

2015 Annual Report



Vision

Nurses shaping nursing for healthy New Brunswickers.

Mission

The Association is a professional regulatory organization that exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice, and by promoting healthy public policy.

Role

The Nurses Association of New Brunswick under the authority of the *Nurses Act* is responsible for advancing and maintaining the standards of nursing in the Province, for governing and regulating those offering nursing care and for providing protection in the interest of the public.

NANB supports nurses in defining and meeting required standards for professional practice and nursing education in entry-level and continuing practice.

Board Ends

Protection of the Public;
Professional Self-regulation; and
Healthy Public Policy

About NANB

The Nurses Association of New Brunswick (NANB) is the regulatory body for all registered nurses and nurse practitioners in New Brunswick. The purpose of regulation is to protect the public by ensuring RNs practise in a safe, competent and ethical manner. As per legislation, NANB supports nurses in being able to meet the required standards of care, and promotes healthy public policy for citizens of New Brunswick.

NANB completes the work of regulation in a number of ways.

We set standards for registered nurse and nurse practitioner education, registration and practice.

- We approve nursing education programs.
- We have a registration process to ensure all practising nurses working in New Brunswick are qualified and competent.
- We provide screening for internationally educated nurse candidates.
- We set the standards of nursing practice that all RNs/NPs are required to meet every day.
- We establish and monitor continuing competence requirements to ensure nurses remain current in their practice.

We support registered nurses and nurse practitioners by offering various services to help them meet the standards.

- We provide educational opportunities and resources.
- We provide confidential practice consultation services.
- We provide information and connections for nurse refresher training.

We take action when the standards are not met.

- We receive and handle complaints about registered nurse and nurse practitioner practice and take appropriate action with fairness and transparency.

It is together with nurses that we protect the public. While NANB sets the standards with input from New Brunswick nurses, NB RNs live them through their daily delivery of safe, competent and ethical nursing services.

The Association has been the professional regulatory body for registered nurses and nurse practitioners in New Brunswick since 1916. The *Nurses Act* determines our responsibilities.

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Protection of the Public

Basic Nursing Education

The NANB works to protect the public by ensuring nurses receive all educational requirements for practice. NANB in collaboration with members and other organizations develops and defines required education standards.

In 2015, the total number of students admitted to basic nursing education programs in New Brunswick was 314. A total of 465 seats are allocated for funding. The Université de Moncton admitted 146 students and is short of their 184 funded seats by 38. UNB admitted a total of 168 students and is short of their 281 funded seats by 113.

UNB Saint John admitted 12 students as the second cohort (2015–2017) of the “LPN Bridge” program.

Masters of Nursing

In 2015, the Université de Moncton reported 37 nurses in their Masters’ program, 14 of which are in the nurse practitioner program. The University of New Brunswick reported 37 in the Master’s program, 12 in the thesis stream, 13 in the educator stream and 12 in the nurse practitioner program.

National Nursing Assessment Service (NNAS)

The National Nursing Assessment Service (NNAS) was launched in August 2014 as a joint initiative of the regulatory bodies of registered nurses, licensed practical nurses and registered psychiatric nurses in all provinces/territories except Quebec. The purpose of the NNAS is to provide a single portal of entry for applications for registration from internationally educated nurses (IENs) and to standardize the application process by centralizing document collection and assessment of applicant education and employment records. All IENs applying for registration must initially apply to NNAS before applying to the Canadian jurisdiction where they would like to become registered to practice.

Between 2011 and 2015, NANB received funding from Health Canada to establish a competence assessment for IENs. IEN candidates requiring additional education prior to registration are then directed to our partner organization Registered Nurse Professional Development Centre (RNPDC) located in Nova Scotia. Learning needs are assessed by RNPDC. Each applicant is then provided an individual learning experience. Registration cannot be granted until all required competencies are met, including competency in the language of choice.

In New Brunswick, both University of New Brunswick and Université de Moncton offer nursing programs in seven sites across the province.





A Steering Committee, which includes NANB representative, has been established to discuss the process and policy implications of PAD in New Brunswick.

The ongoing sustainability of the competence assessment and bridging programs is a matter of concern. In April 2015, NANB submitted a proposal to the provincial government to secure a commitment for a financial contribution to support the sustainability of the RNPDC programs and access for NB candidates which has resulted in the government making a two-year financial commitment that would support the RNPDC programs beginning in April 2016.

Facilitating Health Research

NANB supports health/policy research by providing feedback or facilitating contact between NB nurses and researchers. During 2015, NANB facilitated eight external health-related research projects.

NANB/ANBLPN Collaboration

NANB is working closely with the Association of New Brunswick Licensed Practical Nurses (ANBLPN) as a nursing partner. This aligns with trends in regulation and practice across Canada, and supports ongoing planning for public access to required volumes of nursing services in future years.

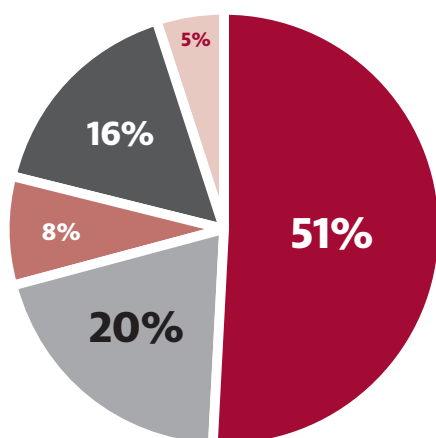
Medical Assistance in Dying

On February 6, 2015, the Supreme Court of Canada ruled that the Criminal Code of Canada's prohibition on physician-assisted dying (PAD) unjustifiably infringed Section 7 of the Canadian Charter of Rights and Freedoms, under certain conditions.

In New Brunswick, a Steering Committee composed of the Deputy Minister of Health, the Deputy Attorney General and the Secretary to Policy Board was established to provide oversight and direction on the issue of PAD. As part of this work, the Department of Health has undertaken consultations with select stakeholders which include NANB, to discuss the process and policy implications of PAD in New Brunswick.

Ongoing trending and monitoring of this portfolio included:

- An update on September 4, 2015 by Chantal Léonard, Chief Executive Officer for the Canadian Nurses Protective Society (CNPS) to NANB's nursing staff on PAD in Canada. CNPS shared that the proposed changes to the Criminal Code are currently for physicians only, and consequently leave RNs in a situation where they could be open to criminal prosecution if they participate in PAD. CNPS is making a submission to the Federal Expert Panel suggesting that RNs should be free from prosecution if they participate in PAD.
- Consultation on September 9, 2015 between NANB's Executive Director, the Directors of the Regulatory and Practice Departments and a practice consultant and representatives from the Department of Health to discuss NANB's concerns regarding the implications of the *Carter* decision. NANB shared its concern that registered nurses are in need of protection to avoid criminal prosecution by acting within their regulated scope of practice as they interact with patients inquiring about, wanting, or receiving physician-assisted death.
- Participation in a pan-Canadian discussion, on October 8, 2015 NANB, facilitated by the Canadian Nurses Association (CNA) regarding PAD and concerns for nursing practice.
- Review of documents published in December of 2015: The New Brunswick College of Physician and Surgeon's guidelines on PAD and the final report from the Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying.
- Preparation of ongoing development and release of communications materials as legislation evolves.



Origin of Practice Calls

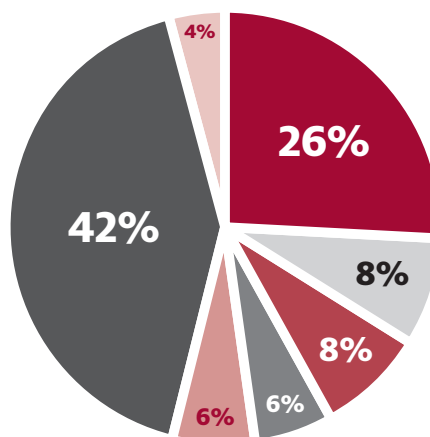
FIGURE 1

- Direct Care (n=291)
- Administration (n=111)
- Education (n=46)
- Nurse Practitioners (n=92)
- Other (n=27)

Type of Call

FIGURE 2

- Barriers to Practice (n=22)
- Information needs (n=150)
- Scope of Practice RN (n=44)
- Scope of Practice NP (n=43)
- Medication Administration (n=35)
- Potential Complaint (n=33)
- Other (n=240)



Practice Consultation Calls

The Practice Department supports professional nursing practice by providing confidential consultation services to individual or groups of registered nurses in all practice areas and to the general public who may have questions about nursing practice. A practice consultation is an interaction to provide expert advice related to a professional practice issue. It may also include referral to other resources or outside agencies (e.g., Canadian Nurses Protective Society). A practice consultation can be a one-on-one or group conversation by phone, in-person and/or in the form of a site visit.

In 2015, the Practice Department received 567 practice calls. 80% of the calls originated from registered nurses and 20% from non-nurses (other health care professionals, nursing students, public members). Of the calls received from RNs, 51% originated from registered nurses involved in the delivery of direct care, 20% from nurse practitioners, 16% from RNs in management roles and 5% from other practice settings (Figure 1).

Consultation service is offered on a wide variety of issues (Figure 2). The consultation service is captured in a confidential manner using a computer program that creates emergent trends that are used to guide the planning of activities of the Practice Department.

NANB's Keynote speaker
at the Annual General
Meeting—Dr. Marlene
Smadu who presented
on *'Nurses as Leaders
and Advocates for Patient
and Family Centered Care
in Transformed Health
Systems'*.



Professional Self-Regulation

RN Re-entry Program

To be eligible for registration or registration renewal an applicant must have practised a minimum of 1125 hours within the preceding five calendar years. A nurse refresher program is designed to enable those individuals who do not meet the hours of practice requirement to become eligible for registration. The refresher program utilized by NANB is also RNPDC.

Enrollment in the Re-entry Program showed a slight decrease in 2015, as illustrated in the table below. Enrollment in 2015 includes five new candidates all with RNPDC.

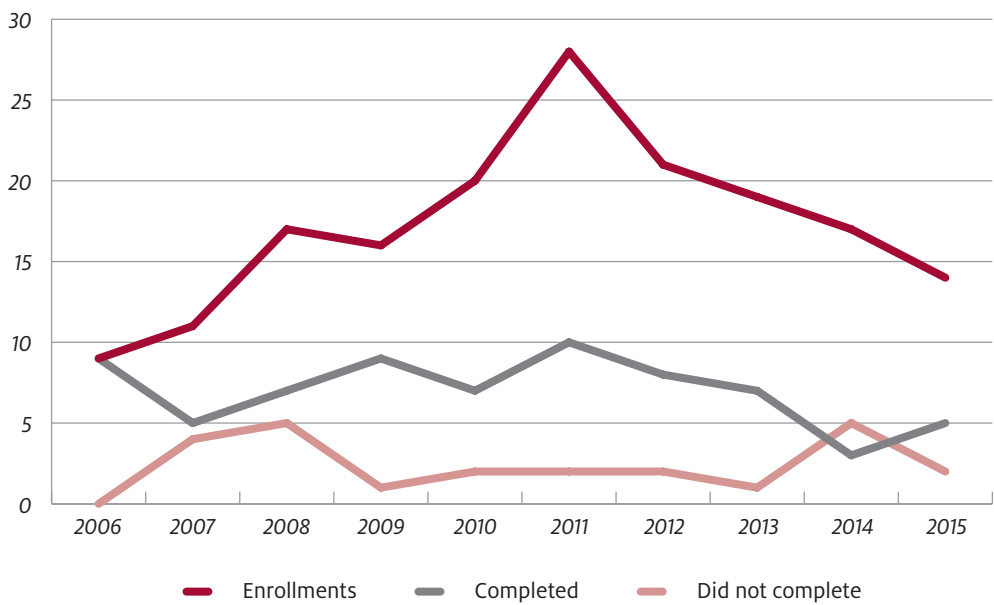
Entry-to-Practice Exam

All Canadian RN regulators, with the exception of Quebec, began using the National Council of State Boards of Nursing (NCSBN) NCLEX-RN entry-to-practice exam in January 2015. The NCLEX-RN is administered at a temporary test centre in Fredericton, managed by PearsonVue International. Access to the test centre is offered three times a year during months similar to previous years. Students can write at the temporary centre in New Brunswick or any permanent centre in North America.

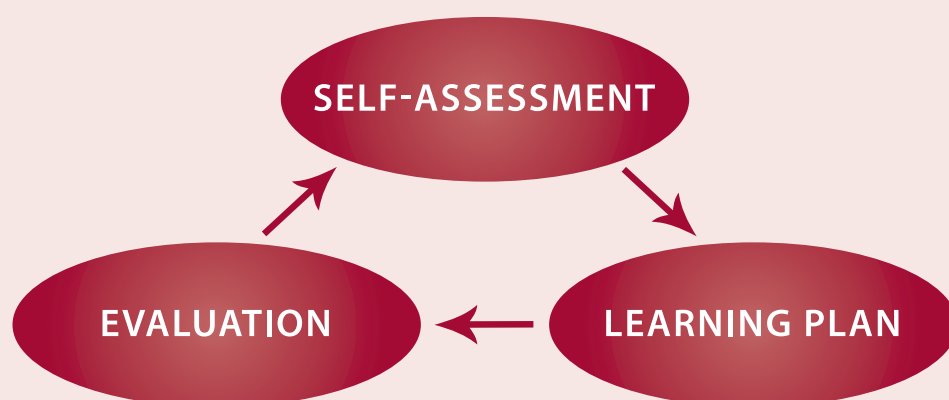
NANB staff participate twice annually in regulatory item review in both languages. Reviews provide an opportunity to determine that items are in congruence with provincial nursing legislation and reflect entry-level practice. Each staff reviews between 250 and 325 items during each session.

RN Re-entry Program

FIGURE 3



Continuing Competence Program (CCP)



CCP Compliance and Audit

The Continuing Competence Program (CCP) requires all New Brunswick registered nurses and nurse practitioners to demonstrate on an annual basis how they have maintained their competence and enhanced their practice. Compliance with the CCP is monitored through an audit process.

In 2015, 406 registered nurses and 10 nurse practitioners were randomly selected to participate in the annual CCP Audit by completing an online questionnaire related to their CCP for the 2014 practice year.

Twenty-two RNs were exempted from completing the Audit questionnaire: 13 had been on maternity leave, sick leave, long-term disability or were not returning to active practice; and nine had retired, moved out of the province or no longer met the hours of practice requirement for registration. One NP had not practised in 2014 and therefore was exempted.

Two members did not complete the CCP Audit questionnaire: one NP who did not renew her NP registration and one RN who was not eligible for registration as a result of an unrelated matter.

As a result of the Audit, 16 RNs required a follow-up call with an NANB consultant to provide clarification on the information submitted on their Audit questionnaire. It was determined that all the members had met the CCP requirements for the 2014 practice year.

CCP Audit

TABLE 1

Language	RN	NP
English	253	5
French	130	3
Areas of Practice	RN	NP
Direct Care	324	7
Administration	38	0
Education	16	1
Research	3	0
Other	2	0
Employment Setting	RN	NP
Hospital	247	2
Community	75	5
Nursing home	42	0
Educational institution	9	1
Other	10	0

NP Practice Analysis

The Canadian Council of Registered Nurse Regulators (CCRNRR) received funding from Employment and Social Development Canada (ESDC) to complete a nurse practitioner (NP) practice analysis study. The NP Practice Analysis provides an accurate description of NP practice and the knowledge, skills and abilities required by NPs in each of the three streams of practice (family/all ages, adult and pediatrics) across jurisdictions. The outcomes of the practice analysis will form the basis of one or more entry-level registration examinations for NPs in Canada.

The practice analysis survey was administered in November 2014. The results were compiled into a detailed technical report which provides information on the methodology used to develop and validate the competency and activity statements, the statistical reports from the survey respondents, the criticality and frequency scores, cut-off scores and recommendations for a national NP examination test plan. The report was submitted to ESDC at the end of December 2015.

In October 2015, the CCRNR Board held a strategic planning session to explore a future vision for NP regulation in Canada. Initial steps towards a national approach include:

- jurisdictional consultation to approve the NP entry-level competencies developed and utilized for the practice analysis; and
- consultation with stakeholders to determine the implications of a shared vision for NP regulation in Canada.

CCRNRR Nurse Practitioner Exam Administration Working Group

The Nurse Practitioner Exam Administration Working Group of which NANB is a member, reports to the CCRNR Exam Committee on all matters related to the NP exams including contractual obligations with exam providers. The Committee meets via teleconference and in person as needed.

Development of a Model of Nursing Jurisprudence

Jurisprudence is defined as having an awareness of legislation, regulations, standards and policies that affect registered nurse practice (citation). In order to strengthen nursing accountability to the public and promote safe, competent, and ethical nursing practice, the regulatory bodies for reg-

istered nurses in Canada agreed to work toward adding the requirement to complete education regarding nursing jurisprudence as a requirement for registration in their respective provinces/territories. The NANB jurisprudence requirement will be in the form of an online self-learning module that all new applicants for registration will be required to complete prior to becoming registered. Content completion for the module is anticipated in the fall of 2016.

Nursing Education Program Approvals

NANB has the legislated authority under the *Nurses Act* to develop, establish, maintain and administer standards for nursing education. The purpose of the NANB nursing education approval review process is to ensure that NANB Standards for Nursing Education are being met.

The UNB and UdeM nurse practitioner program approval review visits were conducted in November 2015. The approval teams' findings and recommendations were reviewed by the Nursing Education Advisory Committee (NEAC) and approved by the Board in February 2015.



The purpose of the NANB nursing education approval review process is to ensure that NANB Standards for Nursing Education are being met.



The New Brunswick Children's Environmental Health Collaborative Team is comprised of registered nurses across the province mandated to increase the environmental health awareness, leadership and action among nurses in New Brunswick.

Healthy Public Policy

Health Human Resource Planning

NANB provides registration employment data annually on a contractual basis to the Canadian Institute for Health Information (CIHI) and the New Brunswick Department of Health for the purpose of Health Human Resource planning.

NANB participates in the NB nursing collaborative chaired by our Chief Nursing Officer. A model for projection of health human resource needs was presented at the NB nurse collaborative in 2015. NANB provided a presentation comparing trends in nursing resources both provincially and nationally.

New Brunswick Children's Environmental Health Collaborative Team

In 2015, NANB joined TEAM NURSES (TN) which is part of the New Brunswick Children's Environmental Health Collaborative, a component of the New Brunswick Environmental Network.

The Committee is comprised of registered nurses from across the province representing the provincial government,

UNB Faculty of Nursing, First Nations Inuit Health, Public Health, NANB, private consultants and retired nurses. The TN Committee's mission is to increase environmental health awareness, leadership and action among nurses in New Brunswick.

Some highlights from this group's work during 2015 include: the hosting of a conference with guest speakers from the Government of New Brunswick (GNB) and other Canadian provinces regarding Environmental Health Initiatives; the submission of an article for the Fall 2015 *Info Nursing* publication; a collaboration between UNB and Healthy Learners Program, involving nursing students in teaching environmental health; the launch of an initiative titled *Healthy Homes*, which focuses on indoor air quality for children; working with public schools in Anglophone District West for environmental educational opportunities with teachers and students and the presentation of a paper at the Climate Change Conference held in Paris, France.

To mark NANB's Centennial year, a sub-committee of this group is planning to write an *Info Nursing* series with *100 Years of Nursing* as a theme, which will include the key message of nurses being change makers and how nurses should embrace climate change initiatives to improve population health.

The NANB Board of Directors receive regular updates and reports from all Legislated and Standing Committees.



Legislated and Standing Committee Reports

Legislated Committees

Nurse Practitioner Therapeutics Committee

The Nurse Practitioner Therapeutics Committee (NPTC) is an advisory committee to the NANB Board of Directors. It consists of two nurse practitioners, two pharmacists, and two physicians appointed by their respective regulatory bodies. The Committee develops and reviews Schedules for ordering, screening and diagnostic tests that may be ordered and interpreted; drugs that may be selected or prescribed; and forms of energy that may be ordered and the circumstances under which they may be ordered, by a nurse practitioner.

The NPTC met in November 2015 to discuss: an update and review of current NP prescribing practices in New Brunswick; NPs' restriction on prescribing medical marijuana; and work in progress on authorizing NPs to prescribe methadone.

Committee members: Martha Vickers, Nurse Practitioner (Chair), Lynn Theriault-Sehgal, Nurse Practitioner; Janet MacDonnell, Pharmacist, Ayub Chisti, Pharmacist, Kathleen Woods, Physician and Dr. Yogi Sehgal, Physician.

Complaints Committee

This report outlines the activities of the NANB Complaints Committee in 2015. The Complaints Committee screens written complaints about the conduct of members and former members of the Nurses Association in accordance with the *Nurses Act*. It is the first level of a formal two-step process for dealing with such complaints. The Committee screens out complaints that do not relate to professional conduct or do not require further consideration. Serious matters are referred by the Complaints Committee to either the Discipline Committee or the Review Committee for further consideration and investigation.

It should be noted that the formal complaint process under the *Nurses Act* is generally a measure of last resort. The over-

whelming majority of concerns and issues related to the practice of nurses are resolved at the agency or institution level. NANB staff provide consultative services to members, the public and employers on how best to address concerns related to a nurse's practice or conduct.

In 2015, the Complaints Committee received 14 complaints. The Committee met to consider 12 complaints: three complaints to be carried over to 2016 (one complaint that had been adjourned in 2014 and two received in 2015). Nine of the complaints were lodged by a supervisor or representative of the employer and three were lodged by a member of the public. It should be noted that in many cases, complaints lodged by employers relate to problems originally identified by patients and/or co-workers.

Committee members: Monique Cormier-Daigle (Chair), Solange Arseneau, Erin Corrigan, Michelle Cronin, Gail Hamilton Dupéré, Paula Prosser, Kathleen Sheppard, Acholia Theriault, Roland Losier, Albert Martin, Aline Saintonge, Edith Tribe

Discipline and Review Committee

Under the *Nurses Act*, NANB is legally required to maintain a formal process for dealing with complaints against nurses which relate to professional conduct. The Discipline and Review Committees consider complaints referred to them by the Complaints Committee of the Association. The Discipline and Review Committees perform the second step of our two-step professional conduct review process. Health related problems which prevent a nurse from practising safely are considered by the Review Committee, while all other complaints are handled by the Discipline Committee. The Discipline and Review Committees held 33 hearings in 2015.

Case 1

The Review Committee met to consider a complaint referred from the Complaints Committee concerning a nurse from the hospital sector who was reported for incompetence. The Committee found the member to be suffering from conditions or ailments rendering her unsafe to practise nursing at the time of the complaint. The Committee found that the

Complaints Received in 2015

TABLE 2

Allegation	Setting	Outcome
Failure to maintain the standards of practice; medication administration errors, substandard documentation, dishonesty	Hospital	Referred to Discipline Committee
Failure to maintain the standards of practice; lack of critical thinking, substandard and false documentation, decision making and communication	Community	Referred to Discipline Committee
Failure to maintain the standards of practice; unprofessional conduct and communication	Hospital	Referred to Review Committee
Unauthorized removal of narcotics, problematic substance use	Hospital	Referred to Review Committee. Suspension pending outcome of hearing
Failure to maintain the standards of practice; lack of judgement, breach of privacy and confidentiality	Nursing Home	Referred to Discipline Committee
Unauthorized removal of narcotics, problematic substance use	Hospital	Referred to Review Committee. Suspension pending outcome of hearing
Criminal conviction and sentence: fraud	Hospital	Referred to Discipline Committee
Failure to maintain the standards of practice; medication administration, substandard documentation, lack of communication	Community	Referred to Discipline Committee
Criminal charge: allegations of sexual assault	Hospital	Dismissed
Failure to maintain the standards of practice; unauthorized removal of medication	Nursing Home	Referred to Review Committee
Failure to maintain the standards of practice; medication administration errors, substandard documentation and lack of communication	Nursing Home	Referred to Discipline Committee
Failure to maintain the standards of practice; medication administration, substandard documentation and lack of communication	Community	Referred to Discipline Committee

member demonstrated professional misconduct, incompetence and a disregard for patient safety by continuing to work while incapacitated by her ailments or conditions. The Review Committee ordered suspension imposed on the member's registration be continued until conditions are met. At that time, the member will be eligible to apply for a conditional registration.

Case 2

The Discipline Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the hospital sector who was reported for professional misconduct and incompetence. The Committee found that the member demonstrated professional misconduct, incompetence, a lack of judgement and integrity and that she did not meet the standards of nursing practice regarding medication administration and documentation. The Discipline Committee ordered the suspension imposed on the member's

registration be continued until conditions are met and the member is fit to return to the safe practice of nursing. At that time, the member will be eligible to apply for a conditional registration. The Committee also ordered that she pay a portion of the costs respecting the Complaint in the amount of \$1,500 within 12 months of her return to the active practice of nursing.

Case 3

The Review Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the community sector who was reported for incompetence and professional misconduct. The Committee found that notwithstanding her ailments or conditions, the member is responsible for her conduct and actions and that she demonstrated incompetence, professional misconduct and conduct unbecoming a member of the Association. The Review Committee ordered that the suspension imposed on her registration be lifted and that she successfully complete a medication administration course. At that time, the member will be eligible to apply for a conditional registration. The Committee also ordered that she pay a portion of the costs respecting the Complaint in the amount of \$1,500 within 12 months of her return to the active practice of nursing.

Case 4

The Review Committee met to consider a complaint referred from the Complaints Committee concerning a nurse from the nursing home sector who was reported for substance misuse, unauthorized removal and use of medication from her place of employment and patient abandonment. The Committee found the member to be suffering from conditions or ailments rendering her unfit and unsafe to practise nursing at the time of the complaint. The Committee found that the member demonstrated professional misconduct, conduct unbecoming a member and a disregard for patient safety by continuing to work while unfit and incapacitated by her ailments or conditions. The Review Committee reprimanded the member for a second complaint arising from her continuing to practice nursing while incapacitated by substance misuse. The Committee ordered the suspension on the member's registration imposed by the Complaints Committee on April 21, 2011, be lifted and the member be eligible to apply for a conditional registration. The Committee also ordered that she pay a portion of the costs respecting the Complaint in the amount of \$5,000 within 24 months of her return to the active practice of nursing.

Case 5

The Discipline Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the hospital sector who was reported for a lack of judgement, integrity and ethics and unprofessional communi-

cation. The Committee found that the member demonstrated professional misconduct, conduct unbecoming a member, a lack of judgement, integrity and that he failed to adhere to the *Code of Ethics*. The Committee also found that the member's unprofessional communication could have jeopardized the welfare and safety of patients by creating a situation that could have escalated and become potentially dangerous. The Discipline Committee ordered that the suspension imposed on the member's registration be continued until conditions are met. At that time, the member will be eligible to apply for a conditional registration. The Committee also ordered that he pay a portion of the costs respecting the Complaint in the amount of \$4,000 within 24 months of his return to the active practice of nursing.

Case 6

The Discipline Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the nursing home sector who was reported for lack of judgement, integrity and ethics and unprofessional communication. The Committee found that the member demonstrated incompetence, professional misconduct, conduct unbecoming a member and dishonesty. The Discipline Committee ordered suspension imposed on the member's registration be continued until conditions are met. At that time, the member will be eligible to apply for a conditional registration. The Committee also ordered that the member pay a portion of the costs respecting the Complaint in the amount of \$1,500 within 12 months of his return to the active practice of nursing.

Case 7

The Review Committee met to consider a complaint referred from the Complaints Committee concerning a nurse from the nursing home sector who was reported for unauthorized removal of medication from her place of employment and unethical conduct. The Review Committee found the member to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing and that the member demonstrated professional misconduct, a lack of judgement and a disregard for the welfare and safety of patients by continuing to practice while incapacitated by her ailments or conditions. The Committee ordered that the member's registration be revoked and that she pay a portion of the costs respecting the Complaint in the amount of \$1,500 within 12 months of her return to the active practice of nursing. The member shall not be eligible to apply for reinstatement of registration and membership for a minimum period of one year and until conditions are met.

Case 8

The Review Committee met to consider the request from the member's legal counsel to adjourn the scheduled hearing to

a later date as a result of the member's health status. The Review Committee granted the request for adjournment and the suspension on the member's registration is continued. She is prohibited from practising nursing until the Committee holds a hearing to consider the complaint and the member's fitness to practise.

Case 9

The Review Committee met to consider a complaint referred from the Complaints Committee concerning a nurse from the hospital sector who was reported for unauthorized removal and use of medication from her place of employment. The Review Committee found that the member to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing and that the member demonstrated professional misconduct, conduct unbecoming a member, dishonesty and a disregard for the welfare and safety of patients by continuing to practice while incapacitated by her ailments or conditions. The Committee ordered that the suspension on the member's registration be continued until conditions are met and that she pay a portion of the costs respecting the Complaint in the amount of \$2,000 within 24 months of her return to the active practice of nursing.

Case 10

The Discipline Committee met to consider a complaint referred from the Complaints Committee concerning a nurse from the hospital sector who was reported for dishonesty and conduct unbecoming a member. The Discipline Committee found the member demonstrated conduct unbecoming a member as shown by a criminal conviction, fine, sentence and probation for fraud.

The Committee reprimanded her for her dishonesty and conduct unbecoming a member and ordered that upon proof of completion of conditions and probation, the suspension on the member's registration be lifted. At that time, the member will be eligible to apply for a conditional registration. The Discipline Committee also ordered that within six months of her return to the active practice of nursing, she pay a fine in the amount of \$500 and that a portion of the costs respecting the Complaint in the amount of \$1,500 be paid within 12 months of her returning to the active practice of nursing.

Case 11

The Review Committee met to consider a complaint referred from the Complaints Committee concerning a nurse from the hospital sector who was reported for unauthorized removal and use of medication from her place of employment. The Review Committee found that the member to be suffering from ailments or conditions rendering her unfit and unsafe to

practise nursing and that the member demonstrated professional misconduct, dishonesty and a disregard for the welfare and safety of patients by continuing to practice while incapacitated by her ailments or conditions. The Review Committee ordered that the suspension imposed on her registration be lifted. At that time, the member will be eligible to apply for a conditional registration. The Committee also ordered that she pay a portion of the costs respecting the Complaint in the amount of \$3,000 within 24 months of her return to the active practice of nursing.

Case 12

The Review Committee met to consider a member's failure to meet the conditions imposed on her registration in 2014 subsequent to a complaint related to substance abuse. The member chose not to attend the hearing, but provided the Committee with a written submission. The Review Committee found the member to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing and that the member demonstrated professional misconduct, conduct unbecoming a member, a lack of judgement, dishonesty and a disregard for the welfare and safety of patients by continuing to practice while incapacitated by her ailments or conditions. The member's registration was revoked for a minimum period of one year and reinstatement will not be considered until sufficient evidence is submitted that satisfies the Committee that she is fit to return to the practice of nursing in a safe manner. The Committee also ordered that before applying for reinstatement, she pay \$1,600, the amount owing in respect of the \$2,000 costs ordered to be paid by the member in a prior decision.

Case 13

The Review Committee met to consider the request from the member's legal counsel to adjourn the scheduled hearing to a later date as a result of a change in legal counsel and to allow time to obtain expert evidence respecting the complaint. The Review Committee granted the request for adjournment and the suspension on the member's registration is continued. She is prohibited from practising nursing until the Committee holds a hearing to consider the complaint and the member's fitness to practise.

Case 14

The Discipline Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the nursing home sector who was reported for incompetence. The Committee found that the member failed to meet the standards of nursing practice regarding medication administration, documentation and communication. The Committee found the member demonstrated honesty in informing his employer of his acts and omissions.

The Discipline Committee ordered the member be eligible to apply for a conditional registration. The Committee also ordered that he pay a portion of the costs respecting the Complaint in the amount of \$1,000 within 12 months of her return to the active practice of nursing.

Cases 15–21

The Discipline Committee met to consider seven complaints referred to it by the Complaints Committee concerning nurses from the hospital sector who were reported for professional misconduct and breach of privacy. The Discipline Committee reprimanded the members for professional misconduct, conduct unbecoming a member and breach of privacy. The Committee ordered that the members must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the members pay a portion of the costs respecting their Complaint in the amount of \$500 within 60 days of the date of the Order and also pay a fine in the amount of \$500 within 180 days of the date of the Order.

Cases 22–33

The Discipline Committee met to consider 12 complaints referred to it by the Complaints Committee concerning nurses from the hospital sector who were reported for professional misconduct and breach of privacy. The Discipline Committee reprimanded the members for professional misconduct, conduct unbecoming a member and breach of privacy. The Committee ordered that the members must meet conditions within 60 days of the date of their Order. The Discipline Committee also ordered that the members pay a portion of the costs respecting their Complaint in the amount of \$500 within 60 days of the date of the Order and also pay a fine in the amount of \$1,000 within 180 days of the date of the Order.

Committee members: Shirley Avoine, Luc Drisdelle, Odette Arseneau, Sharon Benoit, Jacqueline Gordon, Heather Hamilton, Dixie LaPage, Heidi Mew, Ghislain Ouellette, Rhonda Reynolds, Jacqueline Savoie, Line Savoie, Marlene Sipprell, Nancy Sirois Walsh, Sharon Smyth- Okana, Carolyne Steeves, Huguette Frenette, Elisabeth Goguen, Jo-Anne Nadeau, Edith Peters, Thérèse Roy, Étienne Thériault

Standing Committees

Resolutions Committee

The Resolutions Committee screens resolutions to determine whether to refer a resolution to the Board of Directors, to

NANB staff or to present it to an annual meeting. Committee members edit resolutions for clarity and make suggestions to the sponsors for corrections and clarification, where necessary.

The Resolutions Committee received one resolution during the year which was presented to the Assembly at the 2015 Annual General Meeting and accepted by voting members. No other resolutions were received by the Committee in 2015.

The following Carleton-Victoria Chapter members are currently serving on the Resolutions Committee for a two-year term (2014–2016): Teresa Harris (Chair); Susan McCarron and Karen Allison.

Nursing Education Advisory Committee

The purpose of the Nursing Education Advisory Committee is to assist the NANB Board of Directors in fulfilling its responsibilities for developing, establishing, maintaining and administering standards for nursing education programs, nurse refresher programs and continuing nursing education.

In January 2015, the Committee met to review and revise two documents the *Approval of University Nursing Programs in New Brunswick* and the *Approval of Nurse Practitioner Programs in New Brunswick*, to reflect the *NANB Standards for Nursing Education in New Brunswick*. The documents were renamed *Approval Review Process: Baccalaureate Nursing Programs in New Brunswick* and *Approval Review Process: Nurse Practitioner Programs in New Brunswick* respectively and were submitted to and approved by the Board of Directors in February 2015.

In April 2015, the Committee met to examine interim reports from the Nurse Practitioner Programs at the University of New Brunswick (UNB) and the Université de Moncton (UdeM) which were required by the 2012 program approval reviews. The Committee also selected members for the two approval review teams for the November 2015 UNB and UdeM nurse practitioner program approval visits.

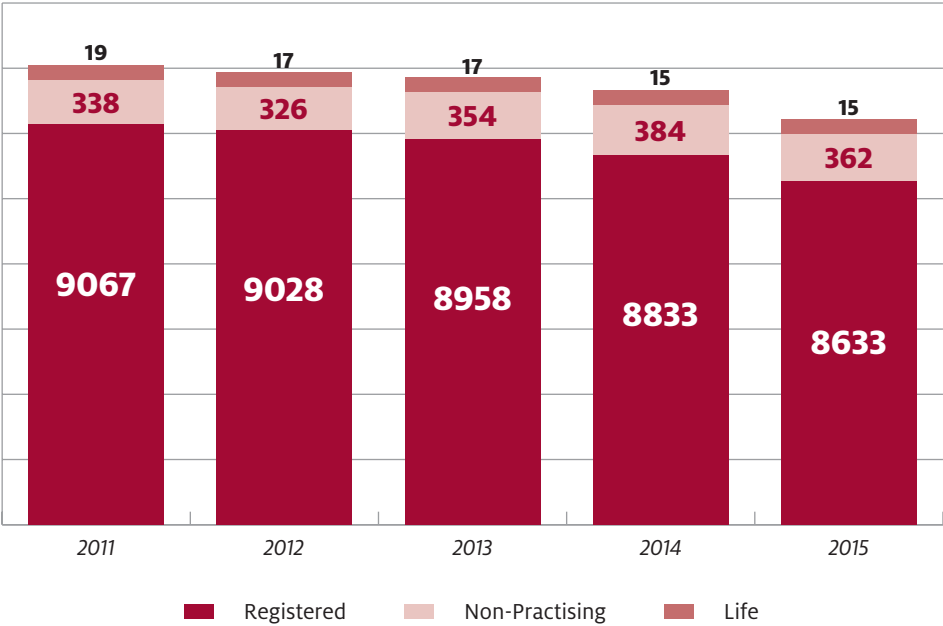
The Board approved the Committee's recommendations to accept the interim reports and the approval review team members at their June 2015 meeting. In September 2015, the Committee met with the Executive Director for an update on the Canadian NCLEX-RN results.

Committee members: Marjolaine Dionne Merlin (Chair), Joanne Barry, France Chasse, Nancy Sheehan, Dawn Haddad, Marie-Pier Jones, Claudia McCloskey, Kathleen Mawhinney.

Membership Statistics

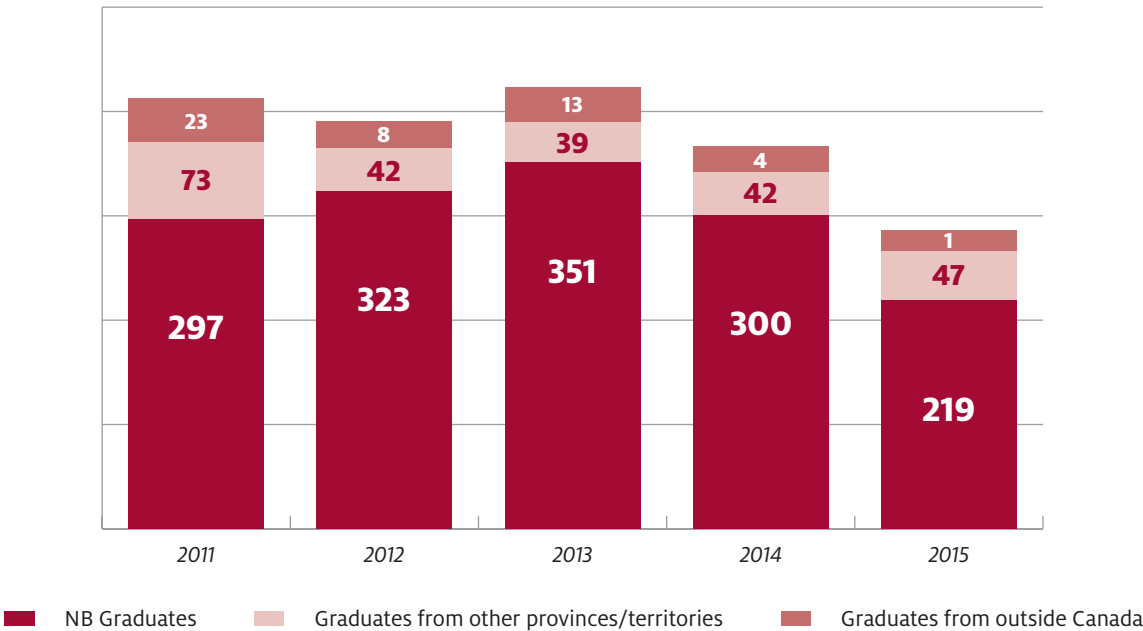
Number of Members

FIGURE 4



Number of New Registrants

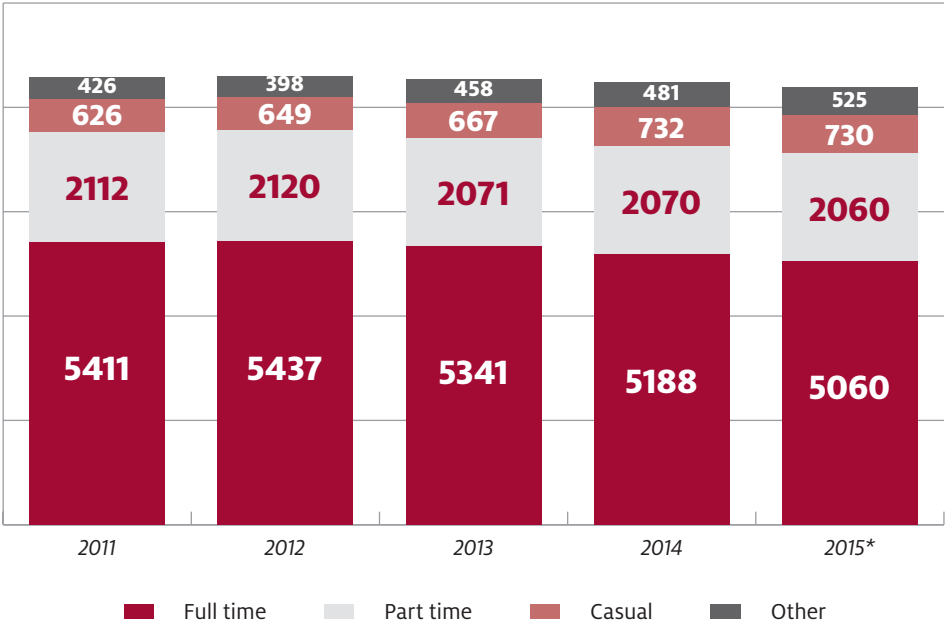
FIGURE 5



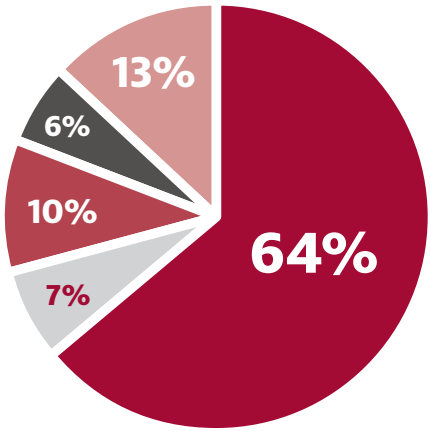
Membership Statistics

Number of Employed Nurses

FIGURE 6



**Includes temporary, leave of absence and unknown. **Preliminary Report, Registered Nurses, Department of Health, 2015. Totals may not sum to 100% due to rounding.*



Place of Employment

FIGURE 7

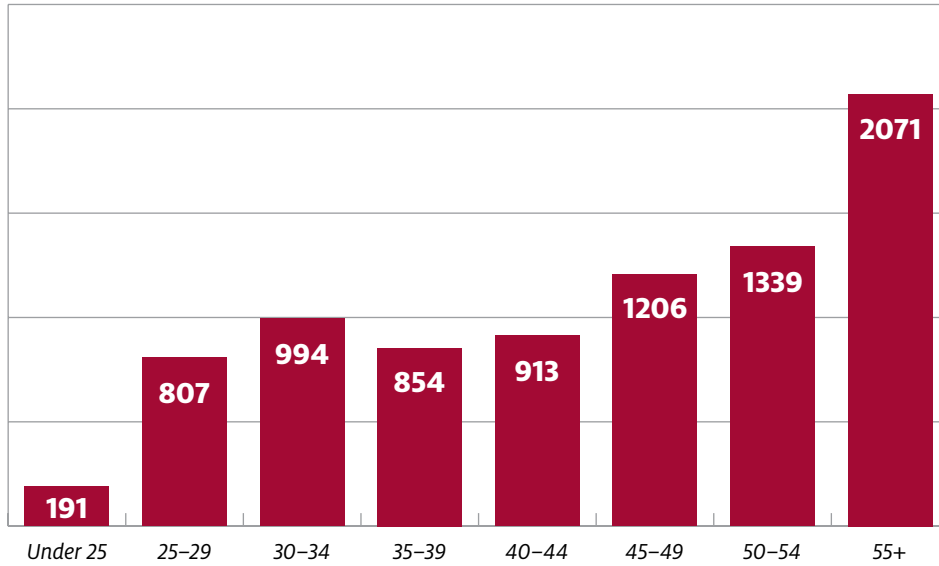
- Hospital (n=5429)
- Community
- Nursing Home
- Extra Mural Program
- Other*

**Includes physician offices, industry, educational institutions, self-employed, association, government, correctional facilities, addiction centres, armed forces. **Preliminary Report, Registered Nurses, Department of Health, 2015. Totals may not sum to 100% due to rounding.*

Membership Statistics

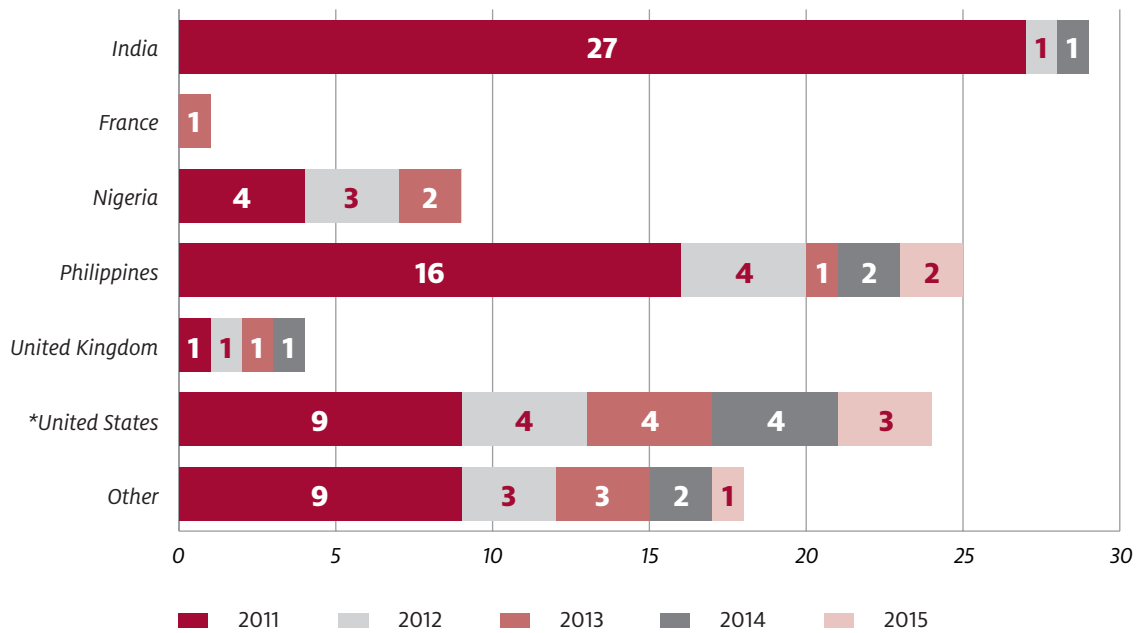
Age Distribution of Employed RNs and NPs in 2015

FIGURE 8



Nurse (IEN) Applicants

FIGURE 9

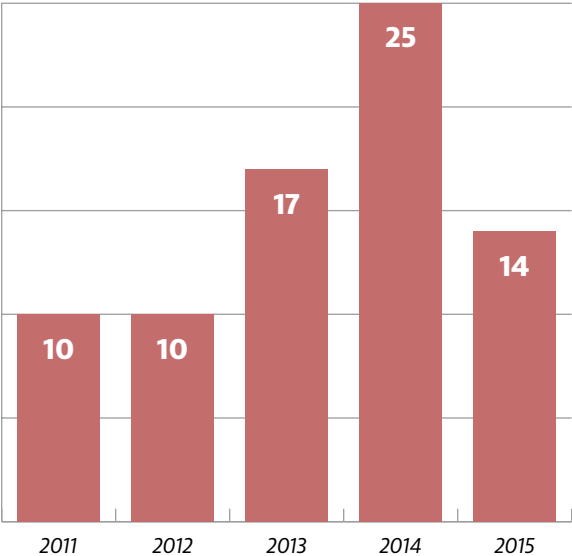


* Includes Canadians educated in the US

Membership Statistics

Number of Complaints Received by Year

FIGURE 10



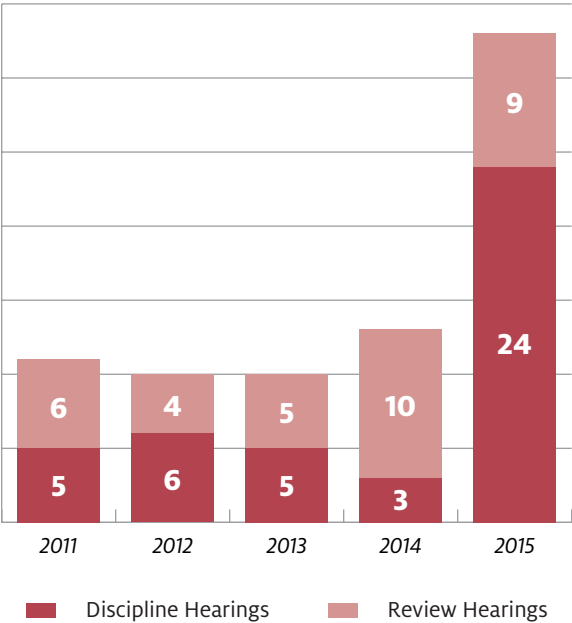
Complaints Committee 2015

TABLE 3

Complaints carried forward from previous year	1
New complaints received in current year	14
Referred to Review Committee	4
Referred to Discipline Committee	7
Dismissed	1
Carried forward to next year	3

Discipline and Review Hearings

FIGURE 11

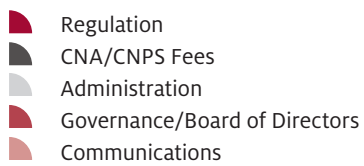
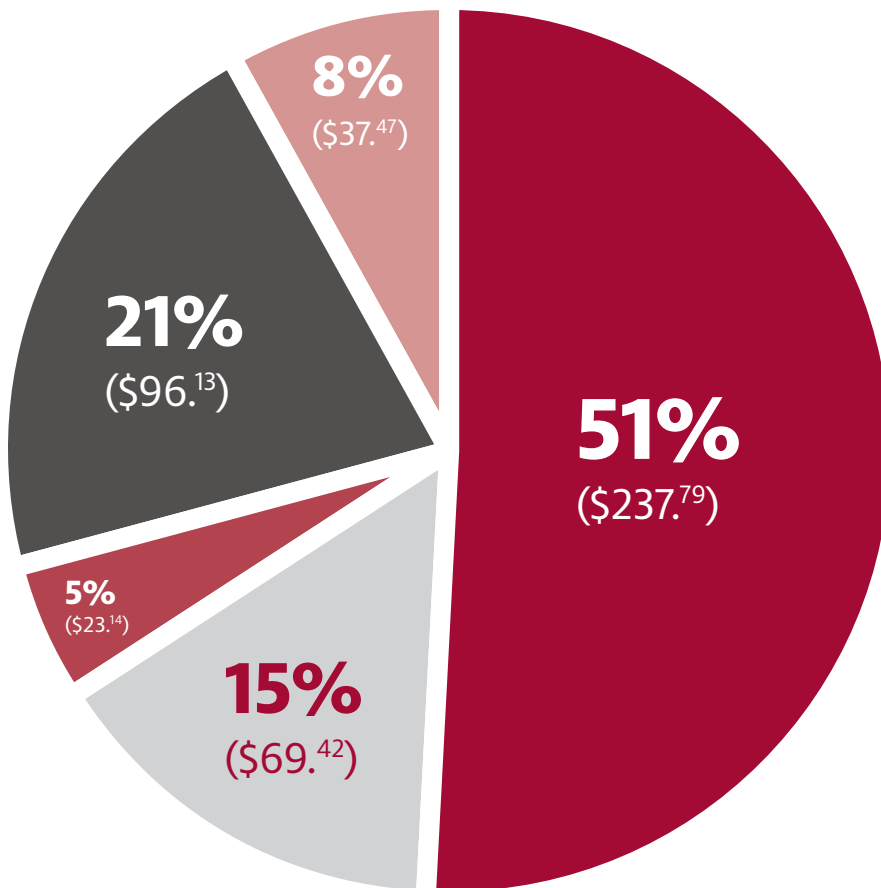


Discipline and Review Committee 2015

TABLE 4

Cases carried over from previous year	31
Cases received in current year	11
Discipline Hearings	24
Review Hearings	9
Dismissed	0
Carried forward to next year	11

Registration Fee Distribution



NURSES ASSOCIATION OF NEW BRUNSWICK

FINANCIAL STATEMENTS

NOVEMBER 30, 2015

Nicholson & Beaumont
Chartered Accountants

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Fredericton, NB
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AUDITOR'S REPORT

To the Executive
Nurses Association of New Brunswick

We have audited the accompanying financial statements of Nurses Association of New Brunswick, which comprise the statement of financial position as at November 30, 2015 and the statements of operations, changes in net assets and cash flows for the year then ended and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the 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, these financial statements present fairly, in all material respects, the financial position of the Nurses Association of New Brunswick, as at November 30, 2015 and the results of its operations and its cash flows for the year ended November 30, 2015 in accordance with Canadian accounting standards for not-for-profit organizations



Fredericton,
February 11, 2016

Chartered Professional Accountants

**Nurses Association of New Brunswick
Statement of Financial Position
As at November 30, 2015**

Assets

	CNA Biennium/ NANB Centennial/ Fund	Employee Benefit Fund	Contingency Fund	Capital Fund	Interfund Deletions	November 30, 2015 Total	December 2014 Total
Current assets							
Cash (Note 2 (a))	\$ 773,493	\$ -	\$ 14,633	\$ -	\$ -	\$ 790,077	\$ 694,860
Investments (Note 2 (a) and 3)	700,000	42,753	192,709	100,000	-	1,361,557	1,379,515
Accounts receivable	64,131	-	-	-	-	64,131	12,793
Prepaid expenses	45,475	-	-	-	-	45,475	2,793
Accrued interest receivable	4,116	684	801	18,831	-	34,031	33,761
Due from Capital Fund	220,278	-	-	-	(220,278)	-	-
Due from General Fund (Note 5)	-	59,337	-	-	(59,337)	-	-
Long-term assets							
Accrued interest receivable	1,807,493	102,774	208,143	116,831	(279,615)	2,295,271	2,123,722
Investments (Note 3)	859	2,395	3,944	2,173	-	9,371	14,614
	2,513,281	199,918	541,852	313,727	-	3,568,778	3,853,768
	2,514,140	202,313	545,796	315,900	-	3,578,149	3,868,402
Capital assets - net of amortization (Notes 2(b) and 4)	2,481,443	-	-	-	-	2,481,443	2,156,187
	\$ 6,803,076	\$ 305,087	\$ 753,939	\$ 432,731	\$ (279,615)	\$ 8,354,863	\$ 8,148,311

Liabilities and Fund Balances

Current liabilities							
Accounts payable (Note 8)	\$ 202,453	\$ -	\$ -	\$ -	\$ -	\$ 202,453	\$ 387,502
Future revenue	3,885,978	-	-	220,278	(220,278)	3,886,978	3,828,496
Due to General Fund	-	-	-	-	(59,337)	-	-
Due to Employee Benefit Fund (Note 5)	59,337	-	-	-	-	-	-
Accrued employee retirement/resignation benefits obligation (Note 2 (c))	-	26,026	-	-	-	26,026	-
	4,147,768	26,026	-	220,278	(279,615)	4,114,457	4,215,997
Long-term liabilities							
Accrued employee retirement/resignation benefits obligation (Note 2 (c))	-	279,061	-	-	-	279,061	256,394
Fund balances							
Internally restricted	-	-	-	212,453	-	1,306,037	1,493,427
Invested in capital assets	2,481,443	-	753,939	-	-	2,481,443	2,166,187
Unrestricted	173,865	-	-	-	-	173,865	26,306
	2,655,308	-	753,939	212,453	-	3,661,345	3,675,920
	\$ 6,803,076	\$ 305,087	\$ 753,939	\$ 432,731	\$ (279,615)	\$ 8,354,863	\$ 8,148,311

Approved by Executive Director
Commitment (Note 7)



See accompanying notes to the financial statements

Nicholson & Beaumont
Chartered Accountants

Nurses Association of New Brunswick
Statement of Changes in Fund Balance
As at November 30, 2015

	CNA Biennium/ NANB Centennial Fund	Employee Benefit Fund	Internally Restricted			Invested in Capital Assets	Unrestricted	November 30, 2015 Total	December 31, 2014 Total
			Contingency Fund	Capital Fund	Total				
Balance, beginning of year	\$ 331,433	\$ -	\$ 736,575	\$ 425,419	\$ 1,493,427	\$ 2,156,187	\$ 26,306	\$ 3,675,920	\$ 3,125,585
Excess of revenue (expenses) for year	8,212	(44,011)	17,364	7,312	(11,123)	(114,624)	411,172	285,425	550,335
Interfund transfers (Note 5)	-	44,011	-	(220,278)	(176,267)	-	176,267	-	-
Purchase of capital assets	-	-	-	-	-	439,880	(439,880)	-	-
Balance, end of year	\$ 339,645	\$ -	\$ 753,939	\$ 212,453	\$ 1,306,037	\$ 2,481,443	\$ 173,865	\$ 3,961,345	\$ 3,675,920

See accompanying notes to the financial statements

Nicholson & Beaumont
Chartered Accountants

**Nurses Association of New Brunswick
Statement of Operations
For the Eleven Months Ended November 30, 2015**

	General Fund	CNA Biennium/ NANB Centennial Fund	Employee Benefit Fund	Contingency Fund	Capital Fund	Total 11 months November 30, 2015	Total 12 months December 31, 2014
Revenue							
Advertising and publication	\$ 6,940	-	-	-	-	\$ 6,940	\$ 7,975
Annual meeting	1,593	-	-	-	-	1,593	-
CNA fees and exams	443,120	-	-	-	-	443,120	626,300
Investment income	32,334	8,212	4,683	17,364	7,312	69,905	80,759
Membership fees	3,249,308	-	-	-	-	3,249,308	3,435,736
NANB exam fees	1,800	-	-	-	-	1,800	36,156
Rental income	50,560	-	-	-	-	50,560	59,875
Other income	35,132	-	-	-	-	35,132	44,233
IEHP Initiative	135,219	-	-	-	-	135,219	244,266
	<u>3,956,006</u>	<u>8,212</u>	<u>4,683</u>	<u>17,364</u>	<u>7,312</u>	<u>3,993,577</u>	<u>4,535,300</u>
Expenses							
Annual meeting	84,133	-	-	-	-	84,133	36,823
Awards	21,750	-	-	-	-	21,750	21,750
Chapter grants and funds	8,180	-	-	-	-	8,180	8,996
CNA board & biennium	1,447	-	-	-	-	1,447	8,391
CNA, CNPS, and CRNE fees	745,484	-	-	-	-	745,484	895,564
Committees, project and other activities	119,274	-	-	-	-	119,274	84,281
Liaison – membership/corporate stakeholders/corporate	35,208	-	-	-	-	35,208	39,250
Employee wages and benefits (Note 6)	1,519,031	-	48,694	-	-	1,567,725	1,715,941
Information systems	18,149	-	-	-	-	18,149	11,271
Communications and public relations	111,071	-	-	-	-	111,071	147,365
Lease and bank charges	42,288	-	-	-	-	42,288	54,534
NANB board and executive	63,947	-	-	-	-	63,947	88,036
Office expenses	124,515	-	-	-	-	124,515	125,587
Personnel development	6,124	-	-	-	-	6,124	22,538
Premises expenses	158,242	-	-	-	-	158,242	156,122
Professional expenses	352,400	-	-	-	-	352,400	275,538
IEHP Initiative	133,591	-	-	-	-	133,591	189,266
	<u>3,544,834</u>	<u>-</u>	<u>48,694</u>	<u>-</u>	<u>-</u>	<u>3,593,528</u>	<u>3,881,253</u>
Excess of revenue (expenses) before loss on disposal and amortization of capital assets	<u>411,172</u>	<u>8,212</u>	<u>(44,011)</u>	<u>17,364</u>	<u>7,312</u>	<u>400,049</u>	<u>654,047</u>
Loss on disposal of capital assets	10,769	-	-	-	-	10,769	8,113
Amortization of capital assets	103,855	-	-	-	-	103,855	95,599
	<u>114,624</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>114,624</u>	<u>103,712</u>
Excess of revenue (expenses) for year	<u>\$ 296,548</u>	<u>\$ 8,212</u>	<u>\$ (44,011)</u>	<u>\$ 17,364</u>	<u>\$ 7,312</u>	<u>\$ 285,425</u>	<u>\$ 550,335</u>

See accompanying notes to the financial statements

Nicholson & Beaumont
Chartered Accountants

**Nurses Association of New Brunswick
Statement of Cash Flows
For the Eleven Months Ended November 30, 2015**

	11 months November 30, 2015	12 months December 31, 2014
Cash flows from operating activities		
Excess of revenue for year	\$ 285,425	\$ 550,335
Add back non-cash items		
Accrued employee retirement/resignation benefits	48,694	12,685
Amortization of capital assets	103,855	95,599
Loss on sale of capital assets	10,769	8,113
Investment income reinvested	(7,971)	(11,242)
Changes in cash relating to operations		
Accounts receivable	(51,338)	4,901
Prepaid expenses	(42,682)	1,898
Accrued interest receivable	4,973	(919)
Accounts payable	(185,049)	46,388
Future revenue	57,483	(4,851)
	<u>224,159</u>	<u>702,907</u>
Cash flows from investing activities		
Transfer of long-term investments to current	1,361,557	1,379,515
Purchase of long-term investments	(3,344,010)	(3,158,056)
Purchase of capital assets	(439,880)	(913,156)
Disposal of long-term investments	<u>2,275,433</u>	<u>1,667,231</u>
	<u>(146,900)</u>	<u>(1,024,466)</u>
Net increase in cash and investments	77,259	(321,559)
Cash resources, beginning of year	<u>2,074,375</u>	<u>2,395,934</u>
Cash resources, end of year	<u>\$ 2,151,634</u>	<u>\$ 2,074,375</u>
<u>Represented by</u>		
Cash	\$ 790,077	\$ 694,860
Short term investments	<u>1,361,557</u>	<u>1,379,515</u>
	<u>\$ 2,151,634</u>	<u>\$ 2,074,375</u>

See accompanying notes to the financial statements

5.

Nicholson & Beaumont
Chartered Accountants

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended November 30, 2015**

1. Purpose of the Association

The Nurses Association of New Brunswick was incorporated under "An Act Respecting the Nurses Association of New Brunswick" in the Province of New Brunswick on June 20, 1984.

The Association is a self-governing body established to advance and maintain the standard of nursing in the Province of New Brunswick, for governing and regulating those offering nursing care, and for providing for the welfare of members of the public and the profession.

The Association is registered as a not-for-profit organization under the Income Tax Act, and as such, is exempt from income taxes.

2. Significant accounting policies

(a) Financial instruments

The Association classifies its financial instruments into one of the following categories based on the purpose for which the asset was acquired or liability incurred. The Association's accounting policy for each category is as follows:

Assets held-for-trading

Financial instruments classified as assets held-for-trading are reported at fair value at each balance sheet date, and any change in fair value is recognized in net income (loss) in the period during which the change occurs. Transaction costs are expensed when incurred. In these financial statements, cash, cash equivalents and investments have been classified as held-for-trading.

Loans and receivable and other financial liabilities

Financial instruments classified as loans and receivable and other financial liabilities are carried at amortized cost using the effective interest method. Transaction costs are expensed when incurred.

In these financial statements, accounts receivable have been classified as loans and receivables and accounts payable, future revenue, obligation under capital lease and accrued employee retirement/resignation benefits obligation have been classified as other financial liabilities.

(b) Capital assets and amortization

Capital assets are recorded at cost less accumulated amortization. Amortization is recorded annually on a straight-line basis as follows:

Paving and fencing	5%
Building	2.5%
Computer and photocopy equipment	33.3%
Office furniture and equipment	6.67%

(c) Fund accounting and revenue recognition

The Association follows the restricted fund method of accounting and revenues are recorded when earned.

Unrestricted revenues and expenses relating to administration and program activities are reported in the General Fund.

Revenue and expenses relating to CNA Biennium/ NANB Centennial Fund scheduled to be held in New Brunswick in 2016 are reported in the CNA Biennium/ NANB Centennial Fund.

Revenue and expenses relating to employee retirement/resignation are reported in the Employee Benefit Fund. This fund is being maintained at an amount equal to management's best estimate of its future obligation to its employees at November 30, 2015 in accordance with its personnel policies.

6

Nicholson & Beaumont
Chartered Accountants

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended November 30, 2015**

Note 2 (c) Continued

Revenue and expenses relating to costs incurred in carrying out Nurses Association of New Brunswick's mandate in the discipline function area, which are unforeseen and above the annual budgeted amount, are reported in the Contingency Fund.

(d) Contributed services

No amount has been included in these financial statements for contributed services.

(e) Use of estimates

The preparation of the financial statements in accordance with generally accepted accounting principles requires Management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reported period. Actual results could differ from Management's best estimates, as additional information becomes available in the future.

(f) Risk Management Policy

The organization is exposed to various risks through its financial instruments. The following analysis provides a measure of the risks at November 30, 2015.

Market risk

The organization is exposed to interest rate risk on its fixed rate financial instruments. Fixed interest instruments subject the association to a fair value risk.

Liquidity risk

The organization considers that it has sufficient resources to ensure funds are available to meet its current and long term financial needs, at a reasonable cost.

Credit risk

The organization's credit risk is mainly due to its account receivable. The organization believes that its accounts receivable credit risk is limited because:

- In the last three fiscal years the organization has not recognized an expense for doubtful accounts.

(g) Revenue recognition

The organization recognizes revenue in the period that it is earned.

3. Investments

Investments, which are recorded at fair value, consist of the following:

General Fund

Investments - current

Six GIC's with interest ranging from 1.7% to 2.1% paid annually. \$ 700,000

Investments - long term

Five GIC's all due in 2017 with interest ranging from 1.75% to 1.81%, paid annually. \$ 500,000

RBC Investment Savings Account Series A (2010) 2,013,281

\$ 2,513,281

Cost of the above investments approximate their fair market value.

Nicholson & Beaumont
Chartered Accountants

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended November 30, 2015**

Note #3. Continued

CNA Biennium/ NANB Centennial Fund

Investments – current

GIC Royal Bank of Canada due March 21, 2016 with interest at 1.95%, paid annually.	\$ 100,000
GIC Bank of Nova Scotia due June 24, 2016 with interest at 2.00%, payable at maturity.	82,083
GIC State Bank of India due August 22, 2016 with interest 2.2%, payable at maturity.	82,180
GIC Bank of Nova Scotia due April 9, 2016 with interest at 1.84%, payable at maturity.	<u>61,832</u>
	\$ <u>326,095</u>

Cost of the above investments approximate their fair market value.

Employee Benefit Fund

Investments – current

GIC Royal Bank of Canada due July 29, 2016 with interest at 1.76%, payable at maturity.	\$ <u>42,753</u>
--	------------------

Investments – long-term

GIC National Bank of Canada due July 12, 2017 with interest at 2.3%, paid annually.	\$ 97,384
GIC ICICI Bank Canada due October 26, 2017 with interest at 1.8%, payable at maturity.	76,000
RBC Investment Savings Account Series A (2010)	<u>26,534</u>

\$ 199,918

Cost of the above investments approximate their fair market value.

Capital Fund

Investment – current

Manulife Bank, due December 23, 2015 with interest at 3.2%, payable at maturity.	\$ <u>100,000</u>
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**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended November 30, 2015**

Note #3. Continued

Investment - long-term

GIC Bank of Nova Scotia, due April 16, 2017 with interest at 1.6%, paid annually. \$ 200,000

GIC Royal Bank of Canada, due October 26, 2017 with interest at 1.6%, payable at maturity. 113,727

\$ 313,727

Cost of the above investment approximate their fair market value.

Contingency Fund

Investment - current

GIC Bank of Nova Scotia, due October 31, 2016 with interest at 2.2%, paid annually. \$ 192,709

Investment - long-term

GIC Royal Bank of Canada, due October 23, 2017 with interest at 2.5%, paid annually. \$ 192,709

GIC BMO Advisors Advan, due October 23, 2018 with interest at 2.9%, paid annually. 192,709

GIC Laurentian Bank, due March 25, 2019 with interest at 1.85% at 1.85% payable at maturity. 78,000

GIC LBC Trust, due March 25, 2019 with interest at 1.85%, payable at maturity. 78,000

RBC Investment Savings Account Series A 434

\$ 541,852

Cost of the above investment approximate their fair market value.

4. Capital Assets

	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>2015 Net</u>	<u>2014 Net</u>
Land	\$ 301,893	\$ -	\$ 301,893	\$ 301,893
Paving and fencing	18,680	12,632	6,048	6,984
Building	3,062,695	1,012,673	2,050,022	1,706,310
Computer and photocopy equipment	103,178	96,900	6,278	14,653
Office furniture and equipment	251,097	133,895	117,202	120,433
Office and computer equipment - Capital lease	-	-	-	5,914
	<u>\$ 3,737,543</u>	<u>\$ 1,256,100</u>	<u>\$ 2,481,443</u>	<u>\$ 2,156,187</u>

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended November 30, 2015**

5. Interfund transfers and internally restricted fund balances

On November 30, 2015, the General Fund owed the Employee Benefit Fund \$59,337 which is payable on demand without interest.

On November 30, 2015, the Capital Fund owed the General Fund \$220,278 which is payable on demand without interest.

6. Registered retirement savings plan

During the year 2015, as required by the Association's personnel policies, \$103,990 (2014 - \$123,632) was contributed to employees' individual registered retirement savings plans.

7. Commitments

During 2012 a mailing system was leased for a term of 66 months.

Future payments are as follows:

	<u>Payment</u>
2016	\$ 5,848
2017	\$ 4,386

8. Accounts payable

Included in accounts payable is \$109,515 (2014 \$72,635) of government remittance payable.

Supporting Nurses

Board Election

The NANB Board of Directors had four positions for election in 2015: President-elect, and Directors for regions 2 (Saint John, Sussex and Charlotte chapters), 4 (Edmundston chapter), and 6 (Acadian Peninsula and Bathurst chapters). Three of the four positions were acclaimed. The only contested nomination occurred in Region 6 with two candidates. An online and telephone voting process using a third party provider, Intelivote Systems Inc. was used to conduct the 2015 Election.

The Election occurred between April 15 and April 30. All practising members residing in Region 6 were eligible to vote either online or by telephone. 7.5% of eligible voters participated in the election process. Successful candidates were notified by the President following the closure of the voting period and formerly introduced at the Annual General Meeting.

Registration Renewal

The 2015 registration year ended on November 30, as the new registration year date came into effect. Members were notified of the change in the registration date by direct mail, email, the NANB e-bulletin and *Info Nursing*. Members renewing registration in December 2015 for the 2016 renewal year were informed that they were late in renewing their registration and that next year they would be charged a late fee should they be late.

Presentations

Twenty-one in-person presentations were delivered between January and December 2015 and six via webinar for a total of 739 attendees. Presentations included:

- *I am Your RN: Professionalism Matters*
- *Documentation*
- *The Therapeutic Nurse-Client Relationship*
- *Registration and the NCLEX*
- *Working Together*
- *Advancing RNs' Scope of Practice: Who Decides.*

Virtual Forums

A virtual forum is a communication tool to engage RNs and NPs in anonymous discussions regarding current health care issues that have implications for additional educations and changes in practice to support safe delivery of care.

During 2015, two virtual forums were launched. The first was *Nursing Practice and Assisted Death*, hosted by Timothy Christie, Regional Director of Ethics Services for Horizon Health Network and the second was *Defining the Role of the RN*, hosted by an NANB practice consultant. Comments received were summarized and published in *Info Nursing*.

Webinars

During 2015, NANB delivered three webinars, in both languages:

- *Advancing RN's Scope of Practice: Who decides?*
- *Working Together: RNs and LPNs Bringing the Best of Both Professions to Patient Care, a collaboration of NANB and ANBLPN*
- *The Role of the Child and Youth Advocate, a collaboration of NANB and the Office of the Child and Youth Advocate*

In December 2015, the NCSBN NCLEX-RN Webinar Series (*Scope of Practice, Practice Analysis and Knowledge, Skills and Abilities, NCLEX Test Plan, NCLEX Item Writing and Item Review, NCLEX Sensitivity and Differential Item Functioning Review*) were translated, recorded and posted on NANB's website. NANB also translated NCSBN's Computer Adaptive Testing (CAT) Video.

All the webinars are recorded and archived on the NANB website allowing nurses to access the materials as desired depending on their individual schedules further enhancing the support to nursing practice across the province.



NANB's 2015 Award Recipients.

2015 Award Recipients

In April 2015, the NANB Awards Selection Committee comprised of Brenda Kinney, Joanne LeBlanc-Chiasson, Thérèse Thompson, Annie Boudreau, and Lisa Keirstead Johnson, met to choose recipients of the 2015 NANB Awards.

There were 13 nominations in six categories. The following RNs were chosen for the following NANB Awards:

- Excellence in Clinical Practice:
Shari Watson, Smithfield
- Award of Merit—Nursing Practice:
Léoline Hétu, Dieppe
- Award of Merit—Administration
Monique Cormier-Daigle, Moncton
- Award of Merit—Education
Lucie-Anne Landry, Dieppe
- Award of Merit—Research
Dr. Kathryn Weaver, Mactaquac
- Entry-level Nurse Achievement
Stéphanie Baptiste, Moncton

NANB hosted an invitational forum—June 4, 2015 on Managing Liability Risks in Nursing Practice.



2015 Invitational Forum

NANB's Invitational Forum organized in conjunction with its June 2015 AGM, focused on risk management, the standard of care and legal obligations of registered nurses and nurse practitioners in a collaborative practice or team approach, and on nursing documentation. Three lawyers associated with the Canadian Nurses Protective Society (CNPS) used

case examples to enhance the attendees understanding of traditional legal notions and emerging legal and ethical developments. The Invitational Forum brought together 125 registered nurses, nurse practitioners and stakeholders. For a third consecutive year, NANB invited two nursing students selected by each of the NB university sites and campuses to attend the AGM, Awards banquet and Invitational Forum. Seventeen nursing students attended all three activities.

Nursing:
100 Years of Caring



La profession infirmière :
100 ans de soins

100 Years! 2016 Centennial Planning

The Board received a presentation in February 2015 on a tentative draft plan and promotional efforts to engage RNs/NPs in Centennial planning. Marketing of the Centennial planning process was launched in April's *Info Nursing* calling on RNs/NPs to submit suggestions/ideas as well as recruitment of volunteers to assist in activities throughout 2016. A Centennial Booth was a highlight of the AGM and Forum in June 2015, engaging members to share ideas, volunteer and profile the CNA Biennial June 20–22, 2016 in Saint John, NB. All NANB communication tools including the journal, *Info Nursing*, the e-bulletin, *The Virtual Flame*, and the website were used to promote and encourage volunteer participation throughout the year. Approximately 60 nurses volunteered to support NANB Centennial activities as needed.

Staff strategy sessions/discussions occurred over the summer to finalize the 2016 proposed Centennial Celebrations plan that included a calendar of events (see list to the right) and budget which was presented and approved by the Board in October 2015.

Centennial calendar of events:

- Launch of NANB Facebook page
- Centennial Declaration signing and invitation to the New Brunswick Legislature
- MLA Breakfast
- 11 region receptions—NANB Tour of NB
- 50 RN/NP randomly selected to attend the CNA Biennial
- Centennial time capsule and commemorative tree planting ceremony (NNW 2016)
- NANB-hosted CNA Biennial Convention in Saint John, NB, June 20–22
- NANB PhD Scholarship
- NANB Centennial Commemorative Painting
- Lieutenant-Governor hosted reception
- NANB Centennial stained-glass window
- NANB Holiday Open House



Scott Grant, Senior Manager, Affinity Market Group, TD Insurance
Meloche Monnex joins Darline Cogswell, NANB President to promote NANB's Centennial.

NANB joined Premier Brian Gallant, Minister Cathy Rogers and Minister Victor Boudreau to declare National Nursing Week in New Brunswick.



National Nursing Week 2015

In addition to circulating NANB's unique NNW poster to the workplaces, NANB's President Darline Cogswell and President-elect Brenda Kinney participated in the eighth annual declaration signing of National Nursing Week May 11-17, 2015 in New Brunswick with Premier Brian Gallant and Minister of Social Development Cathy Rogers as well as Minister of Health Victor Boudreau. This advertisement appeared in NNW supplements of NB daily newspapers. To further promote NNW, a television campaign recognizing NNW appeared on Global Television as well as Radio-Canada. The Association profiled National Nursing Week events coordinated by Chapters using the website and e-bulletin providing member's the opportunity to download this year's NNW declaration as well as NANB's unique NNW poster. NANB produced a NNW message delivered by the President that was uploaded to YouTube and shared via the website, e-bulletin and Twitter.



Media Relations

Media Coverage

In 2015, the NANB participated in a dozen interviews for television, radio and print responding to:

- the provincial government's program review which included cuts to healthcare spending,
- National Nursing Week promotions,
- challenges facing the health care system and how nurses can respond, as well as,
- NANB's response to results from the national entry-to-practice exam NCLEX-RN, including rule changes approved by the Board.

Social Media

Twitter provides a monitoring tool that promotes to members, both existing and future, the Association's events, supports and services available, while increasing traffic to our existing website. NANB's Twitter presence continues to grow as NANB now follows approximately 369 and is surpassed by 479 followers.

In 2015, tweets promoted: National Nursing Week, NANB's Election, AGM, Forum and Awards Banquet, as well as information surrounding the Federal election and meetings with the Federal candidates, new NANB initiatives and Centennial planning.

Government Relations

Provincial Election

Following the Provincial Election of September 2014, NANB met with Madeleine Dubé, Opposition Health Critic, and Bruce Fitch, Leader of the Official Opposition, to reiterate NANB's election priorities including: advancing primary health care, merging long-term care under the Department of Health to enhance the efficiency and effectiveness and coordination of care across the lifecycle, implementation of a comprehensive prescription drug monitoring program, advancing a universal pharmacare plan, and continued transparent nursing human resource planning on March 10, 2015.

On April 7, 2015, NANB met with the Minister of Health Victor Boudreau and Associate Deputy Minister Lyne St.-Pierre-Ellis to again highlight NANB's election priorities, and confirm our commitment to a continued collaborative working relationship.

Federal Election

The Federal election occurred on Monday, October 19 resulting in a Liberal majority government lead by Prime Minister Justin Trudeau.

As part of NANB's election strategy, candidate letters were distributed to all nominated candidates in NB (40) in September resulting in 16 requests for meetings representative of all ridings except for Tobique-Mactaquac. CNA's priorities '*Health is where the home is*' seniors and healthy aging strategy provided the discussion points along with the need to implement a universal pharmacare program at the national level.

Leading up to the election, Roxanne Tarjan was invited to present NANB's/CNA's health priorities to a health roundtable on August 28, 2015 hosted by the NB Southwest Liberal Candidate, Karen Ludwig and guest Dr. Carolyn Bennett, Liberal Candidate for Toronto-St. Paul's (past Minister of Public Health, Public Health critic and critic on Aboriginal Affairs).

NANB also attended CNA's hosted Town Hall on '*Health is where the home is*' on September 1, 2015 in the Moncton-Riverview-Dieppe riding to a packed house of participants. Candidates were presented questions by an expert panel as well as open discussion from the floor.

Communications

The Virtual Flame E-bulletin

This added communications tool further supports members through direct contact providing important and timely information, cost effectively, while continuing to support the Association's environmental responsibility.

A new e-bulletin schedule was implemented at the start of 2015 doubling distribution increasing member contact to eight times annually. *The Virtual Flame* is distributed to

approximately 90% of members (all those who have provided an email address) each month with the exception of March, July, August and September. Open rates continue to remain high ranging from 31% to 48%.

Website

In September 2015, NANB successfully launched a newly designed and improved functionality website providing members the ability to search within our site for the most-up-to-date documents, standards and position statements, allows for online payment and registration processing, adapts to mobile devices such as tablets, smart phones, iPhones and iPads, and provides additional ability to manage content autonomously.

Personnel Changes

After providing leadership as Executive Director at NANB for 15 years, Roxanne Tarjan retired in mid-October 2015. Laurie Janes was selected by an NANB Board Committee to assume responsibility as Executive Director for NANB in October 2015.

Angela Bourque joined NANB in April 2009 as Administrative Assistant: Reception and support to the Registration Department. In September 2010, Angela was promoted to Administrative Assistant: Regulatory Services. Angela and her family moved to Calgary, Alberta upon resignation from NANB in August 2015.

NANB Publications

NANB's mission states that the Association exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice. One way this mission is operationalized is by developing tools, such as documents, to assist in the interpretation and dissemination of expectations and best practices, to support the practice of registered nurses and nurse practitioners in the interest of the public.

NANB creates new documents in response to changing trends in the nursing environments. All documents are reviewed to assess their relevancy and revised based on current evidence and best practice. NANB documents are review or revised on a scheduled basis. During 2015, the following NANB documents were created or revised.

NANB documents are accessible on the NANB website and are distributed to key stakeholders.

New Documents

- *Position Statement: Electronic Cigarettes and Flavoured Tobacco*

Reviewed or Revised Documents

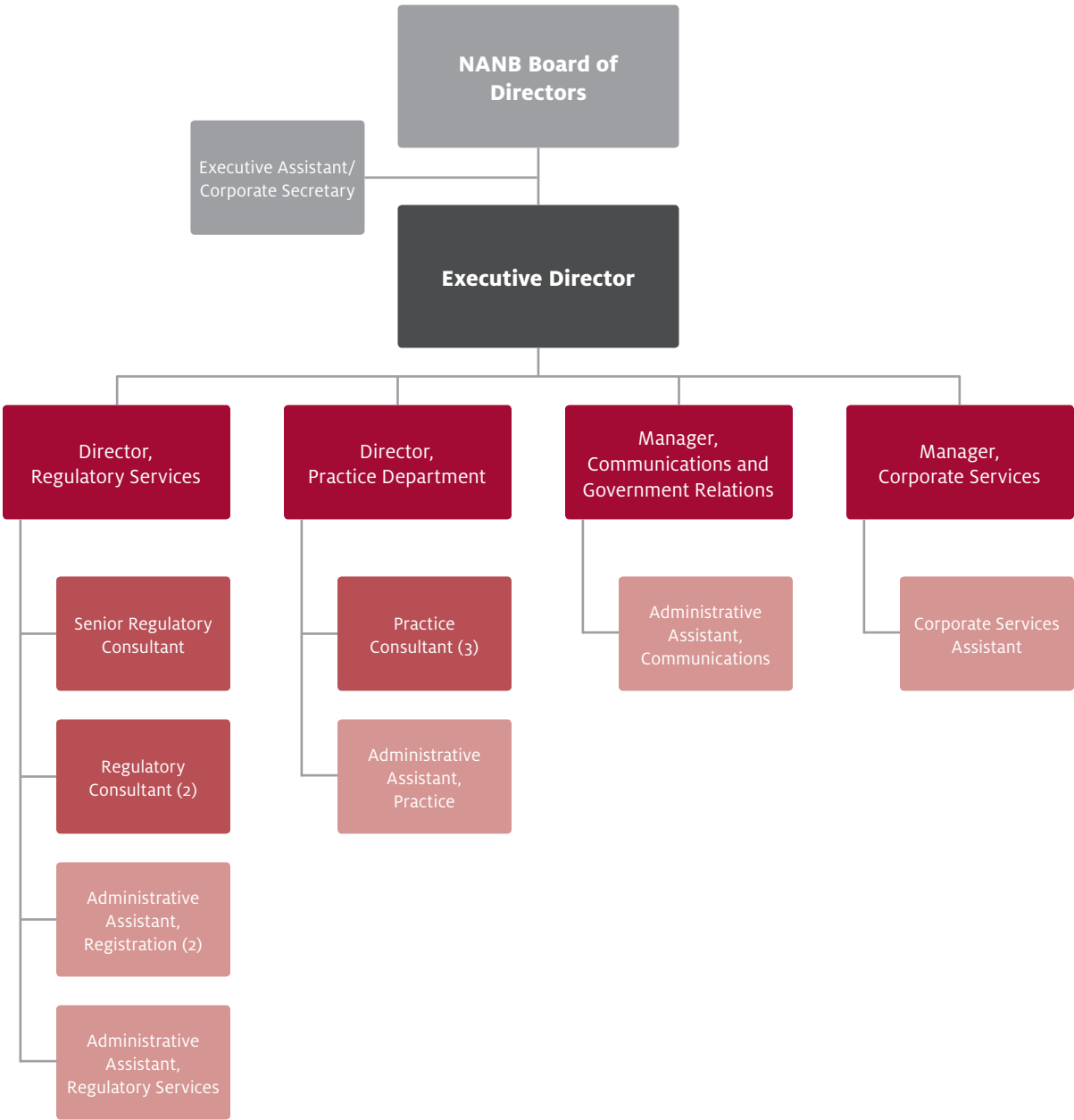
- *Approval Review Process: Baccalaureate Nursing Programs in New Brunswick*
- *Approval Review Process: Nurse Practitioner Programs in New Brunswick*
- *Guidelines for Intra Professional Collaboration: Registered Nurses and Licensed Practical Nurses Working Together*
- *Guidelines for Conflict of Interest*
- *Guidelines for Consent*
- *Guidelines for Self-Employed Registered Nurses*
- *NANB Interest Group Affiliation Process*
- *Position Statement: Midwifery*
- *Standards for Documentation*
- *Standards of Practice for Primary Health Care Nurse Practitioners*
- *Standards for The Therapeutic Nurse-Client Relationship*
- *Standards for the Practice of Primary Health Care Nurse Practitioners*

NANB documents are accessible on the NANB website and are distributed to key stakeholders.



Roxanne Tarjan retired
as NANB's Executive
Director—October 2015.

Organizational Structure



President and Executive Director's Message

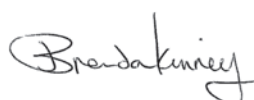
The year 2015 will forever be etched as a significant time of change for the Nurses Association of New Brunswick. The impact resulting from the introduction of a new national entry-to-practice examination reverberated across Canada, was particularly powerful within New Brunswick where initial results proved to be the lowest in Canada.

On the same day results were shared with New Brunswick nursing programs, a new executive director arrived at NANB. Much of the energy and focus at NANB continued to focus on communication, analysis, and work pertaining to improving opportunities for pass rates for graduate nurses. NANB staff met with families, nursing graduates, faculty members, the new exam provider, employers and both provincial and national nursing organizations to work toward a resolution of issues.

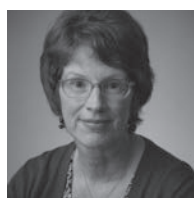
In order to assist nursing graduates with success, NANB was the first provincial regulating body to enact the opportunity for multiple writes of the new examination. Pre-implementation, NANB was also responsible for translation of bilingual materials available on NANB and NCSBN websites. In response to questions from public members, educators, and graduates, NANB worked with the NB Government Intergovernmental Affairs Division to complete a third party expert review of 60 exam questions. Overall the translation was deemed satisfactory, however suggestions were also included for improved quality of translation going forward. NANB continues to work with the exam provider to ensure quality testing in both official languages.

Despite the substantial effort required to manage the impact of the new entry-to-practice exam, NANB also continued to work on other matters of significance for New Brunswick nurses:

- NANB staff continue to engage in discussion with government departments, employers and other associations regarding the Nursing Home project.
- Dialogue with election candidates occurred with NANB staff and NANB Board of Directors to inform of alliance with plans for improved home care, pharmacare and healthy aging.
- Planning for the 2016 NANB Centennial celebrations continued.
- NANB participated in the one-year pilot for a new education screening program for international nursing applicants.
- All Canadian nursing jurisdictions contributed to an NP competency analysis that will serve to standardize entry-level competencies for Canadian NPs.
- A new registration renewal deadline of November 30 was successfully introduced.
- NANB participated in initial dialogue regarding Physician Assisted Dying with the Canadian Nurses Protective Society.



Brenda Kinney,
President



Laurie Janes,
Executive Director

Board of Directors 2015–16



Brenda Kinney, RN
President



Karen Frenette, RN
President-Elect

Region Directors



Joanne LeBlanc-Chiasson, RN
Region 1



Jillian Ring, RN
Region 2



Amy McLeod, RN
Region 3



Jenny Toussaint, RN
Region 4



Thérèse Thompson, NP
Region 5



Annie Boudreau, RN
Region 6



Lisa Keirstead Johnson, RN
Region 7

Public Directors



Fernande Chouinard



Edward Dubé



Wayne Trail

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Administratrice, Région 5

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Director, Region 6
Administratrice, Région 6

Lisa Keirstead Johnson
Director, Region 7
Administratrice, Région 7

Joanne LeBlanc-Chiasson
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Jenny Toussaint
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Jillian Ring
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représentant le public**Brenda Kinney**
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