

The background is a solid maroon color. Overlaid on this are several thick, white, curved lines. One line starts from the top left and curves downwards towards the center. Another line starts from the top left, curves more sharply to the right, and then loops back towards the center. A third line starts from the top left and curves downwards towards the bottom left. In the upper right quadrant, there is a large, white, circular shape that appears to be part of a larger, incomplete circle or a stylized 'O'.

2008 Annual Report

Nurses Association of New Brunswick

Table of Contents

4	Vision, Mission, Role and Board Ends / Strategic Objectives	
5	Board of Directors	
6	Staff	
7	President and Executive Director's Message	
8	Highlights from 2008	
	Protection of the Public	8
	Advancement of Excellence in the Nursing Profession	13
	Influencing Healthy Public Policy	14
16	Statistical Highlights	
18	New / Revised Publications	
19	Standing and Legislative Committees	
	Enhancing NANB Services	23
24	Communications	
25	Financial Statement	

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 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, NANB is committed to the protection of the public and the assurance of safe, competent and ethical nursing care.

Board Ends / Strategic Objectives

Protection of the Public

Advancement of Excellence in the Nursing Profession

Influencing Healthy Public Policy



Members of the Board of Directors for 2008-2009 are (Front centre) Monique Cormier-Daigle, President. (2nd row, left to right) Linda LeBlanc, Region 4; Mariette Duke, Region 1; Darline Cogswell, Region 3; Roxanne Tarjan, Executive Director. (Back Row, left to right) Martha Vickers, President-Elect; Robert Stewart, Public Director; Rose-Marie Chiasson-Goupil, Region 6; Ruth Alexander, Region 2; Margaret Corrigan, Region 5; Robert Thériault, Public Director; (Missing from photo) Deborah Walls, Region 7

Board of Directors 2008–2009

PRESIDENT

Monique Cormier-Daigle, RN

PRESIDENT-ELECT

Martha Vickers, RN

REGION DIRECTORS

Cheryl Drisdelle, RN
(Region 1–January through August 2008)

Mariette Duke, RN
(Region 1–September through December 2008)

Ruth Alexander, RN
(Region 2)

Ruth Riordon, RN
(Region 3–January through August 2008)

Darline Cogswell, RN
(Region 3–September through December 2008)

Linda LeBlanc, RN
(Region 4)

Margaret Corrigan, RN
(Region 5)

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

Bonnie Matchett, RN
(Region 7–January through August 2008)

Deborah Walls, RN
(Region 7–September through December 2008)

PUBLIC REPRESENTATIVES

Robert Stewart

Carole Dilworth
(January through August 2008)

Robert Thériault
(September through December 2008)

VACANT
(Awaiting appointment)



Various NANB staff.

Staff

EXECUTIVE DIRECTOR

Roxanne Tarjan, RN

DIRECTORS

Lynda Finley, RN
Corporate and Regulatory Services

Ruth Rogers, RN
Practice

STAFF

Liette Clément, RN
*Regulatory Consultant: Education
(contracted in August 2008)*

Odette Comeau Lavoie, RN
*Regulatory Consultant: Professional
Conduct Review*

Shauna Figler, RN
*Nursing Practice Consultant
(employed in July 2008)*

Marie-Claude Geddry-Rautio
Bookkeeper

Virgil Guitard, RN
Nursing Practice Advisor

Jacinthe Landry
Executive Assistant

Denise LeBlanc-Kwaw, RN
Registrar

Jocelyne Lessard, RN
*Regulatory Consultant: Registration
(employed in June 2008)*

Natalie MacDonald
Reception

Shawn Pelletier
Administrative Assistant: Registration

Paulette Poirier
Corporate Secretary

Susanne Priest, RN
*Nursing Practice Consultant
(employed in August 2008)*

Shelly Rickard
Manager, Finance and Administration

Karine Thibodeau
Administrative Assistant: Practice

Stephanie Tobias
*Administrative Assistant:
Communications
(employed in August 2008)*

Stacey Vail
Administrative Assistant: Registration

Jennifer Whitehead
Manager, Communications

President and Executive Director's Message

The following report highlights activities of the Nurses Association of New Brunswick during 2008 while supporting our mandate to regulate registered nurses in the public interest, and to support and advance nursing practice and healthy public policy in New Brunswick.

The year 2008 marked the Canadian Nurses Association 100th anniversary celebration. NANB marked this milestone with the establishment of the NANB-CNA Centennial Scholarship; a scholarship valued at \$5,000 to be awarded annually to NANB members studying at the graduate level in Nursing. The scholarship is available through the Canadian Nurses Foundation. Centennial activities unfolded throughout the year and were attended by many New Brunswick nurses; specifically the 2008 Biennium and the CNA Centennial Awards honouring 100 Canadian registered nurses. Congratulations to CNA for a century of successful, future oriented leadership! NANB will mark its own centennial in 2016, stay tuned! There will be much to celebrate and we want to include as many nurses as possible.

Of equal significance and of direct impact to nurses across our province was the announcement of a new structure for the delivery of health services establishing two regional health authorities. This reorganization may have had its greatest impact at administrative levels but has also touched every care provider and care recipient. Nursing care is now directed through two senior nurse leaders within the regions and the maintenance of the Chief Nursing Officer within the Department of Health. NANB is focused on establishing collaborative relationships within the new structure to support the continued advancement of nursing practice in our province. Additionally, the announcement of the establishment of a New Brunswick Health Council will provide a structure to support and advance the quality of our health services.

Following member approval of the 2008–2011 Fiscal Plan during the 2007 Annual Meeting, activities over 2008 have focused on its implementation and moving forward to enhance capacity and member services. The fall focused on the orientation and integration of our new colleagues who are already demonstrating their passion and vision for nursing in New Brunswick.

The reality of nursing resource challenges continued to play a large role in 2008 activities. NANB participated in a provincial Nursing Forum in March to identify a vision and action plan for nursing in New Brunswick and is working collaboratively with all stakeholders as appropriate to support and advance the patient care and nursing agenda in our province. Ensuring an adequate nursing workforce will require a multi-faceted approach. NANB along with our provincial nursing education

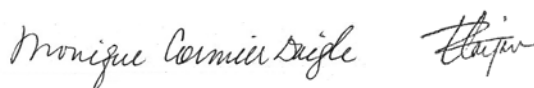
leaders participated in the Canadian Association of Schools of Nursing (CASN) Education Summit held in September of 2008. The Summit provided a forum to identify challenges and solutions and will inform a White Paper to be developed and distributed by CASN identifying a path forward to respond to the current and ongoing demand for registered nurses and to support the delivery of quality health services in our country.

NANB has seen an increase in international applicants seeking registration as a registered nurse due to the establishment of the Population Growth Secretariat. Throughout 2008, NANB has been working collaboratively with this new department, the Department of Health, the Department of Post-Secondary Education, Training and Labour, employers, nursing stakeholders in the Atlantic region and community agencies to establish and support initiatives regarding assessment, registration and integration of these individuals. Additionally, NANB is working with our national partners and the Federal Government in the development of a national assessment service to enhance the timeliness, consistency and quality of international applicant assessment.

With the increasing pressure on nursing resources the utilization of unregulated care providers to support the delivery of patient care has become increasingly commonplace. In collaboration with the Canadian Nurses Association, NANB hosted a regional roundtable focusing on this issue. The roundtable engaged a variety of health disciplines from all four Atlantic Provinces. Additional sessions were held in Ontario and Saskatchewan.

In the fall of 2008, NANB launched a Strategic Planning Process directed by a Board of Directors Steering Committee. This work will engage you, the members, from all areas of our province and will inform NANB work over the coming years. Results of this planning process will be presented at the 2009 Annual General Meeting. We look forward to moving forward together.

On behalf of the Board of Directors, we thank you for your continued commitment to nursing and the health of all New Brunswickers.





HIGHLIGHTS FROM 2008

Protection of the Public

Mutual Recognition Agreement

The 1994 Agreement on Internal Trade (AIT) is a federal, provincial / territorial agreement aimed at reducing interprovincial barriers to the movement of workers, goods, services and capital. In response to the requirements of the Labour Mobility Chapter (chapter 7) of the AIT, the provincial / territorial regulatory bodies signed a Mutual Recognition Agreement (MRA) in 2000 for registered nurses. A national Workgroup, of which NANB is a member, began work on the update of that agreement in April 2006 and the new MRA for registered nurses was signed by all the provincial regulatory bodies in April 2008. Subsequent to this, the national Workgroup started work on the development of an MRA for nurse practitioners.

The Labour Mobility Coordinator (LMC) with the New Brunswick Department of Post-Secondary Education, Training and Labour is responsible for overseeing the implementation of the provisions of chapter seven of the AIT in New Brunswick. NANB was notified in August 2008 by the LMC that the AIT was to be amended and that the amendments would come into effect in April 2009. The proposed amendments move away from Mutual Recognition Agreements developed by the provincial / territorial regulatory bodies to facilitate labour mobility and represent a fundamental shift in this area of responsibility from the Regulator to the Province.

In December 2008, the Executive Directors of nursing regulatory bodies, including NANB, sent letters to the federal / provincial ministers responsible for the AIT outlining their concerns regarding the timelines for implementation of the amendments, the lack of consultation or opportunity to

provide feedback and the potential of amendments to erode self-regulation by professionals.

NB Provider Index

The provincial government has initiated the development of an electronic health record. One patient, One record (OPOR) initiative will create a virtual health record with a single point of access by authorized healthcare providers throughout New Brunswick. One component of this initiative is the development of a Provider Index. The Provider Index is a system where information such as the name, business address and registration status of an authorized provider is securely stored, maintained and made available to authorized users that interact with the OPOR system. The purpose of the system is: to validate the provider's registration status for electronic prescribing of medication; to provide a trustworthy, reliable and secure source of provider data that is shared amongst authorized stakeholders; and to provide a central repository to view provider information. NANB has worked with the Department of Health to identify the minimum data set for nurse practitioners who will be included in the Provider Index. Implementation of the Provider Index is planned for spring 2009.

Integration of Internationally Educated Nurses (IEN)

NANB has seen the number of IEN applicants double in the last two years and although the numbers are still relatively small there are challenges related to assessment processes including credential evaluation, nursing education, language proficiency

requirements and competence assessment through a supervised clinical experience.

NANB initiated a meeting in July 2008 with the Honourable Greg Byrne, Minister responsible for the Population Growth Secretariat, to discuss issues related to the assessment and integration of IENs. It was agreed that both government and NANB should meet on a regular basis to share pertinent information relating to this issue.

NANB was invited to participate in an Immigrant Nurses Roundtable organized by the Greater Moncton Immigration Board in July 2008. Other participants included: representatives from employers of registered nurses; Service Canada; Citizenship and Immigration Canada; Intergovernmental Affairs; and the Population Growth Secretariat. Issues discussed related to the nursing shortage and the challenges IENs experience with regard to immigration, registration requirements and integration in the workplace and the community.

In November 2007, the regulatory counterpart group identified that further collaboration was required to enhance consistency in language fluency requirements across the country in order to support consistent language assessment methods for IEN applicants and enhance registered nurse mobility. A national Workgroup was established to identify current fluency requirements to support the establishment of consistent language fluency requirements and assessment methods across the country. Recommendations regarding a national approach to harmonizing fluency requirements will be made by mid 2009.

In December 2008, the Executive Director and a faculty member from the Registered Nurses—Professional Development Centre (RN-PDC) from Capital Health in Nova Scotia, met with NANB Executive Director and staff to provide an overview of the following RN-PDC projects: the Internationally Educated Nurse (IEN) Assessment Centre; Bridging Programs for IENs; Profession Specific Language for IENs; and Orientation to the Canadian Health Care System for Internationally Educated Health Care Professionals. A number of government representatives were invited to an afternoon briefing session with the RN-PDC which provided an opportunity to discuss the strategic work being carried out in Nova Scotia and to inform potential opportunities for New Brunswick.

NANB is working with the RN-PDC to explore the feasibility of being able to access the IEN Assessment Centre, Bridging Program and Assessment Tools to assist in the assessment of IEN applicants in New Brunswick.

New Brunswick Nurse Practitioner Initiative

In 2002, the *Nurses Act* (1984) was amended to enable NANB to regulate the practice of primary health care nurse practitioners (NPs) in New Brunswick. NANB has initiated a project called the New Brunswick Nurse Practitioner Initiative (NBNPI) to examine the future of NP practice in the province. Nancy

McKay of Management Dimensions Inc. has been contracted to provide consulting services to the project. The project includes the development of a background and discussion paper entitled *Nurse Practitioners: A Path to the Future in New Brunswick*; the development of a *Proposed Vision for NPs in New Brunswick*, a stakeholder survey and one-day Stakeholder Summit to illicit feedback on the vision. The NBNPI Advisory Roundtable, which provides advice to the project on the future role of the NP, is chaired by Martha Vickers, NANB President-Elect. The survey will take place in March and the Stakeholder Summit will take place in May of 2009. Outcomes of this work will inform future policy work of NANB.

RN Entrance to Practice Exam

A component of the development cycle of the Canadian Registered Nurse Examination (CRNE) is a jurisdictional review of new test questions. NANB supports this process by recruiting Francophone and Anglophone review teams from NB nurses in clinical practice and education. New test questions are integrated into the CRNE following an established validation process to facilitate the continual renewal of the exam.

The CRNE is provided under contract to NANB and other jurisdictions by the Canadian Nurses Association and its testing subsidiary, Assessment Strategies Inc (ASI). Following a recent review of security controls related to the exam development, maintenance and delivery, it is anticipated that there will be changes to this component of the process. Many NB nurses have contributed to the jurisdictional review process over the years, for both the English and French exams, by providing valued expertise.

Enhancing Professional Self-Regulation

The provincial / territorial regulatory counterparts met in Toronto in November 2008 to discuss issues of mutual concern including: language fluency requirements for internationally educated nurses; a national assessment initiative for nurse practitioner education programs; capacity building in assessment of internationally educated nurses; the *Standards Framework for Registration in Canada*; and restricted / alternative licensure. The sessions included a joint one-day workshop with the executive director counterpart group to discuss issues facing nursing regulatory bodies. The workshop, facilitated by Steven Lewis, from Access Consulting Ltd in Saskatoon, assisted in identifying priorities for ongoing and future collaboration.

Canadian Registered Nurse Exam (CRNE) and the Canadian Nurse Practitioner Exam (CNPE) Council Meetings

In December 2008, the Canadian Registered Nurse Exam Council and the Canadian Nurse Practitioner Exam Council met in Ottawa. These Committees oversee the ongoing devel-

opment, maintenance and administration of the registration exams in collaboration with the Canadian Nurses Association (CNA) and its examination company, Assessment Strategies Inc. (ASI). Priorities of the CRNE Council are currently focused on the review and development of the exam for the 2010–2015 exam cycle, as well as consideration and planning for the future development and delivery of the CRNE. The CNPE Council was focused on the ongoing integration and delivery of the American Credentialing Centre (ANCC) Adult and Pediatric exams by Canadian jurisdictions.

Nursing Education Program Approvals

In November 2008, the University of New Brunswick (UNB) baccalaureate nursing education program completed the approval process and received the maximum approval status of five years. A five-year approval rating is the highest level achievable in this province. It is an assurance to the public that the UNB nursing program: 1) meets the NANB Standards for Nursing Education, 2) prepares students to practice as safe, competent and ethical entry-level registered nurses and 3) that its graduates are eligible to write the Canadian Registered Nurse Examinations.

"The dedication of the UNB Nursing Faculty must be commended for their contribution to the provision of quality nursing care offered to the New Brunswick residents. I extend my sincere appreciation to the Nurses Association of New Brunswick for your commitment to the quality of New Brunswick's nursing programs."

HONOURABLE MICHAEL B. MURPHY, MINISTER OF HEALTH, 2009

Survey of Graduates and Their Employers

In 2005, NANB initiated a graduate nurse survey in partnership with the Université de Moncton. In 2008, the fourth 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. Next year will

be the final year of the current survey. Analysis and trending data obtained will assist in informing ongoing development and maintenance of entry-level competencies and curriculum development for nursing programs.

Sustaining the Supply of Registered Nurses

In 2008, new admissions to basic nursing education programs in New Brunswick were 442 of 465 funded seats. This number represents a reduction of 20 admissions from the 2007 intake of 462 students. The University of New Brunswick (UNB) admitted 270 students (281 funded seats) and the Université de Moncton admitted 172 students (184 funded seats). The total nursing student population (Years I–IV) for the 2008–2009 academic year is 1,523.

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

Graduate education enrollment continues to grow. In September 2008, there were 73 nurses enrolled in masters in nursing programs and 37 nurses enrolled in nurse practitioner programs. The Université de Moncton reported 32 nurses in the masters program and 22 nurses in the nurse practitioner program. UNB reported 41 in the masters program and 15 in the nurse practitioner stream, as well as 14 students were admitted into the Nurse Educator Stream.

Nurse Refresher Program: 2008 Statistics

For a third consecutive year, the 2008 New Brunswick Nurse Refresher Program statistics show a slight increase in the number of enrollments as illustrated below. Former registered nurses who do not currently meet the requirements for registration and who wish to return to nursing practice must complete the Nurse Refresher Program. The Program is currently provided to New Brunswick candidates through a contractual agreement with Grant MacEwan College, Alberta.

In 2008, Grant MacEwan College updated the Program and NANB is currently completing the Program translation with the support of the New Brunswick Department of Health. Completion of the translation is scheduled for September 2009.

NEW BRUNSWICK NURSE REFRESHER PROGRAM						
	2003	2004	2005	2006	2007	2008
ENROLLMENT FOR YEAR	26	25	18	9	11	17
COMPLETED	15	15	7	9	5	7
DID NOT COMPLETE	0	1	0	0	4	5



NANB FOCUS GROUP ON DRAFT MEDICATION STANDARDS

Continuing Competence Program (CCP): Implementation and Education

The CCP provides a framework to assist and guide all New Brunswick registered nurses (RN) and nurse practitioners (NP) in their continuing competence activities. All nurses are required to demonstrate annually how they have maintained their competence and enhanced their practice. Compliance with this mandatory regulatory requirement became effective January 2008.

A series of 22 one hour education sessions were delivered throughout the province from mid-September through to the end of October 2008. Two hundred and twenty four (224) nurses participated. The overall response to the educational sessions was positive. Nurses felt that their questions concerning CCP were answered, facilitating their achievement of this requirement.

NANB is committed to providing member assistance and guidance to support members in meeting the CCP requirements. Other resources to members include a self-directed online tutorial and one-on-one consultation. In 2008, the Practice Department received 66 calls directly related to the CCP requirements compared to over 250 the previous year.

All nurses received new CCP worksheets with their registration renewal package in the fall and answered a compulsory question indicating that they had met the CCP requirements. The development of a CCP Audit Tool is underway and auditing will be implemented in the fall of 2009.

Practice Consultations

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 individuals 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 2008, 1130 queries were received (1091 queries in 2007), with eighty-two per cent (82% or 923 queries) of these from registered nurses, and eighteen per cent (18% or 207 queries) from non-nurses. Queries to the service are received by telephone, letter or email.

The majority of the calls are received from nurses providing direct care forty-one per cent (41%), followed by nurse administrators twenty per cent (20%). Nurse educators and researchers account for twelve per cent (12%) of calls and nurse practitioners account for five per cent (5%). Close to eight per cent (8%) 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 to identify priorities / trends for future development. Professional practice thirty-four per cent (34%), scope of practice twenty-one (21%), and legal / liability concerns five per cent (5%), ethical concerns three per cent (3%) and workplace issues six per cent (6%) represent the major issues for which NANB is consulted.

Thirty-three per cent (33%) of all calls are for general information. Forty six per cent (46%) of calls required follow-up, which may include a combination of call backs, research, expert consultation, mail out, referral, written opinion and / or presentations. Some topical issues include: immunization; documentation; professional practice problems; delegation of procedures; medical orders and directives; medication administration; skill mix and nurse practitioner scope of practice.

Maximising the Role of the RN in Professional Collaborative Practice (Phase 3 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* were published in *Info Nursing*.

Three articles in the series were written and published in 2008: i) *Organizing Care* (spring edition), ii) *Directing Care* (fall edition) and iii) *Working Together* (winter edition). 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 directed to RNs working in institutions, much of the information is applicable in other settings. In addition to these articles an interactive presentation entitled *Re-tooling for Today's Workplace* was part of NANB's 2008 Professional Practice Forums. The forums were presented in each health region / zone and were offered in English and French.

Professional Practice Forums

The 2008 forum series marked the fifth time Professional Practice Forums have been delivered by the Practice Department Staff. Forums provide NANB with an opportunity to update members on significant professional issues and offer an opportunity for nurses to engage in discussion and provide input to future NANB activities.

Sessions were hosted in: Bathurst; Campbellton; Edmundston; Saint John; Moncton; Miramichi; and Fredericton beginning mid-October through to the end of November 2008. Sessions were delivered in both official languages in: Bathurst; Campbellton; and Moncton.

Attendance at each forum ranged from 16 to 43 registered nurses, with a total attendance of 252. A number of NANB Board Members and Chapter Presidents attended, and were also active participants.

Forty-eight per cent (48%) of members attending the Forums work in direct patient care. Participants from hospital and long term care settings also reflected NANB's membership profile: sixty-four and a half per cent (64.5%) from the hospital setting and nine and one half per cent (9.5%) from long term care.

The theme for the 2008 Fall Professional Practice Forums was "Promoting Good Practice". The five topics presented were: NANB Bits and Bytes; Re-Tooling for Today's Work Environment; Creating a Professional Image; Medication Standard and Continuing Competence Program: Opportunities for Learning.

Overall, the feedback from participants, both written and verbal, indicates that members were pleased to see NANB staff come out to their workplace and present on such timely and interesting topics. The next series of forums will be delivered in the fall of 2010.

National Framework for Nursing Standards

NANB is participating in a national working group mandated by the jurisdictional executive directors to complete the development of national nursing standards. The group's mandate will be realized in two phases. The working group completed Phase One of its mandate in August 2008 with the completion of the *National Framework for Nursing Standards*. The framework will inform Phase two of the standards development and will begin in 2009. During Phase two, NANB members will be asked to provide input to the standards development.

Nurse Fatigue and Patient Safety

NANB is one of two nursing jurisdictions in Canada invited to participate on the Advisory Committee for the Nurse Fatigue and Patient Safety Project, being conducted as a collaborative effort between the Canadian Nurses Association (CNA) and the Registered Nurses Association of Ontario (RNAO). The final result of the collaboration will be the development of a background paper on nurse fatigue and patient safety that will support an integrated health human resource approach in Canada and advance the nursing profession in the interest of the public. The background paper will provide CNA with an overview of international and national trends and issues regarding nurse fatigue, its impact on nursing care and patient safety and form the basis for policy initiatives at the national level. The issue of nurse fatigue and patient safety will be explored from the perspectives of: 1) individual responsibility of RNs in all roles and settings to guard against working when fatigued; 2) organizational / employers' responsibility to create healthy working environments in all roles and settings; and 3) health system's responsibility to safeguard patients' safety through addressing systemic factors, including the regulation of health service organizations and professionals, relating to fatigue experienced by nurses and other health care providers. Advisory Committee members have met monthly in 2008 via teleconference to provide advice and oversight to all aspects of the CNA / RNAO Nurse Fatigue and Patient Safety Project.

Advancement of Excellence in the Nursing Profession

NANB-CNA Centennial Scholarship

SUPPORTING THE ADVANCEMENT OF NURSING KNOWLEDGE

During 2008, the Canadian Nurses Association (CNA) celebrated a century of nursing leadership. To mark this milestone the Nurses Association of New Brunswick established the *NANB-CNA Centennial Scholarship*. The scholarship will be awarded to an NANB member pursuing graduate studies, is valued at five thousand dollars annually and will be administered by the Canadian Nurses Foundation. This scholarship will contribute to the development of nursing experts for our province and will support the advancement of nursing knowledge and practice.

NurseOne / INF-fusion

NurseONE, the Nursing Portal, is a national, bilingual, web-based health information service for the Canadian nursing community. The Portal serves as a gateway to a variety of resources for nursing professionals in all domains of practice—direct care, education, administration and research—to support and enhance professional practice. The Portal developed through a partnership between the Canadian Nurses Association (CNA), the First Nations and Inuit Health Branch (FNIHB) of Health Canada and 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 port-



ANNOUNCEMENT OF NANB-CNA CENTENNIAL SCHOLARSHIP

folio and forums to connect with nursing peers. NANB has been promoting the Portal to nurses through fall forums, NANB web site, *Info Nursing* and a promotional campaign from September through December 2008 to enhance member registration with the Portal. Access to NurseOne is a service provided to NANB members as part of their CNA membership.

Supporting the Advancement and Integration of NP Practice

A one day NP forum was held in June 2008 in collaboration with the New Brunswick Department of Health (DoH). The session provided a forum to share information on regulatory and practice issues; provide an update on government initiatives and seek input to launch the review of NP Competencies and Standards of Practice. This review of the NP Competencies and Standards of Practice was launched during the fall of 2007 with a projected completion date of fall 2009.

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

This government committee, chaired by the Provincial Chief Nursing Officer supports health authorities in optimizing the role of all nursing care providers. The Committee's work has focused

on supporting health authorities as they implement their action plans to optimize the role of licensed practical nurses.

The Committee's Terms of Reference were reviewed and updated in October 2008. All health authorities / zones provided updates of their projects to implement LPN medications administration. Implementation is currently focused on clinical settings with stable rehabilitation and geriatric patients and patients awaiting placement in long term care.

Committee members have identified the need to now focus on the RN role, providing clarity and direction as the model of nursing care evolves across the province. New directions for the Committee for 2009 are based on government's nursing resources strategy and optimizing the role of registered nurses in acute care settings.

NANB President's Awards

The President's Awards are presented to an outstanding nursing graduate from each University site. The 2008 recipients from the University of New Brunswick were: Christina Norton, Fredericton campus; Vanessa McMasters and Karee Tait-Layden, Moncton campus; Melissa McKay, Bathurst campus; and Adrienne Fullerton, Saint John campus. The Université de Moncton 2008 recipients were: Rachel Pitre, Moncton campus; Elyse Lamontagne, Edmundston campus and Pascale Losier Cyr, Shippagan campus / Bathurst site.

Influencing Healthy Public Policy

Personal Health Information—Access and Privacy 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 set out rules for handling personal health information. After a broad and multi-phased consultation with stakeholders, Bill 82, *Access to Information and Protection of Privacy Act* was introduced in the Legislature during the June 2008 Session. The Bill was then referred to the Standing Committee on Law Amendments for review. NANB participated in a two-day workshop in January 2008 to identify key elements that must be included in personal health information legislation and submitted a written response to the proposed legislation in September 2008. NANB continues to monitor progress of this legislation.

Promoting Nurses' Involvement in Health Informatics at all Levels

NANB contributes to CNA informatics developments through our participation in the National Jurisdictional Informatics Group.

Practice and policy staff participated in the CNA informatics counterpart's teleconferences in June and December 2008 and the Atlantic Nursing Informatics Conference in October 2008. 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 part-

nership with the Ministries of Health in Ontario, Prince Edward Island and Saskatchewan began in May 2007 and will continue until December 2009. Winnipeg Regional Health Authority became a new project partner in 2008 and will introduce the project's data set in nursing-sensitive outcomes into 39 long-term care homes and agencies.

A Health Informatics Training System (HITS), an online course, can be accessed through NurseOne, the CNA sponsored nurse's portal.

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.

Primary Health Care

The DoH Primary Health Care Advisory Committee (PHCAC) continues to advise the Deputy Minister of Health on primary health care issues. The Committee met five times in 2008. Membership includes representation from the Nurses Association of New Brunswick; the New Brunswick College of Family Physicians; the New Brunswick Medical Society; Allied Health Professionals; Department of Health; as well as a nurse practitioner and two general practitioners (GPs) appointed by the DoH.

The Deputy Minister of Health, Don Ferguson, met with the Committee in November to express his ongoing support for primary health care in the health portfolio and to speak to various topics such as the importance of long term sustainability within our health care system, e-health planning, secondary and tertiary care, and relationship building.

Future agenda items include updates on sustainability and New Brunswick wellness strategies.

One Patient One Record

The Department of Health launched the One Patient One Record (OPOR) Project in October 2007, with the vision that every individual will have a complete electronic health record that serves as a repository for relevant health information including clinical documents, laboratory results, radiology reports, allergies and active / past medication history. The OPOR will enable the sharing of relevant patient information between various health care services and providers and avoid costly duplication of diagnostic examinations / tests while enhancing the safety of health services.

NANB has participated on the OPOR Project Steering Committee since its inception in February 2008. The OPOR Steering Committee continues to monitor and review the project status and provide oversight of the implementation of the components of the electronic health record. The Committee continues to meet every six weeks.

NANB is also a member of the provincial E-Health Advisory Committee established in 2008. The purpose of this commit-

tee is to advise the health ministry regarding the overall vision and strategic direction for e-health in support of the overall strategic direction for the healthcare system in the province. This representation ensures nursing values and priorities are informing the development of our NB e-health systems.

New Brunswick Drug Information System (DIS)

A project management structure and core project team has been established for the implementation of drug information system component of the OPOR in May 2008. A DIS Steering Committee oversees the project team's work. NANB is a member of the New Brunswick DIS Advisory Committee which also includes pharmacists, physicians and dentists. This Committee acts in an advisory capacity and fills a consultative role providing feedback to the Chairperson of the DIS Steering Committee.

Supporting Enhanced Perinatal Care

NANB was an active participant during the development of legislation authorizing the practice of midwives in New Brunswick, as well as the development of draft regulations to support the regulation of Midwife practice. The addition of midwives in the delivery of maternity care will enhance access to care for the many New Brunswick women, thus enhancing safety and quality of care through regulation of this professional group and establishes midwife care as a funded health service. New Brunswick currently has one of the highest C-section and lowest breast-feeding rates in the country. Midwives have demonstrated their positive impacts on both these indicators in jurisdictions where they are currently providing care. NANB is committed to the successful integration of midwives into our health system and ensuring the support and collaboration of registered nurses as midwives begin their practice in New Brunswick.

MEMBERSHIP HIGHLIGHTS			
NUMBER OF MEMBERS	*YEAR 2008	YEAR 2007	YEAR 2006
Registered	8664	8612	8523
Non-practising	377	382	382
Life	18	19	18
Total	9059	9013	8923
NUMBER OF NEW REGISTRANTS	*YEAR 2008	YEAR 2007	YEAR 2006
N.B. graduates	245	266	256
Graduates from other provinces/territories	95	84	82
Graduates from outside Canada	8	10	10
Total	348	360	348
NUMBER OF EMPLOYED NURSES	*YEAR 2008	YEAR 2007	YEAR 2006
Full time	n/a	4813 (60%)	4830 (60%)
Part time	n/a	2219 (28%)	2177 (27%)
Casual	n/a	591 (7%)	598 (7%)
Other**	n/a	449 (6%)	458 (6%)
Total	n/a	8072	8063
* Year 2008—Preliminary data			
** Includes employed nurses on temporary leave (ex. Maternity, educational, disability leave, etc.)			
PLACE OF EMPLOYMENT	*YEAR 2008	YEAR 2007	YEAR 2006
Hospital	n/a	5462 (68%)	5265 (65%)
Community	n/a	589 (7%)	596 (7%)
Nursing Home	n/a	801 (10%)	818 (10%)
Extra Mural Program	n/a	424 (5%)	437 (5%)
Other**	n/a	796 (10%)	947 (12%)
Total	n/a	8072	8063
* 2008—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 2008	YEAR 2007	YEAR 2006
under 25	n/a	161 (2%)	187 (2%)
25-29	n/a	684 (9%)	650 (8%)
30-34	n/a	767 (10%)	742 (9%)
35-39	n/a	990 (12%)	1083 (13%)
40-44	n/a	1380 (17%)	1382 (17%)
45-49	n/a	1305 (16%)	1343 (17%)
50-54	n/a	1304 (16%)	1330 (17%)
55 +	n/a	1481 (18%)	1346 (17%)

* 2008—Not available at this time

GENDER DISTRIBUTION (EMPLOYED NURSES)	*YEAR 2008	YEAR 2007	YEAR 2006
Female	n/a	7725 (96%)	7727 (96%)
Male	n/a	347 (4%)	336 (4%)

* 2008—Not available at this time

PROFESSIONAL CONDUCT REVIEW STATISTICS

COMPLAINTS RECEIVED	YEAR 2008	YEAR 2007	YEAR 2006
Complaints carried forward from previous year	1	0	0
New complaints received in current year	7	10	10
Referred to Review Committee	2	2	2
Referred to Discipline Committee	1	6	4
Dismissed	4	1	4
Carried forward to next year	1	1	0

DISCIPLINE AND REVIEW COMMITTEE HEARINGS	YEAR 2008	YEAR 2007	YEAR 2006
Cases carried over from previous year(s)	7	4	2
Cases received in current year	6	8	10
Discipline Hearings	7	2	5
Review Hearings	4	3	4
Dismissed	0	0	0
Carried forward to next year	2	7	4

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



2008 NANB ANNUAL GENERAL MEETING

Revised NANB Publications

- Decision-Making: Examining Requests for New Nursing Procedures
- Minding Your Business: A Guide for Establishing an Independent Nursing Practice
- NP Schedules for Ordering (April and December)

Revised NANB Position Statements

- Self-Employed Nurses
- Violence in the Workplace
- Primary Health Care

Endorsed CNA Documents

- Advanced Nursing Practice: A National Framework
- Framework for the Practice of Registered Nurses in Canada
- Code of Ethics for Registered Nurses



STANDING AND LEGISLATIVE COMMITTEES AND REPORTS

Nurse Practitioner Therapeutics Committee (NPTC)

The Nurse Practitioner Therapeutics Committee is an advisory committee to 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.

NPTC Report

BY MARTHA VICKERS, NP, CHAIRPERSON

The Committee met in January and again in September 2008 to review requests for additions to the Schedules of the Rules Respecting Nurse Practitioners changes to NP schedules and to develop recommendations for changes to the schedules.

The Committee's recommendations for amendments to the schedules were approved by NANB Board of Directors at the February and October Board meetings. Following approval by the Minister of Health, the amendments to the schedules were effective April 2008 and again in December 2008.

Additionally, the Committee recognizes that the current format for the NP Schedules for Ordering impose barriers for NPs in achieving their full scope. A broader, more enabling framework is envisioned. Preliminary discussions were initiated

at the September 2008 meeting. Work on the framework will continue with a September 2009 projected completion date.

Committee members: nurse practitioners: Martha Vickers (chairperson) and Kate Burkholder; pharmacists: Jacqueline Mouris and Bill Veniot; physicians: Dr. Tim Snell and Dr. Patricia Ramsay.

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 practicing 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 practicing 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.

Resolutions Committee Report

BY LINDA BERNATCHEZ, RN, CHAIRPERSON

The following Sussex Chapter members volunteered to serve on the Resolutions Committee for a two-year term (2006–2008),

ending August 31st, 2008: Deborah Marks, Ruth Alexander, and Connie Armstrong.

The following Restigouche Chapter members are currently volunteering to serve on the Resolutions Committee for the two-year term (2008–2010): Linda Bernatchez (chairperson), Nicole Robichaud and Renée Valdron.

The Resolutions Committee received no resolutions in 2008.

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* (1984). 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.

Complaints Committee Report

BY ANNETTE LEBOUTHILLIER, RN, MN, CHAIRPERSON

This report outlines the activities of the Complaints Committee in 2008.

It should be noted that the formal complaint process under the *Nurses Act* (1984) 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 nurse's practice or conduct.

In 2008, the Complaints Committee heard seven complaints: six received in 2008 and one carried over from 2007. Three complaints were made by a member of the public against nurses respecting the treatment of the same client. Four of the complaints were lodged by a supervisor or representative of the employer. It should be noted that in many cases, complaints lodged by employers relate to problems originally identified by patients and / or co-workers. An eighth complaint was received late in the year and carried over to 2009.

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.

Committee members: Annette LeBouthillier, Jacqueline Gordon, Tanya Jenkins, Erin Musgrave, Monique Ouellette, Patricia Roy, Chantal Saumure, Nancy Sheehan, Édouard Allain, Jack MacKay, Jeannita Sonier, and Edith Tribe.

ALLEGATION	SETTING	OUTCOME
Failure to take appropriate action	Nursing Home	Dismissed
Failure to take appropriate action	Nursing Home	Dismissed
Failure to take appropriate action	Nursing Home	Dismissed
Falsification of health records	Hospital	Dismissed
Substance abuse; medication administration and / or documentation error	Hospital	Referred to Review Committee. Suspension pending outcome of hearing.
Failure to assess client and to take appropriate action; medication administration and / or documentation error; substandard documentation	Hospital	Referred to Discipline Committee. Suspension pending outcome of hearing.
Theft of narcotics; misappropriation of a client's prescriptions	Community	Referred to Review Committee. Suspension pending outcome of hearing.

Discipline and Review Committees

Under the *Nurses Act* (1984), 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 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.

Discipline and Review Committees Report

BY DENISE TARDIF, RN, CHAIRPERSON

The Discipline and Review Committees held 11 hearings in 2008.

CASE 1

The Discipline Committee met to consider a complaint concerning a nurse from the hospital sector who was reported for theft of narcotics and falsification of health records. The Discipline Committee found that the member was responsible for numerous incidents of missing narcotics and multiple serious errors, inaccuracies and discrepancies in the record keeping and the administration of medications and narcotics. The Discipline Committee concluded that the member demonstrated conduct and actions that constituted a lack of judgement, a disregard for the welfare and safety of patients, conduct unbecoming of a member, professional misconduct, incompetence and dishonesty. The member's registration was revoked for a period of two years. The member was ordered to pay costs of \$7,000 prior to applying for reinstatement.

CASE 2

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 to permit the member to apply for a non-practising registration for the purpose of undertaking the Nurse Refresher Program. Upon successful completion of the Nurse Refresher Program, the member will be eligible to apply for a conditional registration.

CASE 3 & 4

The Discipline Committee met to consider two separate complaints concerning a nurse from the hospital sector who was reported for incompetence, substance abuse and being engaged in the practice of nursing without a valid registration. The Discipline Committee found that the member was responsible for numerous shortcomings with respect to her nursing

practice, specifically related to the management, administration and documentation of narcotics, the care she provided to patients and her professional responsibilities. The Discipline Committee concluded that the member's conduct constituted dishonesty, incompetence, a lack of judgement and a disregard for the welfare of patients. The member's registration was revoked for two years and reinstatement will not be considered until evidence shows that the member is ready to return to the practice of nursing in a safe manner. The member was ordered to pay costs of \$5,000.

CASE 5

The Discipline Committee met to consider a complaint concerning a former nurse from the hospital sector who provided false information as part of the registration renewal process respecting hours of practice worked over a period of three years. The Discipline Committee found that the former member's conduct and actions constituted conduct in breach of the *Nurses Act* (1984) and dishonesty. The former member was reprimanded and ordered to pay costs of \$2,000.

CASE 6

The Review Committee met to consider a complaint concerning a nurse from the community sector who was alleged to be unfit and unsafe to practise nursing. The Review Committee found that the member was suffering from an ailment or condition rendering her unfit and unsafe to practise nursing. The member's registration was revoked for one year and reinstatement will not be considered until evidence shows that the member is fit and safe to return to the practice of nursing. The member appealed the decision to the Board of Directors. The appeal will be heard if the evidence mentioned above is available prior to the end of the one year revocation ordered by the Review Committee.

CASE 7

The Review Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the community sector who was reported for misappropriation of a client's prescriptions. The Review Committee found that the member's actions and omissions constituted conduct unbecoming a member and ordered that the suspension imposed by the Complaints Committee continue. The member may request a hearing before the Review Committee within 12 months; otherwise the member's registration will be revoked.

CASE 8

The Review Committee met to consider a member's failure to meet the conditions imposed on his registration in 2006 subsequent to a complaint related to professional misconduct and theft resulting in a criminal conviction. The Review Committee found that the member was suffering from an ailment or condition rendering him unfit, incapable or unsafe to practise nursing.

The member's registration was revoked for one year and reinstatement will not be considered until evidence as required by the Committee is submitted and shows that the member is fit and safe to return to the practice of nursing.

CASE 9

The Discipline Committee met to consider a complaint concerning a nurse from the nursing home sector who was reported for boundary violations of the nurse-client relationship. The Discipline Committee found that the member's conduct and actions constituted a failure to meet the standards of conduct expected of a nurse and specifically a failure to examine or consider NANB Standard for the Therapeutic Nurse-Client Relationship prior to entering into a social relationship (friendship) with a client's significant other. The member was reprimanded.

CASE 10

The Review Committee held a reinstatement hearing at the request of a member whose registration had been revoked in May 2004 as a result of two complaints from two different nursing home settings who reported the member for substance abuse and theft of narcotics. The Review Committee granted reinstatement of the member's registration. The member was permitted to apply for a non-practising registration for the purpose of undertaking the Nurse Refresher Program. Upon successful completion of the Nurse Refresher Program, the member will be eligible to apply for a conditional registration.

CASE 11

The Discipline Committee met to consider a complaint concerning a nurse from the community sector related to fraud resulting in a criminal conviction. The Discipline Committee found that the member was suffering from an ailment or condition at the time of the event. The member was reprimanded for dishonesty and conduct unbecoming a member. The revocation on the member's registration ordered by the NANB Registrar was lifted and the member was eligible to apply for a conditional registration. The member was ordered to pay costs of \$1,000.

Two cases were carried over to 2009. Furthermore, the Board of Directors heard an appeal of a 2007 Discipline Committee decision concerning a nurse from the hospital sector who was reported for incompetence and professional misconduct. The Discipline Committee had found that the member's conduct constituted professional misconduct, conduct unbecoming a member, incompetence and conduct demonstrating that the member was unfit to practise nursing. The member's registration was revoked and reinstatement would not be considered for a period of three years. The member was ordered to pay costs of \$10,000. The Board of Directors confirmed the Discipline Committee decision and ordered additional costs of

\$4,655 be paid within two years after the member returns to the active practice of nursing.

I would like to extend a special thank-you to vice chairperson, Shirley Bellavance, 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 Association. It is a challenging and humbling experience to serve my profession in this capacity and I would not hesitate to recommend it to anyone.

Committee members: Denise Tardif, Shirley Bellavance, Angela Arseneault-Daigle, Nancy Arseneau, Heather Bursey, Rinette Côté, Luc Drisdelle, Trevor Fotheringham, June Kerry, Terry-Lynne King, Sandra Mark, Mary McAllister, Jacqueline Savoie, Sharon Smyth-Okana, Florence Thibodeau, Nancy Waite, Charles Flewelling, Albert Martin, Denis Morisset, Louisel Pelletier-Robichaud, Reinele Thériault, Wayne Trail.

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.

Nursing Education Advisory Committee Report

BY NANCY LOGUE, RN, MN, CHAIRPERSON

In 2008, the Nursing Education Advisory Committee held three regular meetings by teleconference and a full day meeting at NANB's offices.

In March of 2008, the Committee reviewed the first interim report submitted by the Université de Moncton as required by the 2006 basic nursing program approval team report. The report highlighted a proposed reform of its bachelor of nursing program with competency-based learning as its foundation and clinical nursing situations, which is similar to the problem-based approach, as its mean. The outcome of these changes is the acquisition by students of the competencies needed to fulfill the present requirements of the health care system and to better respond to the demands of the prac-

tice environment. A second progress report is to be submitted in January 2010.

In May of 2008, the Committee met to select members of the approval team in preparation for the UNB basic program review, scheduled fall of 2008.

In October of 2008, the Committee reviewed the Université de Moncton's second nurse practitioner program annual progress report as recommended in the February 2006 approval report. Since the last report, the University has made changes to the program by introducing clinical practice earlier in the program and scheduling laboratory and clinical

hours into the Assessment course. Methods and tools to assess clinical learning have been revised and orientation and communication occasions have been implemented in order to foster ownership of all involved in the teaching / learning process. The Committee was satisfied with the work accomplished and commends the faculty in their efforts to address the recommendations.

Committee members: Nancy Logue (chairperson), Patricia Cormier, Kimberly Greechan, Suzanne Harrison, Natalie LeBlanc, Linda Lepage-Leclair, Sherry Williston and Reida Woodside.



Enhancing NANB Services

Online Payroll Registration Renewal Pilot Project

NANB initiated online registration renewal in the fall of 2005. Registered nurses (RNs) who participated in payroll deduction of their registration fee by their employer have not been able to utilize the online service. NANB initiated a pilot project in October 2008 with the former River Valley Health Authority (RHA 3) to enable RNs on payroll deduction to renew their registration online. The pilot went very smoothly with 62% (515) of the targeted members using the online system to renew their registration.

A total of 1436 members renewed online in the fall of 2008 which is up significantly from 506 in 2005, 568 in 2006 and 516 in 2007.

Access to online renewal will be extended to other RNs in New Brunswick participating in payroll deduction in the fall of 2009. As approximately 60% of NANB members participate in payroll deduction, the availability of online registration renewal provides a significant opportunity to enhance member service and improve the efficiency of the renewal process and the quality / accuracy of renewal data collection.

Election to the NANB Board

The Board of Directors had four positions for election in 2008 from regions 1, 3, 5 and 7. Directors from region 1, 5 and 7 were elected by acclamation so no mail ballot was required. Region 3 had two nominees and a mail ballot was sent in March to eligible members in that region. There were 1,425 eligible voters and 441 actual votes were cast which represented a 31% participation rate.



COMMUNICATIONS

NB CNA CENTENNIAL AWARD RECIPIENTS

Supporting Members

NANB launched an e-bulletin (the Virtual Flame) to further support members through direct contact providing additional services that will highlight important and timely information.

This electronic communications tool will be circulated four times annually (February, May, August, and October) to the Board, members, and stakeholders.

Chapters

Active chapters continued to promote activity including events, meeting dates and minutes, as well as other information of interest via NANB's web site, *Info Nursing* journal and the Association's e-bulletin.

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 email which enhances the timeliness of communication activities.

Web site

Planning and editing the new / revised web site continued throughout 2008. The new site will be re-branded and feature improved functionality with intuitive navigation.

The web site will enable the Association to profile various departments, identify support and services available to members, and highlight ongoing projects and initiatives being carried out by the Association.

An official launch of the new web site will take place at the June 3rd, 2009 Annual General Meeting.

Brand Identity Project

NANB has been working to standardize existing inventory including collateral, publications, electronic tools etc. This branding exercise will create a corporate and consistent 'look-and-feel'.

This project is expected to begin roll-out in 2009.

Media Relations

In 2008, NANB participated in 18 provincial media interviews including print, radio and television. The Association's position on issues relating to recruitment and retention incentives, expanding NP Clinics in the province, labour shortages and immigration challenges impacting the nursing profession were of significant interest.

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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, 2008 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, 2008 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
February 6, 2009

**Nurses Association Of New Brunswick
Statement Of Financial Position
December 31, 2008**

	<u>General Fund</u>	<u>CNA Biennuim Fund</u>	<u>Employee Benefit Fund</u>
Current assets			
Cash (Note 2 (a))	\$ 848,775	\$ 1	\$ 6,138
Investments (Note 2 (a) and 3)	3,051,358		40,862
Accounts receivable	7,154		
Prepaid expenses	10,742		
Accrued interest receivable	7,449		888
Due from General Fund (Note 6)			58,950
Due from Employee Benefit Fund (Note 6)	<u> </u>	<u> </u>	<u> </u>
	<u>3,925,478</u>	<u>1</u>	<u>106,838</u>
Long-term assets			
Accrued interest receivable		3,219	1,808
Investments (Note 3)		<u>130,170</u>	<u>72,000</u>
		<u>133,389</u>	<u>73,808</u>
Capital assets - net of amortization (Notes 2(b) and 4)	<u>1,523,387</u>		
	\$ <u>5,448,865</u>	\$ <u>133,390</u>	\$ <u>180,646</u>
Current liabilities			
Accounts payable	\$ 530,491		
Future revenue	2,735,560		
Obligation under capital leases (Note 5)	1,816		
Due to Employee Benefit Fund (Note 6)	<u>58,950</u>		
	<u>3,326,817</u>		
Long-term debts			
Obligation under capital leases (Note 5)	8,114		
Accrued employee retirement/resignation benefits obligation (Note 2 c)	<u> </u>		\$ <u>180,646</u>
	<u>8,114</u>		<u>180,646</u>
Fund balances			
Internally restricted		\$ 133,390	
Invested in capital assets	1,513,457		
Unrestricted	<u>600,477</u>	<u> </u>	
	<u>2,113,934</u>	<u>133,390</u>	
	\$ <u>5,448,865</u>	\$ <u>133,390</u>	\$ <u>180,646</u>

Approved by Executive Director



<u>Discipline Fund</u>	<u>Interfund Deletions</u>	<u>Total 2008</u>	<u>Total 2007</u>
\$ 124,462		\$ 979,376	\$ 324,794
		3,092,220	3,454,643
		7,154	8,078
		10,742	5,596
		8,337	17,787
	\$ (58,950)		
<u>124,462</u>	<u>(58,950)</u>	<u>4,097,829</u>	<u>3,810,898</u>
		5,027	2,696
		<u>202,170</u>	<u>108,000</u>
		<u>207,197</u>	<u>110,696</u>
		<u>1,523,387</u>	<u>1,558,465</u>
\$ <u>124,462</u>	\$ <u>(58,950)</u>	\$ <u>5,828,413</u>	\$ <u>5,480,059</u>
		\$ 530,491	\$ 454,883
		2,735,560	2,574,786
		1,816	1,498
	\$ (58,950)		
	<u>(58,950)</u>	<u>3,267,867</u>	<u>3,031,167</u>
		8,114	9,930
		<u>180,646</u>	<u>114,032</u>
		<u>188,760</u>	<u>123,962</u>
\$ 124,462		257,852	297,504
		1,513,457	1,547,037
		<u>600,477</u>	<u>480,389</u>
<u>124,462</u>		<u>2,371,786</u>	<u>2,324,930</u>
\$ <u>124,462</u>	\$ <u>(58,950)</u>	\$ <u>5,828,413</u>	\$ <u>5,480,059</u>

**Nurses Association Of New Brunswick
Statement Of Changes In Fund Balances
For The Year Ended December 31, 2008**

	<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	\$ 128,008		\$ 121,573	\$ 47,923
Excess of revenue (expenses) for year	5,382	\$ (59,950)	2,889	409
Interfund transfers (Note 6)		59,950		(48,332)
Purchase of capital assets				
Payment on obligation under capital leases	_____	_____	_____	_____
Balance, end of year	\$ <u>133,390</u>	\$ <u>_____</u>	\$ <u>124,462</u>	\$ <u>_____</u>

<u>Total</u>	<u>Invested In Capital Assets</u>	<u>Unrestricted</u>	<u>Total 2008</u>	<u>Total 2007</u>
\$ 297,504	\$ 1,547,037	\$ 480,389	\$ 2,324,930	\$ 2,281,805
(51,270)	(79,825)	177,951	46,856	43,125
11,618		(11,618)	-	-
	44,748	(44,748)	-	-
<u> </u>	<u>1,497</u>	<u>(1,497)</u>	<u> </u>	<u> </u>
\$ <u>257,852</u>	\$ <u>1,513,457</u>	\$ <u>600,477</u>	\$ <u>2,371,786</u>	\$ <u>2,324,930</u>

**Nurses Association Of New Brunswick
Statement Of Operation
For The Year Ended December 31, 2008**

	<u>General Fund</u>	<u>CNA Biennium Fund</u>	<u>Employee Benefit Fund</u>
Revenues			
Advertising and publications	\$ 3,760		
Annual meeting	-		
CNA fees and exams	556,635		
Investment income	71,470	\$ 5,382	\$ 6,665
Membership fees	2,296,351		
NANB exam fees	29,900		
Rental income	62,430		
Other income	<u>20,483</u>		
	<u>3,041,029</u>	<u>5,382</u>	<u>6,665</u>
Expenses			
Annual meeting	3,950		
Awards	56,800		
Chapter grants and funds	12,787		
CNA board & biennium	34,534		
CNA, CNPS and CRNE fees	662,540		
Committees, projects and other activities	135,142		
Liaison - members/counterparts/ stakeholders/corporate	29,748		
Employee wages and benefits (Note 7)	1,136,487		66,615
Information systems	1,904		
Communications and public relations	114,111		
Lease and bank charges	26,165		
NANB board and executive	49,297		
Office expenses	179,235		
Personnel development	34,615		
Premises expenses	185,577		
Professional and consultant fees	200,186		
New Brunswick Museum contribution	<u>-</u>		
	<u>2,863,078</u>		<u>66,615</u>
Excess of revenue (expenses) before loss (gain) on disposal and amortization of capital assets	<u>177,951</u>	<u>5,382</u>	<u>(59,950)</u>
Gain on disposal of capital assets	-		
Amortization of capital assets	<u>79,825</u>		
	<u>79,825</u>		
Excess of revenue (expenses) for year	\$ <u>98,126</u>	\$ <u>5,382</u>	\$ <u>(59,950)</u>

<u>Discipline Fund</u>	<u>Continuing Competency Program Fund</u>	<u>Total 2008</u>	<u>Total 2007</u>
		\$ 3,760	\$ 5,836
		-	18,570
		556,635	567,989
\$ 2,889	\$ 409	86,815	85,088
		2,296,351	2,154,756
		29,900	34,300
		62,430	65,529
		<u>20,483</u>	<u>21,096</u>
<u>2,889</u>	<u>409</u>	<u>3,056,374</u>	<u>2,953,164</u>
		3,950	52,959
		56,800	81,750
		12,787	13,385
		34,534	6,868
		662,540	667,903
		135,142	110,860
		29,748	26,218
		1,203,102	1,021,867
		1,904	598
		114,111	120,360
		26,165	20,869
		49,297	57,413
		179,235	159,351
		34,615	21,710
		185,577	157,779
		200,186	253,449
		-	60,000
		<u>2,929,693</u>	<u>2,833,339</u>
<u>2,889</u>	<u>409</u>	<u>126,681</u>	<u>119,825</u>
		-	(17,490)
		<u>79,825</u>	<u>94,190</u>
		<u>79,825</u>	<u>76,700</u>
\$ <u>2,889</u>	\$ <u>409</u>	\$ <u>46,856</u>	\$ <u>43,125</u>

**Nurses Association Of New Brunswick
Statement Of Cash Flows
For The Year Ended December 31, 2008**

	<u>2008</u>	<u>2007</u>
Cash flows from operating activities		
Excess of revenues	\$ 46,856	\$ 43,125
Add back non-cash items		
Accrued employee retirement/resignation benefits	66,615	10,201
Amortization of capital assets	79,825	94,190
Gain on sale of capital assets	-	(17,490)
Investment income reinvested	599	(3,245)
Net changes in non-cash items		
Accounts receivable	924	1,307
Prepaid expenses	(5,146)	8,426
Accrued interest receivable	6,519	7,807
Accounts payable	75,608	43,356
Future revenue	<u>160,774</u>	<u>123,697</u>
	<u>432,574</u>	<u>311,374</u>
Cash flows from investing activities		
Transfer of long term investments to current	36,000	110,023
Disposal of long term investments	-	57,162
Purchase of long-term investments	(130,170)	(153,914)
Purchase of capital assets	(44,748)	(93,995)
Proceeds on disposal of capital assets	<u>-</u>	<u>294</u>
	<u>(138,918)</u>	<u>(80,430)</u>
Cash flows from financing activities		
Payments of employee retirement/ resignation benefits obligation	-	(93,436)
Obligation under capital lease payments	<u>(1,497)</u>	<u>(12,888)</u>
	<u>(1,497)</u>	<u>(106,324)</u>
Net increase in cash and investments	292,159	124,620
Cash and investments, beginning of year	<u>3,779,437</u>	<u>3,654,817</u>
Cash and investments, end of year	\$ <u>4,071,596</u>	\$ <u>3,779,437</u>

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2008**

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 and cash equivalents have been classified as held-for-trading.

Held-to-maturity investments

Financial instruments classified as held-to-maturity are financial assets with fixed or determinable payments and fixed maturities that the organization's management has the positive intention and ability to hold to maturity. These assets are initially recorded at fair value and subsequently carried at amortized costs, using the effective interest rate method. Transaction costs are included in the amount initially recognized. In these financial statements, investments have been classified as held-to-maturity.

Loans and receivable and other financial liabilities

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

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

(b) **Capital assets and amortization**

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

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

(c) **Fund accounting and revenue recognition**

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

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

Revenue and expenses relating to CNA Biennium 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, 2008 in accordance with its personnel policies.

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2008**

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 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.

(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.

3. Investments

Investments, which are recorded at cost, consist of the following:

	<u>2008</u>	<u>2007</u>
<u>General Fund</u>		
Investments		
Government of Canada T-Bills maturing at various times in 2008 with interest varying from 1.114% to 1.372% (3.076% to 3.956%), payable at maturity.	\$ 1,103,488	\$ 3,249,076
CPN Province of Quebec due April 1, 2009 with interest at 1.78%, payable at maturity.	159,024	-
RES New Brunswick Province Gen Strip due June 2, 2009 with interest at 2%, payable at maturity.	197,820	-
CPN Province of British Columbia due July 9, 2009 with interest at 1.84%, payable at maturity.	158,096	-
CPN Province of Ontario due August 7, 2009 with interest at 1.86%, payable at maturity.	157,840	-
Province of British Columbia promissary note due September 3, 2009 with interest at 1.889%, payable at maturity.	179,090	-
GIC Canadian Western Bank due October 24, 2009 with interest at 4.02%, payable at maturity.	96,000	-
GIC Canadian Tire Bank due October 26, 2009 with interest at 4.12%, payable at maturity.	96,000	-
GIC Bank of Montreal due November 6, 2009 with interest at 3.1%, payable at maturity.	96,000	-
GIC Manulife Bank due November 6, 2009 with interest at 3.5%, payable at maturity.	96,000	-
GIC Laurentian Bank due December 2, 2009 with interest at 2.925%, payable at maturity.	97,000	-

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2008**

Note #3. Continued

	<u>2008</u>	<u>2007</u>
GIC National Bank of Canada due December 2, 2009 with interest at 2.8%, payable at maturity.	97,000	-
GIC HSBC Bank due December 3, 2009 with interest at 2.65%, payable at maturity.	60,000	-
GIC ING Bank of Canada due December 3, 2009 with interest at 2.62%, payable at maturity.	96,000	-
GIC Montreal Trust due December 3, 2009 with interest at 2.7%, payable at maturity.	96,000	-
GIC Royal Bank of Canada due December 3, 2009 with interest at 2.15%, payable at maturity.	96,000	-
GIC Royal Trust Corp due December 3, 2009 with interest at 2.15%, payable at maturity.	96,000	-
GIC B2B Trust due December 3, 2009 with interest at 2.8%, payable at maturity.	74,000	-
	<u>\$ 3,051,358</u>	<u>\$ 3,249,076</u>

The fair market value of the above investments costing \$3,051,358 on December 31, 2008 was \$3,062,547.

CNA Biennium Fund

Investment - Current

GIC Home Trust Company due June 23, 2008 with interest at 4.75%, payable at maturity.	-	\$ <u>95,544</u>
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Investments - Long term

GIC Bank of Nova Scotia due June 24, 2013 with interest of 4.75%, payable at maturity.	\$ 65,085	-
GIC TD Mortgage Corp. due June 24, 2013 with interest of 4.75%, payable at maturity.	<u>65,085</u>	-
	<u>\$ 130,170</u>	-

The fair market value of the above investments on December 31, 2008 was \$133,389

Employee Benefit Fund

Investments - Current

CPN Government of Canada due June 1, 2008 with interest at 3.81% payable, at maturity.	\$ -	\$ 46,000
486 units of AIC Money Market Fund.	4,862	41,100
GIC HSBC Bank due June 8, 2009 with interest at 4.35% payable, at maturity.	<u>36,000</u>	-
	<u>\$ 40,862</u>	<u>\$ 87,100</u>

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2008**

Note #3. Continued

	<u>2008</u>	<u>2007</u>
Investments - Long-term		
HSBC Bank GIC due June 8, 2009 with interest at 4.35%, paid annually.	\$ -	\$ 36,000
GIC AGF Trust due June 29, 2011 with interest at 4.96%, paid annually.	36,000	36,000
GIC Canadian Western Bank due June 29, 2010 with interest at 4.95%, paid annually.	<u>36,000</u>	<u>36,000</u>
	<u>\$ 72,000</u>	<u>\$ 108,000</u>

The fair market value of the above investments costing \$112,862 on December 31, 2008 was \$115,858.

Continuing Competency Program Fund

Investments		
2,292 units of AIC Money Market Fund.	-	\$ <u>22,923</u>

4. Capital assets

	<u>2008</u>		<u>2007</u>
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net</u>
Land	\$ 301,893		\$ 301,893
Paving and fencing	13,129	\$ 6,925	3,604
Building	1,737,240	654,563	1,122,694
Computer and photocopy equipment	127,066	113,024	9,835
Office furniture and equipment	270,602	163,013	108,612
Office and computer equipment - capital lease	<u>26,017</u>	<u>15,035</u>	<u>11,827</u>
	<u>\$ 2,475,947</u>	<u>\$ 952,560</u>	<u>\$ 1,558,465</u>

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2008**

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>
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>\$ 9,930</u>	<u>\$ 4,668</u>	<u>\$ 14,598</u>

6. Interfund transfers and internally restricted fund balances

- (a) During the year 2008, \$90,210 was transferred from Employee Benefit Fund to the Unrestricted Funds (General Fund) because of expenses the General Fund paid on behalf of the Employee Benefit Fund in accordance with its personnel policies.
- (b) On December 31, 2008, the General Fund owed the Employee Benefits Fund \$58,950 which is payable on demand without interest.

- 7. During the year 2008, as required by the Association's personnel policies, \$80,670 (2007 - \$76,149) was contributed to employees' individual registered retirement savings plans.

8. Commitments

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

Future payment are as follows:

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



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2008 Annual Report