



NANB was invited to meet with the Honourable Ginette Petitpas-Taylor, Minister of Health to discuss federal health initiatives and priorities for New Brunswick in December 2017.



Congratulations to NANB 2017
Award Recipients (left to right)
Suzanne Dupuis-Blanchard, Lynn
Lawson, Rejeanne Power, Darline
Cogswell, and Gary Hughes.

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 and NPs 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, RNs and NPs 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.

MANDATE

We regulate registered nurses and nurse practitioners in New Brunswick to ensure the provision of safe, competent and ethical care in the interest of the public.

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.

BOARD ENDS

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

ANNUAL REPORT

HIGHLIGHTS FROM 2017

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NURSING EDUCATION

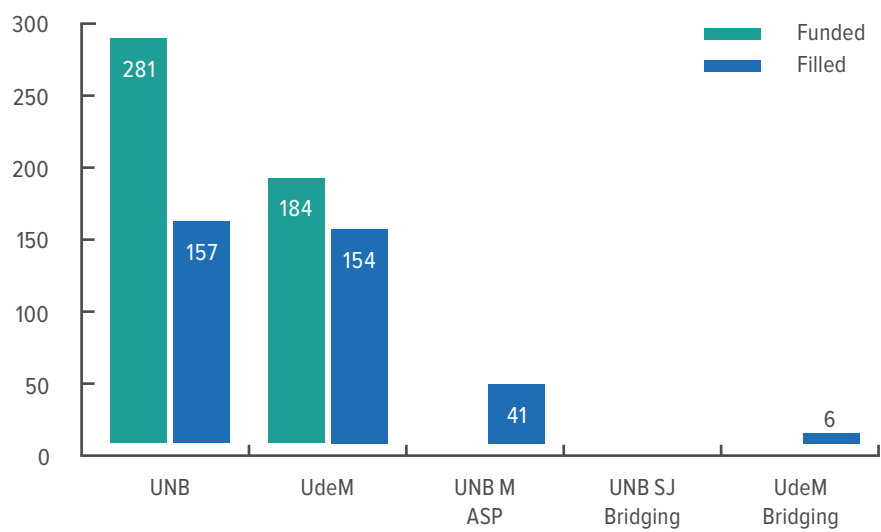


FIGURE 1 NURSING EDUCATION: ENTRY TO PRACTICE 2017

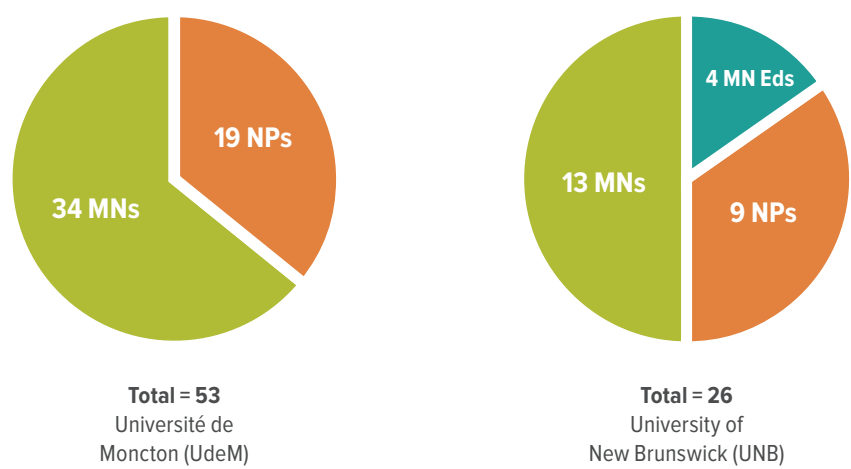


FIGURE 2 MASTERS OF NURSING 2017

Sharon Hamilton, NP and Tracey Rickards, RN, both researchers at UNB, released a report on NP Outcomes in New Brunswick.



Federal and Provincial Legislative Changes to Nurse Practitioner Scope of Practice

In 2017, NANB staff worked collaboratively with the Department of Health to have legislative changes enabling NPs to certify death and to authorize nurse practitioners to admit and provide services to patients within the extra-mural program.

From a national perspective, NANB staff worked with the Canadian Nurses Association to see the following barriers removed at the federal level, granting NPs the authority to:

- certify people for the medical expense tax credit, the child care expense deduction, the student disability tax credit and the disability savings plan.
- certify a spouse or common-law partner's shorter life expectancy

to permit a higher pension without survivor benefits independently.

- complete the medical reports for people to receive Canada Pension Plan (CPP) benefits.
- sign medical certificates for all three Employment Insurance (EI) caregiving benefits (the compassionate care benefit and family caregiver benefit for both adults and children).
- authority to sign for sickness benefits.

See more at: <https://cna-aiic.ca/en/news-room/news-releases/2017/2017-closes-with-better-access-to-care-thanks-to-fewer-federal-barriers-for-nurse-practitioners-practice#sthash.e0IW85Ax.dpuf>

PRACTICE CONSULTATION CALLS

NURSES ASSOCIATION OF New Brunswick's (NANB) 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 public. A consultation is an interaction to provide expert advice related to a professional nursing practice issue. A consultation can be a one-on-one or group conversation by phone, in-person and/or a site visit. Consultation service is offered on a wide variety of issues, such as:

- interpretation of NANB's documents and government legislation (e.g.; Standards, Nurses Act)
- advice on ethical behaviors, issues of patient safety and

appropriate action, conflict resolution, and the management of procedural and practice issues.

The consultation service is captured in a confidential manner using a computer program that creates emerging trends that are used to guide the planning and education activities. For this report, all enquiries by telephone, letter or e-mail may be referred to as "calls".

Total Calls

In 2017, NANB received 929 calls either from registered nurses and non-nurses compared to 648 in 2016 (see Figure 3).

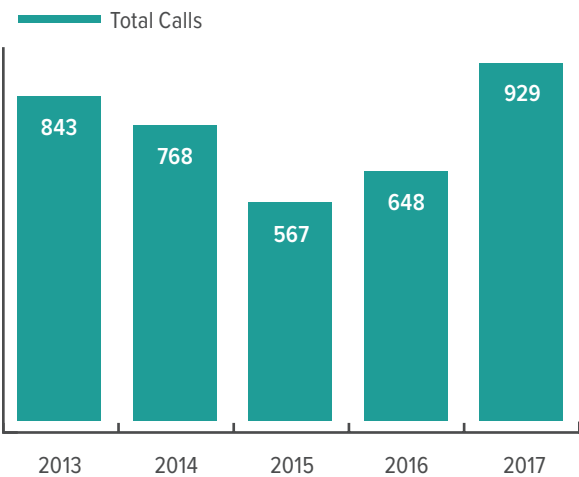


FIGURE 3 TOTAL CALLS

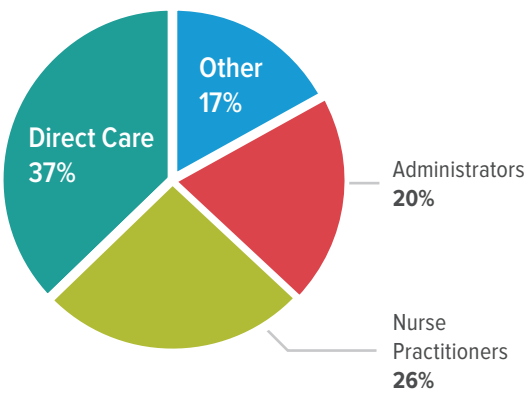


FIGURE 4 TYPE OF REGISTERED NURSE CALLERS 2017

Type of Callers

Callers using the consultation service are identified as: 1) registered nurses, and 2) non-nurses. Registered nurses made up the majority of callers with 737 calls and non-nurses (members of the public, other health care professionals, nursing students) totaled 192. Registered nurse callers are then further identified

according to their areas of practice: direct care, administration and "others" which incorporates educators, nurse practitioners, clinical nurse specialists and NANB/ National Counterparts.

In 2017, 274 (37%) of callers were registered nurses providing direct care, 148 (20%) registered nurse were administrators and 192 (26%) were nurse practitioners, and 123 (17%) callers we categorized in a "others" (see Figure 4).

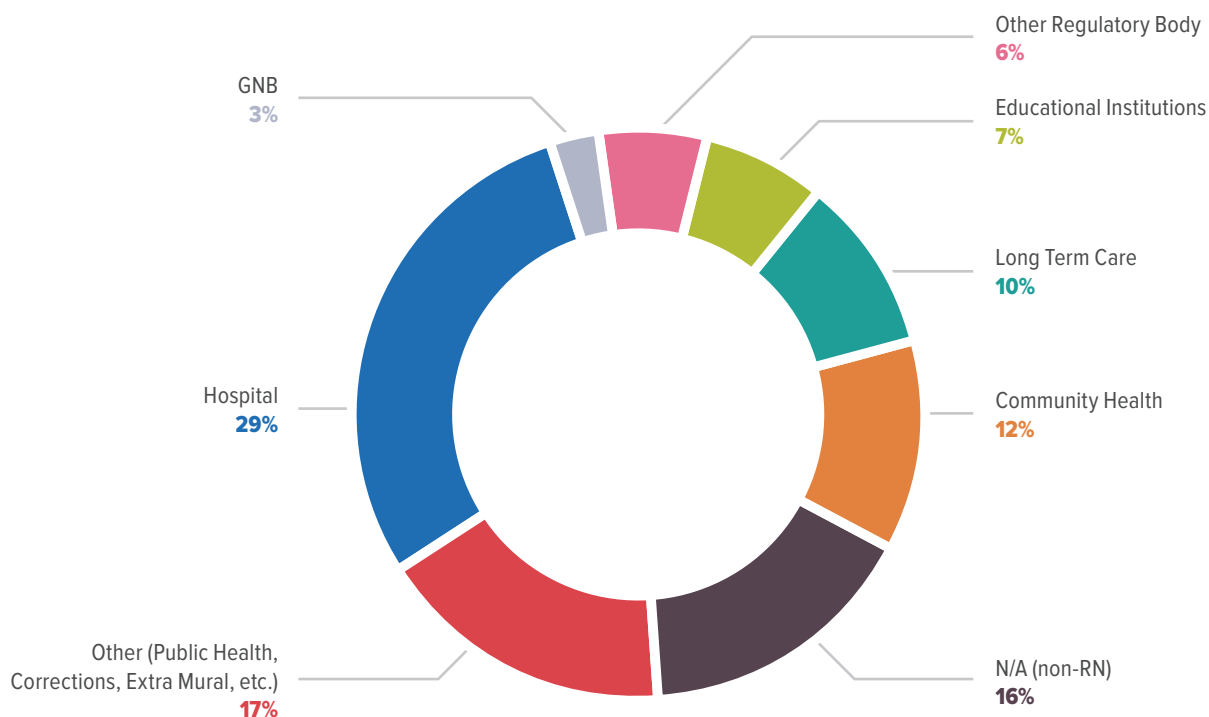


FIGURE 5 PRACTICE SETTING 2017

Practice Setting

The various sectors where registered nurses work is also captured and placed in the following categories: Hospitals, community (public health, mental health, community health centers, extra-mural), long-term care, educational institutions and other (see Figure 5).

Responding to Calls

Consultations occur on a wide variety of topics such as, registered nurse and nurse practitioner scope of practice, NANB registration, medication administration and working in independent practice. The complexity of the call is captured in part

by how the query is followed-up.

Follow-up may include any combination of the following: research/expert consultation, referral, meeting, presentation, or mail-out of a written professional opinion or an NANB document.

Presentations

Certain presentations in response to assessed need were offered as a follow up activity on the following topics: Professionalism, Working Together with LPNs, the Nurse-Client Relationship and the Role of NANB/NCLEX. In 2017 NANB's Practice Department offered 30 on site presentations reaching a total of 1695 people (RNs, RN students and others).

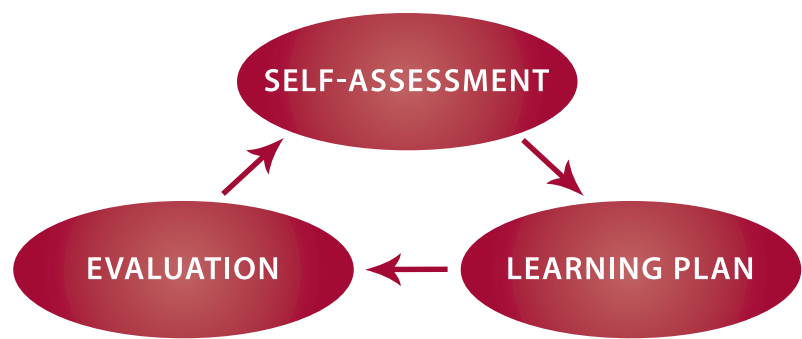


Nursing Education: Entry to Practice

NANB continues to collaborate with the National Council of State Boards of Nursing (NCSBN) to develop examination preparation resources. NANB is represented on the NCLEX French Lexicon Panel. The mandate of this panel is to develop a lexicon of terms, acronyms and phrases used in examination questions. NANB also participated in a review of questions intended as a bilingual practice exam resource.

NANB continues to partner with and support UNB and UdeM Nursing Faculty researching predictors of nursing graduates' success on the NCLEX-RN exam for all campuses. In response to the 2017 resolution concerning alternate solutions to the introduction of NCLEX—NANB's work with national and jurisdictional organizations continues.

CONTINUING COMPETENCE PROGRAM (CCP)



Language	RN	NP
English	250	7
French	130	3
Area of Practice	RN	NP
Direct Care	335	8
Administration	22	0
Education	18	1
Research	3	0
Other	2	1
Employment Setting	RN	NP
Hospital	265	1
Community	62	8
Nursing Home	32	0
Educational Institution	10	1
Other	11	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

394 RNs, 10 NPs Audited
5% OF RNs AND 10% OF NPs
AUDITED YEARLY

**390 Complete
Questionnaires Received**
380 RNs, 10 NPs

Follow-up Required
WITH 13 RNs

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.

LEGISLATED & STANDING 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 on February 24th, 2017 to discuss changes to *Schedule A* to eliminate a listing of the medical imaging tests that may be prescribed by an NP. A recommendation was made to the NANB Board and to the Minister of Health. The proposal was accepted by the Minister of Health and the *Schedules for*

Ordering were changed to remove the requirement of referencing a physician when prescribing an MRI or CT scan.

In response to the growing opioid crisis, NANB hired an external consultant in the Summer of 2017, Gail Sloan, to conduct a jurisdictional review of regulatory bodies in Canada. The research focused on exploring the need for education for NPs desiring to prescribe Methadone, the need for those NPs to preceptor with a prescriber of methadone and the need for NPs to be authorized to prescribe methadone for pain and methadone for opioid dependency. The results of the jurisdictional review were presented to the Board and to the NPTC for discussion and recommendations.

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 2017	TOTAL
Cases carried forward from 2016	2
New Complaints	19
Referred to Review Committee	4
Referred to Discipline Committee	5
Suspended	2
Dismissed	4
Cases carried forward to 2018	6

TABLE 2

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 and consideration are referred by the Complaints Committee to either the Review Committee or the Discipline Committee.

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

LEGISLATED & STANDING COMMITTEES

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.

Nursing Education Advisory Committee

In 2017, the Nursing Education Advisory Committee held one meeting by teleconference.

In January 2017, the Committee met to consider the December 2016 reports of the Université de Moncton (UdeM) Baccalaureate of Nursing Program and the Registered Nurses Re-Entry program of the Registered Nurses Professional Development Centre (RNPDC), Halifax, N.S., approval reviews. The five-year program recommendations for UdeM and RNPDC were approved by the NANB Board of Directors with an additional interim report requested from UdeM by September 18, 2017.

Committee members: Kathleen Mawhinney (acting Chairperson), Lucie-Anne Landry, Angela Snyder, France Chassé, Nancy Sheehan, Dawn Haddad, Nicole Irving and Marissa Babin.

Resolution Committee

Resolutions must be submitted in writing to the Resolutions 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. A resolution must relate to the objectives of the Association. A resolution will be declared out of order



2017 AGM at the Delta Hotel,
Fredericton.

if it conflicts with the Association's *Nurses Act* or ByLaws, or with resolutions previously adopted in the same meeting, or if it concerns a matter already under study. Resolutions originating during the annual meeting must relate specifically to the business discussed at the meeting.

The Resolutions Committee received one resolution in February 2017 which was ruled out of order. Two resolutions were received at the 2017 Annual General Meeting. One was deemed to be out of order and one was presented to the Assembly and accepted by voting members.

The following Chaleur Chapter members are currently serving on the Resolutions Committee for a two-year term (2017–2019): Susan LeBlanc (chair), Rachel Boudreau and Caroline Hachey.

MEMBERSHIP STATISTICS

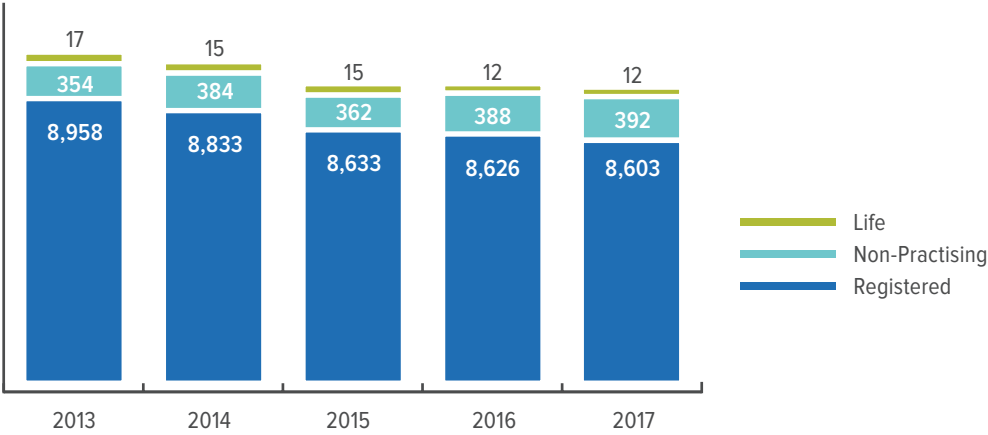


FIGURE 6 NUMBER OF MEMBERS

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 Act but is not engaged in the active practice of nursing in this province (sick leave, mat leave, etc.).

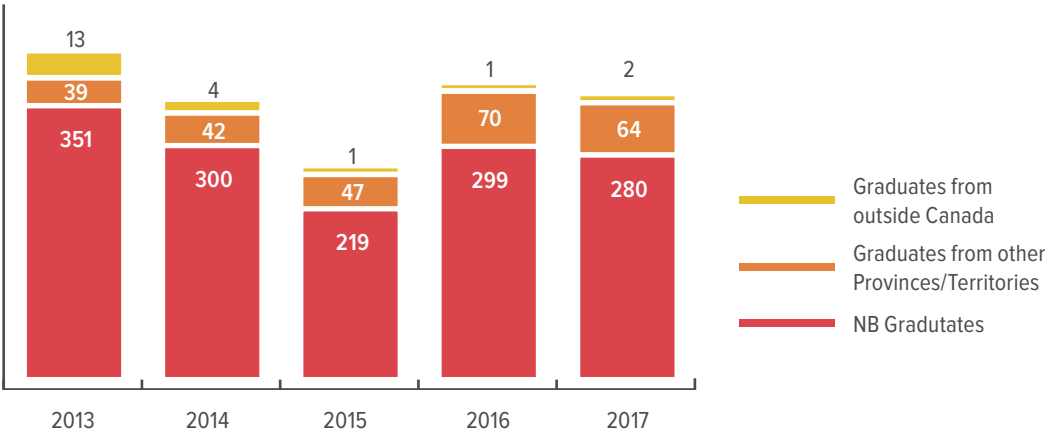


FIGURE 7 NUMBER OF NEW REGISTRANTS

MEMBERSHIP STATISTICS

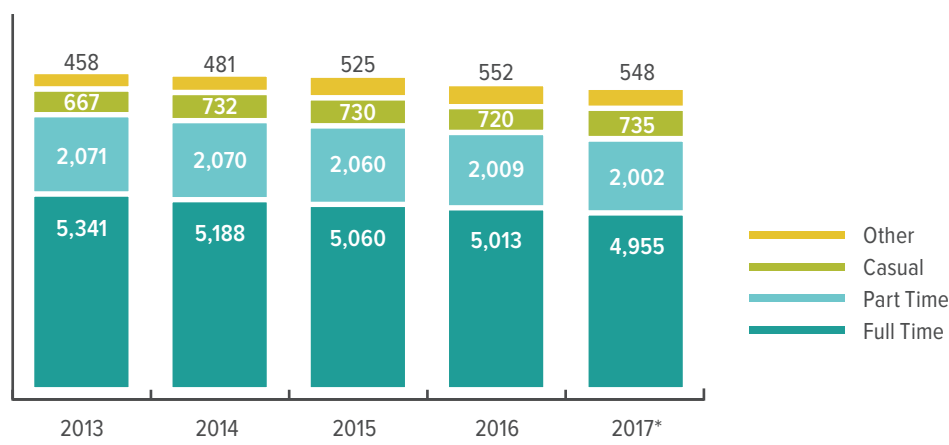


FIGURE 8 NUMBER OF EMPLOYED NURSES

*Preliminary Report, Registered Nurses, Department of Health, 2017. - Includes temporary, leave of absence and unknown.
Totals may not sum to 100% due to rounding.

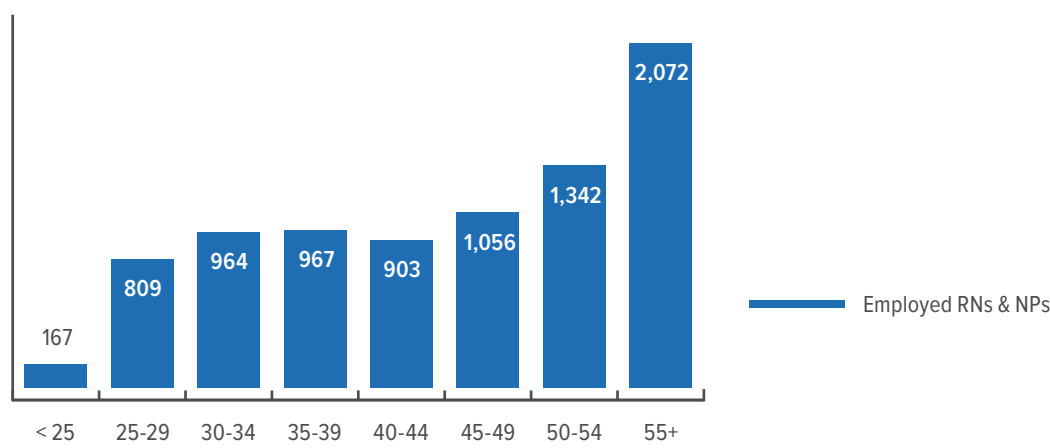


FIGURE 9 AGE DISTRIBUTION OF EMPLOYED RNs & NPs 2017

MEMBERSHIP STATISTICS

Preliminary Report, Registered Nurses,
Department of Health, 2017. Totals may not
sum to 100% due to rounding.

*Community includes Public Health Service,
VON (no longer in N.B.), Health Services
Centres, Mental Health Clinics and
Community Health Centres.

**Other includes physician offices, industry,
educational institutions, self-employed,
association, government, correctional
facilities, addiction centres, armed forces.

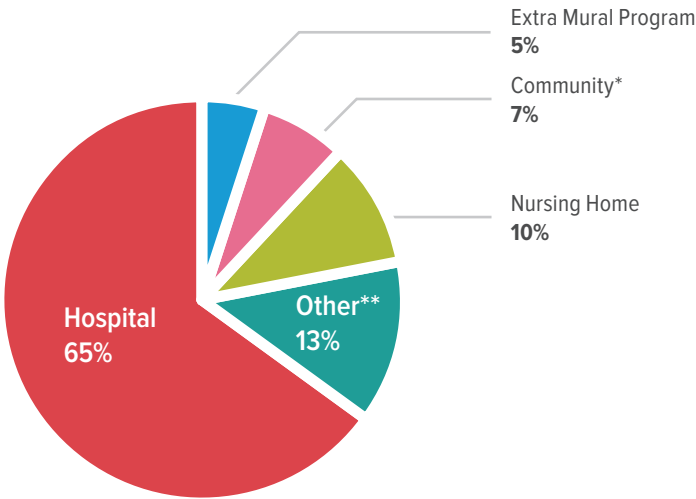


FIGURE 10 PLACE OF EMPLOYMENT 2017

Internationally Educated Nurse (IEN) Applicants

All internationally educated nurses who have never been registered to practice as a registered nurse in Canada are required to submit documentation and credentials to the National Nursing Assessment Service (NNAS) for assessment and verification before applying to become registered to practice with the Nurses Association of New Brunswick (NANB).

Applications are assessed to determine if an IEN's education and experience is comparable to the competencies

(knowledge, skill and judgement) expected of a registered nurse practicing in New Brunswick. If a determination is made that they possess the required competencies, they become eligible to write and pass the registered nurse examination and become a registered nurse in New Brunswick.

If competency gaps are identified, IEN applicants are required to undergo a competency-based assessment which will provide them an opportunity to demonstrate their professional knowledge, skill and judgement and help determine if any additional education is required before they can be eligible for registration and practice in New Brunswick.

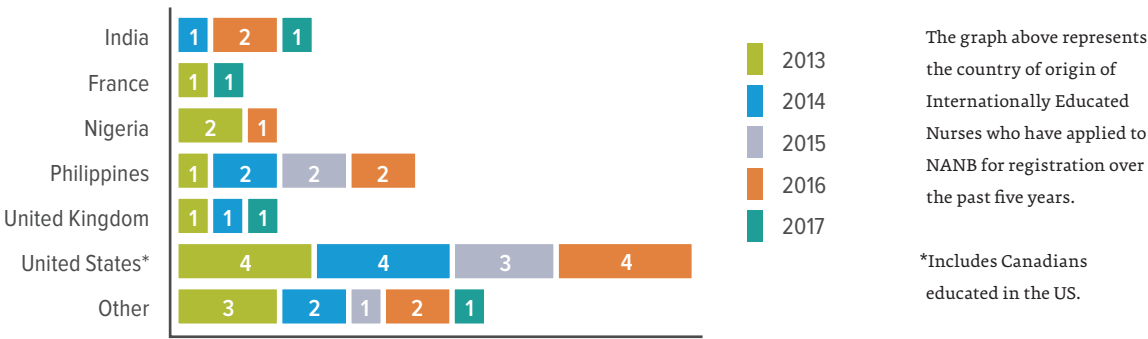


FIGURE 11 NURSE (IEN) APPLICANTS

MEMBERSHIP STATISTICS

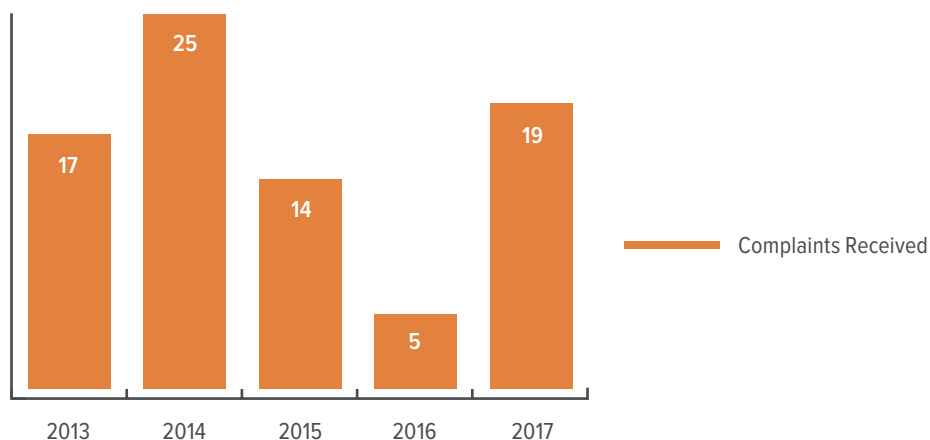


FIGURE 12 NUMBER OF COMPLAINTS RECEIVED BY YEAR

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*.

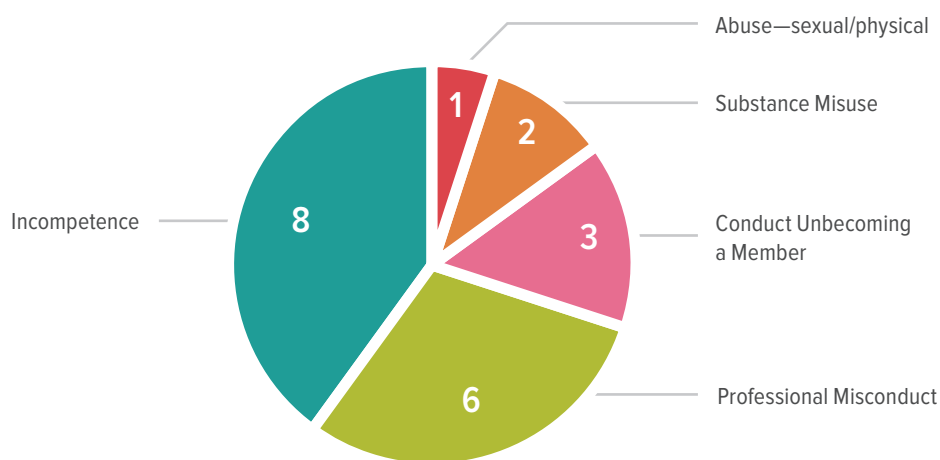


FIGURE 13 NATURE OF COMPLAINT 2017

Some complaints fall into more than one category.

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 *Nurses Act*, criminal convictions, misuse of title, inappropriate conduct

FINANCIAL POSITION

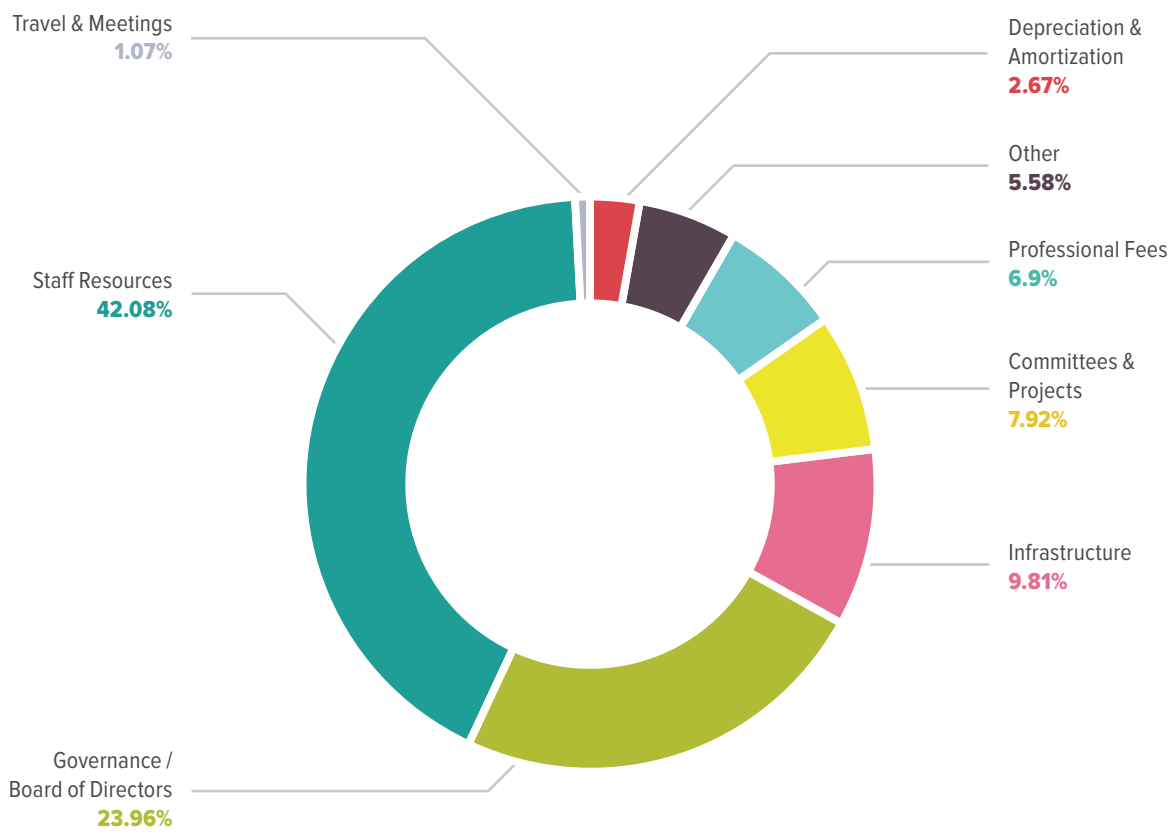


FIGURE 14 EXPENSE DISTRIBUTION 2017

FOR THE YEAR ended November 30, 2017, the NANB showed an operating surplus of \$559,643 compared to a projected surplus of \$26,752. 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 2017 remained consistent with previous years, including significant funds to support the NANB’s membership with the Canadian Nurses Association, the Canadian Council of Registered Nurse Regulators, and the Canadian Nurse Protective Society. Infrastructure and office costs were approximately 19% of operational expense, while

membership support accounts for 59% of annual expenses.

The association assets are valued at \$7.05 million, with \$2.3 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, CCRNR, and CNPS, and unforeseen expenses.

NURSES ASSOCIATION OF NEW BRUNSWICK

FINANCIAL STATEMENTS

NOVEMBER 30, 2017

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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, 2017 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, 2017 and the results of its operations and its cash flows for the year ended November 30, 2017 in accordance with Canadian accounting standards for not-for-profit organizations

A handwritten signature in cursive script, appearing to read 'Nicholson & Beaumont', followed by a large capital 'A'.

Fredericton,
February 16, 2018

Chartered Professional Accountants

Nurses Association of New Brunswick
Statement of Financial Position
As at November 30, 2017

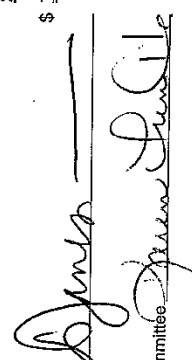
Assets

	General Fund	Employee Benefit Fund	Contingency Fund	Capital Fund	Interfund Deletions	2017 Total	2016 Total
Current asset							
Cash (Note 2 (a))	\$ 294,867	\$ 8,791	\$ 135	\$ -	\$ -	\$ 303,793	\$ 319,814
Investments (Note 2 (a) and 3)	500,000	-	192,709	99,722	-	792,431	1,179,820
Accounts receivable	211,599	-	-	-	-	211,599	59,955
Prepaid expenses	48,502	-	-	-	-	48,502	73,393
Accrued interest receivable	775	865	582	760	-	2,982	7,931
Due from General Fund (Note 5)	-	10,664	-	-	(10,664)	-	-
Long-term assets							
Accrued interest receivable	1,055,743	20,320	193,426	100,482	(10,664)	1,359,307	1,640,913
Investments (Note 3)	1,946	-	4,258	505	-	6,709	3,818
	3,680,458	132,560	991,254	235,556	-	5,039,828	4,210,684
	3,682,404	132,560	995,512	236,061	-	5,046,537	4,214,502
Capital assets - net of amortization (Notes 2(b) and 4)	2,313,383	-	-	-	-	2,313,383	2,408,375
	\$ 7,051,530	\$ 152,880	\$ 1,188,938	\$ 336,543	\$ (10,664)	\$ 8,719,227	\$ 8,263,790

Liabilities and Fund Balances

Current liabilities							
Bank indebtedness	\$ -	\$ -	\$ -	\$ 9,011	\$ -	\$ 9,011	\$ -
Accounts payable (Note 7)	314,157	-	-	-	-	314,157	339,533
Future revenue	3,761,191	-	-	-	-	3,761,191	3,745,420
Due to Employee Benefit Fund (Note 5)	10,664	-	-	-	(10,664)	-	-
Accrued employee retirement/resignation benefits obligation (Note 2 (c))	-	26,026	-	-	-	26,026	26,026
Long-term liabilities							
Accrued employee retirement/resignation benefits obligation (Note 2 (c))	4,086,012	26,026	-	9,011	(10,664)	4,110,385	4,110,979
Fund balances							
Internally restricted	-	126,854	-	-	-	126,854	242,622
Invested in capital assets	2,313,382	-	1,188,938	327,532	-	1,516,470	988,650
Unrestricted	652,136	-	-	-	-	2,313,382	2,408,375
	2,965,518	-	-	-	-	652,136	513,164
	2,965,518	-	1,188,938	327,532	-	4,481,988	3,910,189
	\$ 7,051,530	\$ 152,880	\$ 1,188,938	\$ 336,543	\$ (10,664)	\$ 8,719,227	\$ 8,263,790

Approved by Executive Director



Approved by Chair of the Finance Committee



See accompanying notes to the financial statements

Nicholson & Beaumont
Chartered Professional Accountants

**Nurses Association of New Brunswick
Statement of Changes in Fund Balance
As at November 30, 2017**

	<u>Internally Restricted</u>					
	<u>Employee Benefit Fund</u>	<u>Contingency Fund</u>	<u>Capital Fund</u>	<u>Total</u>	<u>Invested in Capital Assets</u>	<u>Unrestricted</u>
						<u>2017 Total</u>
						<u>2016 Total</u>
Balance, beginning of year	\$ -	\$ 770,272	\$ 218,378	\$ 988,650	\$ 2,408,375	\$ 3,910,189
Excess of revenue (expenses) for year	(10,664)	18,666	4,154	12,156	(101,831)	\$ 3,961,345
Interfund transfers (Note 5)	10,664	400,000	105,000	515,664	-	571,799
Purchase of capital assets	-	-	-	-	6,838	-
						-
Balance, end of year	\$ -	\$ 1,188,938	\$ 327,532	\$ 1,516,470	\$ 2,313,382	\$ 4,481,988
						\$ 3,910,189

See accompanying notes to the financial statements

Nicholson & Beaumont
Chartered Professional Accountants

**Nurses Association of New Brunswick
Statement of Operations
For the Year Ended November 30, 2017**

	General Fund	Employee Benefit Fund	Contingency Fund	Capital Fund	Total 2017	Total 2016
Revenue						
Advertising and publication	\$ 6,890	\$ -	\$ -	\$ -	\$ 6,890	\$ 6,890
Annual meeting	991	-	-	-	991	-
CNA fees and exams	472,095	-	-	-	472,095	473,646
Investment income	32,272	3,559	18,666	4,154	58,651	55,752
Membership fees	3,509,956	-	-	-	3,509,956	3,513,011
NANB exam fees	1,100	-	-	-	1,100	1,000
Rental income	54,779	-	-	-	54,779	55,274
Other income	62,444	-	-	-	62,444	65,418
IEHP initiative	212,500	-	-	-	212,500	170,417
	<u>4,353,027</u>	<u>3,559</u>	<u>18,666</u>	<u>4,154</u>	<u>4,379,406</u>	<u>4,341,408</u>
Expenses						
Annual meeting	73,680	-	-	-	73,680	26,552
Awards	24,247	-	-	-	24,247	157,487
Chapter grants and funds	9,061	-	-	-	9,061	8,786
CNA board & biennium	-	-	-	-	-	703
CNA, CNPS, and CRNE fees	777,066	-	-	-	777,066	776,743
Committees, project and other activities	115,241	-	-	-	115,241	264,596
Liaison – membership/counterparts/ stakeholders/corporate	40,670	-	-	-	40,670	39,140
Employee wages and benefits (Note 6)	1,572,085	14,223	-	-	1,586,308	1,750,928
Information systems	18,275	-	-	-	18,275	22,218
Communications and public relations	103,501	-	-	-	103,501	176,953
Lease and bank charges	52,740	-	-	-	52,740	49,504
NANB board and executive	111,169	-	-	-	111,169	118,248
Office expenses	139,312	-	-	-	139,312	157,854
Personnel development	16,059	-	-	-	16,059	24,770
Premises expenses	163,253	-	-	-	163,253	153,407
Professional expenses	262,694	-	-	-	262,694	394,707
IEHP initiative	212,500	-	-	-	212,500	170,417
	<u>3,691,553</u>	<u>14,223</u>	<u>-</u>	<u>-</u>	<u>3,705,776</u>	<u>4,293,013</u>
Excess of revenue (expenses) before loss on disposal and amortization of capital assets	<u>661,474</u>	<u>(10,664)</u>	<u>18,666</u>	<u>4,154</u>	<u>673,630</u>	<u>48,395</u>
Loss on disposal of capital assets	-	-	-	-	-	-
Amortization of capital assets	101,831	-	-	-	101,831	99,551
	<u>101,831</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>101,831</u>	<u>99,551</u>
Excess of revenue (expenses) for year	<u>\$ 559,643</u>	<u>\$ (10,664)</u>	<u>\$ 18,666</u>	<u>\$ 4,154</u>	<u>\$ 571,799</u>	<u>\$ (51,156)</u>

See accompanying notes to the financial statements

**Nurses Association of New Brunswick
Statement of Cash Flows
For the Year Ended November 30, 2017**

	<u>2017</u>	<u>2016</u>
Cash flows from operating activities		
Excess of revenue for year	\$ 571,799	\$ (51,156)
Add back non-cash items		
Accrued employee retirement/resignation benefits	14,223	92,294
Amortization of capital assets	101,831	99,551
Investment income reinvested	(14,858)	(9,299)
Changes in cash relating to operations		
Accounts receivable	(151,644)	4,176
Prepaid expenses	24,891	(27,918)
Accrued interest receivable	2,058	31,653
Accounts payable	(25,376)	137,080
Future revenue	<u>15,771</u>	<u>(140,558)</u>
	<u>538,695</u>	<u>135,823</u>
Cash flows from financing activities		
Retirement allowance benefit paid	(130,094)	(128,733)
Cash flows from investing activities		
Transfer of long-term investments to current	1,160,547	1,179,820
Purchase of long-term investments	(4,652,194)	(3,682,750)
Purchase of capital assets	(6,838)	(26,483)
Disposal of long-term investments	<u>2,677,463</u>	<u>1,870,323</u>
	<u>(821,022)</u>	<u>(659,090)</u>
Net increase (decrease) in cash and investments	(412,421)	(652,000)
Cash resources, beginning of year	<u>1,499,634</u>	<u>2,151,634</u>
Cash resources, end of year	\$ <u>1,087,213</u>	\$ <u>1,499,634</u>
<u>Represented by</u>		
Cash	\$ 303,793	\$ 319,814
Bank indebtedness	(9,011)	-
Short term investments	<u>792,431</u>	<u>1,179,820</u>
	\$ <u>1,087,213</u>	\$ <u>1,499,634</u>

See accompanying notes to the financial statements

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended November 30, 2017**

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 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, 2017 in accordance with its personnel policies.

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended November 30, 2017**

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, 2017.

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, 2017**

3. Investments

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

General Fund

Investments - current

Five GIC's with interest ranging from 1.45% to 1.65%, paid annually.	\$ <u>500,000</u>
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Investments - long term

Five GIC's all due in 2018 with interest ranging from 1.45% to 1.60%, paid annually.	\$ 500,000
--	------------

RBC Investment Savings Account Series A (2010)	3,180,458
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	\$ <u>3,680,458</u>
--	---------------------

Cost of the above investments approximate their fair market value.

Employee Benefit Fund

Investments – long-term

GIC General Bank of CDA, due July 18, 2019 with interest at 1.85%, payable at maturity.	\$ 90,000
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GIC SBI Canada Bank due, July 18, 2019 with interest at 1.58%, payable at maturity.	42,560
---	--------

	\$ <u>132,560</u>
--	-------------------

Cost of the above investments approximate their fair market value.

Capital Fund

Investment – current

GIC General Bank of CDA, due April 23, 2018 with interest at 1.26%, paid annually.	\$ <u>99,722</u>
--	------------------

Investment – long-term

GIC Manulife Bank CDA, due August 25, 2020 with interest at 1.8%, paid annually.	\$ 50,000
--	-----------

GIC Manulife Bank CDA, due August 25, 2021 with interest at 2%, paid annually.	50,000
--	--------

GIC CDN Western Bank, due November 30, 2019 with interest at 2.03%, paid at maturity.	63,270
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GIC CDN Western Trust, due November 30, 2022 with interest at 2.72%, paid at maturity.	63,270
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RBC Investment Savings Account Series A (2010)	9,016
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	\$ <u>235,556</u>
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Cost of the above investment approximate their fair market value.

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended November 30, 2017**

Note #3. Continued

Contingency Fund

Investment – current

GIC BMO Advisors Advan, due October 23, 2018 with interest at 2.9%, paid annually.	\$ <u>192,709</u>
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Investment - long-term

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

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.	52,300
--	--------

GIC Equitable Bank, due February 12, 2019, with interest at 2.21%, paid annually.	100,000
---	---------

GIC SBI Canada Bank, due February 12, 2019, with interest at 2.1%, paid annually.	50,000
---	--------

GIC HSBC Bank Canada, due August 25, 2020 with interest at 1.4%, paid annually.	45,000
---	--------

GIC B2B Bank, due August 27, 2021 with interest at 2.45%, paid annually.	100,000
--	---------

GIC Bank of Nova Scotia, due August 27, 2022 with interest at 1.8%, paid annually.	130,000
--	---------

GIC Homequity Bank , due August 25, 2022 with interest at 2.5%, paid annually.	75,000
--	--------

GIC ICICI Bank of Canada , due October 27, 2022 with interest at 2.72%, paid annually.	75,000
--	--------

GIC Peoples Trust, due October 27, 2022 with interest at 2.8%, paid annually.	<u>35,000</u>
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\$ 991,254

Cost of the above investment approximate their fair market value.

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended November 30, 2017**

4. Capital Assets

	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>2017 Net</u>	<u>2016 Net</u>
Land	\$ 301,893	\$ -	\$ 301,893	\$ 301,893
Paving and fencing	18,680	14,498	4,182	5,116
Building	3,062,695	1,165,808	1,896,887	1,973,453
Computer and photocopy equipment	120,128	115,144	4,984	8,408
Office furniture and equipment	<u>267,467</u>	<u>162,030</u>	<u>105,437</u>	<u>119,505</u>
	\$ <u>3,700,863</u>	\$ <u>1,457,480</u>	\$ <u>2,313,383</u>	\$ <u>2,408,375</u>

5. Interfund transfers and internally restricted fund balances

On November 30, 2017, the General Fund owed the Employee Benefit Fund \$10,664 which is payable on demand without interest.

6. Registered retirement savings plan

During the 2017 year, as required by the Association's personnel policies, \$112,065 (2016 - \$119,882) was contributed to employees' individual registered retirement savings plans.

7. Accounts payable

Included in accounts payable is \$159,079 (2016 - \$137,045) of government remittances payable.

SUPPORTING NURSES

Board of Directors: Election

NANB Board of Directors had four positions for election in 2017: President-elect, and Directors for regions 2 (Saint John, Sussex & Charlotte Chapters), 4 (Edmundston Chapter), and 6 (Acadian Peninsula & Bathurst Chapters). Three of the four positions were contested. The only acclaimed nomination occurred in Region 4. An online and telephone voting process using a third-party provider, Intelivote Systems Inc. was used to conduct the 2017 Election.

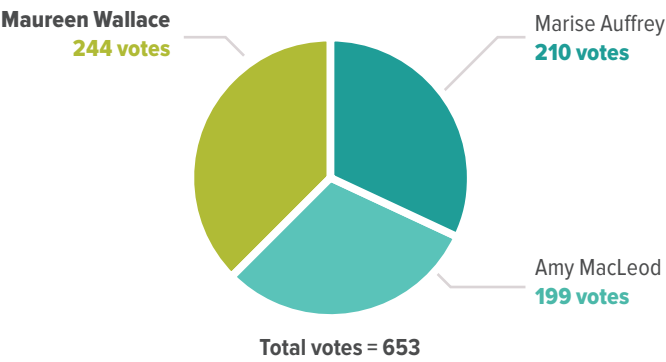


FIGURE 15 2017 ELECTION: PRESIDENT-ELECT

Staff Changes

NANB Board and staff would like to congratulate Liette Clément Director of Practice, on her retirement, September 1, 2017. Thank you Liette for your commitment and service to the NANB, the nursing profession and the public of New Brunswick.

Additionally, we are thrilled to welcome four new staff members to the NANB team: Sophie Noël, Senior Legal Counsel/ Registrar (May 29, 2017), Sarah O’Leary, Executive Assistant: Corporate Secretary (October 10, 2017), Sylvette Guitard, Nursing Consultant (November 6, 2017) and Kate Sheppard, Senior Advisor Nursing Education and Practice (November 20, 2017).

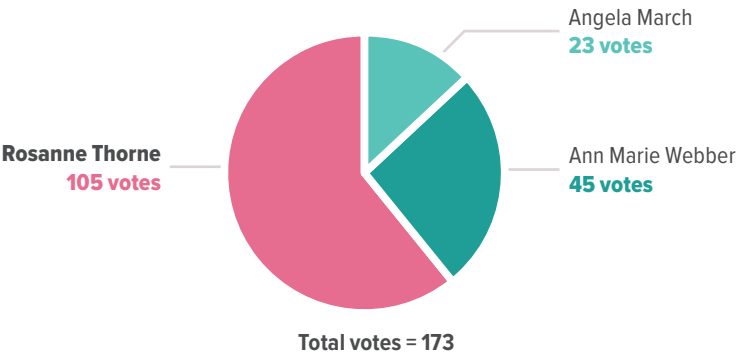


FIGURE 16 2017 ELECTION: REGION 2

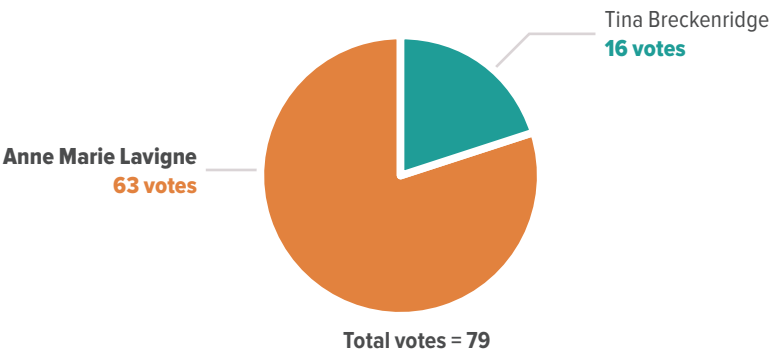


FIGURE 17 2017 ELECTION: REGION 6

Compassion Fatigue Workshop

NANB in partnership with the New Brunswick Nurses Union (NBNU) hosted two Compassion Fatigue Workshops in Bathurst and Fredericton. Welcoming approximately 200 nurses to the sessions, presenter Stéphanie Maillet, professor and compassion fatigue researcher (UdeM, Moncton) lead the workshops with a focus on providing participants a better understanding of: contributing factors; signs and symptoms; as well as best practices to avoid and treat compassion fatigue.



National Nursing Week 2017

In addition to circulating NANB’s unique poster to the workplaces, NANB’s President Brenda Kinney, President-elect Karen Frenette, participated in the annual declaration signing of National Nursing Week May 8-14, 2017 in New Brunswick with Premier Brian Gallant and Minister of Health Victor Boudreau, as well as Lisa Harris, Minister for Seniors and Long-term Care. This advertisement appeared in province-wide daily and weekly newspapers.

Chapters

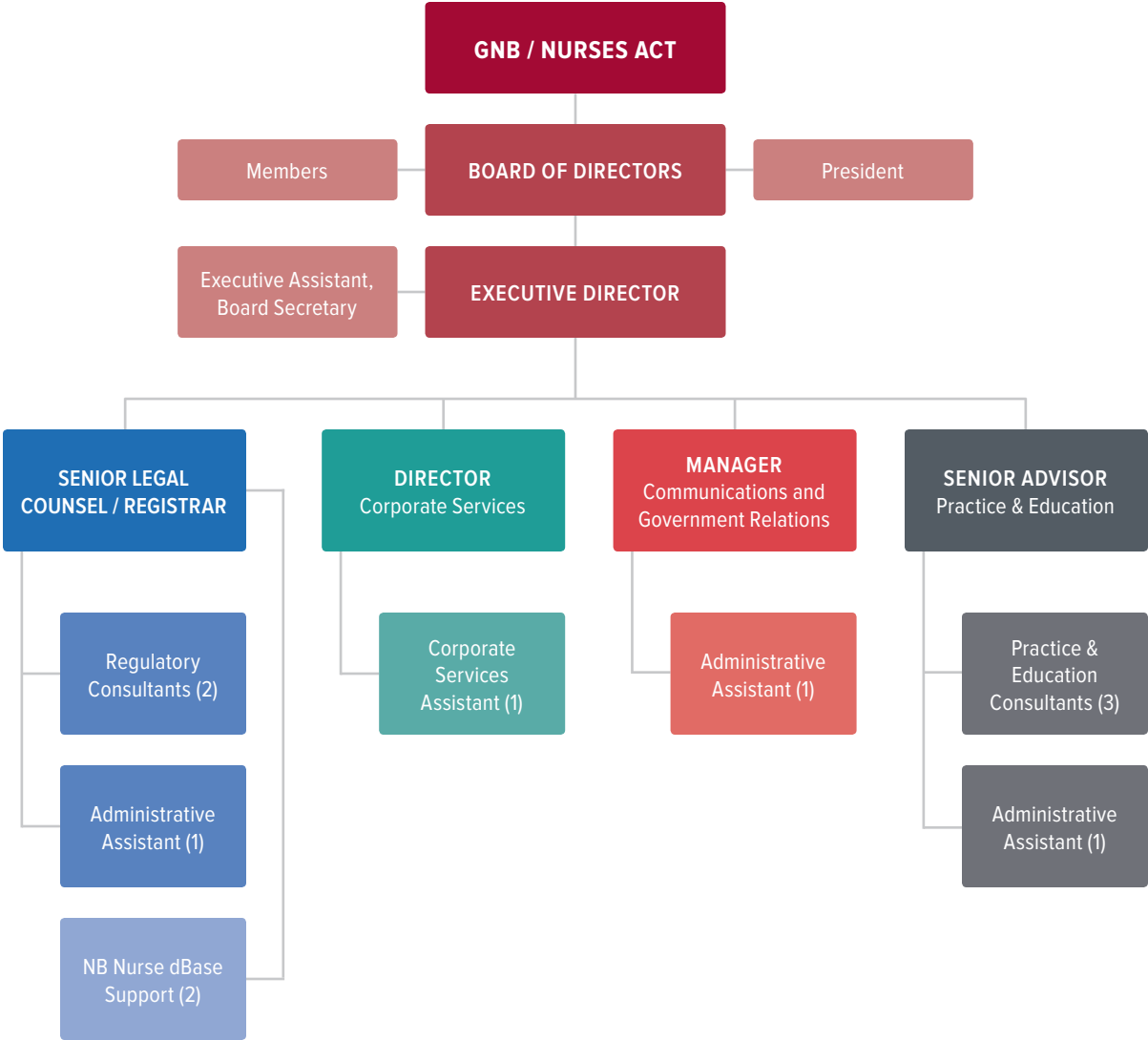
In an effort to engage members and support nursing practice, as per established policy, NANB provides active Chapters funding based on the number of nurses in their respective regions. An additional fund of \$5,000 is also accessible to support specific educational activities facilitated by Chapters.

Should you wish to become involved and participate in your area Chapter, please visit NANB’s website www.nanb.nb.ca for the President’s contact information. Inactive chapters may also be reinstated by an active member. Interested nurses should contact Jennifer Whitehead, Manager of Communications and Government Relations for further information.

NANB currently supports seven of the eleven active Chapters in the following regions:

Bathurst	Rachel Boudreau St.-Eloy
Carleton-Victoria	Amy McLeod
Charlotte County	Inactive
Edmundston	Vicky Doiron
Miramichi	Susan Prince
Moncton	Inactive
Péninsule acadienne	Inactive
Restigouche	Inactive
Saint John	Rosanne Thorne
Sussex	Debbie Marks
York-Sunbury	Heather McQuinn

ORGANIZATIONAL STRUCTURE



BOARD OF DIRECTORS 2016-17

Karen Frenette, RN

President

Maureen Wallace, RN

President-Elect

REGION DIRECTORS

Joanne LeBlanc-Chiasson, RN

Region 1

Rosanne Thorne, RN

Region 2

Amy McLeod, RN

Region 3

Vicky Doiron, RN

Region 4

Thérèse Thompson, NP

Region 5

Anne Marie Lavigne, RN

Region 6

Lisa Keirstead Johnson, RN

Region 7

PUBLIC DIRECTORS

Joanne Sonier

Rebecca Butler

Pauline Banville-Pérusse

PRESIDENT & EXECUTIVE DIRECTOR'S MESSAGE



AS THE RATE and intensity of change escalates across the New Brunswick health system, so does the need for nursing professionals to adapt. A scan of provincial/territorial and national trends reveals a shrinking nursing workforce and an increasingly aged population. This trend is evident in NB workplaces where nursing staff shortages and increasing overtime are experienced daily.

An emerging solution in many other Canadian jurisdictions is to move toward one regulatory body/nursing association for all nurses—registered nurses, nurse practitioners, and licensed practical nurses. Nursing organizations such as the Canadian Nurses Protective Society and the Canadian Nurses Association are inviting all regulated nurses to participate on Boards of Directors; to actively contribute to shaping the future of nursing education and healthy public policy for Canadian citizens.

As changes move forward, there is tremendous opportunity for nurses in New Brunswick. As lifespans grow longer

there is a need for nurses' expertise in planning for and managing the complex, and at times unpredictable, care needs of individuals. Technology increasingly makes cross-border delivery of nursing services a common practice platform. Nurses educated as nurse practitioners comprise the fastest growing registered nursing group in New Brunswick. These practitioners are effectively delivering care where most needed: primary health, gerontological health and to vulnerable patient populations.

During these continuing times of change and specialization in nursing, it is important to stay connected and become aware of how changes in law, health policy and nursing practice affect your daily practice. Engaging with nurse members at local and provincial levels, investing in continuing education and excellence in practice, and staying informed can assist with continued delivery of safe, competent and ethical care. Nurses have a unique and valuable contribution to a different professional environment—the future is bright.

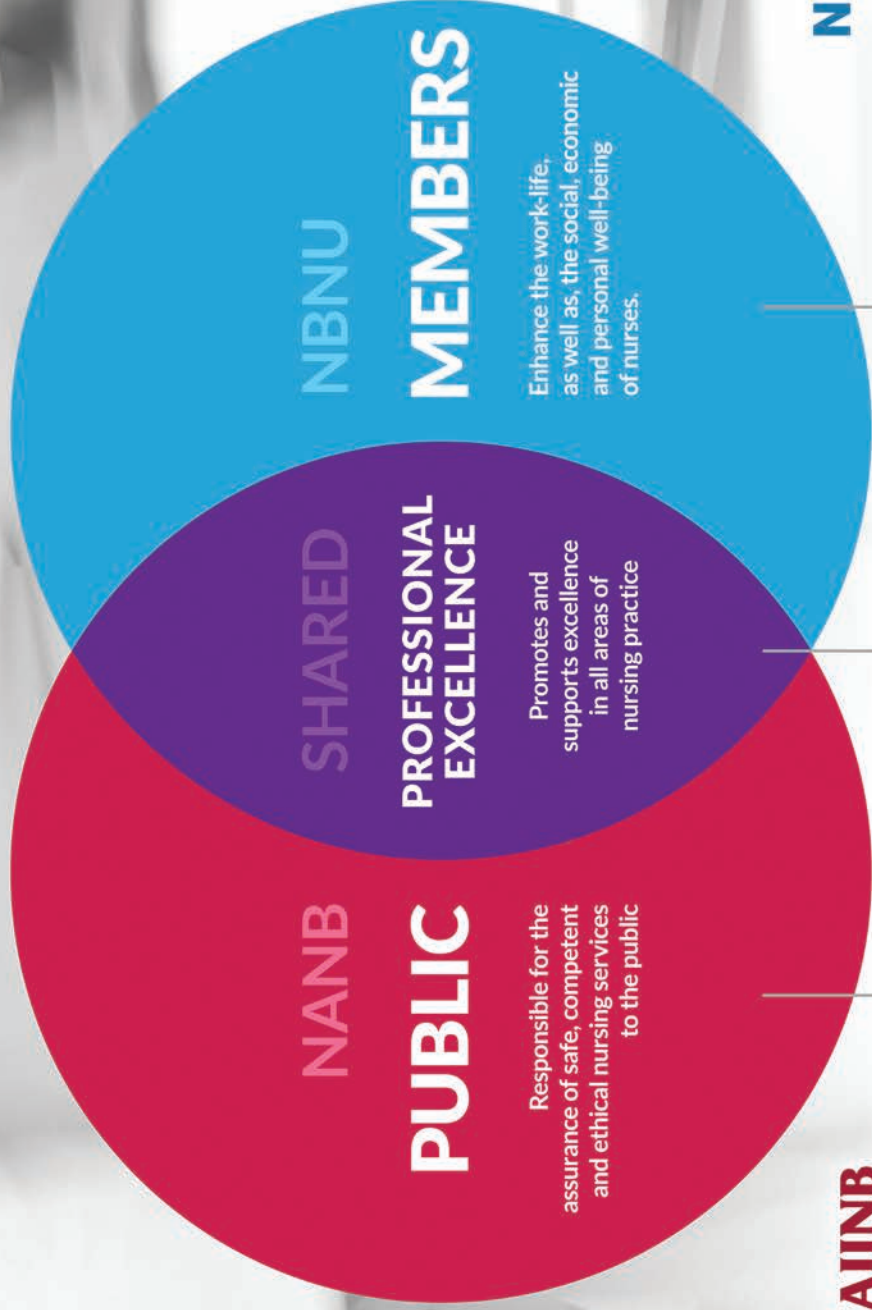
A handwritten signature in black ink, reading "Karen Frenette".

Karen Frenette, RN, *President*
president@nanb.nb.ca

A handwritten signature in black ink, reading "Laurie Janes".

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

What do your nursing organizations do for you?



www.nanb.nb.ca



www.nbnu.ca

Assure nurses practice within the laws of the Nurses Act

Promote excellence in nursing practice, prevent undesirable nursing practice, and intervene when necessary

Develop nursing practice legislation

Advocates for registered nurses and nurse practitioners for the health of citizens in New Brunswick

Support healthy public policy

Negotiate the best collective agreements achievable between nurses and the employer, as well as enforcing the agreement

Achieving appropriate working conditions and promote high professional standards of practice so that nurses can provide the best attainable patient care

