



2007 Annual Report

Nurses Association of New Brunswick

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Vision

Nurses shaping nursing for healthy New Brunswickers.

Mission

The Nurses Association of New Brunswick 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 advocating for a healthy public policy.

NANB Role

The Nurses Association of New Brunswick under the authority of the *Nurses Act* (1984) is responsible for advancing and maintaining the standards of nursing in the Province, for governing and regulating those offering nursing care and for providing for the welfare of members of the public and the profession.

Utilizing a regulatory framework based on promoting good practice, preventing poor practice and intervening when practice is unacceptable, the NANB is committed to the protection of the public and the assurance of safe, competent and ethical nursing care.

NANB Board Ends/Strategic Objectives

Protection of the public.

Advancement of excellence in the nursing profession.

Influencing healthy public policy.

Board of Directors 2007–2008



Members of the Board of Directors for 2007–2008 are (front row, left to right) Martha Vickers, President-Elect; Roxanne Tarjan, Executive Director; Monique Cormier-Daigle, President; Rose-Marie Chiasson-Goupil, Region 6. (Back row, left to right) Ruth Alexander, Region 2; Cheryl Drisdelle, Region 1; Ruth Riordon, Region 3; Robert Stewart, Public Director, Margaret Corrigan, Region 5; Bonnie Matchett, Region 7. (Missing from photo) Linda LeBlanc, Region 4; and Carole Ryan Dilworth, Public Director.

Board of Directors

PRESIDENT

Monique Cormier-Daigle, RN

PRESIDENT-ELECT

Martha Vickers, RN

REGION DIRECTORS

Cheryl Drisdelle, RN (Region 1)

Ruth Alexander, RN (Region 2)

Ruth Riordon, RN (Region 3)

Linda LeBlanc, RN (Region 4)

Margaret Corrigan, RN (Region 5)

Rose-Marie Chiasson-Goupil, RN (Region 6)

Bonnie Matchett, RN (Region 7)

PUBLIC DIRECTORS

Camille Breau

Carole Ryan Dilworth

Robert Stewart

EXECUTIVE DIRECTOR

Roxanne Tarjan, RN

NANB Staff

EXECUTIVE DIRECTOR

Roxanne Tarjan, RN

DIRECTORS

Lynda Finley, RN

Corporate and Regulatory Services

Doug Wheeler

Professional Practice and Policy

STAFF

George Bergeron

Manager, Communications and Membership Services

Odette Comeau Lavoie, RN

Consultant: Regulation / Professional Conduct Review

Marie-Claude Geddry-Rautio

Bookkeeper

Virgil Guitard, RN

Nursing Practice Advisor

Jacinthe Landry

Executive Assistant

Denise Leblanc-Kwaw, RN

Registrar

Shawn Pelletier

Administrative Assistant / registration

Paulette Poirier

Corporate Secretary

Shelly Rickard

Manager, Finance and Administration

Ruth Rogers, RN

Senior Consultant: Practice and Policy

Karine Thibodeau

Secretary, Consultant Services

Stephanie Tobias

Reception / registration

(Vacant)

Coordinator, Membership Communications

President and Executive Director's Message

This report highlights NANB activities during 2007 in fulfilling its mandate to regulate registered nurses and support and advance nursing practice in New Brunswick.

During 2007, the implementation of the new mandatory Continuing Competence Program requirement was our top priority and consumed significant human and financial resources. To ensure nurses had support in meeting this new requirement, two series of province-wide face-to-face workshops were delivered in most settings employing registered nurses and an on-line self directed learning module was made available through the NANB web site. Support to members will continue in 2008 as members will complete the full three-step cycle for the first time in preparation for the 2009 registration renewal. The NANB Continuing Competence Program provides a framework for members to maintain their competence in a field of professional practice that is continually integrating new knowledge and technology. Making this process a mandatory regulatory requirement represents the professions commitment to safe, quality nursing care for the citizens of New Brunswick.

A new format for the Annual Meeting was implemented with great success in 2007. While maintaining the usual two-day schedule; all business was scheduled the first day with a full conference program the second day. Member feedback through evaluations indicated strong support for the new format. The NANB Awards Gala Banquet was also a success. A capacity crowd of members, families and friends and stakeholders honoured members nominated and selected by their peers for recognition. The first election of the President-Elect by mail ballot saw 27% of NANB members participating in the selection of their next president. Mail voting for elections was implemented following a recommendation from the 2005 Organization Review, and has shown a significant increase in member participation from the previous method of voting during annual meetings which usually saw 4-5% of members vote. During the annual meeting members unanimously supported the proposed Long Range Fiscal Plan (2008-2011) which will support the enhancement of capacity and support and services to members. At the June 2007 meeting, the Board of Directors approved the donation of the holdings of the NANB Nursing History Resource Centre to the New Brunswick Museum and the creation of the New Brunswick Nursing Collection. The Board also approved



**Monique
Cormier-Daigle**
President



Roxanne Tarjan
Executive Director

financial support for the preservation, promotion and enhancement of the collection with \$10, 000 annually from 2007-2012. This partnership and the expertise of the museum staff will ensure the preservation of materials and will enhance the collections' availability to members, the public and researchers.

Finally, during 2007 NANB experienced a record number of staff changes due to retirements and individual resignations. We are pleased to report a period of recruitment has lead to a number of hires over the past months and the NANB team will be at full capacity by summer.

We would like to thank former President, Sue Ness for her leadership and commitment during her term (September 2005-September 2007), as well as, the Board of Directors, the many volunteers; registered nurses and members of the public and NANB staff. Your contribution is essential to fulfilling the NANB vision and mandate.

A handwritten signature in cursive script that reads "Monique Cormier-Daigle".

Monique Cormier-Daigle, President

A handwritten signature in cursive script that reads "Roxanne Tarjan".

Roxanne Tarjan, Executive Director



Highlights From 2007

Protection of the Public

Mutual Recognition Agreement

The 1994 Agreement on Internal Trade (AIT) is a federal, provincial and territorial agreement aimed at reducing interprovincial barriers to the movement of workers, goods, services and capital. In response to the requirements of the AIT, the provincial/territorial regulatory bodies developed a Mutual Recognition Agreement (MRA) to reduce barriers to the mobility of registered nurses between provinces. An MRA for RN practice was signed by most regulatory bodies in 2000. Since 2000, nurse practitioner practice has been established across Canada and requires the development of a MRA to ensure NP mobility and compliance with AIT requirements. To accomplish both the updating of the RN agreement and development of an NP agreement, a national Workgroup was established with NANB as a member. The update of the RN agreement was completed in early 2008 and is supported by all jurisdictional regulators across Canada. The RN agreement is currently awaiting approval at the national level. Work on the NP agreement is planned to commence by mid 2008.

Jurisdictional Review of Registered Nurse Exam Questions

The development cycle of the Canadian Registered Nurse Examination (CRNE) includes a jurisdictional review of new test questions. Once the review is complete and

necessary revisions are made, questions are added to the test question bank at Assessment Strategies Inc. (ASI) in Ottawa to be used in future exams. NANB has supported this process on an annual basis by recruiting a Francophone and an Anglophone review team from nurses in clinical practice and education. Beginning in 2008, there will be an additional Annual Review in both languages to rebuild the test question bank following an exposure of the CRNE currently under investigation.

Nursing Education Program Approvals

The NANB has the legislated authority under the *Nurses Act* (1984) to develop, establish, maintain and administer standards for nursing education. The purpose of the NANB nursing education approval process is to ensure that the NANB standards for nursing education are being met and that program curricula reflect current RN entry level competencies. In 2007, two education programs completed the approval process.

The Université de Moncton basic nursing education program received the maximum approval status of five years with the condition that two satisfactory progress reports be submitted in 2008 and 2010.

The University of New Brunswick's nurse practitioner program went through the approval process for the

New Brunswick Nurse Refresher Program						
	2002	2003	2004	2005	2006	2007
Enrollment for year	64	26	25	18	9	11
Completed	43	15	15	7	9	5
Did not complete	2	0	1	0	0	4

second time and received the maximum approval status of three years.

Survey of Graduates and their Employers

In 2005, NANB initiated a graduate nurse survey in partnership with the Université de Moncton. In 2007, the third cohort of New Brunswick graduates was surveyed. The goal of the survey is to identify the employment profile of graduates, their perception of their preparedness to assume the role of an entry-level nurse; their perception of the usefulness of orientation and mentorship programs and their future career intentions. Employers of nurse graduates are also surveyed to identify the employers' perception of the graduates' preparedness to assume the role of the entry-level nurse. The survey of new graduate nurses and their employers will continue over the next two years in order to facilitate analysis and trending data and inform ongoing development and maintenance of entry-level competencies and curriculum development for nursing programs.

Sustaining the Supply of Registered Nurses

In 2007, the total number of students admitted to basic nursing education programs in New Brunswick was 470 which surpassed the 465 seats allocated for funding. The University of New Brunswick admitted 280 students out of their 281 allocated seats. In 2007, the Université de Moncton admitted 190 students representing a significant increase from last year's 154 student admissions and exceeds their 184 funded seats by six.

The NANB is continuing to work collaboratively with both universities and government through the Nursing Education Stakeholders Group to achieve and maintain full integration of all funded seats in an effort to mitigate the impact of an aging nursing workforce as well as the current and predicted future workforce shortage.

Graduate education enrollment continues to grow. In September 2007, the Université de Moncton reported 32 nurses in their master's program and 22 nurses in the nurse practitioner program. The University of New Brunswick reported 40 in the master's program and 29 in the nurse practitioner program.

Nurse Refresher Program: 2007 Statistics

The 2007 New Brunswick Nurse Refresher Program statistics continue to show a decrease in the number of enrollments from previous years as illustrated in the table above. Former registered nurses who do not currently meet the requirements for registration wishing to return to nursing practice are required to complete the Nurse Refresher Program which includes a clinical placement to meet requirements for registration. The program is provided to New Brunswick candidates through a contractual agreement with Grant MacEwan College, Alberta.

Enhancing Nurse Practitioner Practice—Controlled Drugs & Substances Act (CDSA)

Ensuring the ability of Nurse Practitioner Practice to respond to system and patient needs requires expanded prescriptive authority not currently authorized under the federal *Controlled Drugs & Substances Act* (CDSA). NANB has worked with CNA and the other jurisdictions for the past several years to enable new regulations within the legislation.

New classes of practitioner regulations under the *Controlled Drugs and Substances Act* (CDSA) were pre-published in the Canada Gazette, Part I, in June, 2007. The purpose of these regulations is to introduce three new classes of health professionals as practitioners under the *Controlled Drugs and Substances Act* (CDSA), specifically nurse practitioners, doctors of podiatry, and midwives. These new regulations will provide nurse practitioners with the much needed authority to better serve the needs of their client populations.

In the proposed "Schedule 3 Nurse Practitioners" the Office of Controlled Substances has selected thirty-one drugs from the existing schedules for controlled drugs based on the following criteria: 1) drugs marketed in Canada, and 2) drugs that are medically therapeutic. The Office of Controlled Substances (OCS) will consider adding other drugs to the proposed list if it meets the above stated criteria.

NANB's response to the OCS highlighted our belief that using a list of drugs will not provide the flexibility and currency that is essential given the diverse practice settings and patient populations served by nurse practitioners and that regulating 'a list' of controlled substances undermines the principles of self regulation and accountability for performing within one's scope of practice. However, if a list is perceived to be necessary, NANB supports a i) consultative process to expand the list in a timely and effective way and ii) implementation of a process on the use of a list of identified drugs to help guide further development.

The OCS has sent a report to Health Canada with recommendations formulated from the Gazette responses. Further updates are expected in early spring 2008. The Nurse Practitioner Therapeutics Committee (NPTC) will consider the proposed schedules from OCS when they are finalized in 2008.

Maximizing the Role of Nurse Practitioners

Nurse Practitioners working in New Brunswick are not able to directly consult with a specialist physician without the signature of a collaborating physician, resulting in an unnecessary administrative barrier. Additionally, for medical specialists to receive remuneration for patients referred by a nurse practitioner the agreement between the New Brunswick Medical Society (NBMS) and Medicare must be modified.

In late 2005, the NANB participated in a government working group that recommended the administrative barrier prohibiting NPs from referring directly to medical specialists be removed. Additionally, at its April 2007 meeting, members of the Nurse Practitioner Therapeutics Committee (NPTC) felt strongly that this issue should be moved forward to avoid further duplication in services and to avoid unnecessary delays in treatment brought to the attention of the Minister of Health during a face-to-face



2007 NANB PRACTICE FORUM



2007 NANB ANNUAL GENERAL MEETING

meeting with NANB's President and Executive Director in late spring 2007. In December 2007, a letter of concern was submitted to the Board of the New Brunswick Medical Society (NBMS). To date there has been no change to the NBMS/Medicare Agreement.

Continuing Competence Program (CCP): Implementation and Education

The purpose of the CCP is to provide a framework for all New Brunswick registered nurses (RN) and nurse practitioners (NP) to demonstrate on an annual basis how they have maintained their competence and enhanced their practice. The program became mandatory for the 2008 registration year. All NANB members received a copy of the CCP manual (guide and worksheets in late January/early February 2007). NPs received the basic RN package and an additional section which reflects NP competencies.

As part of the 2007 implementation plan, 190 one-hour information sessions were delivered throughout the province in both official languages at various work settings with three thousand, nine hundred and seventy-six (3,976) nurses or fifty-one per cent (51.8%) of New Brunswick

nurses attending. The overall response to the educational sessions was positive. Nurses felt that their questions had been answered and that their anxiety about the new regulatory requirement was alleviated.

Other information and resources for members during the 2007 implementation year included an interactive CCP Tutorial with downloadable forms and the option of a one-on-one phone consultation. In 2007, the Practice Department received two hundred and forty-four (244) calls directly related to the new CCP requirement with a peak in October. Twenty-two per cent (22%) of practice consultations in 2007 were related to CCP.

CNA Code of Ethics Review

The Canadian Nurses Association initiated a review of its code of ethics in 2006 with the final draft being approved by the CNA Board of Directors at their November 2007 meeting. NANB participated throughout the review process. The revised Code will be launched at the CNA Biennium in June 2008 as part of their Centennial celebrations. The new code will be distributed to all NANB members in late 2008 and will be available via the NANB web site.

Practice Consultations

The NANB supports professional nursing practice in the public interest by promoting good practice and preventing poor practice. To achieve this objective, the nursing practice consultation service provides individual or groups of nurses with advice, guidance and support for decision-making in their practice. This service continues to be highly valued by members. In 2007, 1091 queries were received (an increase of 61% from 2006), with (86%) 942 queries of these from registered nurses. Queries to the service are received by telephone, letter or e-mail.

The majority of the calls are received from nurses providing direct care (46%), followed by nurse administrators (20%). Nurse educators and researchers account for (10%) of calls and nurse practitioners account for (3%). Close to (19%) of the queries come from members who are self-employed or who work in other practice settings such as industry and government.

Practice calls are reviewed regularly to identify significant trends and issues affecting nursing practice and priorities for future work. Professional practice (45%), scope of practice (15%), and legal/liability concerns (4%) are the frequent topics for which the NANB is consulted. Ethical concerns (1%) and workplace issues (7%) round off the major topics. Twenty-five per cent (25%) of all calls are for general information. Forty-six per cent (46%) of calls required some type of follow-up, which may include a combination of call backs, research, expert consultation, mail out, referral, written opinion and/or presentations. Topical issues include: immunization; documentation; professional practice problems; delegation of procedures; medical orders and directives; medication administration; skill mix; and nurse practitioner scope.

Maximising the Role of the RN in Professional Collaborative Practice (Phase 2 activities)

As a follow-up measure to communicate with registered nurses on adapting to changes in staff mix in the workplace, a series of six articles on Adapting to the New Workplace Reality was planned for publication in *Info Nursing*.

The first two articles in the series appeared in the spring and fall publications respectively: i) Professional Nursing Practice: Requisite Capacities and ii) Professional Practice: The Rule of Three—Authority, Accountability and Responsibility. Each article was supported by a follow up capsule on how to consider putting the information to work in professional practice. While this series is aimed at RNs working in institutions, some of this information is also applicable in community or other settings.

Additional articles to support RNs in adapting to the changing workplace included an article written by the Association of New Brunswick Licensed Practice Nurses (ANBLPN) staff member on the expectations for ANBLPN's mandatory Adult Assessment Training written by J. Hall, former Education Consultant at ANBLPN. Future efforts may also be realized through NANB's participation in the Government of New Brunswick working group, Optimization of the Role of Nursing Care Providers in New Brunswick Regional Health Authorities, which NANB was invited to join in the fall of 2007.

ANBLPN: LPN Medication Administration in Acute Care Guidelines Document

In April 2006, NANB was invited by the Department of Health (DH), Government of New Brunswick (GNB), to participate in a committee to develop a guidelines document on "Medication Administration by the Licensed Practical Nurse in Acute Care Settings". The document was approved by the ANBLPN Board of Directors at their September 2007 meeting and circulated to their members in early 2008. NANB's practice consultation service has received calls from registered nurses related to the application of these guidelines, and continues to collaborate with employers, nurses and ANBLPN as the acute care system moves to implement this change in practice.

National Framework for Nursing Standards

Following directives from the executive directors of the regulatory bodies for registered nurses in Canada, NANB has committed to participating in a national working group whose mandate is to facilitate a consistent approach to the development of standards of nursing practice across the nation. The group's mandate will be realized in two phases. In phase 1, a framework for the development of nursing standards will be completed by June 2008. The working group is meeting monthly via teleconference to meet this deadline. The Phase 1 framework will include principles, definitions, process for development/revision and foundational standards. Phase 2 is still in the preliminary planning phase with a view to the development of generic standards of practice for the jurisdictional members to apply when revising their nursing standards.

Advancement of Excellence in the Nursing Profession

Awards and Bursaries

The 2007 NANB Award recipients were honoured at a gala banquet at the biennial meeting in May. Recipients were: Sr. Ernestine LaPlante, Bathurst, Life Membership; Marina LeBlanc, Memramcook, Excellence in Clinical Practice; Linda Varner, Memramcook, Award of Merit-Nursing Practice; Geri Geldart, Fredericton, Award of Merit-Administration; Nancy Logue, Saint John, Award of Merit-Education; Natalie Boivin, Bathurst, Award of Merit-Research and Karelle Robichaud, Moncton, Entry-Level Nurse Achievement Award.

The President's Awards are presented to an outstanding nursing graduate from each University site. The 2007 recipients at the University of New Brunswick were: Angela Nebuurs, Fredericton campus; Charis Lynch, Moncton campus; Natasha Chevarie, Bathurst campus; and Susan Smith, Saint John campus. The Université de Moncton 2007 recipients were: Natalie LeBlanc, Moncton campus; Guylaine Cyr, Shippagan campus; and France Martin, Edmundston campus.

The NANB scholarships are awarded to nurses pursuing their nursing education at UdeM and UNB. The 2007 recipient at UNB was Rishma Ladha and UdeM was Annette Cormier.

The Meloche Monnex Bursaries are awarded to nurses studying at the graduate level. The 2007 recipient at the UdeM was Lisa Morin and the two recipients at UNB were Sandra Roy and Krista Trecartin.

The NANB Canadian Nurses Foundation Scholarship was awarded to Brenda Mercer.

CNA Certification

NANB and its members continue to contribute, participate in and support the CNA certification process. A total of 156 New Brunswick nurses received specialty certification or re-certification from the CNA in 2007 in the following areas: cardiovascular; community health; critical care; emergency; gerontology; hospice palliative care; nephrology; neuroscience; occupational health; oncology; orthopaedics; perinatal; perioperative; psychiatric/mental health and rehabilitation.



2007 NANB AWARDS GALA BANQUET

Nurse Practitioner Forum

A one day NP forum was hosted by NANB and the Department of Health in September 2007. The objective of the forum was to support the implementation of the NP role by bringing together nurse practitioners, graduate nurse practitioners and NP students; to share information on regulatory and practice issues; to provide an update on current government initiatives; and to provide an educational event. The education component, "A Systematic Approach to Shoulder Pain" was presented by Dr. Eric Gozna and funded by the New Brunswick Workplace Health, Safety and Compensation Commission.

Supporting Specialty Practice— Two Newly Created NANB Interest Groups

The Board of Directors at their February 2007 meeting reviewed and approved two applications for new NANB Interest Groups: the Perianesthesia Nurses of New Brunswick and Prince Edward Island, and the Nurse Practitioners of New Brunswick.

The objectives of NANB interest groups is to promote excellence in the specialty, to provide an opportunity for nurses to meet and exchange ideas of common professional interest, and to provide educational sessions to support professional development.

Government of New Brunswick (GNB) Optimization of the Role of Nursing Care Providers in New Brunswick's Regional Health Authorities Committee

The purpose of this government committee is to support the Regional Health Authorities (RHAs) in optimizing the role of nursing care providers. The committee's objectives currently focus on ensuring that all Regional Health Authorities are supported as they implement their action plans to optimize the role of licensed practical nurses.

NANB met with the full committee in June 2007 where a positive discussion led to NANB being invited to become a permanent member of the committee. A one day meeting was held in November which included an overview of initiatives in the various regions. A representative from the Extra-Mural Program (EMP) provided an overview of how LPNs will be introduced within the EMP to maximize and extend the utilization of RNs.

NurseONE/INF-fusion

NurseONE, also known as the Nursing Portal, is a national, bilingual, web-based health information service for the Canadian nursing community. The Portal serves as a

gateway to resources and information for healthcare professionals in all domains of practice—direct care, education, administration, research—to support and enhance their clinical and professional careers. The Portal has been developed through a partnership between the Canadian Nurses Association (CNA) and the First Nations and Inuit Health Branch (FNIHB) of Health Canada. The secure, subscriber-only section of NurseONE provides nurses access to a wide array of tools and resources, from reference manuals and materials that support lifelong learning, to tools to build a portfolio and forums to connect with nursing peers. Nurses from across the country have been signing on, at a rate of up to 500 per day. NANB has been promoting the Portal to nurses through Fall Forums, the NANB web site, and *Info Nursing*.

Promoting Nurses' Involvement in Health Informatics at all Levels

Practice and policy staff participated in the CNA informatics counterparts teleconference in December 2007. CNA continues to partner with key stakeholders; communicate key messages and to retain an advisor on health informatics. Informatics highlights from CNA include various initiatives under the following headings: e-nursing strategy for Canada; Canada Health Infoway and the Pan-Canadian Electronic Health Record; Canadian Institute of Health Informatics update; Terminology; and NurseONE Update.

The CNA contract with Infoway for the Canadian Health Outcomes for Better Information and Care (C-HOBIC) in a partnership with the Ministries of Health in Ontario, Prince Edward Island and Saskatchewan began in May 2007 and will continue until March 2009.

A Health Informatics Training System (HITS), an on-line course, can now be accessed through NurseONE, the CNA sponsored nurse's portal, an interactive web-based resource provides access to current and reliable information to support nursing practice.

The NANB Nursing Informatics Nurses Interest Group has been re-activated for the past two years and is now developing its own web site.

NANB continues to monitor CNA informatics developments through participation in a national jurisdictional informatics group.

The NANB is a member of the One Patient One Record Steering Committee responsible for overseeing the development and implementation of the electronic health record in the New Brunswick health system.

Influencing Healthy Public Policy

IN THE INTEREST OF THE PUBLIC

GNB Personal Health Information Task Force and Legislation

In May, 2007 the Minister of Health created the Personal Health Information (PHI) Task Force to consult with New Brunswickers on new legislation to regulate access to and privacy of personal health information and to report its findings and recommendations to the Minister. The Report of the New Brunswick Personal Health Information Task Force was released in a press conference on October 24, 2007. NANB participated in the committee's bid for further stakeholder input by submitting two written responses to the committee's work.

Defining a Framework for Registered Nurse Practice in Canada: CNA Scope of Practice Counterparts

In early 2005, CNA established an advisory committee of jurisdictional representatives to identify and address issues relating to the changing scopes of practice and potential implications for patient safety and quality care. The committee was mandated to develop a national framework to promote a common understanding about what constitutes registered nurse practice in Canada. The final version Framework for the Practice of the Registered Nurse in Canada was approved by the CNA Board of Directors at their November 2007 meeting and endorsed by the NANB Board at their February 2008 meeting. The framework is available on NANB's and CNA's respective web sites.

GNB Primary Health Care Collaboration Committee

The Department of Health (DH) established an advisory committee in 2005 to advise the Deputy Minister of Health on primary health care. The Primary Health Care Collaboration Committee's (PHCCC) mandate is to review and make recommendations on more accessible and effective primary health care service delivery models for use around the province.

Membership includes representation from: the Nurses Association of New Brunswick; the New Brunswick College of Family Physicians; the New Brunswick Medical Society (2); Allied Health Professionals (2); Department of Health (3); one nurse practitioner and two general practitioners (GPs) appointed by DH.

The committee has reviewed the department's primary health care framework and through its chair, has advised on improved linkages and supports the province's chronic disease management strategy. At the November 2007 meeting the newly appointed Deputy Minister of Health, Don Ferguson met with the committee to express his support for primary health care in the health portfolio and to speak to various topics such as the importance of relationship building, change management for professionals, the need to have One Patient One Record and the link between mental health services and chronic disease management.

CNA & Canadian Federation of Nursing Unions (CFNU)—Violence in the Workplace

In September 2007, NANB was asked to participate in reviewing a joint document of the Canadian Nurses Association and the Canadian Federation of Nurses Unions on the topic of workplace violence. NANB and members at large gave input which was forwarded to CNA through the office of the NANB Executive Director.

GNB Provincial Pandemic Planning Steering Committee (PPPSC)

The NANB is a member of the PPPSC which is responsible for the oversight of pandemic response planning for the province. Membership in this committee facilitates the linkage of NANB members to the appropriate information and resources associated with this work and the profession's input in all aspects of this work. Additionally, NANB will be publishing resource materials available through the Canadian Public Health Agency to enhance members' knowledge and awareness of influenza.



2007 NANB ANNUAL GENERAL MEETING

New/Revised NANB Publications

- Guidelines for Camp Nursing in NB
- Two position statements: Clinical Nurse Specialist and Nurse Practitioner
- Working Understaffed: Professional and Legal Considerations (joint document with New Brunswick Nurses Union)
- Minding Your Business: A Guide for Establishing an Independent Nursing Practice
- Nurse Practitioner Schedules for Ordering

Endorsed CNA Documents

- End-of-Life Issues
- Framework for the Practice of Registered Nurses in Canada
- Making Decisions about CPR

STATISTICAL HIGHLIGHTS

Membership Highlights			
Number of Members	*Year 2007	Year 2006	Year 2005
Registered	8612	8523	8458
Non-practising	382	382	370
Life	19	18	19
Total	9013	8923	8847
Number of New Registrants	*Year 2007	Year 2006	Year 2005
N.B. graduates	266	256	260
Graduates from other provinces/territories	84	82	93
Graduates from outside Canada	10	10	9
Total	360	348	362
Number of Employed Nurses	*Year 2007	Year 2006	Year 2005
Full time	4784 (60%)	4830 (60%)	4769 (60%)
Part time	2203 (28%)	2177 (27%)	2176 (27%)
Casual	588 (7%)	598 (7%)	572 (7%)
Other**	443 (6%)	458 (6%)	443 (6%)
Total	8018	8063	7960
* Year 2007—Preliminary data			
** Includes employed nurses on temporary leave (ex. Maternity, educational, disability leave, etc.)			
Place of Employment	*Year 2007	Year 2006	Year 2005
Hospital	n/a	5265 (65%)	5163 (65%)
Community	n/a	596 (7%)	669 (8%)
Nursing Home	n/a	818 (10%)	776 (10%)
Extra Mural Program	n/a	437 (5%)	396 (5%)
Other**	n/a	947 (12%)	956 (12%)
Total	n/a	8063	7960
* 2007—not available at this time			
** Includes physician offices, industry, educational institutions, self-employed, association, government, correctional facilities (provincial/federal), addiction centres, armed forces.			

Membership Highlights (continued)			
Age Distribution (employed nurses)	*Year 2007	Year 2006	Year 2005
under 25	161 (2%)	187 (2%)	218 (3%)
25-29	679 (9%)	650 (8%)	575 (7%)
30-34	757 (9%)	742 (9%)	767 (10%)
35-39	983 (14%)	1083 (13%)	1145 (14%)
40-44	1367 (17%)	1382 (17%)	1398 (18%)
45-49	1297 (16%)	1343 (17%)	1331 (17%)
50-54	1297 (16%)	1330 (17%)	1305 (16%)
55 +	1474 (18%)	1346 (17%)	1221 (15%)
* 2007—Preliminary data			
Gender Distribution (employed nurses)	*Year 2007	Year 2006	Year 2005
Female	7672 (96%)	7727 (96%)	7640 (96%)
Male	346 (4%)	336 (4%)	320 (4%)
* 2007—Preliminary data			
Professional Conduct Review Statistics			
Complaints Received	Year 2007	Year 2006	Year 2005
Complaints carried forward from previous year	0	0	2
New complaints received in current year	10	10	4
Referred to Review Committee	2	2	3
Referred to Discipline Committee	6	4	1
Dismissed	1	4	2
Carried forward to next year	1	0	0
Discipline and Review Committee Hearing	Year 2007	Year 2006	Year 2005
Cases carried over from previous year(s)	4	2	4
Cases received in current year	8	10	4
Discipline Hearings	2	5	3
Review Hearings	3	4	3
Dismissed	0	0	0
Carried forward to next year	7	4	2

Please note: Detailed reports of both the Complaints and Discipline and Review Committees are included elsewhere in this report.



Standing and Legislative Committees

Complaints Committee

The complaints committee screens written complaints about the conduct of members and former members of the Nurses Association in accordance with the *Nurses Act*. It is the first level of a formal two-step process for dealing with such complaints. The committee screens out complaints that do not relate to professional conduct or do not require further consideration. Serious matters are referred by the complaints committee to either the discipline committee or the review committee for further consideration and investigation.

COMMITTEE MEMBERS INCLUDE:

Annette LeBouthillier (chairperson), Patricia Roy, Monique Ouellette, Tanya Jenkins, Erin Musgrave, Nancy Sheehan, Mark Brown, Chantal Saumure, Étienne Thériault, Edouard Allain, Jack MacKay, Jeannita Sonier.

Discipline and Review Committees

The NANB discipline and review committees consider complaints referred to them by the complaints committee of the Association. The discipline and review committees perform the second step of a 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.

COMMITTEE MEMBERS INCLUDE:

Roberte Vautier (chairperson), Denise Tardif, Rinette Côté, Luc Drisdelle, Shirley Bellavance, Angela Arsenault-Daigle,

Trevor Fotheringham, Sandra Mark, Sharon Smyth-Okana, Nancy Waite, Florence Thibodeau, Heather Bursey, Claire Cyr, Raelyn Lagacé, Jamie Stockton, Edith Tribe, Wayne Trail, Reinelde Thériault, Louisel Pelletier-Robichaud, Denis Morisset, Charles Flewelling.

Nursing Education Advisory Committee

The purpose of the nursing education advisory committee is to assist the NANB Board of Directors in fulfilling its responsibilities for developing, establishing, maintaining and administering standards for university nursing education, nurse refresher programs and continuing nursing education. The committee also tracks trends in health care which impact nursing education and recommends issues and matters to the Board which may require further study.

COMMITTEE MEMBERS INCLUDE:

Nancy Logue (chairperson), Patricia Cormier, Tracie Ouellette, Linda Lepage-Leclair, Reida Woodside, Rosemary Boyle, Sherry Williston and Suzanne Harrison.

Nurse Practitioner Therapeutics Committee (NPTC)

The nurse practitioner therapeutics committee is an advisory committee to the NANB Board of Directors. The committee develops and reviews Schedules "A," "B," "C" and "D" of the Rules Respecting Nurse Practitioners and makes recommendations with respect to the:

- 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 recommendations for changes to the Schedules were approved by the NANB Board of Directors at their May Board. Following approval by the Minister of Health, the NP Schedules for Ordering were updated in July 2007.

The NPTC met in October 2007 to begin preliminary discussions on streamlining processes for updating the schedules. This coincides with the review and revision of the NANB's 2002 document Competencies and Standards of Practice for Nurse Practitioners in Primary Health Care.

COMMITTEE MEMBERS INCLUDE:

Two nurse practitioners: Jacalyn Boone (chairperson) and Martha Vickers; two pharmacists (Hugh Ellis until April when Jacqueline Mouris was appointed) and Bill Veniot; two physicians: Dr. Tim Snell and Dr. Perry Spencer.

Resolutions Committee

Since 1999, members have been submitting resolutions to NANB's attention year round. In accordance with the policy of the resolutions committee, resolutions from practising members or chapters must be submitted no later than six weeks before a regular board meeting or twelve weeks for presentation at an annual meeting.

Resolutions must be submitted in writing to the resolutions committee, signed by at least two practising members and state whether it is sponsored by individual(s), a group of nurses or a chapter. The resolutions committee receives and screens resolutions and decides whether to refer a resolution to the Board of Directors, to NANB staff or to present it to an annual meeting. Committee members edit resolutions for clarity and make suggestions to the sponsors for corrections and clarification, where necessary. Committee members determine the order in which the resolutions will be presented at an annual meeting.

COMMITTEE MEMBERS INCLUDE:

Sussex Chapter Deborah Marks (chairperson), Ruth Alexander, and Connie Armstrong.



2007 NANB ANNUAL GENERAL MEETING

Committee Reports

Complaints Committee

BY ANNETTE LEBOUTHILLIER, RN, MN, CHAIRPERSON

This report outlines the activities of the NANB complaints committee in 2007. The complaints committee screens written complaints about the conduct of members and former members of the Nurses Association in accordance with the *Nurses Act*. It is the first level of a formal two-step process for dealing with such complaints. The committee screens out complaints that do not relate to professional conduct or do not require further consideration. Serious matters are referred by the

complaints committee to either the discipline committee or the review committee for further consideration and investigation.

It should be noted that the formal complaint process under the *Nurses Act* is generally a measure of last resort. The overwhelming majority of concerns and issues related to the practice of nurses are resolved at the agency or institution level. Staff of the Nurses Association provides consultative services to members, the public and employers on how best to address concerns related to a nurses' practice or conduct.

Allegation	Setting	Outcome
Medication administration error	Nursing Home	Dismissed
Poor interpersonal/communication skills; medication administration and/or documentation error; failure to ensure patient safety; use of rude, unprofessional language; unprofessional behaviour	Hospital	Referred to Discipline Committee. Suspension pending outcome of hearing.
Medication administration and/or documentation error; poor interpersonal/communication skills	Hospital	Referred to Discipline Committee. Suspension pending outcome of hearing.
Substance abuse; pled guilty to a criminal offence	Nursing Home	Referred to Review Committee. Previously revoked by Registrar.
Fraud/deceit; pled guilty to a criminal offence; misrepresentation to Registrar; dishonesty	Community	Referred to Discipline Committee. Later revoked by Registrar.
Theft of narcotics; fraud/deceit; falsified health records	Hospital	Referred to Discipline Committee. Suspension pending outcome of hearing.
Professional incapacity	Community	Referred to Review Committee. Suspension pending outcome of hearing.
Fraud/deceit; misrepresentation to Registrar; dishonesty; breach of <i>Nurses Act</i>	Hospital	Referred to Discipline Committee.
Boundary violation	Nursing Home	Referred to Discipline Committee.

In 2007, the complaints committee received ten complaints and dealt with nine of them. Six of the complaints were lodged by a supervisor or representative of the employer and three complaints were made by the Registrar. One complaint was carried over to 2008. It should be noted that in many cases, complaints lodged by employers relate to problems originally identified by patients and/or co-workers.

I want to extend my gratitude to the nurses and members of the public who serve on this committee for their leadership and integrity. If you would like more information about the professional conduct review process, or if you are interested in serving on the complaints committee, please contact the Nurses Association and ask to speak with the Regulatory Consultant—Professional Conduct Review.

Nurse Practitioner Therapeutics Committee (NPTC)

BY JACALYN BOONE, NP, CHAIRPERSON

In April 2007, the NANB nurse practitioner therapeutics committee reviewed requests for additions to the Schedules of the Rules Respecting Nurse Practitioners. The committee's recommendations for amendments to the Schedules were approved by the NANB Board of Directors and by the Minister of Health. The amendments to the Schedules were effective July 2007.

Resolutions Committee

BY DEBORAH MARKS, RN, CHAIRPERSON

The following Sussex Chapter members volunteered to serve on the NANB resolutions committee for a two-year term (2006–2008): Deborah Marks, Ruth Alexander, and Connie Armstrong.

The NANB Board of Directors submitted one resolution to the 2007 annual meeting held in May 2007. The resolutions committee received no resolutions in 2007.

Discipline and Review Committees

BY ROBERTE VAUTIER, RN, CHAIRPERSON

Under the *Nurses Act*, the Nurses Association of New Brunswick is legally required to maintain a formal process for dealing with complaints against nurses which relate to professional conduct. The NANB discipline and review committees consider complaints referred to them by the complaints committee of the Association. The discipline and review committees perform the second step of the 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 heard by the discipline committee.

The discipline and review committees held five hearings in 2007.

Case 1

The review committee met to consider a complaint concerning a nurse from the hospital sector who was reported for substance abuse and theft of narcotics. The member chose not to attend the hearing, and provided the committee with a written submission including an admission to the allegations indicating that she was suffering from a condition which affected her ability to practise nursing and for which she continues to receive treatment. The review committee found that the member was suffering from an ailment or condition rendering her unfit, incapable and unsafe to practise nursing. The member's registration was revoked and reinstatement will not be considered for a period of two years and until evidence shows that the member is fit, capable and safe to return to the practice of nursing. The member was ordered to pay costs of \$2,000.

Case 2

The discipline committee met to consider a complaint concerning a nurse from the hospital sector who was reported for incompetence and professional misconduct. The review committee found that the member's conduct constituted professional misconduct, conduct unbecoming a member, incompetence and conduct demonstrating that the member is unfit to practise nursing. The member's registration was revoked and reinstatement will not be considered for a period of three years. The member was ordered to pay costs of \$10,000. The member appealed the decision to the Board of Directors. The appeal will be heard in 2008.

Case 3

The discipline committee met to consider a complaint concerning a nurse from the hospital sector who was reported for incompetence. The discipline committee found the member incompetent and unsafe to practise nursing without conditions, limitations and restrictions. The suspension on the member's registration was lifted and the member was granted a non-practising registration for the purpose of undertaking the nurse refresher program. Upon successful completion of the refresher program, the member will be eligible to apply for a conditional registration. The member was ordered to pay costs of \$5,000.

Case 4

The review committee met to consider a complaint concerning a nurse from the nursing home sector who was reported for substance abuse and later pled guilty to a criminal offence. The review committee found that the member was suffering from an ailment or condition at the time of the event. The member was reprimanded for conduct unbecoming a member and was deemed eligible to apply for a conditional registration subject to the requirements of the NANB by-laws and rules. The member was ordered to pay costs of \$1,000.

Case 5

The review committee met to consider a complaint concerning a nurse from the hospital sector who was reported for theft of narcotics. The member later pled guilty to a criminal offence. The review committee found that the member was suffering from an ailment or condition at the time of the event. The member was reprimanded for conduct unbecoming a member and was deemed eligible to apply for a conditional registration. The member was ordered to pay costs of \$1,000.

Seven other cases were carried over to 2008.

Acknowledgements

I would like to extend a special thank-you to vice chairperson, Denise Tardif, for sharing this responsibility with me. I would also like to acknowledge the contribution of those nurses and members of the public who have given so selflessly of their time, expertise and caring to ensure that the process of self-regulation remains a fair and just process for all. Their task is a difficult one, and no decision is ever made lightly. The integrity of our professional conduct review process is a reflection of the commitment of the people involved. I would encourage any member who is interested in becoming involved with the discipline and review committees to contact the Regulatory Consultant—Professional Conduct Review at the Nurses Association. It has been a challenging and humbling experience to serve my profession in this capacity and I would not hesitate to recommend it to anyone.

Nursing Education Advisory Committee

BY NANCY LOGUE, RN, CHAIRPERSON

In 2007, the nursing education advisory committee held two regular meetings by teleconference.

The Université de Moncton's basic nursing program received an approval visit in November 2006. Based on the report of the approval team, the committee recommended to the NANB Board of Directors a five year approval of the program as well as the submission of two satisfactory progress reports to address specific recommendations from the approval team report. These progress reports are to be submitted in January 2008 and January 2010.

The University of New Brunswick nurse practitioner program received an approval visit in November 2006. Based on the report of the approval team, the committee recommended to the NANB Board of Directors a three year approval of the program.

The Université de Moncton's nurse practitioner program submitted its first annual progress report as recommended in the February 2006 approval report. The committee was satisfied with the work accomplished and commends the faculty in their efforts to address the recommendations.

Enhancing NANB Services:

Vote-by-Mail Election

The second vote-by-mail election took place in April 2007. Ballots were sent to all registered nurses to vote on the position of president-elect. The regions with the highest participation rate were Region 6 where 45% of eligible members voted and Region 4 and 5 where 39% of eligible members voted. The overall provincial participation was 33%.

On-line Registration Renewal

This marks the third year that on-line registration renewal has been available to registered nurses. Over 500 nurses utilized this service at renewal time in 2007 which compares to a similar number in 2005 and 2006. The process involves completing an on-line registration renewal form and paying the registration fee by using Visa or MasterCard.



NANB REGISTRATION STAFF



Communications

During 2007, communications services experienced the resignation of two departmental personnel. The former Manager of Communications and Membership Services retired in October 2007 resulting in the reprioritization of the goals and objectives of the department.

NANB welcomed Jennifer Whitehead as the new Manager of Communications and Membership Services on January 7, 2008. With this responsibility, a revised communications and marketing plan for 2008–2010 supported by consultant and communications expert, Arthur Doyle is being developed incorporating new communications tools and initiatives for the Association.

Web Site

A delay has occurred with the launch of a new NANB web site due to personnel changes within the department. Preliminary work on the “look” of the new NANB web site has been completed in 2007 with the expectation of continuing to build the architecture and site map for the new site to officially launch in October 2008.

The new site will feature improved functionality and intuitive navigation. It will also enable the Association to profile, on an on-going basis, major projects being carried out by the Association.

Workplace Communications Network

The workplace communications network continues to provide an essential link to members in their workplace. Nurse volunteers are a key success component of the program.

More than two-thirds of the network volunteers receive information via e-mail which enhances the timeliness of communication activities.

Media Relations

NANB responded to a number of media interviews during 2007 ranging in topics from health human resources, to the role of the nurse practitioner, to collaborative practice, among other topics.

NANB Nursing History Resource Centre

During the February 2007 Board of Directors meeting, the Board approved the donation of the resource centre holdings to the NB Museum and transfer of the materials was completed in May 2007.

NURSES ASSOCIATION OF NEW BRUNSWICK
FINANCIAL STATEMENTS
DECEMBER 31, 2007

Nicholson & Beaumont
Chartered Accountants

Nicholson & Beaumont
Chartered Accountants

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Fredericton, NB
E3B 5C2

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AUDITOR'S REPORT

To the Executive
Nurses Association of New Brunswick

We have audited the statement of financial position of the Nurses Association of New Brunswick as at December 31, 2007 and the statements of changes in fund balances, operations, and cash flows for the year then ended. These financial statements are the responsibility of the Nurses Association of New Brunswick's management. 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 plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Nurses Association of New Brunswick as at December 31, 2007 and the changes in fund balances, results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Chartered Accountants

Fredericton, NB
March 3, 2008

**Nurses Association Of New Brunswick
Statement Of Financial Position
December 31, 2007**

	<u>General Fund</u>	<u>CNA Biennuim Fund</u>	<u>Employee Benefit Fund</u>
Current assets			
Cash and investments (Note 3)	\$ 3,432,209	\$ 95,608	\$ 87,124
Accounts receivable	8,078		
Prepaid expenses	5,596		
Accrued interest receivable	7,965	2,400	7,422
Due from General Fund (Note 6)		30,000	
Due from Employee Benefit Fund (Note 6)	<u>91,210</u>	<u> </u>	<u> </u>
	<u>3,545,058</u>	<u>128,008</u>	<u>94,546</u>
Long-term assets			
Accrued interest receivable			2,696
Investments (Note 3)			<u>108,000</u>
			<u>110,696</u>
Capital assets - net of amortization (Notes 2(b) and 4)	<u>1,558,465</u>		
	<u>\$ 5,103,523</u>	<u>\$ 128,008</u>	<u>\$ 205,242</u>
Current liabilities			
Accounts payable	\$ 454,883		
Future revenue	2,574,786		
Obligation under capital leases (Note 5)	1,498		
Accrued employee retirement/resignation benefits obligation (Note 2 c)			
Due to General Fund (Note 6)			\$ 91,210
Due to Continuing Competency Program Fund (Note 6)	5,000		
Due to CNA Biennuim Fund	<u>30,000</u>		<u> </u>
	<u>3,066,167</u>		<u>91,210</u>
Long-term debts			
Obligation under capital leases (Note 5)	9,930		
Accrued employee retirement/resignation benefits obligation (Note 2 c)	<u> </u>		<u>114,032</u>
	<u>9,930</u>		<u>114,032</u>
Fund balances			
Internally restricted		\$ 128,008	
Invested in capital assets	1,547,037		
Unrestricted	<u>480,389</u>	<u> </u>	
	<u>2,027,426</u>	<u>128,008</u>	
	<u>\$ 5,103,523</u>	<u>\$ 128,008</u>	<u>\$ 205,242</u>

Approved by Executive Director



See accompanying notes to the financial statements

<u>Discipline Fund</u>	<u>Continuing Competency Program Fund</u>	<u>Interfund Deletions</u>	<u>Total 2007</u>	<u>Total 2006</u>
\$ 121,573	\$ 42,923		\$ 3,779,437	\$ 3,654,817
			8,078	9,385
			5,596	14,022
			17,787	21,941
	5,000	\$ (35,000)		
		(91,210)		
<u>121,573</u>	<u>47,923</u>	<u>(126,210)</u>	<u>3,810,898</u>	<u>3,700,165</u>
			2,696	6,349
			<u>108,000</u>	<u>118,027</u>
			<u>110,696</u>	<u>124,376</u>
			<u>1,558,465</u>	<u>1,559,611</u>
\$ <u>121,573</u>	\$ <u>47,923</u>	\$ <u>(126,210)</u>	\$ <u>5,480,059</u>	\$ <u>5,384,152</u>
			\$ 454,883	\$ 411,527
			2,574,786	2,451,089
			1,498	15,664
			-	42,556
		\$ (91,210)		
		(5,000)		
		(30,000)		
		<u>(126,210)</u>	<u>3,031,167</u>	<u>2,920,836</u>
			9,930	26,800
			<u>114,032</u>	<u>154,711</u>
			<u>123,962</u>	<u>181,511</u>
\$ 121,573	\$ 47,923		297,504	289,066
			1,547,037	1,517,148
			<u>480,389</u>	<u>475,591</u>
<u>121,573</u>	<u>47,923</u>		<u>2,324,930</u>	<u>2,281,805</u>
\$ <u>121,573</u>	\$ <u>47,923</u>	\$ <u>(126,210)</u>	\$ <u>5,480,059</u>	\$ <u>5,384,152</u>

**Nurses Association Of New Brunswick
Statement Of Changes In Fund Balances
For The Year Ended December 31, 2007**

	<u>Internally Restricted</u>			
	<u>CNA Biennium Fund</u>	<u>Employee Benefit Fund</u>	<u>Discipline Fund</u>	<u>Continuing Competency Program Fund</u>
Balance, beginning of year	\$ 93,877		\$ 117,110	\$ 47,000
Excess of revenue (expenses) for year	4,131	\$ (2,226)	4,463	923
Interfund transfers (Note 6)	30,000	2,226		
Purchase of capital assets				
Proceeds of disposal of capital assets				
Payment on obligation under capital leases	—	—	—	—
Balance, end of year	\$ <u>128,008</u>	\$ <u>-</u>	\$ <u>121,573</u>	\$ <u>47,923</u>

See accompanying notes to the financial statements

<u>NANB Nursing History Resource Centre Fund</u>	<u>Total</u>	<u>Invested In Capital Assets</u>	<u>Unrestricted</u>	<u>Total 2007</u>	<u>Total 2006</u>
\$ 31,079	\$ 289,066	\$ 1,517,148	\$ 475,591	\$ 2,281,805	\$ 2,273,530
(31,079)	(23,788)	(76,700)	143,613	43,125	8,275
	32,226		(32,226)	-	-
		93,995	(93,995)	-	-
		(294)	294	-	-
<u> </u>	<u> </u>	<u>12,888</u>	<u>(12,888)</u>	<u> </u> -	<u> </u> -
\$ <u> </u> -	\$ <u>297,504</u>	\$ <u>1,547,037</u>	\$ <u>480,389</u>	\$ <u>2,324,930</u>	\$ <u>2,281,805</u>

**Nurses Association Of New Brunswick
Statement Of Operation
For The Year Ended December 31, 2007**

	<u>General Fund</u>	<u>CNA Biennium Fund</u>	<u>Employee Benefit Fund</u>
Revenues			
Advertising and publications	\$ 5,836		
Annual meeting	18,570		
CNA fees and exams	567,989		
Investment income	66,563	\$ 4,131	\$ 7,975
Membership fees	2,154,756		
NANB exam fees	34,300		
Rental income	65,529		
Other income	<u>21,096</u>		
	<u>2,934,639</u>	<u>4,131</u>	<u>7,975</u>
Expenses			
Annual meeting	52,959		
Awards	81,750		
Chapter grants and funds	13,385		
CNA board & biennium	6,868		
CNA, CNPS and CRNE fees	667,903		
Committees, projects and other activities	110,860		
Liaison - members/counterparts/ stakeholders/corporate	26,218		
Employee wages and benefits (Note 7)	1,011,666		10,201
Information systems	598		
Communications and public relations	120,360		
Lease and bank charges	20,869		
NANB board and executive	57,413		
Office expenses	159,351		
Personnel development	21,710		
Premises expenses	157,779		
Professional and consultant fees	253,449		
NANB/ANBLPN conference			
New Brunswick Museum contribution	<u>27,888</u>		
	<u>2,791,026</u>		<u>10,201</u>
Excess of revenue (expenses) before loss (gain) on disposal and amortization of capital assets	<u>143,613</u>	<u>4,131</u>	<u>(2,226)</u>
Loss (gain) on disposal of capital assets	(17,490)		
Amortization of capital assets	<u>94,190</u>		
	<u>76,700</u>		
Excess of revenue (expenses) for year	<u>\$ 66,913</u>	<u>\$ 4,131</u>	<u>\$ (2,226)</u>

See accompanying notes to the financial statements

<u>Discipline Fund</u>	<u>Continuing Competency Program Fund</u>	<u>NANB Nursing History Resource Centre Fund</u>	<u>Total 2007</u>	<u>Total 2006</u>
			\$ 5,836	\$ 11,972
			18,570	2,500
			567,989	510,420
\$ 4,463	\$ 923	\$ 1,033	85,088	73,462
			2,154,756	2,137,681
			34,300	34,700
			65,529	76,802
			<u>21,096</u>	<u>5,710</u>
<u>4,463</u>	<u>923</u>	<u>1,033</u>	<u>2,953,164</u>	<u>2,853,247</u>
			52,959	9,216
			81,750	8,750
			13,385	13,385
			6,868	28,825
			667,903	608,934
			110,860	113,008
			26,218	23,953
			1,021,867	1,208,054
			598	5,145
			120,360	107,421
			20,869	18,750
			57,413	57,389
			159,351	147,513
			21,710	15,705
			157,779	152,982
			253,449	227,883
			-	13,234
		<u>32,112</u>	<u>60,000</u>	<u>-</u>
		<u>32,112</u>	<u>2,833,339</u>	<u>2,760,147</u>
<u>4,463</u>	<u>923</u>	<u>(31,079)</u>	<u>119,825</u>	<u>93,100</u>
			(17,490)	2,290
			<u>94,190</u>	<u>82,535</u>
			<u>76,700</u>	<u>84,825</u>
\$ <u>4,463</u>	\$ <u>923</u>	\$ <u>(31,079)</u>	\$ <u>43,125</u>	\$ <u>8,275</u>

**Nurses Association Of New Brunswick
Statement Of Cash Flows
For The Year Ended December 31, 2007**

	<u>2007</u>	<u>2006</u>
Cash flows from operating activities		
Excess of revenues	\$ 43,125	\$ 8,275
Add back non-cash items		
Accrued employee retirement/resignation benefits	10,201	25,288
Amortization of capital assets	94,190	82,535
Loss (gain) on sale of capital assets	(17,490)	2,290
Investment income reinvested	(3,245)	
Net changes in non-cash items		
Accounts receivable	1,307	(5,261)
Prepaid expenses	8,426	(8,703)
Accrued interest receivable	7,807	(1,711)
Accounts payable	43,356	(42,028)
Future revenue	<u>123,697</u>	<u>78,329</u>
	<u>311,374</u>	<u>139,014</u>
Cash flows from investing activities		
Transfer of long term investments to current	110,023	58,369
Disposal of long term investments	57,162	19,380
Purchase of long-term investments	(153,914)	(72,490)
Purchase of capital assets	(93,995)	(38,331)
Proceeds on disposal of capital assets	<u>294</u>	<u>1,647</u>
	<u>(80,430)</u>	<u>(31,425)</u>
Cash flows from financing activities		
Payments of employee retirement/ resignation benefits obligation	(93,436)	(14,376)
Obligation under capital lease payments	<u>(12,888)</u>	<u>(14,612)</u>
	<u>(106,324)</u>	<u>(28,988)</u>
Net increase in cash and investments	124,620	78,601
Cash and investments, beginning of year	<u>3,654,817</u>	<u>3,576,216</u>
Cash and investments, end of year	\$ <u>3,779,437</u>	\$ <u>3,654,817</u>

See accompanying notes to the financial statements

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2007**

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's financial instruments consist of cash, investments, accounts receivable, accrued interest receivable, accounts payable and long-term debts. Unless otherwise noted, it is management's opinion that the Association is not exposed to significant interest or credit risks arising from these financial instruments. The fair value of these financial instruments approximate their carrying values, unless otherwise noted.

(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 scheduled to be held in New Brunswick in 2016 are reported in the CNA Biennium 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 December 31, 2007 in accordance with its personnel policies.

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 Discipline Fund.

Revenue and expenses related to the implementation and maintenance of the program to support the continuing education of nurses are reported in the Continuing Competency Program Fund.

Revenue and expenses relating to the future activities of the NANB Nursing History Resource Centre are reported in the NANB Nursing History Resource Centre 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.

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2007**

3. Cash and investments

Cash and investments, which are recorded at cost, consist of the following:

	<u>2007</u>	<u>2006</u>
<u>General Fund</u>		
Cash	\$ 183,133	\$ 153,800
Investments		
Government of Canada T-Bills maturing at various times in 2008 with interest varying from 3.076% to 3.956% (3.076% to 3%) payable at maturity	<u>3,249,076</u>	<u>3,203,727</u>
	<u>\$ 3,432,209</u>	<u>\$ 3,357,527</u>

The fair market value of the above investments costing \$3,249,076 on December 31, 2007 was \$3,244,541.

<u>CNA Biennium Fund</u>		
Cash	\$ 64	\$ 5
Investments		
GIC National Bank of Canada due June 7, 2007 with interest of 4.2% payable at maturity	-	91,688
GIC Home Trust Company due June 23, 2008 with interest at 4.75% payable at maturity	<u>95,544</u>	-
	<u>\$ 95,608</u>	<u>\$ 91,693</u>

The fair market value of the above investment on December 31, 2007 was \$95,544

<u>Employee Benefit Fund</u>		
Cash	\$ 24	-
Investments - Current		
CPN Government of Canada due June 1, 2007 with interest at 4.83% payable at maturity	-	\$ 24,999
TD Mortgage Corp. GIC due June 19, 2007 with interest at 3.35%, compounding annually and paid at maturity	-	33,370
CPN Government of Canada due June 1, 2008 with interest at 3.81% payable at maturity	46,000	-
4,110 units of AIC Money Market Fund	<u>41,100</u>	-
	<u>\$ 87,124</u>	<u>\$ 58,369</u>

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2007**

Note #3. Continued

	<u>2007</u>	<u>2006</u>
Investments - Long-term		
HSBC Bank GIC due June 8, 2009 with interest at 4.35% paid annually	\$ 36,000	\$ 36,000
CPN Government of Canada due June 1, 2008 with interest at 3.81% payable at maturity	-	46,000
3,603 units of AIC Money Market Fund	-	36,027
GIC AGF Trust due June 29, 2011 with interest at 4.96% payable at maturity	36,000	-
GIC Canadian Western Bank due June 29, 2010 with interest at 4.95%, payable at maturity	<u>36,000</u>	<u>-</u>
	<u>\$ 108,000</u>	<u>\$ 118,027</u>
The fair market value of the above investments costing \$195,124 on December 31, 2007 was \$194,992.		
<u>Discipline Fund</u>		
Cash	<u>\$ 121,573</u>	<u>\$ 117,110</u>
<u>NANB Nursing History Resource Centre Fund</u>		
Cash	-	\$ 1
Investments		
CPN Government of Canada due March 15, 2007 with interest at 2.54%, compounding annually and payable at maturity	-	19,999
1,012 units of AIC Money Market Fund	-	<u>10,118</u>
	<u>\$ -</u>	<u>\$ 30,118</u>
<u>Continuing Competency Program Fund</u>		
Cash	\$ 20,000	-
Investments		
2,292 units of AIC Money Market Fund	<u>22,923</u>	-
	<u>\$ 42,923</u>	<u>\$ -</u>

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2007**

4. Capital assets

	<u>2007</u>			<u>2006</u>
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net</u>	<u>Net</u>
Land	\$ 301,893		\$ 301,893	\$ 301,893
Paving and fencing	9,873	\$ 6,269	3,604	4,098
Building	1,725,140	602,446	1,122,694	1,115,164
Computer and photocopy equipment	123,697	113,862	9,835	5,335
Office furniture and equipment	260,660	152,048	108,612	101,755
Office and computer equipment - capital lease	<u>26,017</u>	<u>14,190</u>	<u>11,827</u>	<u>31,366</u>
	<u>\$ 2,447,280</u>	<u>\$ 888,815</u>	<u>\$ 1,558,465</u>	<u>\$ 1,559,611</u>

5. Obligation under capital leases

During 2007 a mailing system was leased for a term of 66 months starting August 1, 2007 with no option to purchase. This lease has an imputed charge rate of 17.77%.

Future obligation under this lease are as follows:

	<u>Principal</u>	<u>Lease Charges</u>	<u>Total</u>
2008	\$ 1,498	\$ 2,152	\$ 3,650
2009	1,816	1,833	3,649
2010	2,203	1,447	3,650
2011	2,671	978	3,649
2012	<u>3,240</u>	<u>410</u>	<u>3,650</u>
	<u>\$ 11,428</u>	<u>\$ 6,820</u>	<u>\$ 18,248</u>

6. Interfund transfers and internally restricted fund balances

- (a) During the year 2007, \$ 2,226 was transferred from unrestricted funds (General Fund) to the Employee Benefit Fund to provide funds to pay the accrued employee retirement/resignation benefits obligation to the Association's employees in accordance with its personnel policies.
- (b) On December 31, 2007, resulting from the General Fund paying for expenses for the Employee Benefits Fund, the Employee Benefits Fund owed the General Fund \$ 91,210 which is payable on demand without interest.
- (c) On December 31, 2007, the General Fund owed the Continuing Competency Program Fund \$5,000 which is payable on demand without interest.
- (d) On December 31, 2007, the General Fund owed the CNA Biennuim Fund \$30,000 which is payable on demand without interest.

7. During the year 2007, as required by the Association's personnel policies, \$76,149 (2006 - \$91,972) was contributed to employees' individual registered retirement savings plans.

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2007**

8. Commitments

During 2007 a photocopier was leased for a term of 48 months.

Future payment are as follows:

	<u>Payment</u>
2008	\$ 17,332
2009	17,332
2010	17,332
2011	12,997



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