Payne, Marie Powell, Marcy Greene-Feder, Joanne Baird, Lisa Hussey, Dena King, and Brenda Hayter.

Healthy Public Policy

This year ARNNL's public policy engagement centered primarily around addressing the opioid crisis. Specific examples are provided under Strategic Outcome 3: Evolution of the Profession. Stakeholders who ARNNL has engaged on other public policy areas are listed on page 21 under provincial committees.

STRATEGIC OUTCOME 2: ACCOUNTABLE PROFESSIONALS

Making Connections

ARNNL Policy and Practice Consultants regularly connected with stakeholders to share information. Below are a few touch points from 2017-18:

- Held a full-day manager workshop and provided member education on professionalism and social media in Labrador-Grenfell Health.
- Held two frontline RN workshops for Eastern Health staff in acute care, long term care, public health and community care and another was held in Western Health.
- Participated in the 2017 PriFor Conference (Primary Healthcare forum at MUN Faculty of Medicine) and presented a poster presentation on the *Comprehensive Evaluation of the Nurse Practitioner Role in Newfoundland and Labrador*.

During National Nursing Week (NNW) ARNNL and the College of Licensed Practical Nurses (CLPNNL) joined counterparts across Canada in recognizing NNW and the theme #YESThisIsNursing.



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.



NNW in St. Anthony



NNW at the Centre for Nursing Studies



ARNNL's Frontline RN Workshop



Poster for PriFor Conference

Resources

Over the year, ARNNL Council approved the following documents:

- *Dispensing by Registered Nurses (RNs) Employed Within Regional Health Authorities (RHAs)*
- *The Canadian Nurses Association Code of Ethics for Registered Nurses (2017)* as the authoritative criteria to guide ethical RN practice for ARNNL members
- A change in the scope of NP practice and designated Buprenorphine – Naloxone (Suboxone) and Methadone as drugs NPs, who meet specified practice and education requirements, may prescribe for the treatment of opioid dependence or pain management.

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

- Standards for Nurse Practitioner Practice in Newfoundland and Labrador
- Nurse Practitioners Providing Medical Assistance in Dying
- Scope of Practice for RNs
- Medication Standards
- Performance of Nursing Tasks by Support Workers in Community Settings
- A new Transition to Practice Position Statement (which highlights evidence to support a structured approach to orientation and practice transition for beginning professionals).

ARNNL also prepared and released a **Toolkit** for Resolving Professional Practice Issues to assist RNs to identify and address professional practice matters encountered in their practice.

Snapshot on Connections

- Policy and Practice Consultants responded to 922 practice calls, 595 of which related to scope of practice. In addition, Practice received 327 calls for other reasons.
- Displays/networking at Eastern Health Research Symposium = 75
- Requested education sessions = 570 RNs
- Full day workshops = 63 RNs
- Presentation to BN students at all three BN collaborative sites = 872
- Held 11 teleconference events on a variety of topics with approximately 350 RNs attending. Archived education sessions added this year have been viewed over 550 times.
- Teleconferences held related to NP Practice:
 - Choosing Wisely NL
 - Prescription Monitoring Program
 - E-Consult
 - NPs Prescribing Suboxone and Methadone
- ARNNL joined forces with the Newfoundland and Labrador Association of Social Workers and the CLPNL to hold a webinar in February called *Navigating the Landscape of the Opioid Crises in Newfoundland and Labrador*. This provincially broadcast event attracted over 160 health professionals.


ARNNL's Workplace Representative Program (WPR)

ARNNL's WPR program, in its 24th, year is comprised of approximately 100 RNs across the province providing important connections between the regulatory body and RNs in their practice areas.




ARNNL Workplace Representatives attended an orientation workshop at ARNNL House in February 2018. At the workshop, ARNNL welcomed Wanda Lee Squires, Practice Consultant from the CLPNL, who presented on the LPN Scope of Practice.

This year, ARNNL WPRs developed a standardized informational poster about ARNNL and the WPR Program to be displayed in their practice settings. The poster was a recommendation from a needs assessment of the WPR program conducted last year by three fourth year BN students.



Association of Registered Nurses of Newfoundland and Labrador (ARNNL)

Workplace Representative (WPR) Program




Your ARNNL WPR is:

New & Noteworthy

Role of WPR

About ARNNL



Association of Registered Nurses of Newfoundland and Labrador

Did You Know?

Contacting ARNNL

ARNNL WPRs are RNs & NPs who volunteer to serve as a direct communication link between ARNNL and RN & NP colleagues in their practice areas. WPRs provide:

- Information about ARNNL policies, positions, activities, and services to colleagues; and
- Information about nursing issues and priorities to ARNNL.

ARNNL is the regulatory body for all Registered Nurses (RNs) and Nurse Practitioners (NPs) in this province. ARNNL's professional association role is to promote activities to advance healthy public policy.

ARNNL is governed by a Council of elected RN/NP volunteers and appointed public representatives. Through the RN Act, ARNNL is mandated to:

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

ARNNL advances nursing excellence for public protection and optimal health of the NL population. ARNNL exists so that there will be: Public Confidence in Self-Regulation; Accountable Professionals; and Evolution of the Profession.

- All ARNNL documents are available in the document library on ARNNL's website: arnnl.ca.
- ARNNL has an online CCP tutorial to walk you through your CCP toolkit.
- ARNNL records most Tuesday Teleconferences and they are available on ARNNL's YouTube Channel.

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 Fax: 709-753-4940
info@arnnl.ca
arnnl.ca
 @arnnlca
<https://www.youtube.com/user/ARNNL>

STRATEGIC OUTCOME 3: EVOLUTION OF THE PROFESSION

- Data collection for ARNNL's NP Evaluation Study commenced in April and concluded in August. NPs, RNs and other health professionals including physicians and pharmacists completed surveys, participated in focus groups and/or in key informant interviews. ARNNL received an interim report at the end of the year. Further analysis of the data in relation to the current literature will be completed to identify overarching recommendations.
- The Provincial Towards Recovery Opioid Dependence Treatment (ODT) Action Plan has eight project teams and numerous working groups responsible for addressing 54 recommendations. ARNNL had representation on the ODT working group under the Service Redesign Team. The objective of this working group is to develop and introduce a new comprehensive, evidence-based, integrated, person-centered model of ODT service delivery (Hub and Spoke Model).
- ARNNL's draft regulatory document: *Nurse Practitioners Providing Medical Assistance in Dying (MAID)* underwent consultation this past year.
- ARNNL co-chaired a National Canadian Council of Registered Nurse Regulators (CCRN) Committee which developed a guidance document for Nurse Regulators: *Nurse Regulators' Role in Safe Controlled Drugs and Substances Prescribing and Harm Reduction*. This document represented CCRN's commitment to the Federal Government's Joint Statement of Action to address the opioid crisis.
- ARNNL worked with the Centre for Health Informatics and Analytics (CHIA) to provide NPs with practice points from Choosing Wisely NL and Quality of Care NL. Antibiotic utilization information was shared in March and additional campaigns are planned for the coming year.

Nursing Student Representative Program

The ARNNL Nursing Student Representative Program completed its fourth year. 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. Student representatives attended sessions on topics including self-regulation, professional conduct review, NCLEX-RN®, scope of practice, standards of practice and Code of Ethics.

Research

- ARNNL participated in a working group and provided data to update the provincial government's Registered Nurse Workforce Model Report. A final report was released in September 2017. One area highlighted in the report is the number of nurses employed in casual positions. A team of researchers from the three provincial schools of nursing met with ARNNL to explore a research project related to RNs' preference for casual employment. The research is currently underway.
- Work continued on a project led by Drs. Julia Lukewich and April Manuel to examine predictors of success on the NCLEX-RN®. ARNNL is a partner and data provider for this project.
- ARNNL provided a letter of support for the NL SUPPORT grant submission by Mr. Lindsey Cassell entitled Impact of Nurse Practitioner-led Clinics on Chronic Disease Management in Newfoundland Labrador. Mr. Cassell is a member of the NP Evaluation Advisory Committee and his work was identified as a data source for public and system impacts for NP practice.
- A letter from ARNNL was provided to the Office of Immigration and Multiculturalism regarding developing provincial capacity for foreign qualification recognition in the province.
- A letter from ARNNL to Health Canada expressed support for Eastern Health in its application for funding under the Substance Use and Addictions Program (SUAP) fund.
- ARNNL was identified as a knowledge user partner for Dr. Julia Lukewich's project investigating the impact of family practice nursing on outcomes of care. This project supports the provincial government's primary health care agenda.



CCRN Jurisdictional Membership: Executive Directors and Presidents Meeting.

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 pursue its mandate.

COMMITTEES

April 1, 2017 - March 31, 2018

ARNNL has 24 Committees working towards the organization’s mission “In fulfilling its Mandate and Objects of the RN Act, ARNNL advances nursing excellence for public protection and optimal health of the Newfoundland and Labrador population.”

GOVERNANCE

Appointments Committee

Audit Committee

Council

Education Approvals Committee

Executive Advisory Committee

Nominations 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

Disciplinary Panel

Dispensing Document 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 Representative Program

Nurse Practitioner Competency Validation Working Group

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

ARNNL REPRESENTATION ON OTHER COMMITTEES, AFFILIATIONS AND IN CONSULTATION PROCESSES

In 2017-18 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 remained in-tune with health trends.

National

- CCRNR Board and Committees
- CCRNR Entry Level Competencies Working Group
- Regulatory Registration Network
- Nurse Practitioner Exam Administration Working Group
- Nurse Practitioner Visioning Working Group
- NNAS Board and Working Groups
- CNA Board and Working Groups
- Canadian Public Health Association
- CNPS Assistance Review Process
- CNPS Board of Directors
- Canadian Nurse Practitioner Exam (CNPE) Committee
- NCLEX-RN® Exam Development

Provincial

- Canadian Mental Health Association – NL Chapter
- NL Alliance for Control of Tobacco
- Canadian Cancer Society – NL Chapter
- Heart and Stroke Foundation – NL Chapter
- NL Palliative Care Association
- 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 Appropriateness of Care Committee
- Prescription Monitoring Program
- Provincial Midwifery Implementation Committee
- Provincial Primary Health Care Advisory Committee
- Telehealth Advisory Committee
- Opioid Dependence Treatment Working Group

ARNNL SPECIAL INTEREST GROUPS

ARNNL recognized 13 Special Interest Groups (SIGs):

- 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.

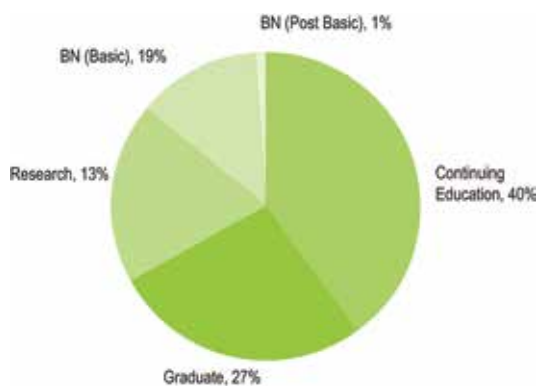
Highlights of Awards for 2017-2018

- One hundred and thirteen applicants submitted a total of 139 applications during the three funding competitions this year.
- Seventy-four scholarships and bursaries were awarded (Figure 1). Thirteen additional continuing education bursaries valued at \$2,150 total were awarded but could not be distributed because the applicants were unable to attend the education event or they received funding from another source.
- The total amount awarded was \$59,135. 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 (40%) such as attending conferences, completing a post-basic course or obtaining CNA Certification (Figure 2).
- During the Annual Meeting held on June 7, 2017 members approved proposed changes to the Trust Constitution. For more information, visit the Trust website at arnnl.ca/trust.

Figure 1. Number of Awards Distributed (1987-2017)



Figure 2. Where the Trust Money Went in 2017-2018



Trust Awards ceremony in Corner Brook, NL.



Trust Awards ceremony in St. John's, NL.

Trust Board of Directors

Janet Templeton, President	Brenda Whyatt, Northern Regional Director
Sara Seymour, President Elect	Tina Edwards, Director at Large
Wayne Smith, Eastern Rural Regional Director	Vacant, Labrador Regional Director
Melvin Layden, Eastern Urban Regional Director	Vacant, Director at Large
Anne Blackmore, Central Regional Director	Lynn Power, ex officio/ ARNNL Executive Director
Erica Hurley, Western Regional Director	Julie Wells, Coordinator

Members of Trust Awards Committees

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

BEHIND THE SCENES



Sitting (left to right): *Christine Fitzgerald, Lana Littlejohn, Lynn Power, Trudy Button, Michelle Osmond and Robyn Williamson.*

Standing (left to right): *Carolyn Rose, Michelle Carpenter, Jessica Howell, Peggy Rauman, Kristen Hart, Jennifer Lynch, Siobhainn Lewis, Michelle Nawfal, Rolanda Lavallee, Gillian Costello and Julie Wells.*

Missing from photo: *Jeanette Gosse and Bradley Walsh*

ARNNL has 17 permanent staff and various contractual hires throughout the year as required. This year, long time staff member and Policy and Practice Consultant Siobhainn Lewis retired from ARNNL and Pam King-Jesso has moved on. Regulatory Officer Rolanda Lavallee was awarded the role of Policy and Practice Consultant, with Peggy Rauman joining ARNNL in March also as a Policy and Practice Consultant. Robyn Williamson joined the team as a new Regulatory Officer.

Operational highlights:

- ARNNL achieved four set objectives of the Strategic Plan, including
 - Introducing ARNNL's new e-newsletter, *Regulation Matters*;
 - Entering social media with @arnnlca Twitter account;
 - Created a communications distribution system and a communications calendar for messaging; and
 - Updating registration modules.
- Streamlined job position descriptions throughout the organization.
- Completed an employee compensation review and job evaluation plan identifying a new classification system.
- Moved forward on the new building and shared services model.



Association of
Registered Nurses
of Newfoundland
and Labrador

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Financial Statements of

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

Year ended March 31, 2018



KPMG LLP
TD Place
140 Water Street, Suite 1001
St. John's Newfoundland A1C 6H6
Canada
Tel (709) 733-5000
Fax (709) 733-5050

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, 2018, 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, 2018, 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
St. John's, Canada
June 7, 2018

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

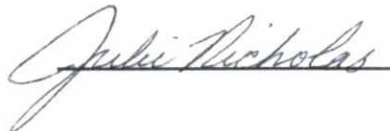
Statement of Financial Position

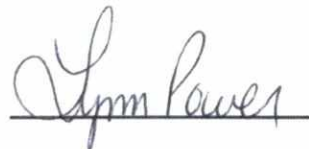
March 31, 2018, with comparative information for 2017

	2018	2017
Assets		
Current assets:		
Cash and cash equivalents	\$ 3,532,122	\$ 3,292,935
Trade receivable	24,516	24,900
Prepaid expenses	11,676	38,610
	<u>3,568,314</u>	<u>3,356,445</u>
Portfolio investments (note 2)	2,527,914	2,500,632
Capital assets (note 3)	183,900	176,735
	<u>\$ 6,280,128</u>	<u>\$ 6,033,812</u>
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities (note 4)	\$ 569,493	\$ 572,644
HST payable	351,420	349,086
Deferred revenue	2,424,856	2,459,481
	<u>3,345,769</u>	<u>3,381,211</u>
Accrued severance pay	179,837	104,977
	<u>3,525,606</u>	<u>3,486,188</u>
Net assets:		
Unrestricted	1,121,593	1,067,923
Internally restricted (note 9)		
Invested in capital assets	183,900	176,735
Legal assistance plan	72,252	89,247
Ways and means plan	96,630	88,813
Conduct review plan	315,000	280,000
Building contingency plan	913,918	810,418
TD affinity plan	51,229	34,488
	<u>2,754,522</u>	<u>2,547,624</u>
Commitments (note 7)		
	<u>\$ 6,280,128</u>	<u>\$ 6,033,812</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, 2018, with comparative information for 2017

	2018	2017
Revenues:		
Practicing members	\$ 2,564,264	\$ 2,591,272
Interest income	71,050	70,165
Registration service fees	60,237	78,040
Other	46,838	39,083
Dividend income	29,263	19,158
Non-practicing members	21,033	22,049
Examinations	12,365	15,375
	2,805,050	2,835,142
Expenses:		
Salaries and benefits	1,512,339	1,454,358
Affiliation fees (note 5)	369,900	359,020
Administration	183,392	192,904
Professional conduct review	163,190	152,093
Expenses of council	104,050	106,342
Registration	88,201	86,353
Communications	54,321	72,012
Practice and policy	31,731	25,536
Amortization	31,314	30,665
Other	25,519	18,191
	2,563,957	2,497,474
Excess of revenues over expenses, before other items	241,093	337,668
Other expenses (income):		
Loss on sale of investments	17,818	12,357
Unrealized loss (gain) on fair value of investments	16,377	(118,077)
	34,195	(105,720)
Excess of revenues over expenses	\$ 206,898	\$ 443,388

See accompanying notes to financial statements.

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Statement of Changes in Net Assets

Year ended March 31, 2018, with comparative information for 2017

	Invested in Capital Assets	Legal Assistance Plan	Ways and Means Plan	Conduct Review Plan	Building Contingency Plan	TD Affinity Plan	Unrestricted	2018	2017
Balance, beginning of year	\$ 176,735	\$ 89,247	\$ 88,813	\$ 280,000	\$ 810,418	\$ 34,488	\$ 1,067,923	\$ 2,547,624	\$ 2,104,236
(Deficiency) excess of revenues over expenses	(31,314)	–	–	–	–	–	238,212	206,898	443,388
Capital asset purchase	38,479	–	–	–	–	–	(38,479)	–	–
Internally restricted (note 9)	–	(16,995)	7,817	35,000	103,500	16,741	(146,063)	–	–
Balance, end of year	\$ 183,900	\$ 72,252	\$ 96,630	\$ 315,000	\$ 913,918	\$ 51,229	\$ 1,121,593	\$ 2,754,522	\$ 2,547,624

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Statement of Cash Flows

Year ended March 31, 2018, with comparative information for 2017

	2018	2017
Cash provided by (used in):		
Operations:		
Excess of revenues over expenses	\$ 206,898	\$ 443,388
Items not involving cash:		
Amortization	31,314	30,665
Increase in accrued severance pay	74,860	23,840
Realized loss on sale of investments	17,818	12,357
Unrealized loss (gain) on fair value of investments	16,377	(118,077)
Reinvested investment income	(21,806)	(25,236)
	325,461	366,937
Changes in non-cash operating working capital:		
Decrease (increase) in trade receivable	384	(8,897)
Decrease (increase) in prepaid expenses	26,934	(21,934)
Decrease in accounts payable and accrued liabilities	(3,151)	(89,812)
Increase in HST payable	2,334	44,745
Decrease in deferred revenue	(34,625)	(19,054)
	317,337	271,985
Investing:		
Purchase of capital assets	(38,479)	(12,919)
Purchase of investments	(498,115)	(384,670)
Proceeds from sale of investments	458,444	365,821
	(78,150)	(31,768)
Increase in cash and cash equivalents	239,187	240,217
Cash and cash equivalents, beginning of year	3,292,935	3,052,718
Cash and cash equivalents, end of year	\$ 3,532,122	\$ 3,292,935
Cash and cash equivalents consists of:		
Cash	\$ 1,016,579	\$ 836,926
Short-term investments	2,515,543	2,456,009
	\$ 3,532,122	\$ 3,292,935

See accompanying notes to financial statements.

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Notes to Financial Statements

Year ended March 31, 2018

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.

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, 2018

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 one year of continued service up to March 31, 2018. 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, 2018

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:

	2018	2017
Portfolio investments:		
Cost	\$ 2,573,985	\$ 2,530,326
Fair market value	2,527,914	2,500,632

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Notes to Financial Statements (continued)

Year ended March 31, 2018

3. Capital assets:

			2018	2017
	Cost	Accumulated amortization	Net book value	Net book value
Building	\$ 441,463	\$ 344,212	\$ 97,251	\$ 108,287
Furniture and fixtures	750,756	674,956	75,800	56,117
Computer software	79,427	72,039	7,388	8,569
Flags & Signs	530	530	-	-
Land improvements	13,575	10,114	3,461	3,762
	<u>\$ 1,285,751</u>	<u>\$ 1,101,851</u>	<u>\$ 183,900</u>	<u>\$ 176,735</u>

4. Accounts payable and accrued liabilities:

	2018	2017
Other trade accounts payable	\$ 17,224	\$ 65,159
Employee vacation payable	213,997	191,908
Other accrued liabilities	84,622	54,686
ARNNL Education and Trust	103,751	108,632
Government remittances	17,553	18,810
Other	48,066	51,949
Canadian Nurses Association	84,280	81,500
	<u>\$ 569,493</u>	<u>\$ 572,644</u>

5. Affiliation fees:

	2018	2017
Canadian Nurses Association	\$ 342,535	\$ 331,867
National Council of State Boards of Nursing	1,932	1,966
Canadian Council of Registered Nurses Regulators	25,000	22,500
Other	433	2,687
	<u>\$ 369,900</u>	<u>\$ 359,020</u>

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Notes to Financial Statements (continued)

Year ended March 31, 2018

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.

	2018	2017
President honorarium	\$ 10,000	\$ 7,000
Reimbursement of travel expense for Council	6,816	7,268
	\$ 16,816	\$ 14,268

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:

2019	\$	9,064
2020		6,720
2021		6,720
2022		6,720
2023	\$	3,640

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Notes to Financial Statements (continued)

Year ended March 31, 2018

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 \$133,171 (2017 - \$132,017).

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 employee's 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 \$1,925 (2017 - \$291).

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 \$306,149 at March 31, 2018 (2017 - \$307,352). 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, 2018

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	\$ (146,063)	\$ 6,790	\$ 6,790	\$ 35,000	\$ 103,500	\$ 18,241
Allocation of interest	-	-	1,027	-	-	-
Costs incurred	-	(23,785)	-	-	-	(1,500)
	\$ (146,063)	\$ (16,995)	\$ 7,817	35,000	\$ 103,500	\$ 16,741

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

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.

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.

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, 2018

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.