



2016 Annual Report



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.
- We facilitate registration for eligible internationally educated nurse candidates who wish to practice nursing in New Brunswick.
- We set the standards for nursing practice that all RNs/NPs are required to meet every day.
- We require that all nurses in New Brunswick establish and complete a plan for continuing education for each year of license renewal (registration).

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 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 the standards through 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* defines our responsibilities.



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 implementing 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 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

ANNUAL REPORT 2016

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NURSING EDUCATION

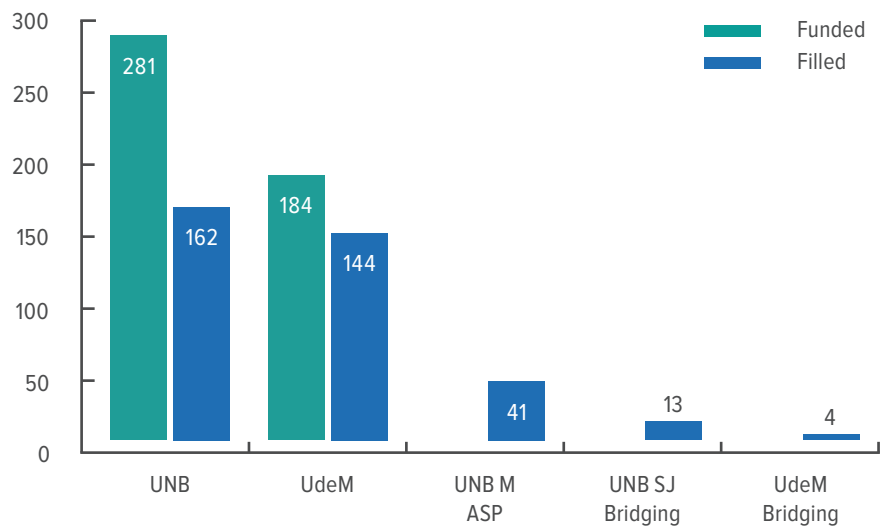


FIGURE 1 NURSING EDUCATION: ENTRY TO PRACTICE 2016

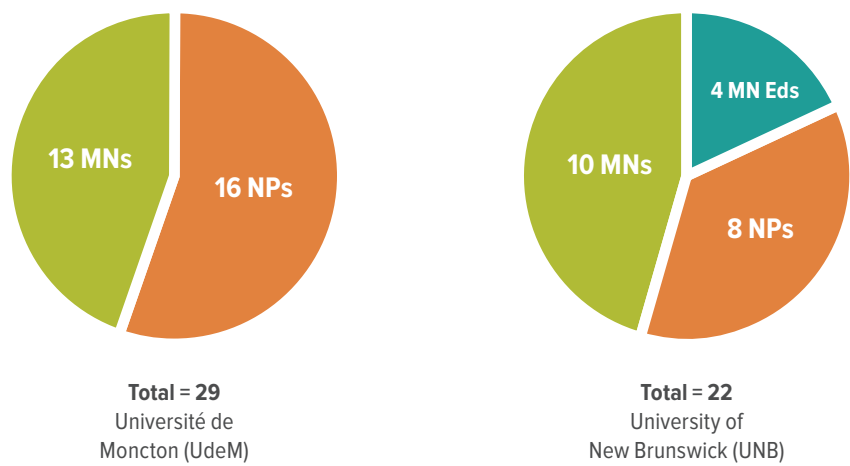


FIGURE 2 MASTERS OF NURSING 2016



MEDICAL ASSISTANCE IN DYING

In June of 2016, the federal government passed Bill C-14, *An Act to Amend the Criminal Code and to Make Related Amendments to Other Acts (Medical Assistance in Dying)*. The new law (now known as S.C. 2016, c.3) allows eligible persons to receive medical assistance in dying (MAID) under prescribed conditions and establishes safeguards and protections for health-care professionals who provide MAID, as well as those who assist them.

NANB's focus during 2016, was to ensure RNs and NPs were fully informed of their responsibilities in the context of this new legislation. Information in the form of FAQs were updated and circulated to members throughout the year. As well, NANB participated in a pan-Canadian taskforce for the development of a National Nursing Framework on MAID.

PRACTICE CONSULTATION CALLS

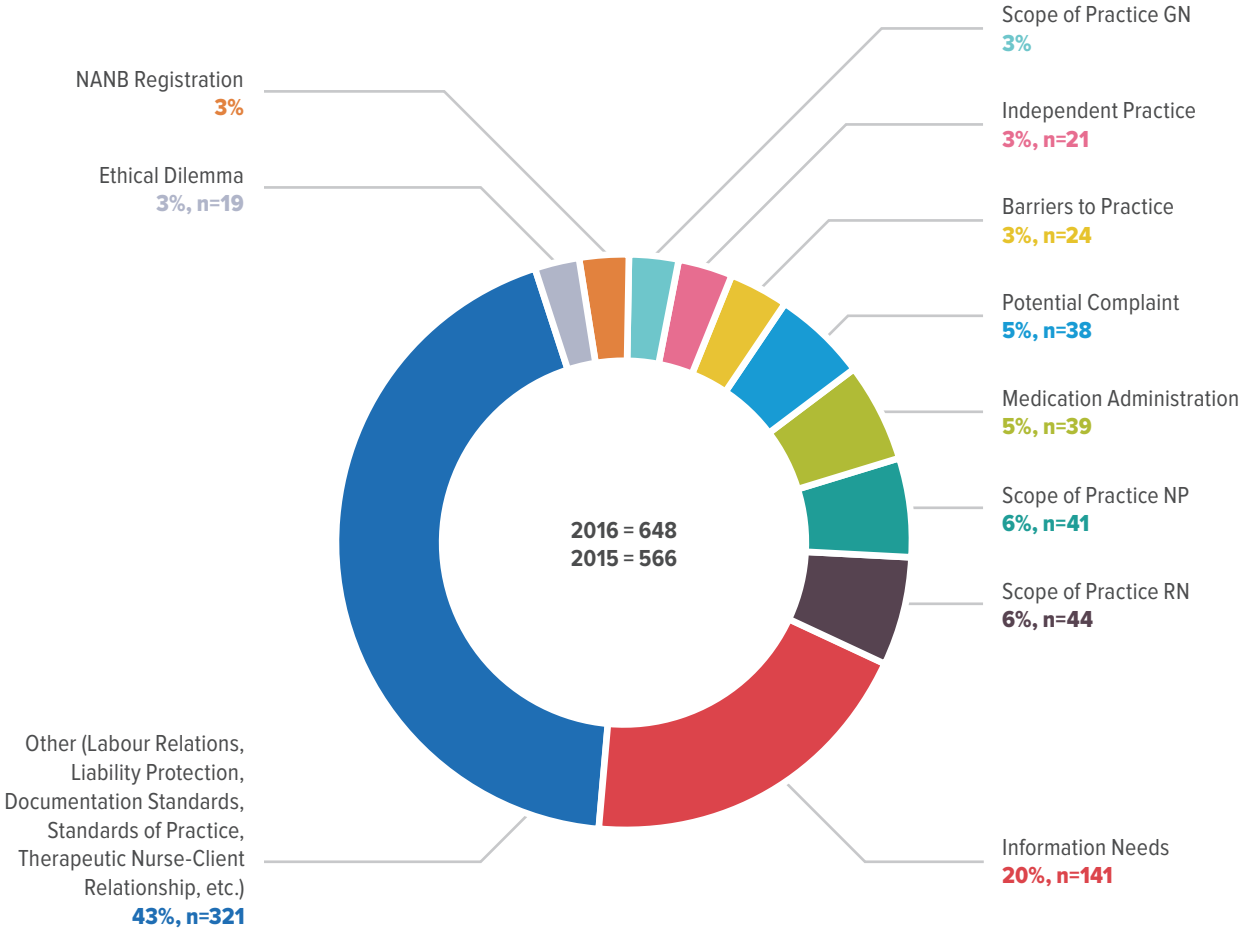


FIGURE 3 PRACTICE CONSULTATION CALLS (JANUARY–DECEMBER 2016)

NANB SUPPORTS NURSING practice by providing confidential consultation services to individual or groups of registered nurses in all practice settings and domains, and to the general public who may have questions about nursing practice.

In 2016, the Practice Department received 648 practice calls regarding a wide variety of issues (Figure 3). The consultation service is captured in a confidential electronic platform that identifies trends that are used to inform the planning of educational and remedial initiatives.



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 Université de Moncton baccalaureate nursing program and the

Registered Nurses Professional Development Centre (RNPDC) Registered Nurse Re-Entry program approval review visits were conducted in November 2016. The approval teams' findings and recommendations were forwarded to be reviewed by the Nursing Education Advisory Committee (NEAC) in 2017.

NB Nursing Taskforce: Entry-to-Practice

Following a resolution passed at NANB's Annual General Meeting (AGM) in October 2016, a Taskforce was formed representative of provincial nursing stakeholders with a mandate to:

- improve the success rate of New Brunswick nursing graduates choosing to write the entry-to-practice exam in the French language;
- advance parity in pass rates on first time writes for New Brunswick anglophone and francophone nursing graduate populations; and
- report back on the progress of the above items at the 2017 AGM.

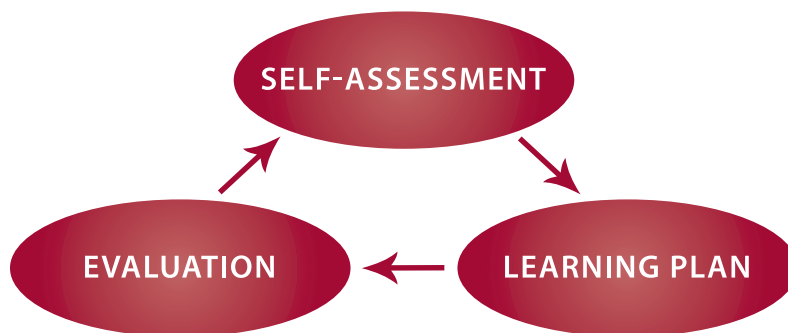
The ten-member Taskforce provides a diverse perspective and will determine concrete actions to address the 2016 resolution. Members include: Patricia Seaman (Nursing faculty Dean, UNB); Pierre Godbout (Director École de science

infirmière, UdeM); Monique Cormier-Daigle (representing Vitalité Health Authority); Courtney Budgell (Horizon Health Authority); Éric Levesque (Department of Health); Natasha Dubé (Intergovernmental Affairs); Joany Duguay (Recent nurse graduate from UdeM); Meagen Mahar (Recent nurse graduate from UNB); Paula Doucet (President, NBNU); and Laurie Janes (Executive Director, NANB). The first meeting of the Taskforce occurred in December 2016.

Jurisprudence

NANB continues work on a jurisprudence learning module designed to increase RN and NP understanding and awareness of how the *Nurses Act* and other relevant legislation in NB applies to nursing practice. In 2016, NANB staff finalized the content of the jurisprudence learning module and worked to create an interactive learning module. Focus is now on finalizing the module prior to translation. A final draft, in both languages, will be sent to a randomly selected 10% of members for review.

CONTINUING COMPETENCE PROGRAM (CCP)



Language	RN	NP
English	251	6
French	132	5
Area of Practice	RN	NP
Direct Care	309	11
Administration	52	0
Education	20	0
Research	1	0
Other	1	0
Employment Setting	RN	NP
Hospital	243	1
Community	75	9
Nursing Home	37	0
Educational Institution	12	1
Other	16	0

TABLE 1

CCP Compliance and Audit

The CCP requires members to reflect on their practice through self-assessment, to complete a learning plan, and to evaluate the impact of the learning activities. Registered nurses and nurse practitioners must comply with CCP requirements to maintain their registration. All members answer a compulsory question on their annual registration renewal form to indicate if they have met the CCP requirements. An audit process is used to monitor members' compliance with the CCP.



2016 CCP AUDIT

395 RNs, 12 NPs AUDITED

5% of RNs and 10% of NPs audited yearly

**394 Complete
Questionnaires Received**

383 RNs, 11 NPs

**Follow-up required with
16 RNs and 1 NP**

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 September 2016 to discuss:

- Changes to *Schedule A* to eliminate a listing of the medical imaging tests that may be prescribed by an NP were proposed to the NANB Board and to the Minister of Health in October 2016. The proposal was not accepted by the Minister of Health, requiring further work on this endeavour in 2017.
- Prescribing Medical Marijuana: discussion took place, but there was no formal movement to advance this portfolio at this time.

Committee members: Martha Vickers, Nurse Practitioner (Chair), Janet Weber, Nurse Practitioner; Janet MacDonnell, Pharmacist, Katrina Mulherin, Pharmacist, Naomi White, Physician and Timothy Snell, Physician.

Complaints Committee

The Complaints Committee reviews 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. Matters requiring further investigation are referred by the Complaints Committee to either the Review Committee or the Discipline 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.

Committee members: Monique Mallet-Boucher (Chair), Solange Arseneau, Julie Boudreau, Marius Chiasson, Erin Corrigan, Michelle Cronin, Gail Hamilton Dupéré, Roland Losier, Albert Martin, Aline Saintonge and Edith Tribe.

COMPLAINTS 2016	TOTAL
Cases carried forward from 2015	3
New Complaints	5
Referred to Review Committee	2
Referred to Discipline Committee	4
Suspended	4
Dismissed	0
Cases carried forward to 2017	2

TABLE 2

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 Committee consider complaints referred to them by the Complaints Committee of the Association. The Discipline and Review Committee 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.

STANDING COMMITTEES

Nursing Education Advisory Committee

In 2016, the Nursing Education Advisory Committee held two meetings by teleconference.

In February 2016, the Committee met to consider the December 2015 reports of the University of New Brunswick and Université de Moncton Nurse Practitioner programs approval reviews. Based on the reports of the approval review teams, the Committee recommended to the NANB Board of Directors, a five-year approval of both programs as well as the submission of an interim report by March 1, 2018 from each program to address specific recommendations made by the approval review teams. The Committee also reviewed the Standards for Nursing Education in New Brunswick and recommended the approval by the NANB Board of Directors. All recommendations were approved by the NANB Board of Directors.

In April 2016, the Committee met to consider the selection of the approval review teams for the approval review of the Université de Moncton Baccalaureate of nursing program and the Registered Nurses Professional Development Centre (RNPDC), Halifax, N.S., Registered Nurse Re-Entry program. Furthermore, at the April 2016 Committee meeting, the Terms of Reference were revised and subsequently presented to the Board of Directors for approval. All recommendations were approved by the Board of Directors.

Committee members: Marjolaine Dionne Merlin (Chairperson), Kathleen Mawhinney, Joanne Barry, France Chassé, Nancy Sheehan, Dawn Haddad and Marie-Pier Jones.

Resolution Committee

Resolutions must be submitted in writing to the Resolution Committee, be signed by at least two practising members and state whether it is sponsored by an individual member, a group of nurses or a chapter.

The Resolutions Committee received two resolutions during the year which were presented to the Assembly at the 2016 Annual General Meeting and accepted by voting members. No other resolutions were received by the Committee in 2016.

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

MEMBERSHIP STATISTICS

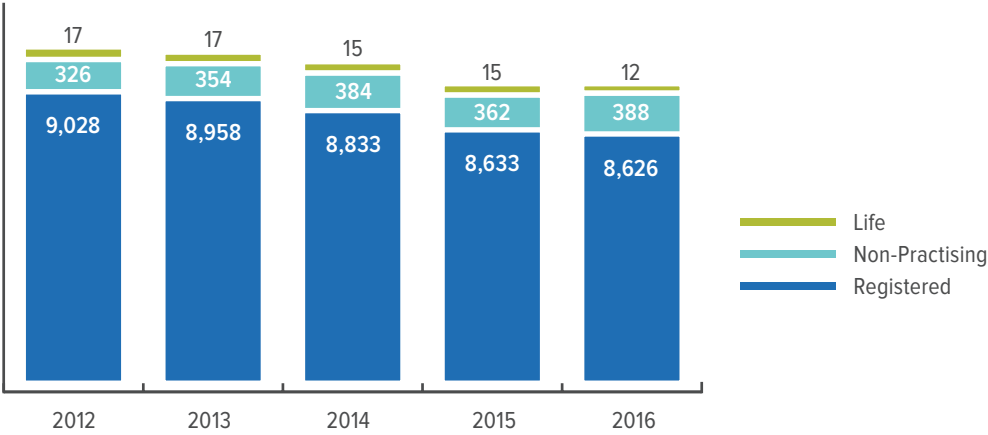


FIGURE 4 NUMBER OF MEMBERS

Life Member: A nurse recognized by NANB for long or outstanding services to the nursing profession, either by serving in an elected office or by participating in committee work at the provincial or national level. **Non-practising member:** a person who was previously registered under the *Nurses Act* but is not engaged in the active practice of nursing in this province (sick leave, maternity leave, etc.).

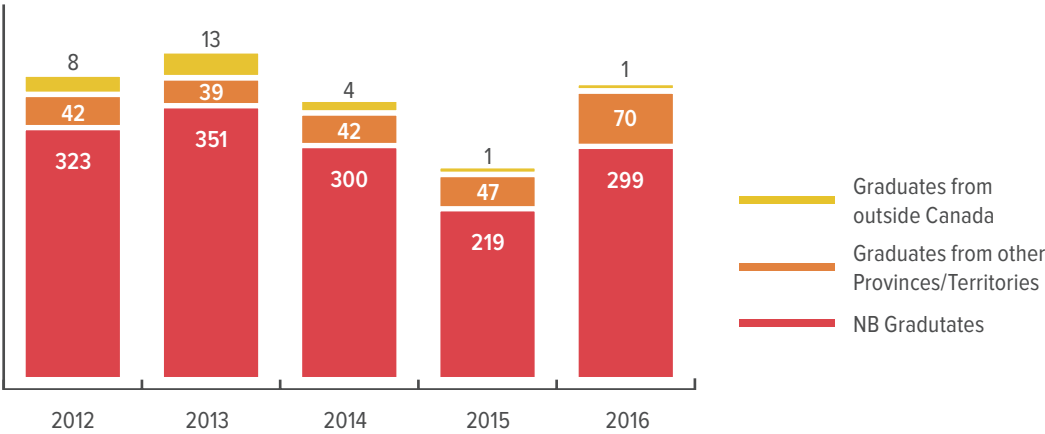


FIGURE 5 NUMBER OF NEW REGISTRANTS

MEMBERSHIP STATISTICS

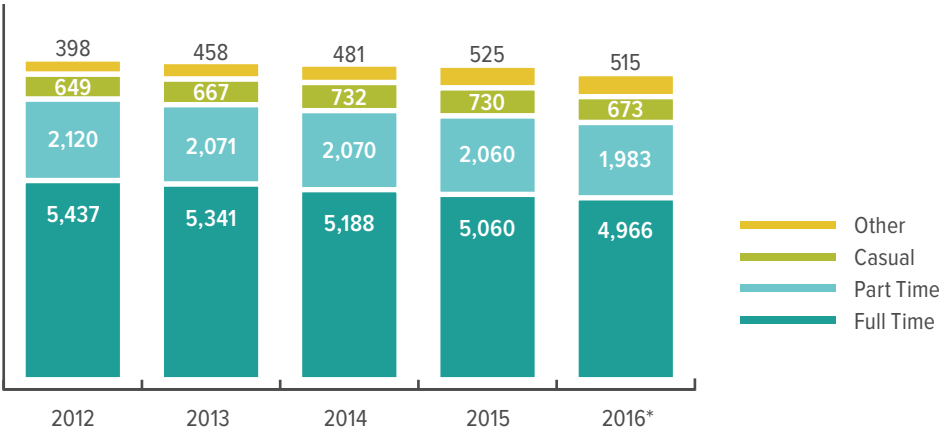


FIGURE 6 NUMBER OF EMPLOYED NURSES

*Preliminary Report, Registered Nurses, Department of Health, 2016. * Includes temporary, leave of absence and unknown.
Totals may not sum to 100% due to rounding.

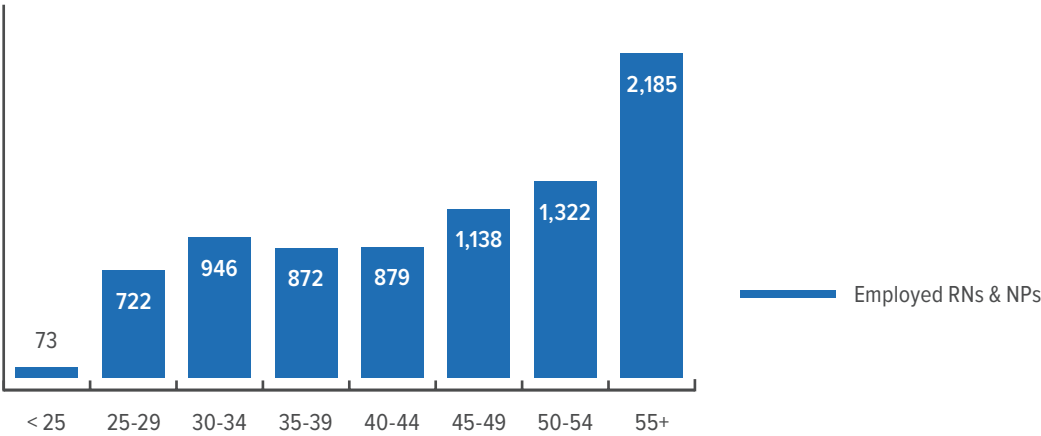


FIGURE 7 AGE DISTRIBUTION OF EMPLOYED RNs & NPs

MEMBERSHIP STATISTICS

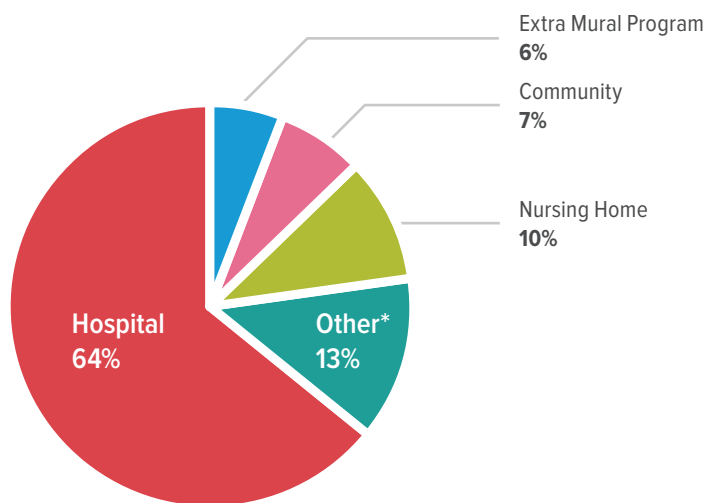


FIGURE 8 PLACE OF EMPLOYMENT

*Includes physician offices, industry, educational institutions, self-employed, association, government, correctional facilities, addiction centres, armed forces. • Preliminary Report, Registered Nurses, Department of Health, 2016 • Totals may not sum to 100% due to rounding.

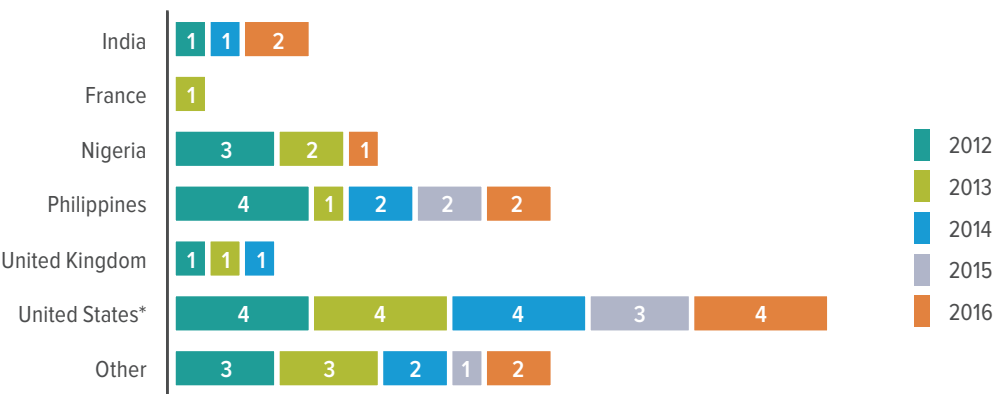


FIGURE 9 NURSE (IEN) APPLICANTS

*Includes Canadians educated in the US. • The graph above represents the country of origin of Internationally Educated Nurses who have applied to NANB for registration over the past five years.

MEMBERSHIP STATISTICS

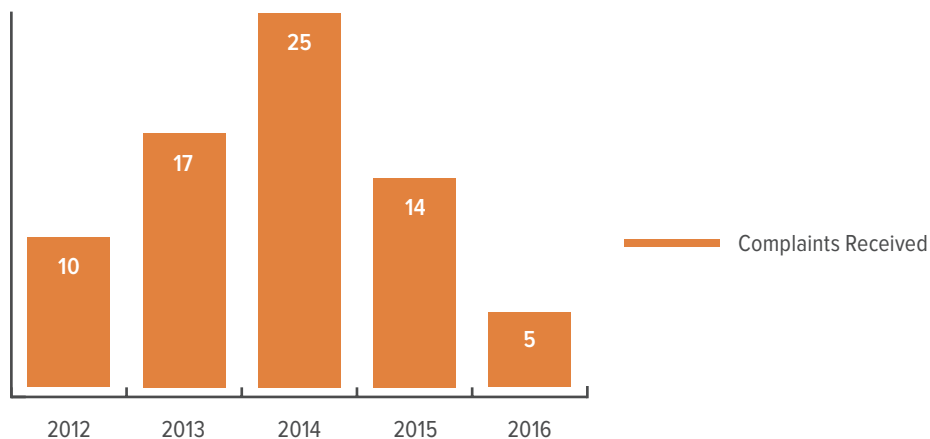


FIGURE 10 NUMBER OF COMPLAINTS RECEIVED BY YEAR

The Complaints Committee examines complaints that were not resolved at the institution/agency level and that were within NANB jurisdiction as stated in Section 28 of the *Nurses Act*.

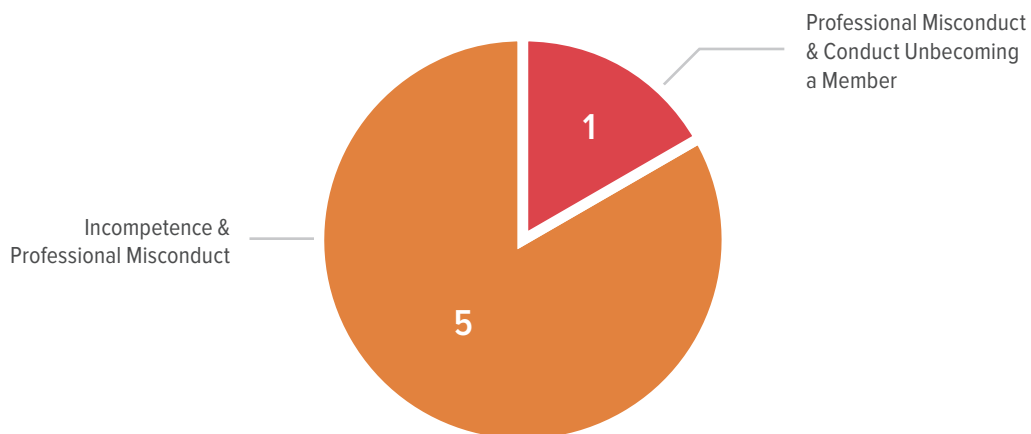


FIGURE 11 NATURE OF COMPLAINT

Incompetence: Medication administration errors, substandard documentation, lack of knowledge, skills and judgment

Professional misconduct: Theft, fraud, deceit, dishonesty, unethical behavior

Conduct unbecoming a member: Breach of privacy, breach of the *Nurses Act*, criminal convictions

FINANCIAL STATEMENT

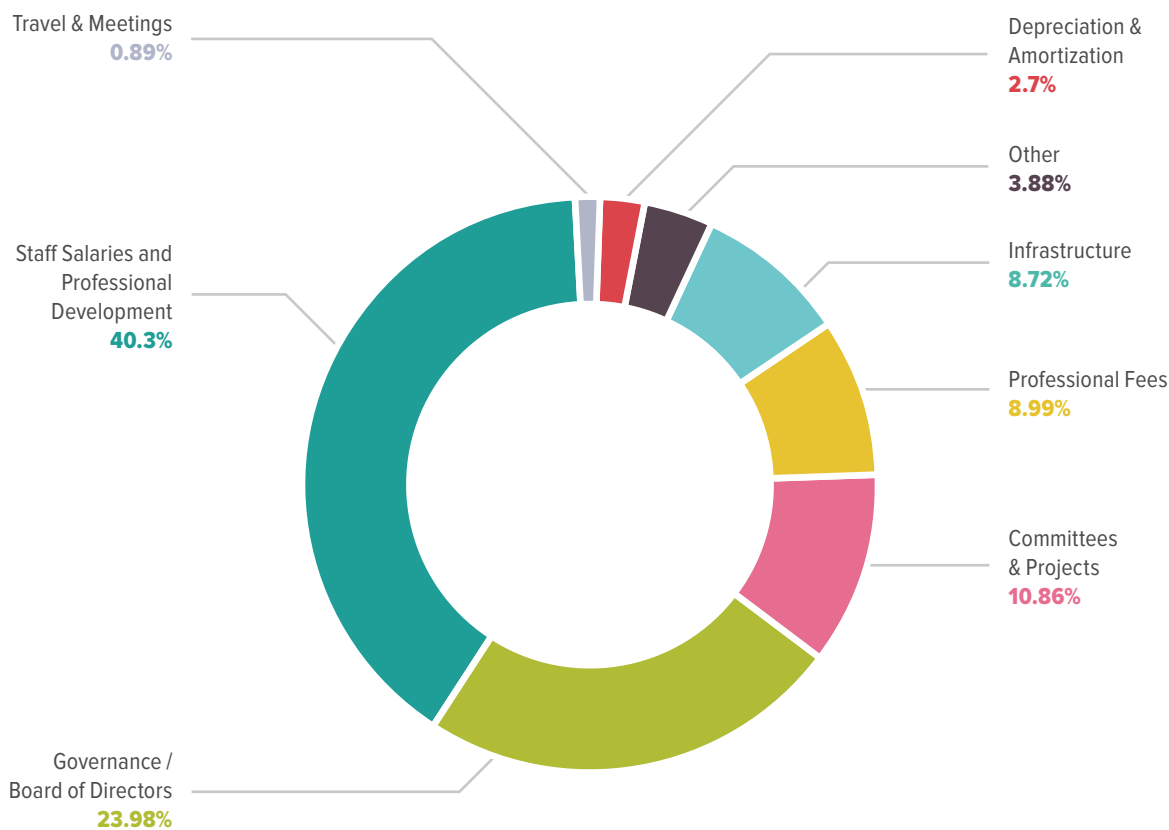


FIGURE 12 EXPENSE DISTRIBUTION 2016

FOR THE YEAR ended November 30, 2016, the NANB showed an operating surplus of \$355,068 compared to a projected surplus of \$81,907. Conservative revenue projections resulted in higher than anticipated membership fee revenue. Projected operating expenses were inline with actual costs resulting in an overall surplus.

Operating expenses for 2016 remained consistent with previous years, including significant funds to support the NANB’s membership with the Canadian Nurses Association (CNA), the Canadian Council of Registered Nurse Regulators (CCRNRR), and the Canadian Nurse Protective Society (CNPS). Infrastructure and office costs were approximately 16% of opera-

tional expense, while membership support accounts for 60% of annual expenses.

The Association assets are valued at \$7.07 million, with \$2.4 million of capital assets. The NANB does not have any operational long-term debt. All long and short-term investments are held in secure principal protected financial instruments. The Association follows the restricted fund method of accounting to allow for long-term planning and protection of operational funds.

Future operational results are being managed to mitigate any financial risk related to membership decline, membership participation in CNA, CCRNRR, and CNPS, and unforeseen expenses.

NURSES ASSOCIATION OF NEW BRUNSWICK

FINANCIAL STATEMENTS

NOVEMBER 30, 2016

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NICHOLSON & BEAUMONT
CHARTERED PROFESSIONAL ACCOUNTANTS

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, 2016 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, 2016 and the results of its operations and its cash flows for the year ended November 30, 2016 in accordance with Canadian accounting standards for not-for-profit organizations

A handwritten signature in black ink, appearing to read 'Nicholson & Beaumont', followed by a large, stylized initial 'A'.

Chartered Professional Accountants

Fredericton,
February 10, 2017

**Nurses Association of New Brunswick
Statement of Financial Position
As at November 30, 2016**

	<u>Assets</u>					November 30, 2016 Total	November 30, 2015 Total
	General Fund	CNA Biennium/ NANB Centennial Fund	Employee Benefit Fund	Contingency Fund	Capital Fund	Interfund Deletions	
Current assets							
Cash (Note 2 (a))	\$ 318,826	\$ -	\$ -	\$ 55	\$ 933	\$ -	\$ 790,077
Investments (Note 2 (a) and 3)	500,000	-	173,384	192,709	313,727	-	1,361,557
Accounts receivable	59,955	-	-	-	-	-	64,131
Prepaid expenses	73,393	-	-	-	-	-	45,475
Accrued interest receivable	859	-	2,574	502	3,996	-	34,031
Due from Capital Fund	100,278	-	-	-	-	(100,278)	-
Due from General Fund (Note 5)	-	-	62,794	-	-	(62,794)	-
	<u>1,053,311</u>	-	<u>238,752</u>	<u>193,266</u>	<u>318,656</u>	<u>(163,072)</u>	<u>2,295,271</u>
Long-term assets							
Accrued interest receivable	775	-	-	3,043	-	-	9,371
Investments (Note 3)	<u>3,606,825</u>	-	<u>29,896</u>	<u>573,963</u>	-	-	<u>3,568,778</u>
	<u>3,607,600</u>	-	<u>29,896</u>	<u>577,006</u>	-	-	<u>3,578,149</u>
Capital assets – net of amortization (Notes 2(b) and 4)	<u>2,408,375</u>	-	-	-	-	-	<u>2,481,443</u>
	<u>\$ 7,069,286</u>	<u>\$ -</u>	<u>\$ 268,648</u>	<u>\$ 770,272</u>	<u>\$ 318,656</u>	<u>\$ (163,072)</u>	<u>\$ 8,354,863</u>
	<u>Liabilities and Fund Balances</u>						
Current liabilities							
Accounts payable (Note 8)	\$ 339,533	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 202,453
Future revenue	3,745,420	-	-	-	-	-	3,885,978
Due to General Fund	-	-	-	-	100,278	(100,278)	-
Due to Employee Benefit Fund (Note 5)	62,794	-	-	-	-	(62,794)	-
Accrued employee retirement/resignation benefits obligation (Note 2 (c))	-	-	26,026	-	-	-	26,026
	<u>4,147,747</u>	-	<u>26,026</u>	-	<u>100,278</u>	<u>(163,072)</u>	<u>4,114,457</u>
Long-term liabilities							
Accrued employee retirement/resignation benefits obligation (Note 2 (c))	-	-	242,622	-	-	-	279,061
	-	-	-	-	-	-	-
Fund balances							
Internally restricted	-	-	-	770,272	218,378	-	1,306,037
Invested in capital assets	2,408,375	-	-	-	-	-	2,481,443
Unrestricted	<u>513,164</u>	-	-	-	-	-	<u>173,865</u>
	<u>2,921,539</u>	-	-	<u>770,272</u>	<u>218,378</u>	-	<u>3,961,345</u>
	<u>\$ 7,069,286</u>	<u>\$ -</u>	<u>\$ 268,648</u>	<u>\$ 770,272</u>	<u>\$ 318,656</u>	<u>\$ (163,072)</u>	<u>\$ 8,354,863</u>

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, 2016**

	CNA Biennium/ NANB Centennial Fund	Employee Benefit Fund	<u>Internally Restricted</u>			Invested in Capital Assets	Unrestricted	November 30, 2016 Total	November 30, 2015 Total
			Contingency Fund	Capital Fund	Total				
Balance, beginning of year	\$ 339,645	\$ -	\$ 753,939	\$ 212,453	\$ 1,306,037	\$ 2,481,443	\$ 173,865	\$ 3,961,345	\$ 3,675,920
Excess of revenue (expenses) for year	(339,645)	(88,837)	16,333	5,925	(406,224)	(99,551)	454,619	(51,156)	285,425
Interfund transfers (Note 5)	-	88,837	-	-	88,837	-	(88,837)	-	-
Purchase of capital assets	-	-	-	-	-	26,483	(26,483)	-	-
Balance, end of year	\$ -	\$ -	\$ 770,272	\$ 218,378	\$ 988,650	\$ 2,408,375	\$ 513,164	\$ 3,910,189	\$ 3,961,345

See accompanying notes to the financial statements

**Nicholson & Beaumont
Chartered Accountants**

**Nurses Association of New Brunswick
Statement of Operations
For the Year Ended November 30, 2016**

	General Fund	CNA Biennium/ NANB Centennial Fund	Employee Benefit Fund	Contingency Fund	Capital Fund	Total November 30, 2016	Total Eleven months November 30, 2015
Revenue							
Advertising and publication	\$ 6,890	\$ -	\$ -	\$ -	\$ -	\$ 6,890	\$ 6,940
Annual meeting	-	-	-	-	-	-	1,593
CNA fees and exams	473,646	-	-	-	-	473,646	443,120
Investment income	26,861	-	-	-	-	26,861	69,905
Membership fees	3,513,011	3,176	3,457	16,333	5,925	55,752	3,249,308
NANB exam fees	1,000	-	-	-	-	1,000	1,800
Rental income	55,274	-	-	-	-	55,274	50,560
Other income	65,418	-	-	-	-	65,418	35,132
IEHP initiative	<u>170,417</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>170,417</u>	<u>135,219</u>
	<u>4,312,517</u>	<u>3,176</u>	<u>3,457</u>	<u>16,333</u>	<u>5,925</u>	<u>4,341,408</u>	<u>3,993,577</u>
Expenses							
Annual meeting	26,552	-	-	-	-	26,552	84,133
Awards	21,750	-	-	-	-	157,487	21,750
Chapter grants and funds	8,786	135,737	-	-	-	8,786	8,180
CNA board & biennium	703	-	-	-	-	703	1,447
CNA, CNPS, and CRNE fees	776,743	-	-	-	-	776,743	745,484
Committees, project and other activities	101,933	162,663	-	-	-	264,596	119,274
Liaison – membership/counterparts/ stakeholders/corporate	39,140	-	-	-	-	39,140	35,208
Employee wages and benefits (Note 6)	1,658,634	-	92,294	-	-	1,750,928	1,567,725
Information systems	22,218	-	-	-	-	22,218	18,149
Communications and public relations	134,693	-	-	-	-	176,953	111,071
Lease and bank charges	49,504	42,260	-	-	-	49,504	42,288
NANB board and executive	118,248	-	-	-	-	118,248	63,947
Office expenses	155,693	2,161	-	-	-	157,854	124,515
Personnel development	24,770	-	-	-	-	24,770	6,124
Premises expenses	153,407	-	-	-	-	153,407	158,242
Professional expenses	394,707	-	-	-	-	394,707	352,400
IEHP initiative	<u>170,417</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>170,417</u>	<u>133,591</u>
	<u>3,857,898</u>	<u>342,821</u>	<u>92,294</u>	<u>-</u>	<u>-</u>	<u>4,293,013</u>	<u>3,593,528</u>
Excess of revenue (expenses) before loss on disposal and amortization of capital assets	<u>454,619</u>	<u>(339,645)</u>	<u>(88,837)</u>	<u>16,333</u>	<u>5,925</u>	<u>48,395</u>	<u>400,049</u>
Loss on disposal of capital assets	-	-	-	-	-	-	10,769
Amortization of capital assets	<u>99,551</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>99,551</u>	<u>103,855</u>
	<u>99,551</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>99,551</u>	<u>114,624</u>
Excess of revenue (expenses) for year	<u>\$ 355,068</u>	<u>\$ (339,645)</u>	<u>\$ (88,837)</u>	<u>\$ 16,333</u>	<u>\$ 5,925</u>	<u>\$ (51,156)</u>	<u>\$ 285,425</u>

See accompanying notes to the financial statements

**Nurses Association of New Brunswick
Statement of Cash Flows
For the Year Ended November 30, 2016**

	November 30, <u>2016</u>	November 30, <u>2015</u>
Cash flows from operating activities		
Excess of revenue for year	\$ (51,156)	\$ 285,425
Add back non-cash items		
Accrued employee retirement/resignation benefits	92,294	48,694
Amortization of capital assets	99,551	103,855
Loss on sale of capital assets	-	10,769
Investment income reinvested	(9,299)	(7,971)
Changes in cash relating to operations		
Accounts receivable	4,176	(51,338)
Prepaid expenses	(27,918)	(42,682)
Accrued interest receivable	31,653	4,973
Accounts payable	137,080	(185,049)
Future revenue	(140,558)	57,483
	<u>135,823</u>	<u>224,159</u>
Cash flows from financing activities		
Retirement allowance benefit paid	(128,733)	-
Cash flows from investing activities		
Transfer of long-term investments to current	1,179,820	1,361,557
Purchase of long-term investments	(3,682,750)	(3,344,010)
Purchase of capital assets	(26,483)	(439,880)
Disposal of long-term investments	<u>1,870,323</u>	<u>2,275,433</u>
	<u>(659,090)</u>	<u>(146,900)</u>
Net increase in cash and investments	(652,000)	77,259
Cash resources, beginning of year	<u>2,151,634</u>	<u>2,074,375</u>
Cash resources, end of year	\$ <u>1,499,634</u>	\$ <u>2,151,634</u>
<u>Represented by</u>		
Cash	\$ 319,814	\$ 790,077
Short term investments	<u>1,179,820</u>	<u>1,361,557</u>
	\$ <u>1,499,634</u>	\$ <u>2,151,634</u>

See accompanying notes to the financial statements

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended November 30, 2016**

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, 2016 in accordance with its personnel policies.

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended November 30, 2016**

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, 2016.

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.

Measurement

The association initially, measures its financial assets and liabilities at the fair value, except for certain related party transactions that are measured at the carrying amount or exchange amount, as appropriate. Transaction costs are expensed when incurred.

The association subsequently measures all its financial assets and liabilities at cost or amortization cost.

The association's financial instruments consist of cash, short-term investments, accounts receivable, accrued interest receivable, investments, payables and accruals, and accrued employee retirement allowance benefit.

It is management's opinion that the association is not exposed to significant credit risk or currency risk from these financial instruments. The fair value of these financial instruments approximate their carrying value unless otherwise noted.

(g) Revenue recognition

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

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended November 30, 2016**

3. Investments

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

General Fund

Investments - current

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

Investments - long term

Five GIC's all due in 2018 with interest ranging from 1.45% to 1.65%, paid annually. \$ 500,000

RBC Investment Savings Account Series A (2010) 3,106,825

\$ 3,606,825

Cost of the above investments approximate their fair market value.

Employee Benefit Fund

Investments – current

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

\$ 173,384

Investments – long-term

RBC Investment Savings Account Series A (2010) \$ 29,896

Cost of the above investments approximate their fair market value.

Capital Fund

Investment – current

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

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended November 30, 2016**

Note #3. Continued

Investment - long-term

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

Contingency Fund

Investment - long-term

GIC ICICI Bank Canada, due July 13, 2020 with interest at 1.8%, paid annually.	17,954
GIC Canadian Tire Bank, due October 26, 2021, with interest at 1.85%, paid annually.	100,000
GIC Peoples Trust, due October 26, 2021, with interest at 1.8%, paid annually.	55,000
GIC HSBC Bank Canada, due October 26, 2021, with interest at 1.75%, paid annually.	<u>52,300</u>
	\$ <u>573,963</u>

Cost of the above investment approximate their fair market value.

4. Capital Assets

	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>2016 Net</u>	<u>2015 Net</u>
Land	\$ 301,893	\$ -	\$ 301,893	\$ 301,893
Paving and fencing	18,680	13,564	5,116	6,048
Building	3,062,695	1,089,242	1,973,453	2,050,022
Computer and photocopy equipment	113,290	104,882	8,408	6,278
Office furniture and equipment	<u>267,467</u>	<u>147,962</u>	<u>119,505</u>	<u>117,202</u>
	\$ <u>3,764,025</u>	\$ <u>1,355,650</u>	\$ <u>2,408,375</u>	\$ <u>2,481,443</u>

5. Interfund transfers and internally restricted fund balances

On November 30, 2016, the General Fund owed the Employee Benefit Fund \$62,794 which is payable on demand without interest.

On November 30, 2016, the Capital Fund owed the General Fund \$300,278 which is payable on demand without interest.

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended November 30, 2016**

6. Registered retirement savings plan

During the year 2016, as required by the Association's personnel policies, \$119,882 (2015 - \$103,990) 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>
2017	\$ 4,386

8. Accounts payable

Included in accounts payable is \$137,045 (2015 \$109,515) of government remittances payable.

SUPPORTING NURSES

Board of Directors: Election

NANB Board of Directors had four positions for election in 2016: Director for regions 1 (Moncton), 3 (York), 5 (Madawaska-Restigouche), and 7 (Miramichi). Three of the four positions were acclaimed. The only contested nomination occurred in Region 3 with three candidates. An online and telephone voting process using a third-party provider, Intelivote Systems Inc. was used to conduct the 2016 Election.

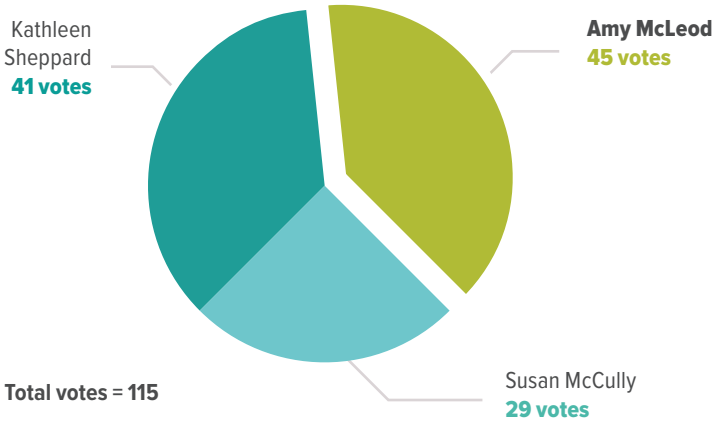


FIGURE 13 2016 ELECTION: REGION 3



National Nursing Week 2016 (NNW)

In addition to circulating NANB's unique NNW Centennial poster to the workplaces, NANB's President Brenda Kinney, President-elect Karen Frenette, Laurie Janes, Executive Director and NBNU President Marilyn Quinn participated in the annual declaration signing of National Nursing Week May 9-15, 2016 in New Brunswick with Minister of Health Victor Boudreau and Minister of Social Development Cathy Rogers. This advertisement appeared in province-wide daily and weekly newspapers. To further promote NNW, a television and radio campaign were initiated highlighting NANB's Centennial and NNW.

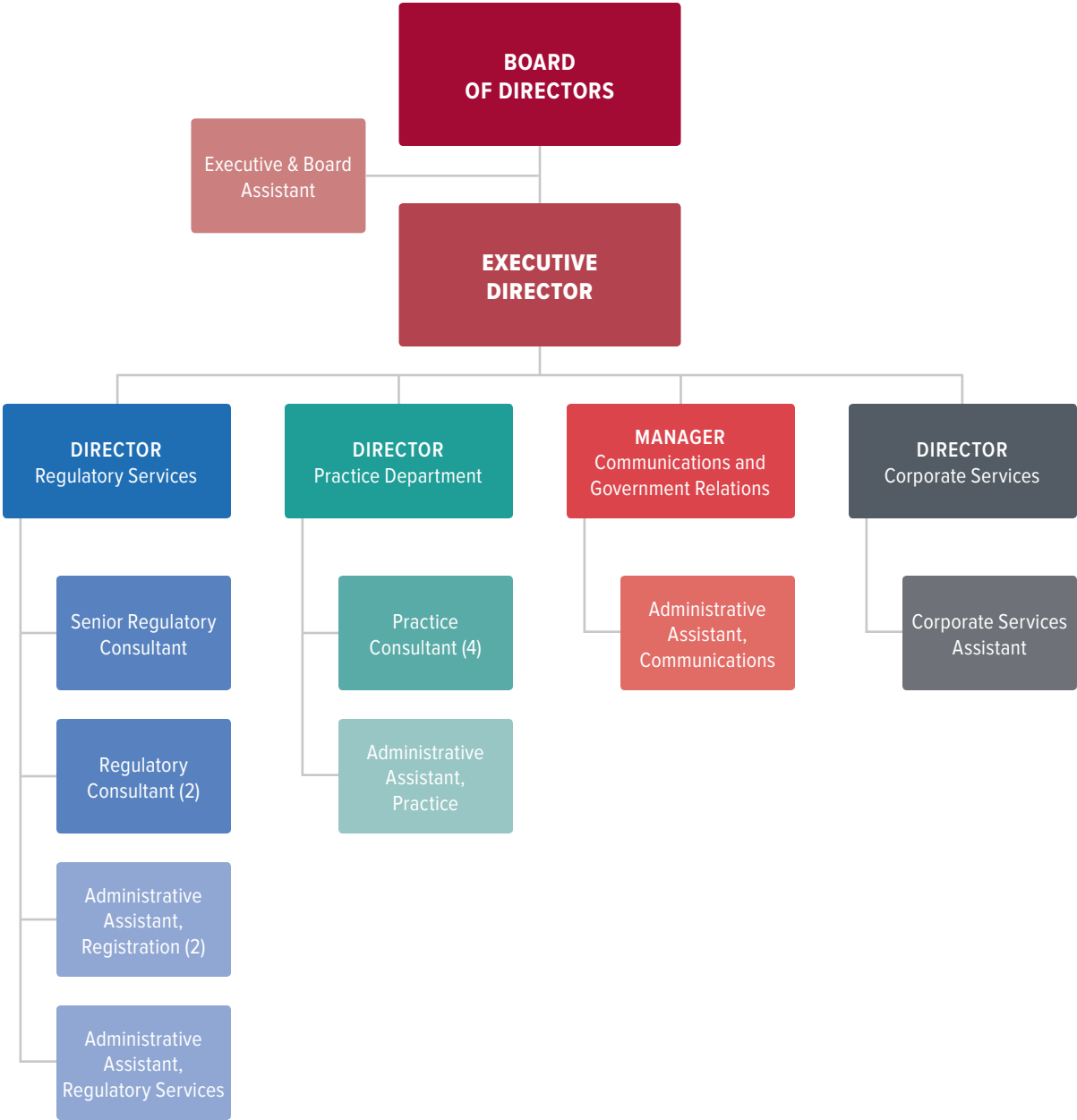
JANUARY	FEBRUARY	MARCH	APRIL
<p>NANB launches Facebook page</p> <p>Campaign sponsoring 50 members and 2 nursing students to attend CNA's Biennial Convention</p> <p>Branded Centennial merchandise available for purchase</p> <p>Call for NB artists to create a Centennial commemorative painting</p>	<p>Centennial Declaration and recognition by members of the Legislative Assembly</p> <p>MLA Breakfast</p>	<p>Special Centennial edition of <i>Info Nursing</i> (included centennial keepsakes)</p>	<p>11 Region Receptions NANB on Tour</p>
MAY	JUNE	JULY	AUGUST
<p>Time Capsule and Commemorative Tree Planting Ceremony</p>	<p>NANB hosts CNA's Biennial Convention (Saint John)</p> <p>2 PhD Scholarships for NB nurses announced</p> <p>NB Museum displays Nursing History Exhibit</p>	<p>Fredericton Summer Theatre Troupe dedicates performance to NANB's Centennial titled: 'Nurses First'</p>	
SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
<p>Special Centennial edition of <i>Info Nursing</i> (included centennial keepsakes)</p> <p>Quiz competition launched for members to win a print of the Centennial Commemorative Painting</p> <p>11 Region Receptions NANB on Tour continues</p>	<p>Lieutenant-Governor's Reception</p> <p>Unveiling of the Centennial Commemorative Painting</p>	<p>11 Region Receptions NANB on Tour wraps-up</p>	<p>Holiday Open House and unveiling of the Brunswick St. Centennial Stained-glass Window</p>

1916–2016 NURSING: 100 YEARS OF CARING

The NANB was thrilled to celebrate their centennial in 2016. This milestone year recognized nursing regulation supporting continuing excellence in nursing practice to the public.



ORGANIZATIONAL STRUCTURE



BOARD OF DIRECTORS 2015–16

Brenda Kinney, RN
President

Karen Frenette, RN
President-Elect

REGION DIRECTORS

Joanne LeBlanc-Chiasson, RN
Region 1

Jillian Ring, NP
Region 2

Amy McLeod, RN
Region 3

Jenny Toussaint, RN
France Marquis, RN (interim)
Region 4

Thérèse Thompson, NP
Region 5

Annie Boudreau, RN
Region 6

Lisa Keirstead Johnson, RN
Region 7

PUBLIC DIRECTORS

Edward Dubé
Fernande Chouinard (January–August)
Wayne Trail (January–August)
Rebecca Butler (September–December)
Joanne Sonier (September–December)

PRESIDENT & EXECUTIVE DIRECTOR'S MESSAGE



WE LIVE IN a world of change, change that is instant and increasingly global. As nurses practising in a small province it is, and will continue to be, important to stay informed regarding provincial, national and international events that impact health, healthcare and the nursing services we provide. In 2016, the Association celebrated a 100th anniversary. The year of activities was a wonderful opportunity to connect as nurses and share pride in our profession. It was a once in a lifetime experience for past and present New Brunswick nurses involved in the work of NANB. It was also a critical juncture of past and future nursing, a snapshot in time in a dynamic health/work environment.

Nursing is a dynamic, complex, demanding profession. As our patients and communities grow older, the health system in which nursing care is provided must adapt—and so must nursing. As NANB prepares this Annual Report, our provincial

government is already engaged in preparing for the future. A new Family Plan Framework describes a health plan that emphasizes the importance of prevention and addressing the social determinants of health. A recent report from the Council on Aging speaks to future needs to support a growing elderly population, and the Canadian Institute of Health Information is reporting a rapidly shrinking workforce, including nursing.

If nurses in New Brunswick are to continue to play a vital role in the provincial healthcare workforce, then they must be informed and be open to being adaptable and flexible in ways of working; in how, when and where nursing services are provided. During this time of centennial celebrations and professional pride, let's become involved in the change!

Let's become informed, so we can continue to shape the next 100 years of nursing.

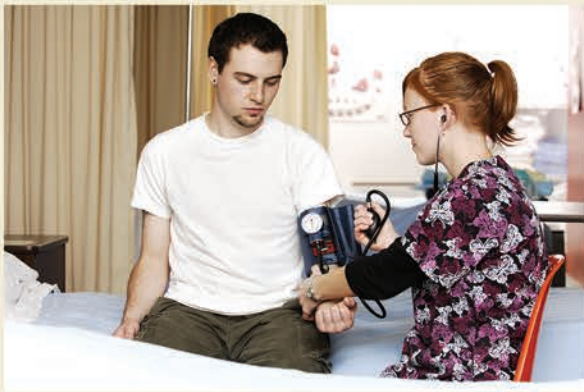
A handwritten signature in black ink that reads "Brenda Kinney".

Brenda Kinney, RN, *President*
president@nanb.nb.ca

A handwritten signature in black ink that reads "L. Janes".

Laurie Janes, *Executive Director*
ljanes@nanb.nb.ca





Nurses Association
OF NEW BRUNSWICK