

Nurses Association of New Brunswick

Annual Report 2009



REGISTERED NURSES:

Moving Forward...
creating solutions

NANB  AIINB

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REGISTERED NURSES

Moving forward...
creating solutions



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.

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.

2009–10 NANB
Board of Directors.
Missing from
photo are: Linda
LeBlanc and
Rose-Marie
Chiasson-Goupil.



Board of Directors 2009–2010

Martha Vickers, RN
President

France Marquis, RN
President-Elect

Region Directors

Mariette Duke, RN
(Region 1)

Ruth Alexander, RN
(Region 2)

Darline Cogswell, RN
(Region 3)

Linda LeBlanc, RN
(Region 4, January–August 2009)

Noëlline Lebel, RN
*(Region 4, September–
December 2009)*

Margaret Corrigan, RN
(Region 5)

Rose-Marie Chiasson-Goupil, RN
(Region 6, January–August 2009)

Marius Chiasson, RN
*(Region 6, September–
December 2009)*

Deborah Walls, RN
(Region 7)

Public Representatives

Robert Thériault

Aline Saintonge
(March–December 2009)

Roland Losier
(July–December 2009)

NANB Personnel

Executive Office

Roxanne Tarjan
Executive Director

Jacinthe Landry
Executive Assistant

Corporate and Regulatory Services

Lynda Finley
*Director: Corporate and
Regulatory Services*

Denise LeBlanc-Kwaw
Registrar

Odette Comeau Lavoie
*Regulatory Consultant: Professional
Conduct Review*

Jocelyne Lessard
Regulatory Consultant: Registration

Liette Clément
Regulatory Consultant: Education

Paulette Poirier
Corporate Secretary

Shawn Pelletier
Administrative Assistant: Registration

Stacey Vail
Administrative Assistant: Registration

Angela Catalli
*Administrative Assistant: Reception
and Registration*

Practice

Ruth Rogers
Director: Practice

Virgil Guitard
Nursing Practice Advisor

Sauna Figler
Nursing Practice Consultant

Susanne Priest
Nursing Practice Consultant

Christine Stewart
Administrative Assistant: Practice

Finance and Administration

Shelly Rickard
Manager, Finance and Administration

Marie-Claude Geddry-Rautio
Bookkeeper

Communications

Jennifer Whitehead
Manager, Communications

Stephanie Tobias
*Administrative Assistant:
Communications*

Supporting Safe, Competent and Ethical Nursing Services, in the Public Interest

The Association's principal mandate as established by the *Nurses Act* (1984) is the regulation of registered nurses in the public interest. Legislation also supports the Association's role in the advancement of the profession and healthy public policy in our province. This Annual Report reflects on the Nurses Association of New Brunswick's (NANB) activities and provides an overview of 2009.

The development of a Strategic Plan to direct NANB *strategic* initiatives through 2012 was a significant focus of 2009. The Plan focuses on four areas: ensuring the adequacy of nursing human resources; promoting quality practice environments that support professional practice and client safety; using nursing knowledge to inform and influence public policy; and enhancing the understanding of the value and benefit of profession-led regulation. At the October Board meeting, the Directors approved the Strategic Plan which is available to members on the NANB website www.nanb.nb.ca. Ongoing progress updates and outcomes will be provided using the Association's usual communication tools. We believe the strategic initiatives should enhance and support the goals of the health system in New Brunswick, as well as those of the Association.

Ensuring registered nurses recognize the importance and responsibility of maintaining competence is an important aspect of our regulatory framework. Auditing tools for the mandatory Continuing

Competence Program implemented in 2008 were tested and validated during the recent renewal period and ongoing auditing is now in place.

Maintaining an adequate nursing workforce to meet the province's demand continues to challenge our profession as well as the health and post-secondary education systems. The statistics included in this report show a slight increase in the supply of registered nurses and those employed in nursing in New Brunswick. This is good news. The challenging statistics however, are those that demonstrate the *aging* of our profession and the impact their impending retirements will have on the registered nurse supply. The NANB is committed to working collaboratively with all stakeholders to enhance the supply of registered nurses and optimize their role and contribution to health services, as well as identifying and advancing additional strategies to ensure our population has access to the nursing services they require now, and into the future.

The volume of applications from internationally educated nurses (IENs) has continued to grow, quadrupling over the past four years to almost 100 applicants in 2009. The efforts of the NB Population Growth Secretariat coupled with the status and opportunities within nursing in Canada have all contributed to this increase. This increase created the need for additional capacity of a Regulatory Consultant within our Corporate and Regulatory Services Department. Details and statistics

are included in the body of this Annual Report. The NANB continues to work collaboratively with nursing regulatory bodies, government, employers and other stakeholders at all levels to facilitate and enhance the assessment, registration and integration of IENs. Our current priority is focused on establishing access to assessment and bridging for those applicants who require additional supports to meet registration requirements.

Finally, during the 2009 Annual Meeting the NANB Board of Directors recognized six outstanding nurses in our province in the areas of clinical practice, education, research and administration. The recipients of the 2009 awards are highlighted within this report and serve as examples of the commitment of New Brunswick nurses to excellence. Thank you sincerely for your ongoing commitment to the delivery of safe, competent and ethical nursing services.



Martha Vickers,
President



Roxanne Tarjan,
Executive Director

Highlights from 2009

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 and 2008 for registered nurses. Subsequent to this, a national Workgroup started work on the development of an MRA for nurse practitioners (NP).

Amendments to the AIT which came into effect in April 2009 move away from Mutual Recognition Agreements and require provinces / territories to recognize workers without further assessment unless a legitimate objective has been filed and agreed by the other provincial / territorial governments.

NANB is a member of a national NP Mobility Workgroup which meets by teleconference to address issues related to the AIT and NP mobility and achieve consensus between the provinces and territories.

Advancing Quality Regulation

The provincial / territorial regulatory counterparts met in Toronto in November 2009 to discuss issues of mutual concern including: the Agreement on Internal Trade; language fluency requirements; and legislative changes in provinces / territories that have potential to impact other jurisdictions. Part of the agenda included a joint one-day workshop with the Executive Directors Counterparts Group to discuss issues facing nursing regulatory agencies.

NB Provider Index

The Provincial Government has initiated the development of an electronic health record. The 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 on the Provider Index. Implementation of the Provider Index has been delayed until the Spring of





NP Summit, Delta
Hotel Fredericton,
May 2009.

2010 after the proclamation of the new Privacy legislation.

Registered Nurse Entry-Level Competencies

In 2004, the Executive Directors of the regulatory bodies for registered nurses in Canada initiated the Jurisdictional Collaborative Project to Revise Entry-Level Registered Nurse Competencies. The final document was completed in 2006 and approved by the NANB Board. As a result, the *Competencies in the Context of Entry-level Registered Nurse Practice in New Brunswick* document was published and effective July 2006.

A review of the document was initiated in September 2007 and completed in June 2008. The long term goal is to bring into harmony the time lines for the revisions of the entry-level competencies among jurisdictions and the five year comprehensive review of competencies

used in the development of the Canadian Registered Nurse Exam.

The revised document was accepted by the Board of Directors in February 2009 and is available on the NANB website.

Canadian Nurse Practitioner Core Competencies

CNA and Assessment Strategies Inc. (ASI) are leading a national review of the Canadian Nurse Practitioner Core Competencies, under the direction of the jurisdictional Executive Directors Council. A 22 person Competency Committee composed of educators, regulators and nurse practitioners has been struck to oversee the project and to begin the review. In April 2009, the Committee met for five days in Ottawa to begin preliminary review and revision with seven follow-up teleconferences through to December 2009 to complete the work. NPs across the country,

including New Brunswick NPs, were surveyed to provide input to the current review.

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 in New Brunswick. NANB initiated a project called New Brunswick Nurse Practitioner Initiative (NBNPI) to examine the future role of NP practice in the province.

The Project included the development of a background and discussion paper entitled *Nurse Practitioners: A Path to the Future in New Brunswick* (2008); the development of a *Proposed Vision for NPs in New Brunswick* (2009), a stakeholder survey and a Nurse Practitioner Summit. The survey was completed in April and the Summit took place in May 2009.

A report and recommendations on the future role and integration of Nurse Practitioners in New Brunswick was submitted to the NANB Board of Directors in October 2009. The recommendations included: sustaining the current NP regulatory framework; advocating for NP models of care based on scope of practice and competency and not practice setting restricted; establishing an NP human resource plan which improves access to primary health care; and addressing identified barriers to full integration of the NP role.

National Language Fluency Workgroup

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 and enhance registered nurse mobility. As a result, a national workgroup was established to investigate current fluency requirements and the potential for achieving regulatory consensus across the country in relation to language fluency standards and assessment methods for internationally educated nurse applicants. The final step in the work of this group is to establish the standard scores for the selected language test.

The standard setting exercise will take place in April 2010.

Pan-Canadian Framework for the Assessment of Internationally Educated Nurses

On September 1, 2009 NANB and other provincial regulatory bodies were invited by the New Brunswick Department of Post-Secondary Education, Training and Labour and the New Brunswick Population Growth Secretariat to participate in an initial consultation on a draft *Pan-Canadian Framework for the Assessment and Recognition of the Qualifications of Internationally-Trained Workers*. The framework was drafted under the direction of the Forum of Labour Market Ministers (FLMM) to improve the integration of internationally trained workers into the Canadian labour market by ensuring that the assessment and recognition of foreign qualifications is fair,

transparent, timely and consistent across Canada. The purpose of the consultation was to provide information about the work to date and to invite feedback on the principles and concepts contained in the framework. Ongoing stakeholder consultation is anticipated over the coming months as the implementation process is finalized.

Atlantic Collaborative Forum on Internationally Educated Nurses

An Atlantic Collaborative Forum on Internationally Educated Nurses (IENs) has been established to facilitate collaboration and build capacity in the Atlantic region for best practices that promote accessibility and sustainability of programs and services that enable IENs to integrate into the workplace and communities in Atlantic Canada. Members of the Collaborative Forum from the four Atlantic Provinces include: representatives from the RN and LPN regulatory bodies; educational institutions; employers; and provincial governments.

NANB participated in a meeting of the Forum in May 2009 at

*Strategic Plan Focus
Group Session,
January 2009*





*Classroom setting,
Nursing Program,
UdeM (Edmundston
Campus).*

the RN Professional Development Centre (RN-PDC) in Halifax. The purpose of the meeting was to discuss issues regarding access to and sustainability of the IEN projects developed and delivered by the RN-PDC. These projects include: 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. Funding ceases for the IEN / IEHP Health Canada Projects in 2010.

Ongoing collaboration to address the complex array of issues related to the assessment and integration of IENs continues through regularly scheduled teleconferences.

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

The Canadian Registered Nurse Exam Council and the Canadian Nurse Practitioner Exam Council met in Ottawa in October 2009. These Committees oversee

the ongoing development, 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 were 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 Approval

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 program approval process is to ensure that the *NANB Standards for Nursing Education* are being met, that program graduates are prepared to practice safely, competently and ethically as entry-level practitioners and that the graduates are eligible to write the Canadian Nurse Practitioner Examination.

The nurse practitioner program of both the University of New Brunswick and the Université de Moncton underwent an approval process in the fall of 2009. UNB received the maximum approval status of three years and the approval of UdeM was deferred pending the submission of a strategic plan to address and identify priorities.

Nurse Practitioner Program Approval

A national working group of representatives from provincial/territorial regulatory bodies including New Brunswick has been established to reach national consensus on a broad set of nurse practitioner (NP) program assessment criteria and to develop a national database of approved NP programs. The purpose of this work is to reduce the duplication of program assessment that occurs when jurisdictions assess each other's program equivalency.

The first teleconference of the Working Group took place in May, 2009. Work will continue in 2010.

Survey of 2008 Nursing Graduates and their Employers

In 2005, NANB initiated a five-year graduate nurse survey in partnership with the UdeM. In 2009, the fifth cohort of New Brunswick graduates was surveyed. The goal of the survey was to identify the employment profile of graduates; their perception of their preparedness to take on 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 were also surveyed to identify the employers' perception of the graduates' preparedness to assume the role of the entry-level nurse. The data analysis will inform ongoing development and maintenance of entry-level competencies and curriculum development for nursing programs.

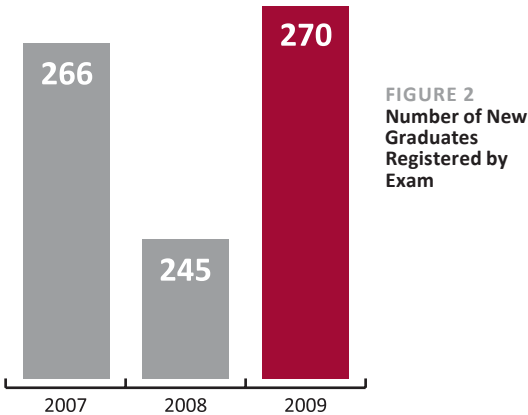
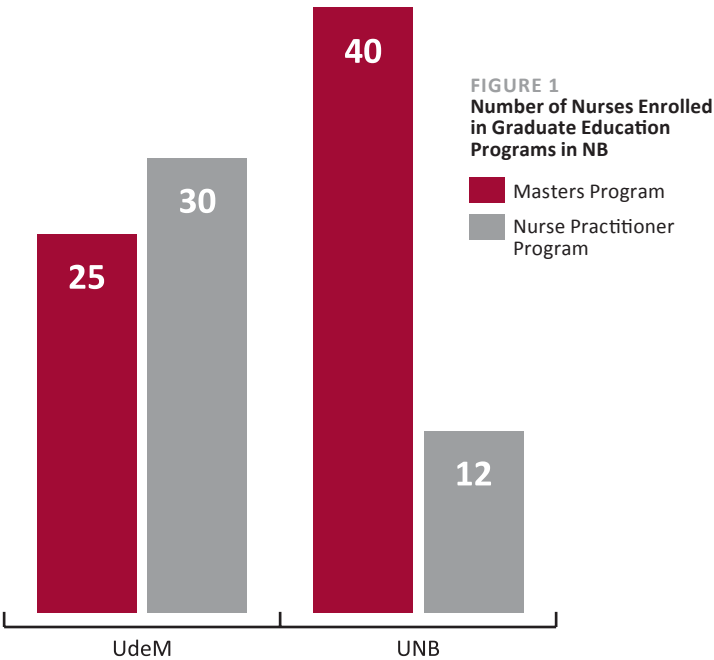
Sustaining the Supply of Registered Nurses

In 2009, the total number of students admitted to baccalaureate nursing education programs in New Brunswick was 433 which falls short of the 465 seats allocated for funding. The Université de Moncton admitted 155 out of 184 allocated seats and UNB admitted 278 students out of 281 allocated seats.

This represents a decrease of nine admissions from the 2008 intake and a 7% vacancy rate in funded seats for 2009. Graduate education enrollment continues to grow. In September 2009, there were 65 nurses enrolled in masters of nursing programs and 42 in nurse practitioner programs (Figure 1).

Retention of New Graduates

The registration renewal rate of new graduates one year after initial registration has increased from 82% in 2008 to 87% in 2009 (Figure 2). NANB practising membership went from 8,664 in 2008 to 8,785 in 2009 which represents an increase of 1.4%.

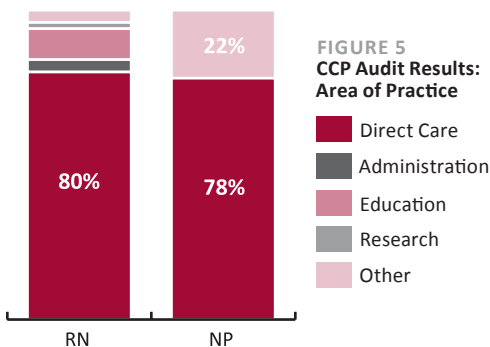
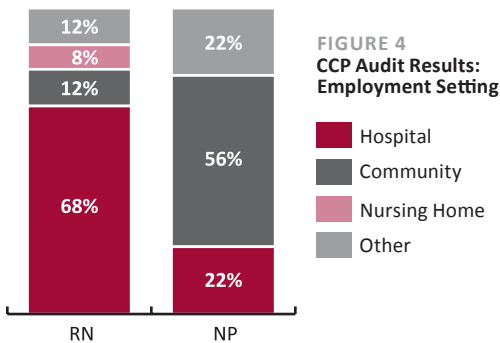
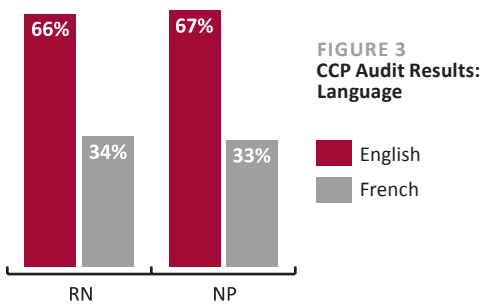


Nurse Refresher Program

Enrollment in the New Brunswick Nurse Refresher Program remained stable in 2009 as illustrated in Table 1. Former registered nurses who do not currently meet the requirements for registration and who wish to return to nursing practice are required to complete the Nurse Refresher Program.

The Program is provided to New Brunswick candidates through a contractual agreement with Grant MacEwan University, Alberta.

Table 1: Enrollments in NB Nurse Refresher Program in 2009						
	'04	'05	'06	'07	'08	'09
Enrollments	25	18	9	11	17	16
Completed	15	7	9	5	7	9
Did not complete	1	0	0	4	5	1



Continuing Competence Program (CCP) Audit

The CCP was implemented in 2008 to provide a framework for all nurses to demonstrate on an annual basis how they have maintained their competence and enhanced their practice. Nurses must answer a compulsory question on their registration renewal form to indicate they have met the CCP requirements.

In 2009 a CCP Audit questionnaire was developed and implemented to monitor members' compliance with the CCP. Fifty registered nurses and ten nurse practitioners were randomly selected and asked to complete the questionnaire related to their practice in 2008. The completed questionnaires were examined and assessed for compliance with the program based on predetermined criteria (Figures 3, 4 & 5).

NANB received fifty-nine completed questionnaires. Of the ten NPs who were randomly selected, one NP had not practiced as an NP in the 2008 practice year and therefore submitted her questionnaire as an RN. One of the 50 RNs was no longer residing in NB and did not participate in the audit. The audit resulted in one RN and one NP requiring follow-up from the Nursing Practice Advisor. The overall outcome was that the 59 audited members had met the CCP requirements.

The next CCP Audit will be conducted in the fall of 2010 and will include a random sample of 2% of RNs and 10% of NPs.

FIGURE 6
Practice Consultations

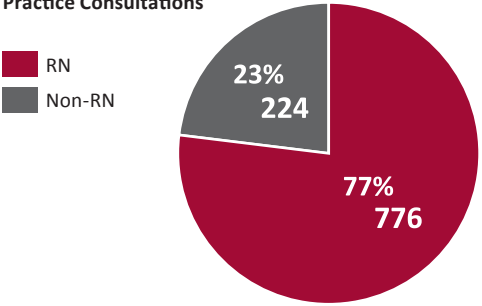


FIGURE 7
Practice Consultations: Calls Received

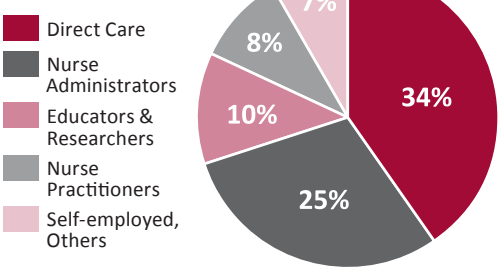


FIGURE 8
Practice Consultations: Trends

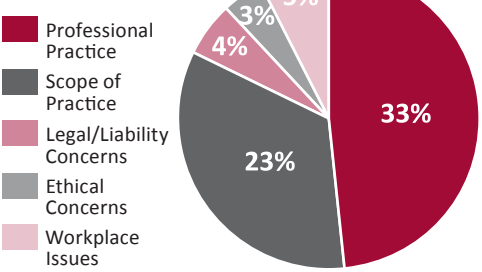
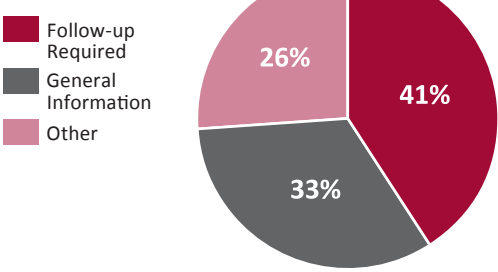


FIGURE 9
Practice Consultations: Actions



Practice Consultations

The NANB supports professional, safe and ethical nursing practice in the public interest by promoting good practice and preventing poor practice. To achieve this, NANB’s practice consultation service provides guidance and support to: registered nurses; nurse practitioners; employers; nursing students; other health care professionals; and members of the public. In 2009, there was a slight decrease in the number of inquiries (990 in 2009 compared to 1,130 in 2008) but the service continues to be highly valued by members and non-members alike. Consultations are provided by phone, correspondence and or email.

A total of 990 inquiries were received in 2009, with 77% (776) of these from registered nurses, and 23% (224) from non-nurses (Figure 6).

The majority of the calls are received from nurses providing

direct care (34%), followed by nurse administrators (25%). Nurse educators and researchers account for 10% of calls and nurse practitioners account for 8%. Close to 7% of the queries come from members who are self-employed or who work in other practice settings such as industry, government, and so forth (Figure 7).

Practice calls are tracked and reviewed regularly to identify significant trends and issues affecting nursing practice and to identify priorities/trends for future development. Topics of interest included: immunization; documentation; professional practice problems; delegation of procedures; self-employment; medical orders and directives; medication administration; working with licensed practical nurses; working with unregulated care providers; and nurse practitioner practice.

Professional practice (33%),

scope of practice (23%), and legal/liability concerns (4%) are the frequent topics for which the NANB is consulted. Ethical concerns (3%) and workplace issues (5%) round off the major topics (Figure 8).

Thirty-three (33%) percent of all calls are for general information. Forty-one percent (41%) of calls required follow-up, which may include: a combination of call backs; research; expert consultation; mail out; referral; written opinion; and presentations (16 presentations in 2009) (Figure 9).

Maximising the Role of the RN in Professional Collaborative Practice

To support and promote collaborative practice, NANB published in *Info Nursing* a six part series of articles titled ‘*Adapting to the New Workplace Reality*’, and collaborating Practice Capsules on how to consider putting the information to

work in professional practice, as a follow-up measure to communicate with registered nurses on adapting to changes in staff mix in the workplace. The content which formed the basis of this series was presented during the fall of 2005 at the *Clinical Leaders Workshops*.

The last article in the series appeared in the spring 2009 journal edition: *'Re-tooling for Today's Work Environment'*. While these articles were aimed at RNs working in institutions, the information also applied to other work settings. The Practice Capsule was titled: *'Registered Nurses: A Precious and Sustainable Resource'*.

NANB continues to develop tools to support nurses in today's work environment.

National Nursing Standards

NANB is a member of the national working group whose mandate is to facilitate a consistent approach to the development of standards of nursing practice across the nation following directives by the Executive Director Council of the regulatory bodies for registered nurses in Canada.

The Working Group's mandate will be realized in two phases. Phase 1, completed in June 2008, consisted of the development of a framework for nursing standards. The framework includes principles, definitions, and processes for the advancement and revision of foundational standards.

In January 2009, the framework facilitated a consistent approach to Phase 2, which included the development of national professional nursing standards. The Working Group participated in teleconferences every six weeks and in September 2009 hosted a face-to-face two-day meeting in Ottawa. A final Working Group meeting is scheduled for February 2010 with an expected completion date for submission of the final draft standards to the ED Council in March 2010.



NANB staff, Registration Department.

Temporary Emergency Registration

In October 2006, the NANB Board of Directors amended the NANB Rules to include a *Temporary Emergency Registration (TER)* status to expedite the registration of eligible nurses in order to respond to an emergency situation such as an influenza pandemic. In anticipation of the nursing resources required for the administration of mass immunizations against the H1N1 virus in September 2009, NANB initiated a meeting with Dr Paul Van Buynder, Deputy Chief Medical Officer, Department of Health (DoH), to solicit information on their plan for mass immunizations. Subsequently, NANB in consultation with the DoH and the two regional health authorities established a process to facilitate the issuance of TERs.

A total of 216 applications were received, 140 met registration requirements and 83 were issued temporary emergency registration.

Physician Assistants in New Brunswick

In April 2009, the *Report on the Feasibility of Introducing Physician Assistants in New Brunswick* concluded that it is feasible and that the initial placement of physician assistants (PA's) should be in Emergency Departments. Implementation is being overseen by the Physician Assistant Implementation Committee and four sub-committees. NANB is a member of the Physician Assistant Integration and Communication Subcommittee which is developing a communication plan for the introduction of this new role.

The Subcommittee anticipates the work to be complete by April 2010.

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, currently underway and lead collaboratively by the Canadian Nurses Association (CNA) and the Registered Nurses Association of Ontario (RNAO). The Committee has been meeting since September 2008 via teleconference hosting five meetings since February 2009.

The final result of the collaboration will be the development of a background paper on nurse fatigue and patient safety that will support integrated health human resource planning in Canada and advance the nursing profession in the interest of public safety. 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 draft paper is expected to be completed by mid-February 2010.

Professional Presence

An environmental scan conducted by the Board of Directors raised the topic of professional presence and image of RNs prompting NANB to research the issue. Following an extensive literature and jurisdictional review, it was determined that professional presence and image can be divided into five categories: i) patient safety; ii) Infection control; iii) injury prevention; iv) consent; and v) the therapeutic nurse-client relationship. These topics have been added to the Practice Department's document planning for the 2009–2010 cycle and a Practice Guideline on *Infection Prevention and Control* was approved at the October 2009 Board meeting.

Advancement of Excellence in the Nursing Profession

Canadian Nurses Foundation

The Canadian Nurses Foundation (CNF) launched a four-year drive to raise four million dollars during last year's National Nurses Week (2009). Funds raised would provide more nursing scholarships, certification awards and support to nursing research. The CNF's goal is to have registered nurses contribute one million of the four million dollar target.

The NANB Board approved a contribution of \$36,000 based on approximately 9,000 NANB members, to the campaign over a four year period, which represents one dollar per registered nurse per year for four years. The money will be added to existing CNF scholarships available for New Brunswick nurses.

Collaborative Nursing Practice

NANB and the Association of New Brunswick Licensed Practical Nurses (ANBLPN), the professional regulatory bodies for registered nurses and licensed practical nurses respectively, believe that as the RN and LPN roles evolve in response to system changes, practice expectations must be clearly articulated leading to a better understanding of each other's roles and capabilities. To that end, a joint document was published in 2003 titled *'Working Together: A Framework for the Registered Nurse and Licensed Practical Nurse'*.

This joint document was revised and completed in 2009 and continues to be well received by our respective members. With the increased focus on practice expectations, the revised document highlights and clarifies some of the key differences between RNs and LPNs in clinical practice. For further clarity, a case study and a question and answer section have been included in the document.



2009 award recipients,
NANB Awards Banquet,
Delta Hotel Fredericton,
June 2009.

Recognition of Excellence in the Nursing Profession

NANB honoured six exceptional registered nurses at the Awards Banquet June 3rd, 2009. The recipients were: Jeanne Breau, RN, Miramichi—*Excellence in Clinical Practice Award*; Nancy Doiron-Maillet, RN, Fredericton—*Award of Merit—Education*; Sylvie Robichaud-Ekstrand, RN, Dieppe—*Award of Merit—Research*; Linda LeBlanc, RN, Edmundston—*Award of Merit—Administration*; Suzanne Cole, RN, Rothesay—*Award of Merit—Nursing Practice*; and France Martin, RN, Edmundston—*Entry-level Nurse*

Achievement Award.

The President's Awards are presented to an outstanding nursing graduate from each University site. The 2009 recipients at the University of New Brunswick were: Tyson Stewart, Fredericton campus; Janice Worth, Moncton campus; Chris Larsen, Bathurst campus; and Stephanie Porter, Saint John campus. The Université de Moncton 2009 recipients were: Rachel Doiron, Moncton campus; Jessica Therrien, Edmundston campus and Daniel Haché, Shippagan campus/Bathurst site.



NANB's 2009
National Nursing
Week Poster

Influencing Healthy Public Policy in the Interest of the Public

Support to RNs in the Event of a Pandemic / Emergency-Preparedness / Pandemic Planning

To support RNs during a pandemic, a series of articles and fact sheets were published in *Info Nursing* from September 2008 through 2009. Topics included information on pandemic influenza from the Canadian Public Health Agency as well as practice and ethical issues. The final article regarding emergency-preparedness was published in the spring 2009 edition and was titled: *'Ethics in Practice: Nurses' Ethical Considerations in a Pandemic or Other Emergency-Part 2'*.

The series of three articles served as a timely resource for members during the second wave of the H1N1 pandemic that occurred in the fall of 2009. Additional resources were monitored and made available via NANB's website providing up-to-date information on the progression of the pandemic.

NANB further supported members and policy makers by monitoring policy development and by responding to several practice consultations as government rolled-out mass H1N1 vaccine immunization clinics throughout the province.

Promoting Nurses' Involvement in Health Informatics at all Levels

In November 2009, NANB Practice Staff participated in the CNA informatics counterparts teleconference. CNA continues to partner with 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; and a 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, Winnipeg Regional Health Authority and Saskatchewan had been extended from March to December 2009. Prince Edward Island, with limited personnel resources opted to withdraw as of March 2009. C-HOBIC introduced a structured language to admission and discharge assessments of patients receiving nursing care for inclusion in electronic health records.

In addition to paper copies of the *Canadian Nurse* journal, CNA expanded their virtual presence by uploading the journal to their website; and added 'MyLibrary' to NurseOne, a collection of 374 selected e-books covering all domains of practice. Also available was a health informatics training system (HITS), an online course accessible through NurseOne. The New Brunswick Nursing Informatics Group remains active.

GNB Primary Health Care Collaboration Committee

The DoH Primary Health Care Advisory Committee (PHCAC) continues to advise the Deputy Minister of Health on primary health care issues. In 2009, the Committee met twice. Two meetings were postponed due to the physician work to rule movement.

Membership includes: representation from NANB; the New Brunswick College of Family Physicians; the New Brunswick Medical Society (2); Allied Health Professionals (2); Department of Health (3); and 1 nurse practitioner and 2 general practitioners (GPs) appointed by the DoH.

In early 2010, the Committee will finalize their draft report offering recommendations to further strengthen primary health care initiatives in New Brunswick to the Deputy Minister for consideration.

NANB Board of Directors and staff Strategic Planning Session, February 2009.



Building Partnerships: GNB One Patient One Record Committee

In October 2007, the DoH launched the One Patient One Record (OPOR) Project. A Project with the vision that all New Brunswickers would have a complete electronic health record to serve 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.

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

Building Partnerships: New Brunswick Drug Information System (DIS) Advisory Committee—Phase 1

In May 2008, a project management structure, and core Project Team were established for the drug

information system component of the OPOR. A DIS Steering Committee oversees the Project Team's work. The DIS Steering Committee developed an advisory committee for phase 1 to provide feedback to the Chairperson of the DIS Steering Committee.

Representatives of the *New Brunswick DIS Advisory Committee for Phase 1* include: registered nurses / NANB; pharmacists; physicians; dentists; RHA—A; the Horizon Health Network; and the GNB Project Team; This group's advisory and consultative role is to provide feedback to the Chairperson of the DIS Steering Committee on phase 1 of the DIS work.

Phase 1 of the DIS Project has focused on the identification of functional system requirements, obtaining input from stakeholders and planning for a fully functional province wide Drug Information System which will integrate with New Brunswick's One Patient One Record (OPOR) Infrastructure initiative.

Phase 2 focuses on communication of the DIS work. The DIS project team met in September and October with a team of nurses including a Practice Consultant and Communications Manager from NANB to discuss communication strategies for the DoH to educate RNs regarding the DIS.

Protocols for Overcapacity Nursing

In February 2009, the NANB Board of Directors endorsed CNA's position statement *Overcapacity Protocols and Capacity in Canada's Health System*.

The New Brunswick Emergency Department Managers Interest Group (NBEDMIG) was recognized and approved in February 2009 as a NANB Interest Group. The Group held one meeting with the Minister of Health to discuss concerns surrounding overcapacity.

GNB Personal Health Information Privacy and Access Legislation

NANB has provided feedback throughout the Provincial government's development of legislation on personal health information privacy and access. In June 2009, legislation received Royal Assent. NANB continues to monitor the progress of the regulations with a view to developing a resource for nurses outlining the implications for RN practice.

Canadian Blood Services (CBS) Proposal

The CBS has a long-term initiative to create a 'clinic services employee' who will be multi-skilled and properly trained to perform all clinic

related activities. CBS states that this is in response to the RN shortage as well as a means to provide more cost-effective services.

The current clinic model has a mix of nurses, clinic assistants and phlebotomists handling four stages of a clinic: Stage one is donor registration; stage two is donor screening; stage three is the actual donation of blood; and stage four is the refreshment area and recovery phase. A clinic charge nurse / supervisor (RN) oversees every clinic.

In the current model, only the screening of donors for eligibility is solely undertaken by a nurse; all other roles are routinely performed by non-nurses.

In May 2009, NANB participated in a teleconference which was facilitated by CNA and included staff from CBS and representatives from nursing regulatory bodies across Canada. CBS staff presented the proposal and entertained questions from participants. CBS proposed the future model would allow the multi-skilled worker to follow the prescribed screening eligibility process and enable better utilization

of nurses for *complex* screening situations as well as important leadership and training roles. Concerns around patient safety issues were addressed during this teleconference.

Cosmetic Pesticide Ban

The Board unanimously voted to support a province-wide ban on the use and sale of cosmetic pesticides for outdoor, non-agricultural use in June 2009. This prompted the Association to issue a press release and lobby government for action. A letter was sent to the Premier and Minister of Environment indicating NANB’s support. The President informed member’s of NANB’s official position at the 93rd AGM and the Association provided information for members on the website.

On June 18th, 2009 the New Brunswick Legislature passed a ban under the *Pesticides Control Act* (1974) on the sale and use of more than 200 over-the-counter lawn care pesticide products in the province of New Brunswick. This ban will take effect in December 2010.

Anti-Tobacco Coalition

NANB is a member of the Anti-Tobacco Coalition Cessation Network since inception joining stakeholder groups and individuals to advocate cessation initiatives in the workplace. The NANB regularly promotes the Smoker’s helpline and Fax Referral programs through *Info Nursing* and the e-bulletin the *Virtual Flame*.

New & Revised NANB Publications

- *Practice Standard: Medication* (New)
 - *A Framework for Managing Professional Practice Problems*
 - *Working Together: A Framework for the Registered Nurse and Licensed Practical Nurse* (Joint document: NANB & ANBLPN) (New)
 - *NP Schedules for Ordering* (July and November 2009)
 - *Practice Guideline: Infection Prevention and Control* (New)
 - *Practice Guideline: Working with Unregulated Care Providers* (New)
 - *Position Statement: Employment of Student Nurses*
- Endorsed CNA documents**
- *Position statement: Providing Nursing Care at End of Life*
 - *Position statement: Overcapacity Protocols and Capacity in Canada’s Health System*

Membership Highlights

Number of Members	*Year 2009	Year 2008	Year 2007
Registered	8785	8664	8612
Non-practising	375	377	382
Life	18	18	19
Total	9178	9059	9013

Number of New Registrants	*Year 2009	Year 2008	Year 2007
N.B. graduates	270	245	266
Graduates from other provinces/territories	94	95	84
Graduates from outside Canada	14	8	10
Total	378	348	360

Number of Employed Nurses	*Year 2009	Year 2008	Year 2007
Full time	5094 (62%)	4939 (60%)	4813 (60%)
Part time	2080 (25%)	2177 (27%)	2219 (28%)
Casual	611 (7%)	575 (7%)	591 (7%)
Other**	471 (6%)	517 (6%)	449 (6%)
Total	8256	8208	8072

* Year 2009—Preliminary data

** Includes employed nurses on temporary leave (ex. Maternity, educational, disability leave, etc.)

Place of Employment	*Year 2009	Year 2008	Year 2007
Hospital	5370 (65%)	5384 (66%)	5462 (68%)
Community	604 (7%)	616 (8%)	589 (7%)
Nursing Home	786 (10%)	783 (10%)	801 (10%)
Extra Mural Program	465 (6%)	439 (5%)	424 (5%)
Other**	1031 (13%)	986 (12%)	796 (10%)
Total	8256	8208	8072

* 2009—Preliminary data

** 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 2009	Year 2008	Year 2007
under 25	179 (2%)	172 (2%)	161 (2%)
25–29	735 (9%)	722 (9%)	684 (9%)
30–34	739 (9%)	765 (9%)	767 (10%)
35–39	910 (11%)	969 (12%)	990 (12%)
40–44	1302 (16%)	1354 (17%)	1380 (17%)
45–49	1394 (17%)	1327 (16%)	1305 (16%)
50–54	1255 (15%)	1288 (16%)	1304 (16%)
55 +	1742 (21%)	1611 (20%)	1481 (18%)

* 2009—Preliminary data

Gender Distribution (employed nurses)	*Year 2009	Year 2008	Year 2007
Female	7890 (96%)	7861 (96%)	7725 (96%)
Male	366 (4%)	347 (4%)	347 (4%)

* 2009—Preliminary data

Internationally Educated Nurse (IEN) Applicants

	2003	2004	2005	2006	2007	2008	2009
* United States	7	17	10	12	7	13	12
Philippines	1	1	3	5	3	19	44
United Kingdom	5	1	6	3	2	2	3
Nigeria	2	3	—	—	2	9	13
France	1	—	1	2	2	—	—
India	1	1	—	2	1	1	7
**Other	7	7	12	5	11	10	15
Total	24	30	32	29	28	54	94

* Includes Canadians educated in the US; ** Other includes applicants from Belgium, Brazil, Columbia, Germany, Hong Kong, Lebanon, Nepal, Pakistan, Romania, South Africa, United Arab Emirates

Professional Conduct Review Statistics

Complaints Received	Year 2009	Year 2008	Year 2007
Complaints carried forward from previous year	1	1	0
New complaints received in current year	17	6	10
Referred to Review Committee	8	2	2
Referred to Discipline Committee	3	1	6
Dismissed	5	4	1
Carried forward to next year	2	1	1
Discipline and Review Committee Hearings	Year 2009	Year 2008	Year 2007
Cases carried over from previous year(s)	2	7	4
Cases received in current year	16	6	8
Discipline Hearings	4	7	2
Review Hearings	5	4	3
Dismissed	0	0	0
Carried forward to next year	9	2	7

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

Standing & Legislative Committees



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.

NPTC Report

By Kate Burkholder, NP, Chairperson

The Committee met in April and again in September to consider requests for changes to the NP schedules. The recommendations for changes to the schedules were approved by the NANB Board of Directors at their June and October Board meetings. Following approval by the Minister of Health, the Nurse Practitioner Schedules for Ordering was updated in July and again in

November 2009.

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 meeting. Work on the framework will continue with a September 2010 projected completion date.

Committee members to August 31st, 2009 were:

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

Committee members for the term from September 1st, 2009: Kate Burkholder (chairperson) and Carole Nazair-Savoie; two pharmacists: Jacqueline Mouris and Gary Meek; two physicians: Dr. Tim Snell and Dr. Patricia Ramsay.

At the April and September 2009 meetings, the Committee continued discussions on revision of schedules that will further enable NP practice. NPs have been consulted on the first drafts of the revised schedules and the Committee is scheduled to meet for further deliberations in early 2010.

Concurrent work on the revision of the national NP core competencies and NANB NP Standards of Practice support the move to a more enabling NP regulatory framework. The revised schedules, competencies and standards of practice will be presented to the Board for approval at the June 2010 meeting.

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.

Resolutions Committee Report

By Linda Bernatchez, RN, Chairperson

The following Restigouche Chapter members are currently serving on the NANB Resolutions Committee for a two-year term (2008-2010): Linda Bernatchez (chairperson), Nicole Robichaud and Renée Valdrón.

The Resolutions Committee received no resolutions in 2009.

Complaints Committee

By Marise Auffrey, RN, Chairperson

This report outlines the activities of the Complaints Committee in 2009. 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 2009, the Complaints Committee considered 16 complaints: fifteen received in 2009 and one carried over from 2008 (Table 2). Two of the complaints were

made by clients. One complaint was made by a health professional and one complaint was made by the NANB Registrar. Twelve 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. Two complaints were received late in the year and carried over to 2010.

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: Marise Auffrey, Alice Firth, Sylvie Friolet, Jacqueline Gordon, Tanya Jenkins, Monique Ouellette, Chantal Saumure, Nancy Sheehan, Carol Ann Theriault, Edouard Allain, Jeannita Sonier, Brian Stewart, Edith Tribe.

Discipline and Review Committees Report

By Denise Tardif, RN, Chairperson

The Discipline and Review Committees held nine hearings in 2009:

Case 1

The Review Committee held a reinstatement hearing at the request of a member whose registration had been revoked in July 1996 as a result of a complaint with respect to the member's competence and safety to practise. 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.

Table 2: Complaints Committee Report

Allegation	Setting	Outcome
Unethical and unprofessional behaviour	Hospital	Dismissed
Substance abuse	Hospital	Suspended & Referred to Review Committee
Inappropriate termination of the nurse practitioner-client relationship; failure to take appropriate action	Family Practice	Dismissed
Fraud/deceit; practising without a valid registration, breach of <i>Nurses Act</i>	Family Practice	Referred to Discipline Committee
Administration of unauthorized treatments; poor interpersonal skills and lack of judgement	Community	Dismissed
Abandonment; medication administration and/or documentation error; failure to ensure client safety, substandard documentation	Nursing Home	Referred to Discipline Committee. Suspension pending outcome of hearing.
Substance abuse	Nursing Home	Referred to Review Committee
Exhibiting questionable behaviour; medication administration error; lack of knowledge, skill, judgement	Hospital	Referred to Review Committee. Suspension pending outcome of hearing.
Theft, misappropriation of client medication	Hospital	Referred to Review Committee. Suspension pending outcome of hearing.
Theft of narcotics	Hospital	Referred to Review Committee. Suspension pending outcome of hearing.
Theft of narcotics; substance abuse	Hospital	Referred to Review Committee. Suspension pending outcome of hearing.
Theft of narcotics; substance abuse	Hospital	Referred to Review Committee. Suspension pending outcome of hearing.
Abuse: physical	Hospital	Dismissed
Theft of narcotics, tampering with narcotics; substance abuse	Hospital	Referred to Review Committee. Suspension pending outcome of hearing.
Unethical and unprofessional behaviour	Community	Referred to Discipline Committee
Unethical and unprofessional behaviour; disregard for the welfare of the client	Nursing Home	Dismissed

Case 2

The Discipline Committee met to consider a member's failure to meet the conditions imposed on her registration in November 2006 subsequent to a complaint related to incompetence. The Discipline Committee found that the member continued to demonstrate conduct that constitutes incompetence and a disregard for the welfare and safety of patients. Furthermore, the committee found that the member continued to suffer from conditions or disorders affecting her nursing practice and ability to practise safely. The suspension on the member's registration ordered by the Registrar was continued until such time as conditions are met. Once these conditions are met, the member will be permitted to apply for a non-practising registration to complete the Nurse Refresher Program. Upon successful completion of the Nurse Refresher Program, the member will be eligible to apply for a conditional registration including paying costs to NANB in the amount of \$5,500.

Case 3

The Discipline Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse working in a physician's office who had practised nursing without a valid registration for a period of time exceeding four years. The committee found the member in breach of the *Nurses Act*. In addition, the committee found that the member's conduct constituted conduct unbecoming a member in failing to be registered and consequently practising without professional liability insurance to protect patients and the public. The member was reprimanded and ordered to pay a fine of \$1,000 and pay costs of \$5,000. The member was permitted to apply for a non-practising membership 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 4

The Discipline Committee met to consider the member's request for an amendment of an Order of a Discipline Committee (June 2006) whose registration was to be suspended until such time as the member obtained employment in a non-direct patient care nursing position. In June 2006, the Discipline Committee had found that the member was suffering from a condition that rendered her incapable and unsafe to practise nursing in a direct patient care environment. The amendment to the Order was granted and the suspension on the member's registration was lifted. The member was permitted to apply for a conditional registration containing conditions, limitations and restrictions to practise in a specific nursing position.

Case 5

The Review Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the hospital sector who was reported for incompetence and substance abuse. The Review Committee found that the member was suffering from ailments or conditions rendering her unfit and unsafe to practise nursing, and demonstrated professional misconduct by practising nursing while incapacitated by her illness. The suspension on the member's registration was continued for a minimum period of one year and until conditions are met at which time the member will be eligible to apply for a conditional registration. The member was ordered to pay costs in the amount of \$5,000.

Case 6

The Review Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the hospital sector who was reported for substance abuse. The Review Committee

found that the member was suffering from ailments or conditions rendering her unfit and unsafe to practise nursing, demonstrated conduct unbecoming a member as shown by three criminal convictions, and professional misconduct by practising nursing while unfit or incapacitated by her illness. 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 \$3,000.

Case 7

The Review Committee held a reinstatement hearing at the request of a member whose registration had been revoked in 2008 as a result of the member suffering from ailments or conditions rendering her unfit and unsafe to practise nursing. The Review Committee granted reinstatement of the member's registration. The member was permitted to apply for an unencumbered registration.

Case 8

The Review Committee held a reinstatement hearing to consider the member's request for an amendment of an Order of a Review Committee (June 2006) for the purpose of undertaking the Nurse Refresher Program. In June 2006, the Review Committee had found that the member was suffering from an ailment or condition rendering her unfit, incapable and unsafe to practise nursing. The Review Committee granted the reinstatement of the member's registration in order to apply for a non-practising membership for the sole purpose of undertaking the theory component of the Nurse Refresher Program. The member will appear before the Review Committee at a later date at which time the committee will render a final decision on the member's registration.

Case 9

The Review Committee held a reinstatement hearing at the request of a member whose registration had been revoked in 2007 as a result of the member suffering from an ailment or condition rendering her unfit, incapable and unsafe to practise nursing. The Review Committee granted reinstatement of the member's registration. The member was permitted to apply for a conditional registration.

Nine cases were carried over to 2010.

I would like to extend a special thank-you to vice chairperson,

Nancy Arseneau, 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 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, Nancy Arseneau, Shirley Bellavance, Heather Bursey, Claire Cyr, Mariette Damboise, Luc Drisdelle, Trevor Fotheringham, June Kerry, Terry-Lynne King, Sandra Mark, Mary McAllister, Jacqueline Savoie, Sharon Smyth-Okana, Florence Thibodeau, Nancy Waite, Charles Flewelling, Solange Haché, Albert Martin, Denis Morisset, Louisel Pelletier-Robichaud, Wayne Trail.



Nursing student and patient, UNB Fredericton.

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 2009, the Nursing Education Advisory Committee held a one-day meeting at NANB's offices and one meeting by teleconference.

In January of 2009, the Committee met to review the 2008 report of the University of New Brunswick's (UNB) basic nursing program approval visit. Based on the report of the approval team, the Committee recommended to the NANB Board of Directors a five year approval of the program. The Committee also discussed the upcoming Nurse Refresher Program approval and recommended to the NANB Board of Directors that the Nurse Refresher Program approval be postponed by six months due to delays associated with the updating and translation of the module content.

On May 12, 2009, the Nursing Education Advisory Committee met by teleconference to select two review teams of two candidates each to serve on the University of New Brunswick (UNB) and the Université de Moncton (UdeM) Nurse Practitioner Program Approval Teams. A recommendation for the approval of each review team was sent to the Board of Directors for their approval.

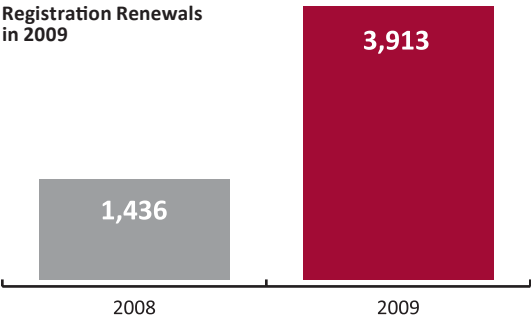
Committee members: Nancy Logue (chairperson), Patricia Cormier, Kimberly Greechan, Suzanne Harrison, Natalie LeBlanc, Linda Lepage-Leclair, Sherry Williston and Reida Woodside.

Members of NANB
staff, Annual
General Meeting,
June 2009.



Enhancing NANB Services

FIGURE 10
Number of Online
Registration Renewals
in 2009



Online Registration Renewal for Nurses on Payroll Deduction—Pilot Project

NANB initiated online registration renewal in the fall of 2005. At that time the online system did not allow registered nurses (RNs) on payroll deduction to register online. To address this issue, 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. The pilot was expanded in the fall of 2009 to include four (4) zones within the two regional health authorities and one large nursing home.

A total of 3,913 members renewed online in the fall of 2009 which is up significantly from 1,436 online renewals the previous year. Access to online renewal will be extended to all other RNs in New Brunswick participating in payroll deduction in the fall of 2010. 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 NANB Board of Directors had four positions for election in 2009: President-Elect and Directors from regions 2, 4 and 6. The Directors were elected by acclamation so no mail ballot was required. The President-Elect position had three candidates and a mail ballot was sent to eligible members in the province in March. Thirty percent (30%) of eligible members participated in the election.



Communications

Brand Identity Project

NANB continued to unveil branded collateral that standardized existing NANB inventory including: signage (pop-ups, podium signs); envelopes; letterhead; document templates; PowerPoint template; *Info Nursing* re-design; and website re-design.

This branding project will create a corporate and consistent 'look-and-feel' for all NANB inventory and is expected to be completed in 2010.

Chapters

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

Supporting Members

2009 marked the first full year of the e-bulletin (the Virtual Flame) distribution to approximately 60% of members, the Board and stakeholders four times annually in February, May, August, and October. This added communications tool further supports members through direct contact providing important and timely information while continuing to support the Association's environmental responsibility.

Media Relations

Throughout 2009, NANB participated in 20 media inquiries, including: radio; print; and television. In October 2009, NANB responded to a letter to the editor regarding: 'The Doctor Isn't In', additionally the Association responded to comments on CBC Maritime Morning regarding: 'nurses working without a valid registration', and 'the educational change from the school of nursing to a baccalaureate degree program'.

The Association issued a total of eight press releases ranging in topics from: NANB's support for a cosmetic pesticide ban; to welcoming a new president, president-elect and directors to the Board.

In October 2009, the Communications Department hosted a media training session with the President, President-Elect, Executive Director, Director of Corporate and Regulatory Services as well the Director of Practice. This ½ day introductory media session highlighted: NANB's current media policy; planning for the interview; tips to prepare; and 'do's & don'ts' of media interviews.

Website

A newly re-branded website was launched at the 2009 Annual

General Meeting (AGM). Website revisions and updates are now managed internally through the Department of Communications. This new site features improved functionality with intuitive navigation and technology that will support future interactive tutorials/webinars.

The website enables 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.

Continuous improvements and enhancements are expected to continue throughout 2010.

Workplace Communications Network

The Workplace Communications Network represents approximately 240 workplaces and continues to provide an essential link to members in their work environment. 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.

Nicholson & Beaumont
Chartered Accountants

328 King Street
PO Box 1051
Fredericton, NB
E3B 5C2

Phone (506) 458-9815
(506) 458-8915
Fax (506) 459-7575

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, 2009 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, 2009 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, 2010

**Nurses Association Of New Brunswick
Statement Of Financial Position
December 31, 2009**

	General Fund	CNA Biennium Fund	Employee Benefit Fund
Current assets			
Cash (Note 2 (a))	\$ 105,797	\$ 1	\$ 3,587
Investments (Note 2 (a) and 3)	1,020,000		84,600
Accounts receivable	10,376		
Prepaid expenses	11,790		
Accrued interest receivable	1,699		1,323
Due from General Fund (Note 6)			86,032
Due from Employee Benefit Fund (Note 6)			
	<u>1,149,662</u>	<u>1</u>	<u>175,542</u>
Long-term assets			
Accrued interest receivable		9,402	905
Investments (Note 3)	<u>2,699,993</u>	<u>180,170</u>	<u>36,000</u>
	<u>2,699,993</u>	<u>189,572</u>	<u>36,905</u>
Capital assets - net of amortization (Notes 2(b) and 4)	<u>1,467,270</u>		
	<u>\$ 5,316,925</u>	<u>\$ 189,573</u>	<u>\$ 212,447</u>
Current liabilities			
Accounts payable	\$ 414,199		
Future revenue	2,975,117		
Obligation under capital leases (Note 5)	2,203		
Due to Employee Benefit Fund (Note 6)	86,032		
Accrued employee retirement/resignation benefits obligation (Note 2 (c))			\$ 40,284
	<u>3,477,551</u>		<u>40,284</u>
Long-term debts			
Obligation under capital leases (Note 5)	5,911		
Accrued employee retirement/resignation benefits obligation (Note 2 (c))			172,163
	<u>5,911</u>		<u>172,163</u>
Fund balances			
Internally restricted		\$ 189,573	
Invested in capital assets	1,459,156		
Unrestricted	<u>374,307</u>		
	<u>1,833,463</u>	<u>189,573</u>	
	<u>\$ 5,316,925</u>	<u>\$ 189,573</u>	<u>\$ 212,447</u>

Approved by Executive Director



See accompanying notes to the financial statements

<u>Discipline Fund</u>	<u>Capital Fund</u>	<u>Interfund Deletions</u>	<u>Total 2009</u>	<u>Total 2008</u>
\$ 70			\$ 109,455	\$ 979,376
124,400	\$ 50,000		1,279,000	3,092,220
			10,376	7,154
3,027	750		11,790	10,742
		\$ (86,032)	6,799	8,337
<u>127,497</u>	<u>50,750</u>	<u>(86,032)</u>	<u>1,417,420</u>	<u>4,097,829</u>
			10,307	5,027
			<u>2,916,163</u>	<u>202,170</u>
			<u>2,926,470</u>	<u>207,197</u>
			<u>1,467,270</u>	<u>1,523,387</u>
\$ <u>127,497</u>	\$ <u>50,750</u>	\$ <u>(86,032)</u>	\$ <u>5,811,160</u>	\$ <u>5,828,413</u>
			\$ 414,199	\$ 530,491
			2,975,117	2,735,560
		\$ (86,032)	2,203	1,816
			<u>40,284</u>	
		<u>(86,032)</u>	<u>3,431,803</u>	<u>3,267,867</u>
			5,911	8,114
			<u>172,163</u>	<u>180,646</u>
			<u>178,074</u>	<u>188,760</u>
\$ 127,497	\$ 50,750		367,820	257,852
			1,459,156	1,513,457
			<u>374,307</u>	<u>600,477</u>
<u>127,497</u>	<u>50,750</u>		<u>2,201,283</u>	<u>2,371,786</u>
\$ <u>127,497</u>	\$ <u>50,750</u>	\$ <u>(86,032)</u>	\$ <u>5,811,160</u>	\$ <u>5,828,413</u>

**Nurses Association Of New Brunswick
Statement Of Changes In Fund Balances
For The Year Ended December 31, 2009**

Internally Restricted

	CNA Biennium <u>Fund</u>	Employee Benefit <u>Fund</u>	Discipline <u>Fund</u>	Capital <u>Fund</u>
Balance, beginning of year	\$ 133,390		\$ 124,462	
Excess of revenue (expenses) for year	6,183	\$ (27,082)	3,035	\$ 750
Interfund transfers (Note 6)	50,000	27,082		50,000
Purchase of capital assets				
Payment on obligation under capital leases				
Balance, end of year	\$ <u>189,573</u>	\$	\$ <u>127,497</u>	\$ <u>50,750</u>

<u>Total</u>	<u>Invested in Capital Assets</u>	<u>Unrestricted</u>	<u>Total 2009</u>	<u>Total 2008</u>
\$ 257,852	\$ 1,513,457	\$ 600,477	\$ 2,371,786	\$ 2,324,930
(17,114)	(69,019)	(84,370)	(170,503)	46,856
127,082		(127,082)		
	12,902	(12,902)		
	<u>1,816</u>	<u>(1,816)</u>		
\$ <u>367,820</u>	\$ <u>1,459,156</u>	\$ <u>374,307</u>	\$ <u>2,201,283</u>	\$ <u>2,371,786</u>

**Nurses Association Of New Brunswick
Statement Of Operation
For The Year Ended December 31, 2009**

	<u>General Fund</u>	<u>CNA Biennium Fund</u>	<u>Employee Benefit Fund</u>
Revenues			
Advertising and publications	\$ 5,869		
Annual meeting	10,000		
CNA fees and exams	591,515		
Investment income	41,720	\$ 6,183	\$ 4,718
Membership fees	2,464,440		
NANB exam fees	34,801		
Rental income	46,713		
Other income	<u>24,105</u>		
	<u>3,219,163</u>	<u>6,183</u>	<u>4,718</u>
Expenses			
Annual meeting	62,144		
Awards	26,250		
Chapter grants and funds	13,062		
CNA board & biennium	10,080		
CNA, CNPS and CRNE fees	696,028		
Committees, projects and other activities	127,328		
Liaison - members/counterparts/ stakeholders/corporate	42,750		
Employee wages and benefits (Note 7)	1,520,869		31,800
Information systems	12,088		
Communications and public relations	135,461		
Lease and bank charges	34,137		
NANB board and executive	106,761		
Office expenses	157,030		
Personnel development	13,285		
Premises expenses	143,772		
Professional and consultant fees	<u>202,488</u>		
	<u>3,303,533</u>		<u>31,800</u>
Excess of revenue (expenses) before loss (gain) on disposal and amortization of capital assets	<u>(84,370)</u>	<u>6,183</u>	<u>(27,082)</u>
Loss (gain) on disposal of capital assets	1,590		
Amortization of capital assets	<u>67,429</u>		
	<u>69,019</u>		
Excess of revenue (expenses) for year	<u>\$ (153,389)</u>	<u>\$ 6,183</u>	<u>\$ (27,082)</u>

<u>Discipline Fund</u>	<u>Continuing Competency Program Fund</u>	<u>Total 2009</u>	<u>Total 2008</u>
		\$ 5,869	\$ 3,760
		10,000	-
\$ 3,035	\$ 750	591,515	556,635
		56,406	86,815
		2,464,440	2,296,351
		34,801	29,900
		46,713	62,430
		<u>24,105</u>	<u>20,483</u>
	<u>750</u>	<u>3,233,849</u>	<u>3,056,374</u>
		62,144	3,950
		26,250	56,800
		13,062	12,787
		10,080	34,534
		696,028	662,540
		127,328	135,142
		42,750	29,748
		1,552,669	1,203,102
		12,088	1,904
		135,461	114,111
		34,137	26,165
		106,761	49,297
		157,030	179,235
		13,285	34,615
		143,772	185,577
		<u>202,488</u>	<u>200,186</u>
		<u>3,335,333</u>	<u>2,929,693</u>
	<u>750</u>	<u>(101,484)</u>	<u>126,681</u>
		1,590	
		<u>67,429</u>	<u>79,825</u>
		<u>69,019</u>	<u>79,825</u>
\$ <u>3,035</u>	\$ <u>750</u>	\$ <u>(170,503)</u>	\$ <u>46,856</u>

**Nurses Association Of New Brunswick
Statement Of Cash Flows
For The Year Ended December 31, 2009**

	<u>2009</u>	
Cash flows from operating activities		
Excess of revenues (expenses)	\$ (170,503)	\$ 46,856
Add back non-cash items		
Accrued employee retirement/resignation benefits	31,800	66,615
Amortization of capital assets	67,429	79,825
Gain on sale of capital assets	1,590	
Investment income reinvested	(859)	
Net changes in non-cash items		
Accounts receivable	(3,222)	924
Prepaid expenses	(1,048)	(5,146)
Accrued interest receivable	(3,742)	6,519
Accounts payable	(116,292)	75,608
Future revenue	<u>239,557</u>	<u>160,774</u>
	<u>44,710</u>	<u>432,574</u>
Cash flows from investing activities		
Transfer of long term investments to current	36,000	36,000
Purchase of long-term investments	(2,749,133)	(130,170)
Purchase of capital assets	<u>(12,902)</u>	<u>(44,748)</u>
	<u>(2,726,035)</u>	<u>(138,918)</u>
Cash flows from financing activities		
Obligation under capital lease payments	<u>(1,816)</u>	<u>(1,497)</u>
Net increase (decrease) in cash and investments	. (2,683,141)	292,159
Cash and investments, beginning of year	<u>4,071,596</u>	<u>3,779,437</u>
Cash and investments, end of year	\$ <u>1,388,455</u>	\$ <u>4,071,596</u>
Represented by:		
Cash	\$ 109,455	\$ 979,376
Short term investments	<u>1,279,000</u>	<u>3,092,220</u>
	\$ <u>1,388,455</u>	\$ <u>4,071,596</u>

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2009**

Purpose of the Association

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

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

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

2. Significant accounting policies

(a) Financial instruments

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

Assets held-for-trading

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

Loans and receivable and other financial liabilities

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

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

(b) Capital assets and amortization

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

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

(c) Fund accounting and revenue recognition

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

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

Revenue and expenses relating to CNA Biennium 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, 2009 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.

(d) Contributed services

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

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2009**

Note #2 (c). Continued

(e) Use of estimates

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

(f) Financial Instruments

Risk Management Policy

The organization is exposed to various risks through its financial instruments. The following analysis provides a measure of the risks at December 31, 2009.

Market risk

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

Liquidity risk

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

Credit risk

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

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

(g) Revenue recognition

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

3. Investments

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

General Fund

Investments - current

GIC Equitable Trust due October 6, 2010 with interest at 1.4%, payable at maturity.	\$ 98,000
GIC Home Trust Company due October 6, 2010 with interest at 1.35%, payable at maturity.	98,000
GIC Korea Exchange Bank due October 6, 2010 with interest at 1.3%, payable at maturity.	98,000
GIC Resmor Trust Company due October 6, 2010 with interest at 1.4%, payable at maturity.	98,000
GIC Icdi Bank due October 7, 2010 with interest at 1.25%, payable at maturity	98,000
GIC Home Trust Company due December 8, 2010 with interest at 1.4%, payable at maturity.	98,000
GIC CDN Western Bank due December 22, 2010 with interest at 1.27%, payable at maturity.	98,000
GIC Vancity Credit Union due December 22, 2010 with interest at 1.25%, payable at maturity.	98,000
GIC AGF Trust due December 30, 2010 with interest at 1.2%, payable at maturity.	40,000

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2009**

Note #3. Continued

GIC ING Bank of Canada due December 30, 2010 with interest at 1.15%, payable at maturity.	98,000
GIC State Bank of India due December 30, 2010 with interest at 1.2%, payable at maturity.	98,000
	\$ <u>1,020,000</u>

Investments - Long term

RBC investment savings acct Series A (2001)	\$ <u>2,699,993</u>
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Cost of the above investments approximate their fair market value.

CNA Biennium Fund

Investments - Long term

GIC Bank of Nova Scotia due June 24, 2013 with interest at 4.75%, payable at maturity.	\$ 65,085
GIC TD Mortgage Corp. due June 24, 2013 with interest at 4.75%, payable at maturity.	65,085
GIC TD Pacific Mortgage Corp. due March 18, 2014 with interest at 3.65%, payable at maturity.	50,000
	\$ <u>180,170</u>

Cost of the above investments approximate their fair market value.

Employee Benefit Fund

Investments - Current

GIC Home Trust Company due June 23, 2010 with interest at 1.65%, payable at maturity.	\$ 48,600
GIC Canadian Western Bank due June 29, 2010 with interest at 4.95%, payable at maturity.	<u>36,000</u>
	\$ <u>84,600</u>

Investments - Long-term

GIC AGF Trust due June 29, 2011 with interest at 4.96%, paid annually.	\$ <u>36,000</u>
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Cost of the above investments approximate their fair market value.

Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2009

Note #3. Continued

Capital Fund

Investment - current

GIC Vancity Credit Union due March 18, 2010 with interest at 1.9%, payable maturity. \$ 50,000

Cost of the above investment approximate their fair market value.

Discipline Fund

Investment - current

GIC AGF Trust due January 14, 2010 with interest at 2.55%, payable at maturity. \$ 60,000

GIC Home Trust Company due January 14, 2010 with interest at 2.5% , payable at maturity. 64,400

\$ 124,400

Cost of the above investments approximate their fair market value.

4. Capital assets

	<u>2009</u>			<u>2008</u>
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net</u>	<u>Net</u>
Land	\$ 301,893		\$ 301,893	\$ 301,893
Paving and fencing	13,129	\$ 7,582	5,547	6,204
Building	1,744,119	698,166	1,045,953	1,082,677
Computer and photocopy equipment	108,586	101,276	7,310	14,042
Office furniture and equipment	267,432	171,003	96,429	107,589
Office and computer equipment - capital lease	<u>26,017</u>	<u>15,879</u>	<u>10,138</u>	<u>10,982</u>
	<u>\$ 2,461,176</u>	<u>\$ 993,906</u>	<u>\$ 1,467,270</u>	<u>\$ 1,523,387</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>
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>\$ 8,114</u>	<u>\$ 2,835</u>	<u>\$ 10,949</u>

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2009**

6. Interfund transfers and internally restricted fund balances

On December 31, 2009, the General Fund owed the Employee Benefits Fund \$86,032 which is payable on demand without interest.

7. Registered retirement savings plan

During the year 2009, as required by the Association's personnel policies, \$107,726 (2008 - \$80,670) 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>
2010	\$ 17,332
2011	12,997



Nurses Association
OF NEW BRUNSWICK

165 Regent Street
Fredericton NB E3B 7B4
Canada

1-800-442-4417
nanb@nanb.nb.ca
www.nanb.nb.ca