



2011 Annual Report

Nurses Association of New Brunswick



2011 Annual Report



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Vision

Nurses shaping nursing for healthy New Brunswickers.

Mission

The Nurses Association of New Brunswick is a professional regulatory organization that exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice and by promoting healthy public policy.

Role

The Nurses Association of New Brunswick under the authority of the *Nurses Act* 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

- Protection of the Public;
- Advancement of Excellence in the Nursing Profession; and
- Influencing Healthy Public Policy.

Board of Directors 2011–2012

France Marquis, RN
President

Darline Cogswell, RN
President-Elect

Region Directors

Lucie-Anne Landry, RN
(Region 1)

Ruth Alexander, RN
(Region 2, January–August 2011)

Terry-Lynne King, RN
(Region 2, September–December 2011)

Darline Cogswell, RN
(Region 3, January–August 2011)

Dawn Torpe, RN
(Region 3, September–December 2011)

Noëlline LeBel, RN
(Region 4)

Linda LePage-LeClair, RN
(Region 5)

Marius Chiasson, RN
(Region 6)

Deborah Walls, RN
(Region 7)

Public Directors

Robert Thériault

Aline Saintonge

Roland Losier

NANB Personnel

Executive Office

Roxanne Tarjan
Executive Director

Paulette Poirier
Executive Assistant-Corporate Secretary

Regulatory Services

Lynda Finley
Director of Regulatory Services

Denise LeBlanc-Kwaw
Registrar

Odette Comeau Lavoie
Senior Regulatory Consultant

Lorraine Breau
*Regulatory Consultant:
Professional Conduct Review*

Jocelyne Lessard
Regulatory Consultant: Registration

Shawn Pelletier
*Administrative Assistant: Registration
(January–July 2011)*

Stacey Vail
Administrative Assistant: Registration

Angela Catalli
*Administrative Assistant:
Regulatory Services*

Erika Bishop
Administrative Assistant: Registration

Practice

Liette Clément
Director of Practice

Virgil Guitard
Nursing Practice Advisor

Shauna Figler
Nursing Practice Consultant

Susanne Priest
Nursing Practice Consultant

Julie Martin
Administrative Assistant: Practice

Corporate Services

Shelly Rickard
Manager, Corporate Services

Marie-Claude Geddry-Rautio
Bookkeeper

Communications

Jennifer Whitehead
*Manager, Communications and
Government Relations*

Stephanie Tobias
*Administrative Assistant:
Communications*

Regulating and Advancing Nursing Practice

EACH YEAR THE PREPARATION OF THE ANNUAL Report provides a unique opportunity to look back at the accomplishments and challenges of the past year as we continue to meet our responsibilities and commitments in the public interest, as described in the *Nurses Act*.

This report contains highlights from 2011 activities and ongoing updates related to key regulatory activities and nursing workforce data. The endorsement of the current fiscal plan (2012–2015), during the 2011 NANB Annual Meeting will support the fiscal stability of the Nurses Association of New Brunswick and its capacity to deliver on our regulatory mandate and demonstrate best practices in our regulatory framework and tools. Thank you for your support and recognition of our collective responsibility.

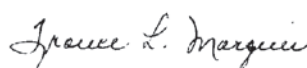
The NANB is continuing to transform and innovate our operations and services to support safe, competent and ethical nursing practice in New Brunswick. These changes have increased the efficiency and timeliness of key operations such as annual renewal. The enhancement of our website, communication tools and e-learning opportunities all contribute to the effectiveness of regulation and ultimately the quality of nursing services, education, administration and policy work across our province. Our engagement and contribution to public policy as it relates to the health of New Brunswick citizens and the health services they require is ongoing. The insight and expertise of nurses must continue to inform the development and ongoing enhancement of

health policy in New Brunswick. This has been the case in the past, as it is so today and will continue to be into the future.

Throughout 2011, the NANB also collaborated on a number of national and regional projects that will enhance regulatory capacity and the quality of nursing practice and health services both provincially and nationally. Partnerships with the Canadian Nurses Association and our peers across the country strengthen our collective work, enhance NANB capacity and facilitate the contribution of New Brunswick knowledge and expertise to our common priorities.

We also must express our thanks to Martha Vickers for her leadership as President (2009–2011). Your engagement and contribution is much appreciated by the NANB Board of Directors and staff, and by your peers across the province. Thank you for “stepping-up”. We all extend our sincere appreciation and best wishes for the future.

The regulatory authority of the Nurses Association of New Brunswick is a privilege. A privilege and responsibility that reflect the confidence New Brunswick legislators have placed in us. That confidence has developed over 96 years of responsible regulation of nursing practice in the public interest supported by the engagement and contribution of countless numbers of New Brunswick nurses and members of the public. Thank you for your ongoing commitment to quality nursing services for the people of New Brunswick.



France Marquis,
President



Roxanne Tarjan,
Executive Director



2011 Nursing Student
Fall Forum Initiative at
UNB Fredericton.

Highlights from 2011

Protection of the Public

Ensuring Adequate Nursing Human Resources

Basic Nursing Education

In 2011, a total of 448 students were admitted to a basic nursing education program in New Brunswick. A total of 465 seats are allocated for funding. The Université de Moncton admitted 185 students and was over their 184 funded seats by one. UNB admitted a total of 263 students, which reflects a shortage of 18 funded seats.

Master's of Nursing

In September 2011, the Université de Moncton reported 59 nurses in their master's program, 34 of whom were in the nurse practitioner program. The University of New Brunswick reported 45 in the master's program, 17 in the thesis stream, 17 in the educator stream and 11 in the nurse practitioner program.

Canadian Council of Registered Nurse Regulators (CCRNRR)

The purpose of the CCRNR is to promote excellence in professional nursing regulation and to serve as a forum and voice regarding provincial, national and international regulatory matters in nursing regulation. In February 2011, the NANB Board of Directors passed a motion to support NANB's participation in the CCRNR. The Bylaws and Application for Incorporation were finalized late in 2011 and the first face-to-face meeting of the CCRNR was held in Ottawa in November 2011.

National Nursing Assessment Service (NNAS)

NANB participated in a two-part project funded by Health Canada to look at the assessment of Internationally Educated Nurses (IEN). The regulatory bodies central to this project represent the three regulated nursing groups: registered nurses, licensed practical nurses and registered psychiatric nurses.

Part 1 of the project focused on preliminary research, data collection and analysis of information relating to harmonization of requirements in the assessment of IENs seeking registration in Canada.

Part 2 of the project focused on gathering information to inform a model for a database of international nursing education programs as well as a business

model for a national nursing assessment service. The Commission on Graduates of Foreign Nursing Schools (CGFNS) was selected through a Request for Proposal process to be the vendor to provide services to the NNAS. The next phase in the development of the NNAS include establishing the NNAS as a legal entity through incorporation and acquiring government funding for implementation of the service.

Supporting Professional Practice

Between January and December 2011 36 presentations were delivered to a total of 1,209 members and non-members (391 registered nurses, 779 nursing students, 22 LPNs and 17 others). The topics were: problematic substance use, professionalism in nursing, nurse-client relationship, social media and nursing, the role of the nurse in changing times, documentation standard and working collaboratively with others focusing on RN and LPN roles.

During October 2011 and January 2012, NANB delivered eight presentations at all seven university campuses and sites, as part of the 2011 Nursing Student Fall Forum initiative. The theme was: Professionalism and the Therapeutic Nurse-Client Relationship, with discussions on how social media is linked to this theme.

Practice Consultation Calls

As part of the Association’s mandate, NANB offers consultation services to members in order to support and promote good practice.

The Practice Department supports professional nursing practice by providing confidential consultation services to individuals or groups of registered nurses

in all practice areas and to the general public who may have questions about nursing practice. Consultation is offered on a wide variety of issues, such as: 1) interpretation of NANB’s documents and government legislation (eg; Standards, *Nurses Act*), and 2) advice on ethical behaviors, issues of patient safety and appropriate action, conflict resolution, and the management of procedural and practice issues. The consultation service is captured in a confidential manner using a computer program that creates emergent trends used to guide the planning of activities for the Practice Department.

For the purpose of this report, all enquiries by telephone, letter or email may be referred to as “calls”.

In 2011, the Practice Department’s consultation service saw a slight decrease, receiving a total of 994 calls in 2011, either from registered nurses or from non-nurses, compared to 1,062 in 2010.

Type of Callers

Callers are identified as: 1) registered nurses, and 2) non-nurses. Registered nurses made up the majority of callers with 843 calls (85%) and non-nurses totaled 151 calls (15%) (see Figure 1). The non-nurses category is divided into three sub-categories; 1) “other health professionals” reflecting 19% of non-nurses, 2) “student nurses” representing 15% of the non-nurses inquiries, and 3) “others” accounting for 66% of the non-nurses category.

Registered nurses are then further identified according to their areas of practice: direct care, administration, education, nurse practitioner, clinical nurse specialist and research and NANB/ national counterparts. A fifth category, called “other”, captures registered nurses who work for example as consultants, workload management coordinators and quality and risk management staff.

Figure 1
Practice Consultation Calls

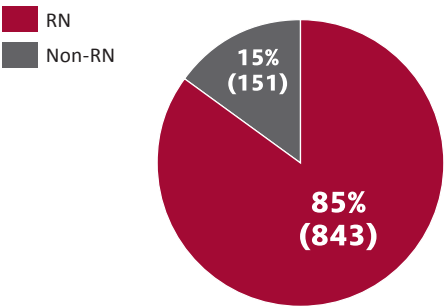


Figure 2
Practice Consultations:
Type of Callers

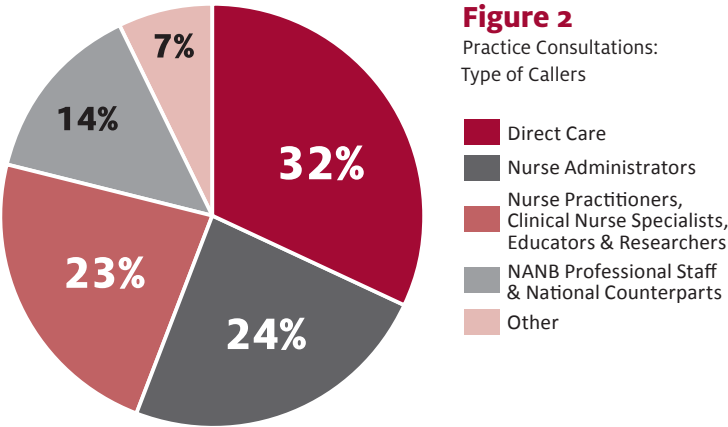
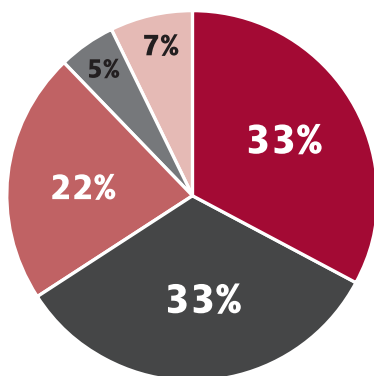


Figure 3

Practice Consultations:
Practice Issues

- Professional Practice
- General Information
- Scope of Practice
- Workplace Issues
- Other



In 2011, registered nurses providing direct care represented 32% of all registered nurse callers, registered nurse administrators represented 24% and nurse practitioners, clinical nurse specialist, educators and researchers comprised 23% of all callers. NANB professional staff and national counterparts accounted for 14%. Finally “other” registered nurses totalled 7% (see Figure 2, page 7).

Practice Setting

The various sectors where registered nurses work is also captured and placed in the following categories: hospitals, community (public health, mental health, community health centers, extra-mural), long-term care, educational institutions and other. In 2011, 32% of calls received from registered nurses (273) originated from the hospital sector, followed by community care RNs and others, both at 23%. Ten percent (10%) were from registered nurses in long-term care and finally, 7 % of calls received from registered nurses were from educational institutions.

Practice Issues

When confidential calls are received, the practice issues are documented. While these records are held confidential, they are kept long enough to assess adequacy of the practice consultation service, and to identify trending information for departmental or organizational work. In 2011, 33% of callers sought advice about professional practice issues (e.g., standards of practice, ethical dilemmas, legal issues, Continuing Competency Program, independent practice), 33% sought general information, 22% sought advice about scope of practice issues and 5% were looking for guidance or information regarding workplace issues (see Figure 3).

Responding to Calls

The complexity of the call is captured in part by how the

query is followed up. Follow-up may include any combination of the following:

- Research/expert consultation;
- Referral;
- Meeting;
- Presentation; or
- Mail-out of a written professional opinion / NANB document.

Follow-up and Presentations

In 2011, 60% of queries required some kind of follow-up; additionally, a call may have required more than one type of follow-up. Forty percent (40%) of calls in 2011 required no follow-up, meaning that either the query was resolved right away or the call was referred to a more appropriate resource. Other follow-up interventions included a series of telephone consultations, with the permission of the original caller, or as an informal mediation step where direct communication between two parties was the best way to resolve an issue (See Figure 4).

Presentations in response to assessed needs were offered as additional support on the following topics: professionalism in nursing, professional practice expectations (to baccalaureate students), working understaffed and collaborative practice issues, medication standards, documentation standards and the role of the RN in changing times.

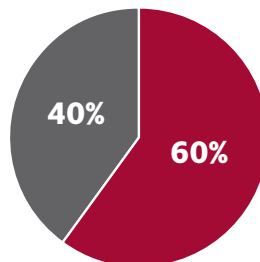
E-Learning Module

NANB created, with technical and expert support from the Nova Scotia Community College (NSCC) and Populous Global Solutions, the first in a series of e-learning modules providing members an additional means of professional practice support. The topic of

Figure 4

Practice Consultations:
Follow-up

- Follow-up Required
- No Follow-up



Problematic Substance Use in the Nursing Profession was the first e-learning module and planning is underway for additional modules in 2012 based on themes that directly affect the nursing profession and support continued competence.

Work began in November 2011 on NANB's second e-learning module with a focus on the revised NANB Practice Standard: *The Therapeutic Nurse-Client Relationship* (February 2011). This e-learning module is expected to be available in May 2012.

Internationally Educated Health Professionals Atlantic Connection

Health Canada committed \$75 million between 2005 and 2010 to support provincial /territorial activities which promote the integration of Internationally Educated Health Professionals (IEHP) into the Canadian workforce.

NANB submitted a proposal to the Atlantic Connection in May 2010 to develop a New Brunswick pathway for IEN assessment and bridging in both official languages. NANB received confirmation in July 2010 of funding in the amount of \$126,000 and the project was completed in March 2011. The project outcomes included: a retrospective review of IEN applications to NANB; a comparative analysis of the Consortium national de formation en santé (CNFS) "formation d'appoint" (bridging program); the Nova Scotia Registered Nurse Professional Development Centre's (RN-PDC) Bridging Program; and the development of a Resource/Orientation Manual for IEN mentors and preceptors.

In March 2011, NANB was notified by Health Canada that a subsequent proposal for funding for the years of

2011–2015 to further develop the foundational work that had been started was accepted and would be funded to an amount of \$675,000 over a four year period. The four phases of the project are: Phase 1(2011–2012), \$350,000 to establish accessible competency assessment and bridging programs for Anglophone and Francophone IENs and to enhance the NANB website to support the IEN pathway to registration; Phase 2 (2012–2013), \$200,000 to develop a competency based pre-arrival self-assessment tool for IENs and a Canadian Registered Nurse Examination (CRNE) preparation workshop; Phase 3 (2013–2014), \$107,000 to develop tools to support the successful integration of IENs into the workforce; and Phase 4 (2014–2015), \$18,000 to develop a minimum data set for the collection and reporting of IEN statistics across Atlantic Canada.

Phase 1 (2011–2012) is expected to be completed March 31, 2012.

Professional Self-Regulation

Registered Nurse Entry-Level Competencies

A Jurisdictional Collaborative Project to Revise Entry-Level Registered Nurse Competencies is underway, with a completion date scheduled for fall 2012.

In June 2011, NANB invited a sample of membership to provide feedback on the current *NANB Entry-level Competencies for Registered Nurses* document. To date, work has focused on an environmental scan and review of the



Coming in 2012: NANB's 2nd e-learning module on the Practice Standard: *The Therapeutic Nurse-Client Relationship* (Revised Feb. 2011)

current literature, as well as the collation and analysis of data obtained from jurisdictional consultations on the current entry-level competencies.

Validating Nursing Providers' Entrance Competencies

Registration Examinations

The Canadian Registered Nurse Examination (CRNE) was administered in February, June and October 2011. In total, there were 254 English and 149 French exam writers. The Canadian Nurse Practitioner Exam (CNPE) was administered in May and October 2011 with a total of 16 exam writers, 15 English and one French. Numbers included both first time writers, repeat writers and internationally educated writers. A full report is prepared for the February meeting of the Board of Directors.

Registration Exam Councils

The CRNE and the CNPE Exam Councils met in Ottawa in November 2011. Both Committees oversaw the development and administration of the registration exams in collaboration with the Canadian Nurses Association (CNA) and their examination company, Assessment Strategies Inc. (ASI).

RN Exam Computer Adaptive Testing

For over a decade, the jurisdictional regulatory bodies have been discussing the need to move to computer based testing, in particular, to computer adaptive testing (CAT), which is considered the state of the art in testing. Early in 2011, a decision was made by the RN regulatory bodies that purchase the current registration exam to go to a Request for Proposal process (RFP) for the development and delivery of a computer adaptive exam to be effective January 1, 2015. The CNA was advised of this at that time. An RFP was issued in September 2011, with the successful vendor being the National Council of State Boards of Nursing (NCSBN).

NANB will enter into contract negotiations with the NCSBN in January 2012.

Nursing Education Program Approvals

NANB has the legislated authority under the *Nurses Act* to develop, establish, maintain and administer standards for nursing education. The purpose of the NANB nursing education approval process is to ensure that the NANB Standards for Nursing Education are being met.

The Université de Moncton (UdeM) Nurse Practitioner Program underwent an approval process in the fall of 2009. In February 2010, the Program approval was deferred for a period of one year. In June 2011, upon receipt of the first of two progress reports, the Program was granted approval.

The University of New Brunswick Nurse Practitioner Program also underwent an approval process in the fall of 2009. In February 2010, the UNB Nurse Practitioner Program was granted approval status for a period of three years. Monitoring is ongoing with respect to issues identified as a result of both nurse practitioner program approval processes.

The UdeM Baccalaureate in Nursing Program approval review visit was conducted November 14–18, 2011. The approval team visited the three campuses as part of this review and has provided a report of their findings and recommendations to the Nursing Education Advisory Committee. Following review and decision by the Nursing Education Advisory Committee, the Board will be presented with a recommendation for their consideration at the February 2012 Board of Directors' meeting.

Nurse Refresher Program

Enrollments to the New Brunswick Nurse Refresher Program showed a slight increase in 2011, as illustrated in the table below. Enrollment numbers included 16 new enrollments during the 2011 year.

Former registered nurses who do not currently meet the requirements for registration and wish to return to nursing practice are required to complete the Nurse Refresher Program, which includes a clinical placement. The Program is provided to New Brunswick candidates through a contractual agreement with MacEwan University, Alberta.

TABLE 1 *Enrollments in NB Nurse Refresher Program in 2011*

	'05	'06	'07	'08	'09	'10	'11
Enrollments	18	9	11	17	16	20	16
Completed	7	9	5	7	9	7	10
Did not complete	0	0	4	5	1	2	2

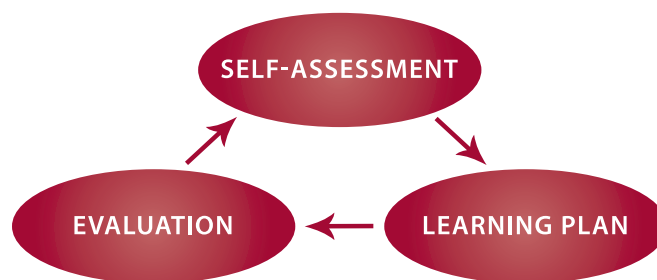


Figure 5
CCP Audit Results:
Language

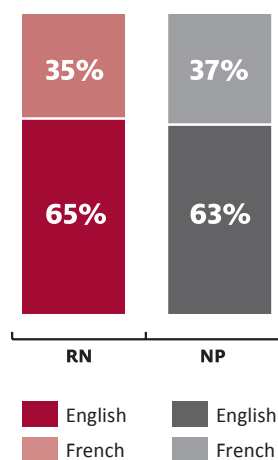


Figure 6
CCP Audit Results:
Area of Practice

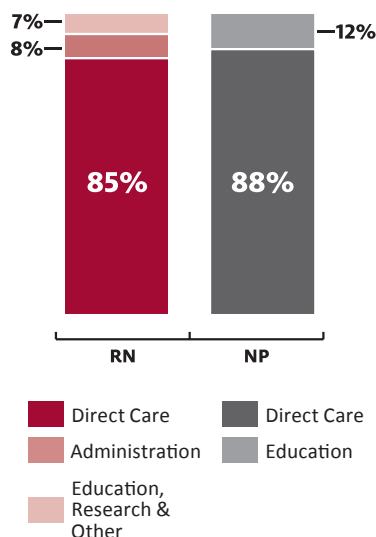
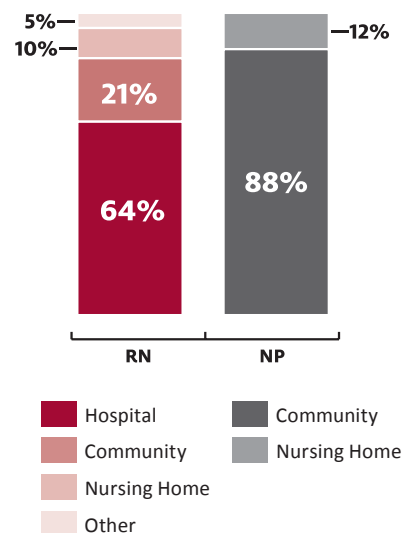


Figure 7
CCP Audit Results:
Employment Setting



Continuing Competence Program (CCP) Compliance and Audit

All New Brunswick nurses answer a compulsory question on their registration renewal form to indicate they have met the CCP requirements. In 2011, four members indicated that they had not met the CCP requirements and had no valid reason for not doing so. The NANB Practice Consultant contacted these nurses, advising them that the CCP is mandatory and provided coaching on the CCP process.

In accordance with the *By-Laws*, the CCP Audit process was developed and implemented in 2009 to monitor members' compliance with the CCP. In 2011, 169 registered nurses and eight nurse practitioners were randomly selected as part of the annual CCP Audit. Members were asked to complete an online questionnaire related to their CCP for the 2010 practice year. A total of 136 members completed the online questionnaire, while 33 members completed a paper copy.

A total of 169 completed questionnaires were

received (two from members who were subsequently deemed exempt from the Audit). A total of nine randomly selected RNs were exempted from completing the Audit questionnaire. Six of these RNs had either been on maternity leave or on long-term disability, or had only worked a small number of hours in 2010, and therefore were not required to meet the CCP requirements for that practice year. Another three RNs had retired in 2011 and were not applying for active registration. One RN did not complete the Audit questionnaire, did not respond to our numerous attempts to communicate with her and has not applied to renew her registration.

As a result of the Audit, eight RNs and two NPs required a follow-up call from the Practice Consultant to provide clarifications on the information they submitted on their Audit questionnaire. It was determined that all 167 audited members had met their CCP requirements for the 2010 practice year.

NANB remains committed to support and coach members in meeting this mandatory requirement.

Controlled Drugs and Substances Act

NANB has worked with CNA and the other jurisdictions for the past several years to enable new regulations within the legislation of the *Controlled Drugs and Substances Act* (CDSA). The revised draft regulations were published in 2007, and re-published in the Canada Gazette in 2011. These new regulations have provided nurse practitioners with the much needed authority to better serve the needs of their client populations.

The Executive Directors Counterpart Group discussed the feasibility of a cross-jurisdictional collaborative work project to develop the mandatory education models. NANB is currently working with both UNB and UdeM Nurse Practitioner Programs to prepare for the eventual authorization of this prescriptive authority. The purpose of this partnership is to: 1) establish a process to ensure the competence of those NPs already registered and practicing in New Brunswick and 2) ensure the competence of future graduates by integrating the required material into the program curriculum.

National Language Fluency Workgroup

As a result of the regulatory counterpart group identifying a need for consistent language fluency requirements across the country, 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 IEN applicants. Their work included investigating various fluency tests with the assistance of content experts and the establishment of

standardized scores through a national standard setting exercise in both French and English. The new language fluency requirements were approved by the NANB Board of Directors in February 2011, and became effective in the province in July 2011.

Collaborative Working Group: Nursing Standards

Currently underway is the review and revision of NANB's *Standards of Practice for Registered Nurses* (2005). The collaborative working group made up of the Association of Registered Nurses of Prince Edward Island, the Association of Registered Nurses of Newfoundland and Labrador, the Registered Nurses Association of Northwest Territories and Nunavut, the Yukon Registered Nurses Association and the Nurses Association of New Brunswick, met in Ottawa for a second two-day face-to-face work session on December 5–6, 2011 at which time the Committee agreed on four standard statements and corresponding indicators. Contextual, explanatory and reference content was developed.

The Project is advancing as planned and it is anticipated that internal consultation will take place in March 2012.

Nursing Certification

As of July 2011, there were 727 RNs in NB with a CNA certification (704 in 2010) in 19 different specialties/areas of nursing practice.

TABLE 2 *Number of valid CNA certifications and certification renewals by specialty for New Brunswick*



55	Cardiovascular	37	Nephrology
11	Community Health	30	Neuroscience
46	Critical Care	20	Occupational Health
0	Critical Care-Pediatrics	55	Oncology
98	Emergency	28	Orthopaedic
*	Enterostomal Therapy	65	Perinatal
**	Gastroenterology	72	Perioperative
70	Gerontology	65	Psychiatric-Mental health
36	Hospice Palliative Care	11	Rehabilitation
16	Medical-Surgical		
Total: 727			

For the period of January–July 2011

A three-day workshop on Influencing Public Policy & Leadership occurred in 2011, as part of CNA-NANB's SNNAP partnership with Burkina Faso.



CNA-NANB Partnership: Advancing Nursing Regulation and Practice in Developing Countries

In August 2011, NANB participated in the CNA Strengthening Nurses, Nursing Networks and Associations Program (SNNAP) in Burkina Faso by delivering a three-day workshop on Influencing Public Policy & Leadership.

In November 2011, discussions between CNA and NANB began to look at the possibility of accepting Senegal as a second partnership.

Healthy Public Policy

Best Practice: Least Restraint

The Registered Nurses Association of Ontario (RNAO) developed a best practice guideline addressing restraint use entitled *Promoting Safety: Alternative Approaches to Use of Restraints*. The project began with Ontario provincial funding provided after a coroner's inquest suggested the development of a policy for mental health institutions. RNAO conducted focus groups within Ontario and concluded a document would meet the needs of all practice environments. A member of the NANB staff was invited to act as a clinical reviewer for the document. Stakeholder feedback was received in June 2011 by the RNAO Board of Directors.

An embargo draft document has been provided to NANB for information and the final document is expected in the spring of 2012.

Promoting the Awareness of Elder Abuse in Long-Term Care Homes: A National Project

Promoting the Awareness of Elder Abuse in Long-Term Care Homes is a two-year national project (2010–2012) funded through New Horizons for Seniors Program, and Human Resources and Skills Development Canada (HRSDC).

The goals of this project are to increase awareness and understanding of elder abuse among nurses who come into contact with seniors on a regular basis; enhance their capacity to respond to situations of abuse; and to make service providers aware of the laws and regulations related to elder abuse within their province/territory. The Committee drew on baseline elder abuse research information materials supplied by HRSDC, provincial/territorial governments or other appropriate sources, to develop an educational curriculum for long-term care nursing staff.

Nine long-term care facilities across Canada were selected to be pilot sites for the program, two of which are from New Brunswick: the DVA unit and York Care Center in Fredericton. Five educational modules have been finalized and were delivered to staff in each facility by an RN coordinator who received training in instructing the program.

Promotional material is available and was promoted in New Brunswick during the York Care Center Annual Symposium on Aging. In addition, outreach to other long-term care facilities in the province and community groups is ongoing. The steering group is developing a project evaluation framework, expected to be completed in the fall of 2012.

2014 Health Accord

In 2004, the Federal government signed a ten-year federal-provincial-territorial Health Accord which is



CNA partnered with NANB to pilot a nation-wide NP Awareness Campaign promoting the role of the NP.



Bronwyn Davies, Director and Lynn St-Pierre-Ellis, Acting Assistant Deputy Minister with the Department of Health delivered a presentation to NANB's Board of Directors on 'Improving Access and Delivery of Primary Health Care Services in New Brunswick' on behalf of the Primary Health Care Steering Committee.

up for renewal and renegotiation in 2014. In order to influence the development of the new Canada Health Agreement, Canada's YMCAs and the Canadian Nurses Association partnered to reach out to Canadians across the country in workshops to identify new priorities for health care and influence the next phase of development of the health system. NANB's Executive Director and Director of Regulatory Services represented the CNA in November 2011 at the YMCAs public consultation in Saint John and Moncton respectively. The input received from these workshops will inform a public statement and policy report to be released by CNA in June 2012.

Government of New Brunswick (GNB) Primary Health Care

On February 16, 2011 NANB met with the Honourable Madeleine Dubé, Minister of Health, and senior government staff. Additionally on February 17, 2011 NANB met with Liberal opposition members Bill Fraser, Victor Boudreau, and Chief of Staff, Greg Byrne, to discuss NANB's three priorities regarding Primary Health Care (PHC):

- Access to PHC
- Advancing PHC reform
- Nursing human resources

In July 2011, NANB met with Ken Ross, Assistant Deputy Minister, Department of Health and other senior govern-

ment officials to provide feedback and discuss to the Government of New Brunswick's draft document on PHC.

NANB participated in the PHC summit hosted by the Government of New Brunswick in October 2011. Since the Summit, the Primary Health Care Steering Committee has been working on an action plan to submit to government for consideration on how to renew primary health care in New Brunswick. A draft document will be discussed with stakeholders at a Primary Health Care Knowledge Exchange Session on Thursday, February 2, 2012.

Promoting the Nurse Practitioner Role: Enhancing Access and Delivery of Primary Healthcare Services

In October 2011, CNA partnered with NANB to pilot a nation-wide NP Awareness Campaign 'Nurse Practitioners...It's About Time'. The Campaign had two essential objectives which included: educate the general population about what a nurse practitioner is and what she/he can do; and motivate the public to take action by asking provincial and federal politicians for additional NPs in their area. The initiative provided a unique strategic opportunity for NANB to highlight the role of nurse practitioners in conjunction with the Department of Health's Primary Health Care Summit.



NANB along with CNA met with the New Brunswick Health Council in March 2011.

New Brunswick Social Policy Research Network (NBSPRN)

The New Brunswick Social Policy Research Network (NBSPRN) is a network of individuals engaged in knowledge mobilization and collaborative public policy development. The NBSPRN's mission is to advance an evidence-based approach to socio-economic policy development by identifying occasions for collaboration between governments and people conducting research relevant to the area of socio-economic policy development, and to ensure that knowledge transfers between those who do research and those who require research for the purpose of policy-making. NBSPRN Board of Directors is represented by three membership types; a university representative, a government representative and a community representative. NANB was invited to represent the community on the Board for a mandate of three years. The NBSPRN held a strategic planning session of the Advisory Committee on December 1, 2011.

NB2026

NB2026 was inaugurated in early 2009 as a forum to promote engagement and to develop broad consensus around the province's long-term self-sufficiency objectives, priorities and strategies.

The Roundtable is intended to function with a longer-term frame of reference (hence 2026) to sustain a thrust for advancement and greater auto-reliance over the lifetime of successive government administrations. New Brunswickers increasingly appreciate the importance of such a goal, and need to think of it as their project, a true 'projet de société', and not just the project of government.

Participants

The Roundtable is comprised of thirty-five participants. Individual members are drawn from sectors and regions to be broadly representative of, but not representatives for, a variety of backgrounds. Members are opinion leaders with a demonstrated ability to reach out to oth-

ers. In addition, the Provincial Government, the Official Opposition, and the Federal Government each name a representative.

Vision

The vision is to create a stronger province where people are better able to take care of themselves and each other.

In June 2010, the Roundtable NB2026 announced an extensive public engagement initiative called *Learning: Everybody's Project* and on November 10, 2010 a citizen engagement initiative on learning was launched. The objective of the process is to engage New Brunswickers in understanding our culture of learning, and to develop an action plan that articulates a clear vision for learning and the specific actions that will position New Brunswickers for success in the 21st century.

As a member of the NB2026 Roundtable, NANB is able to bring the voice and expertise of registered nurses to this dialogue with a unique perspective focused on the social determinants of health and the role they play in the success of our province.

The public consultation will be completed in Spring 2012. Plans are underway for an invitational forum to identify a citizen-focused and driven action plan for the future.

New Brunswick Health Council

In 2011, the New Brunswick Health Council released a number of reports related to the delivery of health services in New Brunswick, the health status of our population and access to health services. The information and analysis provided by the Council continues to expand and enhance the evidence informing critical decisions related to health and health services in New Brunswick. During CNA's Cross-Country Tour in March 2011, a face-to-face meeting was held at the Council headquarters in Moncton, New Brunswick. This provided an opportunity to once again highlight the value of capturing nursing data and its contribution to service delivery and health outcomes in our province. Additionally, NANB staff contributed to the

development and validation of survey tools and findings throughout 2011. Our relationship and engagement with the Council is an important partnership in ensuring registered nurses are contributing to the work and outcomes of the Council and promoting healthy policy in New Brunswick.

New Brunswick Council on Articulation and Transfer (NBCAT)

NANB participates as a member of the NBCAT sub-Committee for the LPN-BN Articulation or Credit Recognition, established in February 2010. The mandate of the sub-Committee is to explore the possibility of articulation or credit transfer agreements between the NB Community Colleges and Universities. Committee members of the nursing specific sub-Committee are working in collaboration to enhance future learning opportunities for Licensed Practical Nurses (LPN) who may wish to enter a Bachelor of Nursing (BN) program. Committee work has focused on conducting a gap analysis between the New Brunswick Community College (NBCC) Practical Nurse Program and the first two years of the UNB Bachelor of Nursing program and between the Collège Communautaire du Nouveau-Brunswick (CCNB) Practical Nurse Program and the UdeM Bachelor of Science in Nursing Program. Licensed Practical Nurses in the province have been surveyed on their interest in applying for an LPN to BN transition program if it were to be offered in the province.

The LPN-BN sub-committee is currently working to develop a viable implementation plan for an English program between UNB and NBCC. Licensed Practical Nurses would apply for admission to the LPN-BN transition program and upon successful completion of the program, the LPN would apply for admission to the third year of a university baccalaureate program. Additional time and further analysis will be required before work can begin on an implementation plan with regards to a French LPN-BN program, as the UdeM School of Nursing Network is implementing a new curriculum.

The Department of Post-Secondary Education, Training and Labour (PETL), NBCC and UNB are in the process of finalizing a proposal, including a feasibility plan, for an LPN-BN transition program. However, the development and implementation of such a program is dependent upon various approvals and, ultimately, government support and funding.

Pan-Canadian Framework for the Assessment of Internationally Educated Nurses

A key requirement of this framework is a one-year commitment to timely service which refers to the length of time it takes to conduct an assessment of foreign qualifications and to communicate the outcome to an individual. NANB processes meet this requirement.

Enhancements to IEN assessment and bridging programs, as noted earlier in this report, will also support compliance with the new pan-Canadian framework.

The Pan-Canadian Framework for the Assessment and Recognition of the Qualifications of Internationally-Trained Workers 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. The Population Growth Division (PGD) of the Department of Post-Secondary Education and Labour is responsible for the implementation of the Framework in New Brunswick. In October 2011, NANB submitted a proposal for funding to the PGD Foreign Qualification Recognition Program to provide resource support for a bilingual nurse educator and clinical instructors required to implement the Assessment and Bridging Programs for Internationally Educated Nurses. The funding request was for \$39,500 for 2011–2012 and \$130,000 for 2012–2013. NANB was successful in receiving funding for 2011–2012 and will hear about the 2012–2013 proposal in 2012.

Agreement on Internal Trade

Amendments to chapter Seven (Labour Mobility) of the Agreement on Internal Trade came into effect in August 2009 to further eliminate or reduce measures that restrict or impair labour mobility within regulated occupations in Canada. Implementation of Chapter Seven is overseen by the Labour Mobility Coordinating Group (LMCG), which reports to the Forum of Labour Market Ministers (FLMM).

The LMCG annually produces a report on the operation of Chapter Seven for submission to the FLMM. NANB provided information/data to the New Brunswick Labour Mobility Coordinator on the mobility of nurses into and out of New Brunswick, the time it takes to process applications and barriers to mobility.

Nursing Resource Advisory Committee (NRAC)

The mandate of NRAC is to provide advice to the Minister of Health on nursing and issues related to nursing resources. The Committee met in February, June and November 2011 and established the following priorities: better integration of NPs into the health care system, review of existing models of care with a plan to develop recommendations; and review and redevelopment of the nursing recruitment strategy. A considerable amount of work has been done on the first two priorities, including the current testing of the NP Simulation Model, and initial work to revise NP Shadow Billing and review of a number of models from across the country which will be used to inform some principles for recommendation. Work on the third priority will occur in 2012.

Nursing Informatics

The purpose of this group is to provide national nursing leadership, engagement, expertise and input to inform informatics investments and strategy as they support the development of nursing informatics and support efforts to accelerate nurses' adoption and endorsement of the benefits of the realization of an electronic health record. Members of the group act as liaisons and promote a coordinated approach to informatics provincially and within Canada. NANB participated in quarterly group teleconferences, the most recent having taken place on November 1, 2011. Items discussed included: the NurseONE Evaluation Framework indicating that new registrants have increased by more than 2,000 nurses in 2011; CNA's recommendation to the federal government to lead the creation of a national unique identifier for all Canadian health professionals; and the release of a new publication, *Nursing Outcome Indicators*. The publication provides a cross-map between Canadian Health Outcomes for Better Information and Care (C-HOBIC) and International Classification for Nursing Practice (ICNP).

CNA National Expert Commission

CNA launched their first National Expert Commission in May 2011 to contribute to the transformation of health care in Canada. The Commission will consult with Canadians across the country and develop recommendations to help shape the health care system into

one that is better equipped to meet the changing needs of Canadians.

With the looming expiry of the Health Accord in 2014, the future of Canadians' health care is at a critical juncture. Our current health system has a sound foundation that provides well for many people—but not for all Canadians, or in all ways. It is no secret that the system needs vast improvement to meet the growing and changing health needs of Canadians.

The Commission invites nurse leaders, employers, union representatives, economists, business leaders and the public to share thoughts, ideas and advice. The first meeting of CNA's National Expert Commission was held June 27–28, 2011, at CNA House in Ottawa. The enthusiastic Commissioners developed key messages about their mandate and outlined their activities over the next year. The Commission is timed so that the recommendations will be released during the lead-up to negotiations on the successor to Canada's current federal/provincial/territorial health accord.

The NANB has supported public consultations in partnership with the CNA and YMCA in both Moncton and Saint John, New Brunswick. Additionally, registered nurses participated in interactive webinars in both French and English to highlight issues related to health services in New Brunswick and to provide advice and potential options for consideration.

The CNA Board of Directors anticipates receiving a report with recommendations in June 2012.

New & Revised NANB Documents

New Documents

- *Supporting Learners* (June 2011)
- *Conflict of Interest* (June 2011)
- *Consent* (October 2011)

Documents Revised

- *Nurses Role in Pronouncing Death When Death is Expected* (February 2011)
- *The Recognition and Management of Substance Abuse in the Nursing Profession* (February 2011)
- *Standards for the Therapeutic Nurse-Client Relationship* (February 2011)
- *Position Statement: Framework for a Quality Professional Practice Environment for Registered Nurses* (June 2011)

- *Practice Guidelines: Working with Unregulated Care Providers* (October 2011)

Endorsed CNA Documents

- *Evidence-Informed Decision-Making and Nursing Practice* (February 2011)
- *Problematic Substance Use by Nurses* (February 2011)
- *Taking Action on Nurse Fatigue* (February 2011)

Retired Documents

- *Position Statement: Registered Nurse First Assist* (February 2011)
- *Nurse-to-Nurse Legal Information Series: Being a witness* (June 2011)

- *Nurse-to-Nurse Legal Information Series: Coroner's Inquest* (June 2011)
- *Nurse-to-Nurse Legal Information Series: Malpractice and Negligence* (June 2011)
- *Position Statement: Breastfeeding and Breast Milk Substitutes* (June 2011)
- *Guidelines for Camp Nursing in New Brunswick* (October 2011)
- *Guidelines for the Administration of Medications by Non-Nurses in Non-Health Care Setting* (October 2011)
- *Position Statement: Delegating Nursing Tasks and Procedures* (October 2011)
- *Position Statement: Delegation of Nursing Acts to Family Members* (October 2011)

TABLE 3 *Membership Highlights*

Number of Members	Year 2011	Year 2010	Year 2009
Registered	9067	8962	8785
Non-practising	338	344	375
Life	19	18	18
Total	9424	9324	9178
Number of New Registrants	Year 2011	Year 2010	Year 2009
NB graduates	297	326	270
Graduates from other provinces/territories	73	88	94
Graduates from outside Canada	23	16	14
Total	393	430	378
Number of Employed Nurses	Year 2011	Year 2010	Year 2009
Full-time	5411 (63%)	5254 (62%)	5094 (62%)
Part-time	2112 (25%)	2126 (25%)	2080 (25%)
Casual	626 (7%)	655 (8%)	611 (7%)
Other*	426 (5%)	420 (5%)	471 (6%)
Total	8575	8455	8256

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

Place of Employment	Year 2011	Year 2010	Year 2009
Hospital	5594 (65%)	5506 (65%)	5370 (65%)
Community	625 (7%)	618 (7%)	604 (7%)
Nursing Home	800 (9%)	787 (9%)	786 (10%)
Extra Mural Program	470 (6%)	475 (6%)	465 (6%)
Other*	1086 (13%)	1069 (13%)	1031 (13%)
Total	8575	8455	8256

* Includes physician offices, industry, educational institutions, self-employed, association, government, correctional facilities (provincial/federal), addiction centres, armed forces.

Age Distribution (employed nurses)	Year 2011	Year 2010	Year 2009
under 25	210 (2%)	182 (2%)	178 (2%)
25–29	832 (10%)	784 (9%)	738 (9%)
30–34	848 (10%)	786 (9%)	740 (9%)
35–39	858 (10%)	892 (11%)	911 (11%)
40–44	1154 (14%)	1211 (14%)	1303 (16%)
45–49	1385 (16%)	1403 (17%)	1393 (17%)
50–54	1305 (15%)	1307 (16%)	1255 (15%)
55 +	1983 (23%)	1890 (22%)	1739 (21%)

TABLE 3 *Membership Highlights Continued*

Gender Distribution (employed nurses)	Year 2011	Year 2010	Year 2009
Female	8181 (95%)	8074 (95%)	7892 (96%)
Male	394 (5%)	381 (5%)	365 (4%)

Internationally Educated Nurse (IEN) Applicants								
	2011	2010	2009	2008	2007	2006	2005	2004
* United States	9	23	12	13	7	12	10	17
Philippines	16	61	44	19	3	5	3	1
United Kingdom	1	1	3	2	2	3	6	1
Nigeria	4	9	13	9	2	—	—	3
France	—	—	—	—	2	2	1	—
India	27	50	7	1	1	2	—	1
**Other	9	11	15	10	11	5	12	7
Total	66	155	94	54	28	29	32	30

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

Professional Conduct Review Statistics			
Complaints Received	Year 2011	Year 2010	Year 2009
Complaints carried forward from previous year	1	2	1
New complaints received in current year	10	12	17
Referred to Review Committee	3	5	8
Referred to Discipline Committee	6	5	3
Dismissed	0	3	5
Carried forward to next year	2	1	2
Discipline and Review Committee Hearings	Year 2011	Year 2010	Year 2009
Cases carried over from previous year(s)	7	10	2
Cases received in current year	9	12	16
Discipline Hearings	5*	4	4
Review Hearings	4**	11	5
Dismissed	1	1	0
Carried forward to next year	9	7	9

Detailed reports of both the Complaints and Discipline and Review Committees are included elsewhere in this report; *Two hearings were for the same member;

**One hearing was held to grant an adjournment to a later date.

Standing & Legislated Committee Reports

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 February 2011 to appoint pharmacist Janet MacDonnell to the NPTC for a two-year term. NANB’s Board of Directors approved this appointment at their February 2011 Board meeting.

The NPTC met again on September 30, 2011, to receive an update regarding the proposed changes to the *Controlled Drugs and Substances Act* (CDSA) and to discuss the mandatory education modules which will be required by all NPs in New Brunswick once this legislation is reality.

Committee members: Kate Burkholder, Nurse Practitioner (Chair); Carolle Nazair-Savoie, Nurse Practitioner; Janet MacDonnell, Pharmacist; Jacqueline Mouris, Pharmacist; Tim Snell, Physician and Patricia Ramsey, Physician.

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 of Directors 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 they are 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 Patricia Scott, RN, Chairperson

The following York-Sunbury Chapter members are currently serving on the NANB Resolutions Committee for a two-year term (2010–2012): Patricia Scott (Chairperson), and Tracey Smith. The Resolutions Committee received three resolutions during the year and two resolutions were received from the floor during the 2011 Annual General Meeting. One of the two resolutions was ruled out of order for a total of four resolutions presented to the Assembly for discussion and voting.

Complaints Committee Report

By Marise Auffrey, RN, Chairperson

This report outlines the activities of the NANB Complaints Committee in 2011. The Complaints Committee screens written complaints about the conduct of members and former members of the Nurses Association New Brunswick in accordance with the *Nurses Act*. It is the first level of a formal two-step process for dealing with such complaints. The Committee screens out complaints that do not relate to professional conduct or do not require further consideration. Serious matters are referred by the Complaints Committee to either the Discipline Committee or the Review Committee for further consideration and investigation.

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

In 2011, the Complaints Committee considered nine complaints: eight received in 2011 and one carried over from 2010 (See Table 4). All of the nine complaints were lodged by a supervisor or representative of the employer.

TABLE 4 *Complaints Committee Report*

Allegation	Setting	Outcome
Theft of narcotics	Nursing Home	Referred to Review Committee—Suspension pending outcome of hearing
Fraud / deceit	Hospital	Referred to Discipline Committee
Lack of knowledge, skills and judgement	Hospital	Referred to Discipline Committee—Suspension pending outcome of hearing
Substance abuse / patient abandonment / lack of judgement	Nursing Home	Referred to Discipline Committee—Suspension pending outcome of hearing
Failure to maintain standards of practice; lack of knowledge /skills	Hospital	Referred to Discipline Committee
Failure to maintain standards of practice- substandard documentation and communication skills / lack of judgement, critical thinking and accountability	Hospital	Referred to Discipline Committee—Suspension pending outcome of hearing
Failure to maintain standards of nursing practice—medication administration, substandard documentation and communication skills	Hospital	Referred to Discipline Committee—Suspension pending outcome of hearing
Failure to maintain standards of practice; lack of knowledge/skills; Breach of confidentiality	Hospital	Referred to Review Committee—Suspension pending outcome of hearing
Administering unauthorized treatments	Hospital	Referred to Discipline Committee

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 received late in the year will be carried over to 2012.

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 Association and ask to speak with the Regulatory Consultant—Professional Conduct Review.

Committee members: Marise Auffrey, Margaret Corrigan, Edith Côté Leger, Sylvie Friolet, Jacqueline Gordon, Ruth Riordon, Anne Roussel, Rhonda Shaddick, Carol Ann Theriault, Jeannita Sonier, Anne Marie Leblanc, Brian Stewart, Edith Tribe.

Discipline and Review Committee

By Nancy Arseneau, RN, Chairperson

Under the *Nurses Act*, the Nurses Association of New Brunswick is legally required to maintain a formal process for dealing with complaints against nurses which relate to professional conduct. The Discipline and Review Committee consider complaints referred to them by the Complaints Committee of the Association. The Discipline and Review Committee perform the

second step of our two-step professional conduct review process. Health related problems which prevent a nurse from practising safely are considered by the Review Committee, while all other complaints are handled by the Discipline Committee.

CASE #1—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 theft of narcotics from her place of employment. The Review Committee found the member to be suffering from an ailment or condition, substance abuse - narcotics, rendering her unfit and unsafe to practise nursing and that she demonstrated professional misconduct and conduct unbecoming a member in that she falsified narcotic control documents respecting patients, she stole narcotics from her place of employment for her personal use and used narcotics while working on numerous occasions. The Committee also found that she demonstrated a disregard for the welfare and safety of patients by continuing to practise nursing while incapacitated by her ailment or condition.

The Review Committee ordered that the suspension imposed on the member's registration be continued for a minimum period of eight months and until conditions are met. At that time, the member will be eligible to apply for a conditional registration. The member was ordered to pay costs of \$3,000 within twelve months of returning to the active practice of nursing.

CASE #2—The Discipline Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse who was reported for helping in the planning of the removal of a resident from a nursing home, administering unauthorized medications. The Discipline Committee found the member failed to meet the standards of nursing practice, demonstrated professional misconduct and a lack of judgement by administering unauthorized medications from an unapproved source based on the direction of a person not licensed to practise medicine in New Brunswick. The Committee also found his conduct unbecoming a member by assisting with planning and arranging the removal of a resident from a nursing home to another location and to continue to provide unauthorized medications to the resident.

The Discipline Committee revoked the member's registration and reinstatement will not be considered for a minimum of three years and until completion of the Nurse Refresher Program modules: Pharmacology, Professional Responsibilities, Ethics—including maintaining privacy, confidentiality and being accountable and Therapeutic Nurse-Client Relationship.

The member was ordered to pay a portion of the costs in the amount of \$10,000, one half of which is to be paid by the member within eighteen months of the date of the order and the balance is to be paid prior to any application of reinstatement. The Board of Directors heard an appeal from the member on the Discipline Committee's order and after considering the written materials and submissions, found the Discipline Committee provided more than sufficient rationale and reasons for the order.

CASE #3—The Discipline Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the nursing home sector who was reported for physical abuse of a resident. The member was found guilty of assault on a patient contrary to section 266(b) of the Criminal Code of Canada and was subsequently granted an absolute discharge with respect to this offence. The Discipline Committee, under Section 32 of the *Nurses Act*, suspended the member's registration pending a hearing of the Discipline Committee. The member chose not to attend the hearing and provided the Committee with a written submission and an undertaking in which she undertakes that she will not in the future apply for registration as a nurse or for reinstatement of registration and that her registration and membership status be changed to a retired status. The Discipline Committee ordered that the member's registration and membership status be changed to retired status and that the member may not apply for registration or reinstatement unless the complaint has been fully heard and determined by the Discipline Committee.

CASE #4—The Discipline Committee met to consider a complaint referred from the Complaints Committee

concerning a nurse from the hospital sector who was reported for fraud, and unprofessional ethics. The Discipline Committee found that the member's acts and omissions constituted dishonesty and a lack of integrity. The Committee also found his conduct demonstrated professional misconduct, conduct unbecoming a member, a lack of judgement and unprofessional ethics by providing a university diploma with no academic value and by not informing his employer how he obtained the diploma.

The Discipline Committee gave the member a reprimand for his dishonesty and his lack of judgement and unprofessional ethics. The Committee ordered a conditional registration for a period of two years and for the member to pay a fine of \$500 and complete the Canadian Nurses Association "Code of Ethics" modules within 60 days. The member was also ordered to pay costs of \$2,500 within 12 months of returning to the active practice of nursing.

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 unauthorized removal and use of medications, lack of professional judgement and ability to practice safely while on duty as a nurse. The member provided the Committee with a written submission including an admission to the allegations indicating that she was suffering from a condition or ailment, being addiction/substance abuse—narcotics, major depression and anxiety disorder rendering her unfit and unsafe to practise nursing and for which she continues to receive treatment. The Committee found that the member demonstrated professional misconduct, conduct unbecoming a member and dishonesty in that she stole narcotics from her place of employment for her personal use on numerous occasions and that she disregarded the welfare and safety of patients by continuing to practise nursing while incapacitated.

The Review Committee ordered that the suspension imposed on the member's registration be continued for a minimum period of one year and until conditions are met. At that time, the Registrar shall refer the matter and all documents, reports and test results to a panel of the Committee for a hearing, review and decision respecting the member's ability to meet the standards of practice required to practise safely as a nurse.

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 incompetence, lack of judgement and a disregard for the welfare and safety of patients. Due to the member's decision to be absent from the hearing, the Review Committee ordered that the suspension, imposed on the member's registration by the Complaints Committee on May 3, 2010 be continued

and that the member may request a hearing before the Review Committee within 12 months of the date of the order; otherwise the member's registration would be revoked. At the member's request, a second hearing was held and the Review Committee found the member's acts and omissions demonstrated incompetence and a conduct unbecoming a member. The Committee also found that the member's linguistic difficulties did not excuse the shortcomings in his nursing practise such as medication errors, poor documentation and communication, the lack of judgement and a disregard for the welfare and safety of patients. The Review Committee continued the suspension order for a minimum of one year and until completion of the Nurse Refresher Program modules: Pharmacology in Nursing, Arithmetic skills and Professional Responsibilities. At that time, the member will be eligible to apply for a conditional registration. The member was ordered to pay costs of \$5,000 within twelve months of returning to the active practice of nursing.

CASE #7—The Discipline 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 the ability to practise safely while working as a nurse. The Discipline Committee found that the evidence presented did not support the allegations, therefore the complaint was dismissed.

CASE #8—The Review Committee met to consider the request from the member's legal counsel to adjourn the scheduled hearing to a later date.

The Review Committee met a second time to consider a complaint referred to it by the Complaints Committee concerning a nurse from the hospital sector who was reported for theft of narcotics and substance abuse. The Review Committee found the member to be suffering from an ailment or condition rendering her unfit and unsafe to practise nursing, and that the member's conduct demonstrated professional misconduct, conduct unbecoming a member, dishonesty and a disregard for the welfare and safety of patients. The Review Committee ordered that the suspension imposed on the member's registration be continued for a minimum period of three months and the completion of the Canadian Nurses Association "Code of Ethics" modules. At that time, the member will be eligible to apply for a conditional registration. The member was ordered to pay costs of \$4,500 within twelve months of returning to the active practice of nursing.

* Nine cases were carried over to 2012.

Acknowledgements

I would like to extend a special thank you to vice-chairperson, Nancy Sheehan, for sharing this responsibility with me. I would also like to acknowledge the contribu-

tion 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: Nancy Arseneau, Nancy Sheehan, Eric Chamberlain, Marie Chase, Cindy Crossman, Claire Cyr, Mariette Damboise, Christine Deveau, June Kerry, Monique Mallet-Boucher, Erin Musgrave, Nanette Noel, Sandra Pitre, Paul Rousselle, Jacqueline Savoie, Olive Steeves-Babineau, Charles Flewelling, Huguette Frenette, Elisabeth Goguen, Albert Martin, Jack MacKay, Kevin Sheehan.

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 Kimberly Greechan, RN, Chairperson

In 2011, the Nursing Education Advisory Committee held one meeting by teleconference.

The University of New Brunswick Nurse Practitioner Program submitted an interim report as required by the 2009 program approval review. The Committee recommended to the Board that the interim report be accepted; this recommendation was approved by the Board in June 2011.

The Université de Moncton Nurse Practitioner Program submitted their interim report as required by the 2009 program approval review. The Committee recommended to the Board that the interim report be accepted and that the program be granted program approval status; these recommendations were approved by the Board in June 2011.

Committee members: Kimberly Greechan (Chairperson), Arthur Joseph Carr, Lynn Comerford, Cynthia Roy Legacy, Cathy O'Brien-Larivee, Patricia Seaman, Mary Lue Springer and Marie-Claude Thériault.

Enhancing NANB Services

Long-Range Fiscal Plan

The NANB Board of Directors appointed an Ad Hoc Long-Range Fiscal Planning Committee that reviewed the financial condition of NANB and developed a long-range fiscal plan for the period January 2012 to December 2015. The Board accepted the recommendations of the Committee in February 2011 and submitted a resolution which was supported by members at the Annual General Meeting in June 2011. The approved resolution was for a fee increase of \$30 in 2012 and 2013; and \$20 in 2014 and 2015.

Registration Renewal

Registration and annual renewal is mandatory for all nurses wishing to practise in the province. The purpose of mandatory registration is to ensure initial and continued competence to practise in order to protect the public. Online registration renewal was introduced in 2005 with an increasing number of nurses using this method each year since Fall of 2011. Paper registration renewal packages were not sent to members and members were requested to renew their registration online. This resulted in 95% of members using the online method.

Election to the NANB Board

The NANB Board of Directors had four positions for election in 2011: President-Elect and Directors for Regions 2, 4 and 6. All positions were elected by acclamation, so no mail ballot was required.

Government Relations

In supporting the Canadian Nurses Association Election 2011 priorities, NANB prepared an invitation letter to all provincial candidates (40), providing them an opportunity to meet with nursing leaders and get a first-hand appreciation of key health issues that are important to New Brunswick nurses and to nurses across Canada. Information was made available for members and the public on the NANB website and distributed via the *Virtual Flame* (April 2011). Approximately 12 candidates from all parties responded with four requests for meetings. Due to the limited time available and scheduling conflicts, only one candidate meeting in Saint John occurred.

Additional efforts for a face-to-face opportunity

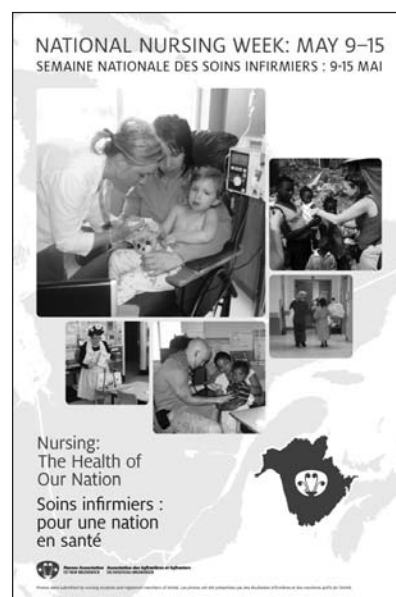
will be made in 2012 to parliamentarians positioned to influence the negotiations of the 2014 Health Accord including: ministers Hon. Bernard Valcourt and Hon. Keith Ashfield, as well as official opposition member Yvon Godin.

National Nursing Week 2011

The theme for National Nursing Week (NNW) May 9–15, 2011, was *Nursing: the Health of Our Nation*. NANB launched a poster campaign inviting members and nursing students to submit digital photos of RNs providing primary health care at all levels and demonstrating links between individuals, families, communities and the rest of the health care system. The poster was circulated the week before NNW via workplace representatives, chapters, board and staff. NANB's website, and the *Virtual Flame*, promoted various activities sponsored by provincial chapters around the province. In addition, the NANB participated for a fourth year in a signing and photo opportunity with the Premier to declare May 9-15 National Nursing Week. This declaration signing appeared in provincial daily newspapers during NNW.

Media Relations

In 2011, the NANB participated in 10 media interviews in print, radio and television on topics relating to: optimizing the role of the NP and RN, as well as health professionals working in teams under a more collaborative care approach to alleviate New Brunswick's current



NANB's unique 2011 National Nursing Week poster.

CNA's Cross-Country Tour kicked-off in New Brunswick on March 1 & 2, 2011. Three stops occurred meeting members in Moncton, Fredericton and Saint John, a meeting with the Premier and several media interviews throughout the two-day visit.



access to primary health care challenge, internationally educated nurse recruitment, the Associations' federal election priorities, the Canadian Nurses Association Cross-Country Tour, and National Nursing Week.

The Communications Department, in supporting the Nurse Practitioner Interest Group, discussed a strategy with the President to recruit patient satisfaction letters that were circulated as Letters to the Editor in conjunction with National Nursing Week.

The annual season's greetings message was re-scripted to respond to NANB's strategic objective and promote the Association's regulatory role in the public's interest. A generic message was also produced in both official languages to be used as a promotional communications tool as needed. For added exposure, NANB created a YouTube account to archive of the video messages. This enables viewing from NANB's website for public and member consumption.

CNA's Cross-Country Tour March 1–2, 2011

The Canadian Nurses Association (CNA) launched their Cross-Country Tour in New Brunswick with three stops in Moncton, Fredericton and Saint John. The objective of the Tour was to: re-connect and engage members on what is going on at CNA and all the support services it provides; arrange for face-to-face access to government decision-makers; and receive positive media

coverage. Over the two days, the group met with the New Brunswick Health Council, RNs at the Georges L. Dumont, students at UNB (Fredericton), the Premier and Minister of Health, two community health centres and RNs at the Saint John Regional. They also gave several media interviews in both official languages.

E-bulletin—The Virtual Flame

NANB's e-bulletin, the *Virtual Flame*, is distributed to approximately 78% of members, four times annually. Open rates continue to remain high at approximately 35%. This added communications tool further supports members through direct contact providing important and timely information while continuing to support the Association's environmental responsibility.

NBNU/NANB Joint Communication Meeting

NANB's Executive Director, Directors of Regulatory Services and Practice and the Board's Executive Committee met with NBNU executive on December 7, 2011 to share information on topics of mutual interest, such as the IEN project, back care education, models of care, negotiation update, NANB's e-learning module, NANB's 2012 AGM and the Canadian Council of Registered Nurse Regulators. The next meeting is scheduled for May 2012.

Lieutenant-Governor's Dialogue Award

On September 28, 2011, NANB received the Lieutenant-Governor's Dialogue Award. Established in 2003, the Lieutenant-Governor's Dialogue Award is awarded



NANB was a recipient of the 2011 Lieutenant-Governor's Dialogue Award on September 28, 2011.

to those role models who champion the principles of harmony and respect between the province's Anglophone and Francophone communities. The only honour of its kind in Canada, the Lieutenant-Governor's Dialogue Award is sponsored by Dialogue New Brunswick, an organization whose mission is to promote mutual understanding, respect and appreciation between English-speaking and French-speaking New Brunswickers.

The President, President- Elect, Executive Director and several NANB staff were in attendance at the award ceremony hosted at Old Government House in Fredericton.

Website

Continuous improvements and developments continued through 2011. Website revisions and updates are managed internally through the Department of Communications. The site features improved functionality with intuitive navigation and technology that supports interactive tutorials/webinars including e-learning modules.

NANB Joins Twitter

NANB has joined the world of social media, as an added

media presence and monitoring tool: as well as an opportunity to promote to members, both existing and future, the Association's events, supports and services available while increasing traffic to our existing website. Since joining Twitter in October 2011, the Association currently follows approximately 100 people and is being followed by 40 interested parties.

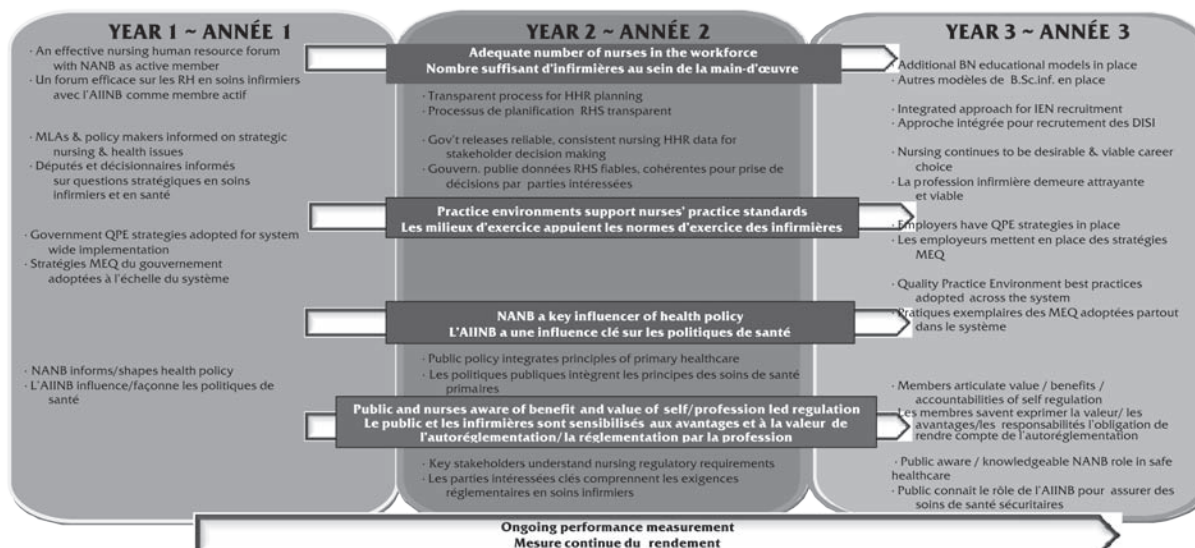
Workplace Communications Network

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.

Strategic Plan

Implementation of the 2010–2013 Strategic Plan began in 2010. A monitoring framework for the 2010–2013 Strategic Plan was developed and the second monitoring report which focuses on directions identified for Year 2 of the plan will be provided to the Board of Directors in February 2012.

NANB Strategic Plan 2010 – 2013 / Plan stratégique de l'AIINB 2010-2013



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AUDITOR'S REPORT

To the Executive
Nurses Association of New Brunswick

We have audited the accompanying financial statements of the Nurses Association of New Brunswick, which comprises of the statement of financial position as at December 31, 2011 and the statements of changes in fund balances, operations, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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, 2011, and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Chartered Accountants

Fredericton, NB
February 14, 2012

**Nurses Association Of New Brunswick
Statement Of Financial Position
December 31, 2011**

	General Fund	CNA Biennium/ NANB Centennial Fund	Employee Benefit Fund
Current assets			
Cash (Note 2 (a))	\$ 848,215	\$ 1	\$ -
Investments (Note 2 (a) and 3)	600,000	-	89,619
Accounts receivable	17,135	-	-
Prepaid expenses	5,099	-	-
Accrued interest receivable	5,576	-	2,885
Due from Employee Benefit Fund (Note 6)	<u>19,366</u>	<u>-</u>	<u>-</u>
	<u>1,495,391</u>	<u>1</u>	<u>92,504</u>
Long-term assets			
Accrued interest receivable	-	28,336	4,560
Investments (Note 3)	<u>3,103,982</u>	<u>180,170</u>	<u>126,755</u>
	<u>3,103,982</u>	<u>208,506</u>	<u>131,315</u>
Capital assets - net of amortization (Notes 2(b) and 4)	<u>1,382,703</u>	<u>-</u>	<u>-</u>
	<u>\$ 5,982,076</u>	<u>\$ 208,507</u>	<u>\$ 223,819</u>
Current liabilities			
Accounts payable	\$ 545,166	\$ -	\$ -
Future revenue	3,489,324	-	-
Obligation under capital leases (Note 5)	3,238	-	-
Due to General Fund (Note 6)	<u>-</u>	<u>-</u>	<u>19,366</u>
	<u>4,037,728</u>	<u>-</u>	<u>19,366</u>
Long-term debts			
Obligation under capital leases (Note 5)	-	-	-
Accrued employee retirement/resignation benefits obligation (Note 2 (c))	<u>-</u>	<u>-</u>	<u>204,453</u>
	<u>-</u>	<u>-</u>	<u>204,453</u>
Fund balances			
Internally restricted	-	208,507	-
Invested in capital assets	1,379,465	-	-
Unrestricted	<u>564,883</u>	<u>-</u>	<u>-</u>
	<u>1,944,348</u>	<u>208,507</u>	<u>-</u>
	<u>\$ 5,982,076</u>	<u>\$ 208,507</u>	<u>\$ 223,819</u>

Approved by Executive Director



<u>Discipline Fund</u>	<u>Capital Fund</u>	<u>Interfund Deletions</u>	<u>Total 2011</u>	<u>Total 2010</u>
\$ -	\$ -	\$ -	\$ 848,216	\$ 467,004
129,995	50,950	-	870,564	811,000
-	-	-	17,135	38,011
-	-	-	5,099	17,452
2,184	1,846	-	12,491	8,332
-	-	(19,366)	-	-
<u>132,179</u>	<u>52,796</u>	<u>(19,366)</u>	<u>1,753,505</u>	<u>1,341,799</u>
-	3,270	-	36,166	22,665
-	<u>250,000</u>	-	<u>3,660,907</u>	<u>3,530,629</u>
-	<u>253,270</u>	-	<u>3,697,073</u>	<u>3,553,294</u>
			<u>1,382,703</u>	<u>1,432,698</u>
\$ <u>132,179</u>	\$ <u>306,066</u>	\$ <u>(19,366)</u>	\$ <u>6,833,281</u>	\$ <u>6,327,791</u>
\$ -	\$ -	\$ -	\$ 545,166	\$ 550,293
-	-	-	3,489,324	3,231,384
-	-	-	3,238	2,671
-	-	(19,366)	-	-
	-	(19,366)	<u>4,037,728</u>	<u>3,784,348</u>
-	-	-	-	3,240
-	-	-	<u>204,453</u>	<u>169,187</u>
-	-	-	<u>204,453</u>	<u>172,427</u>
132,179	306,066	-	646,752	480,679
-	-	-	1,379,465	1,426,787
-	-	-	<u>564,883</u>	<u>463,550</u>
<u>132,179</u>	<u>306,066</u>	-	<u>2,591,100</u>	<u>2,371,016</u>
\$ <u>132,179</u>	\$ <u>306,066</u>	\$ <u>(19,366)</u>	\$ <u>6,833,281</u>	\$ <u>6,327,791</u>

**Nurses Association Of New Brunswick
Statement Of Changes In Fund Balances
For The Year Ended December 31, 2011**

Internally Restricted

	CNA Biennium/ NANB Centennial <u>Fund</u>	Employee Benefit <u>Fund</u>	Discipline <u>Fund</u>	Capital <u>Fund</u>
Balance, beginning of year	\$ 199,068	\$ -	\$ 129,801	\$ 151,810
Excess of revenue (expenses) for year	9,439	(29,849)	2,378	4,256
Interfund transfers (Note 6)	-	29,849	-	150,000
Purchase of capital assets	-	-	-	-
Payment on obligation under capital leases	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Balance, end of year	\$ <u>208,507</u>	\$ <u>-</u>	\$ <u>132,179</u>	\$ <u>306,066</u>

<u>Total</u>	<u>Invested In Capital Assets</u>	<u>Unrestricted</u>	<u>Total 2011</u>	<u>Total 2010</u>
\$ 480,679	\$ 1,426,787	\$ 463,550	\$ 2,371,016	\$ 2,201,283
(13,776)	(77,746)	311,606	220,084	169,733
179,849	-	(179,849)	-	-
-	27,753	(27,753)	-	-
<u>-</u>	<u>2,671</u>	<u>(2,671)</u>	<u>-</u>	<u>-</u>
<u>\$ 646,752</u>	<u>\$ 1,379,465</u>	<u>\$ 564,883</u>	<u>\$ 2,591,100</u>	<u>\$ 2,371,016</u>

**Nurses Association Of New Brunswick
Statement Of Operation
For The Year Ended December 31, 2011**

	General Fund	CNA Biennium/ NANB Centennial Fund	Employee Benefit Fund
Revenues			
Advertising and publications	\$ 8,735	\$ -	\$ -
Annual meeting	6,646	-	-
CNA fees and exams	665,902	-	-
Investment income	40,338	9,439	5,417
Membership fees	2,820,560	-	-
NANB exam fees	42,649	-	-
Rental income	73,223	-	-
Other income	73,546	-	-
IEHP initiative	<u>185,522</u>	<u>-</u>	<u>-</u>
	<u>3,917,121</u>	<u>9,439</u>	<u>5,417</u>
Expenses			
Annual meeting	62,799	-	-
Awards	35,250	-	-
Chapter grants and funds	9,232	-	-
CNA board & biennium	10,028	-	-
CNA, CNPS and CRNE fees	772,855	-	-
Committees, projects and other activities	98,937	-	-
Liaison - members/counterparts/ stakeholders/corporate	19,296	-	-
Employee wages and benefits (Note 7)	1,548,677	-	35,266
Information systems	4,997	-	-
Communications and public relations	132,167	-	-
Lease and bank charges	55,322	-	-
NANB board and executive	63,324	-	-
Office expenses	152,711	-	-
Personnel development	18,042	-	-
Premises expenses	148,815	-	-
Professional and consultant fees	291,105	-	-
IEHP initiative	<u>181,958</u>	<u>-</u>	<u>-</u>
	<u>3,605,515</u>	<u>-</u>	<u>35,266</u>
Excess of revenue (expenses) before loss on disposal and amortization of capital assets	<u>311,606</u>	<u>9,439</u>	<u>(29,849)</u>
Loss on disposal of capital assets	15,350	-	-
Amortization of capital assets	<u>62,396</u>	<u>-</u>	<u>-</u>
	<u>77,746</u>	<u>-</u>	<u>-</u>
Excess of revenue (expenses) for year	<u>\$ 233,860</u>	<u>\$ 9,439</u>	<u>\$ (29,849)</u>

<u>Discipline Fund</u>	<u>Capital Fund</u>	<u>Total 2011</u>	<u>Total 2010</u>
\$ -	\$ -	\$ 8,735	\$ 13,610
-	-	6,646	-
-	-	665,902	643,001
2,378	4,256	61,828	44,886
-	-	2,820,560	2,654,863
-	-	42,649	42,548
-	-	73,223	65,879
-	-	73,546	40,470
-	-	<u>185,522</u>	<u>43,904</u>
<u>2,378</u>	<u>4,256</u>	<u>3,938,611</u>	<u>3,549,161</u>
-	-	62,799	7,894
-	-	35,250	26,250
-	-	9,232	13,182
-	-	10,028	18,899
-	-	772,855	747,313
-	-	98,937	90,802
-	-	19,296	39,145
-	-	1,583,943	1,519,332
-	-	4,997	7,869
-	-	132,167	115,907
-	-	55,322	38,932
-	-	63,324	52,235
-	-	152,711	175,053
-	-	18,042	15,090
-	-	148,815	132,441
-	-	291,105	260,058
-	-	<u>181,958</u>	<u>43,904</u>
-	-	<u>3,640,781</u>	<u>3,304,306</u>
<u>2,378</u>	<u>4,256</u>	<u>297,830</u>	<u>244,855</u>
-	-	15,350	8,215
-	-	<u>62,396</u>	<u>66,907</u>
-	-	<u>77,746</u>	<u>75,122</u>
\$ <u>2,378</u>	\$ <u>4,256</u>	\$ <u>220,084</u>	\$ <u>169,733</u>

**Nurses Association Of New Brunswick
Statement Of Cash Flows
For The Year Ended December 31, 2011**

	<u>2011</u>	<u>2010</u>
Cash flows from operating activities		
Excess of revenues (expenses)	\$ 220,084	\$ 169,733
Add back non-cash items		
Accrued employee retirement/resignation benefits	35,266	15,992
Amortization of capital assets	62,396	66,907
Loss on sale of capital assets	15,350	8,215
Investment income reinvested	(4,760)	(9,205)
Changes in cash relating to operations		
Accounts receivable	20,876	(27,635)
Prepaid expenses	12,353	(5,662)
Accrued interest receivable	(17,660)	(13,891)
Accounts payable	(5,127)	136,094
Future revenue	<u>257,943</u>	<u>256,267</u>
	<u>596,721</u>	<u>596,815</u>
Cash flows from investing activities		
Transfer of long term investments to current	870,564	36,000
Purchase of long-term investments	(3,823,737)	(1,057,147)
Purchase of capital assets	(27,753)	(40,550)
Disposal of long-term investments	<u>2,827,655</u>	<u>415,886</u>
	<u>(153,271)</u>	<u>(645,811)</u>
Cash flows from financing activities		
Obligation under capital lease payments	(2,674)	(2,203)
Payments of employee retirement/resignation benefits obligation	<u>-</u>	<u>(59,252)</u>
	<u>(2,674)</u>	<u>(61,455)</u>
Net increase (decrease) in cash and investments	440,776	(110,451)
Cash and investments, beginning of year	<u>1,278,004</u>	<u>1,388,455</u>
Cash and investments, end of year	\$ <u>1,718,780</u>	\$ <u>1,278,004</u>
Represented by:		
Cash	\$ 848,216	\$ 467,004
Short term investments	<u>870,564</u>	<u>811,000</u>
	\$ <u>1,718,780</u>	\$ <u>1,278,004</u>

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2011**

1. Purpose of the Association

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

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

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

2. Significant accounting policies

(a) Financial instruments

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

Assets held-for-trading

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

Loans and receivable and other financial liabilities

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

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

(b) Capital assets and amortization

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

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

(c) Fund accounting and revenue recognition

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

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

Revenue and expenses relating to CNA Biennium/ NANB Centennial Fund scheduled to be held in New Brunswick in 2016 are reported in the CNA Biennium/ NANB Centennial Fund.

Revenue and expenses relating to employee retirement/resignation are reported in the Employee Benefit Fund. This fund is being maintained at an amount equal to management's best estimate of its future obligation to its employees at December 31, 2011 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, 2011**

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, 2011.

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 Montreal Trust CDA, due October 13, 2012 with interest at 2.05%, paid annually.	\$ 100,000
GIC HSBC Bank, due October 15, 2012 with interest at 2.05%, paid annually.	100,000
GIC Homequity Bank, due October 15, 2012 with interest at 2%, paid annually.	100,000
GIC Home Trust Company, due October 15, 2012 with interest at 2%, paid annually.	100,000
GIC Manulife Trust, due October 15, 2012 with interest at 2.05%, paid annually.	100,000
GIC Resmor Trust Company, due October 15, 2012 with interest at 2.05%, paid annually.	100,000
	<u>\$ 600,000</u>

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2011**

Note #3. Continued

Investments - Long term

GIC Royal Bank of Canada due October 21, 2013 with interest at 1.89%, payable at maturity.	\$ 100,000
GIC RBC Mortgage Corp due October 21, 2013 with interest at 1.89%, payable at maturity.	100,000
GIC Royal Trust Company due October 21, 2013 with interest at 1.89%, payable at maturity.	100,000
GIC B2B Trust due October 19, 2013 with interest at 1.85%, payable at maturity.	100,000
GIC Equitable Trust due October 21, 2013 with interest at 1.85%, payable at maturity.	100,000
GIC Royal Trust Corp due October 21, 2013 with interest at 1.89%, payable at maturity.	100,000
GIC Pacific and Western due October 20, 2013 with interest at 1.80%, payable at maturity.	100,000
GIC CDN Western Bank, due October 19, 2013 with interest at 1.85%, payable at maturity.	100,000
RBC investment savings acct Series A (2010)	<u>2,303,982</u>
	\$ <u>3,103,982</u>

Cost of the above investments approximate their fair market value.

CNA Biennium/ NANB Centennial 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.	<u>50,000</u>
	\$ <u>180,170</u>

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, 2011**

Note #3. Continued

Employee Benefit Fund

Investments - current

GIC TD Mortgage Corp., due April 20, 2012 with interest at 2.46%, payable at maturity.	\$ <u>89,619</u>
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Investments - long-term

GIC ING Bank of Canada, due July 2, 2013 with interest at 3.05%, payable at maturity.	\$ 88,969
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GIC Bank of Nova Scotia due June 30, 2014 with interest at 2.35%, payable at maturity.	<u>37,786</u>
--	---------------

\$ 126,755

Cost of the above investments approximate their fair market value.

Capital Fund

Investment - current

GIC Bank of Nova Scotia, due March 30, 2012 with interest at 2.05%, payable at maturity.	\$ <u>50,950</u>
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Investment - long-term

GIC Montreal Trust, due December 29, 2013 with interest at 2.06 % paid annually.	\$ 100,000
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GIC Bank of Nova Scotia, due December 29, 2013 with interest at 2.06% paid annually.	50,000
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GIC Manulife Bank, due December 23, 2015 with interest at 3.2%, payable at maturity.	<u>100,000</u>
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\$ 250,000

Cost of the above investment approximate their fair market value.

Discipline Fund

Investment -current

GIC Laurention Bank, due January 26, 2012 with interest at 1.85%, paid annually.	\$ 63,805
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GIC LBC Trust, due January 26, 2012 with interest at 1.85% , paid annually.	63,805
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RBC investments savings account series A (2010)	<u>2,385</u>
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\$ 129,995

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, 2011**

4. Capital assets

	<u>2011</u>			<u>2010</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	8,894	4,235	4,891
Building	1,761,669	781,220	980,449	1,018,367
Computer and photocopy equipment	106,165	98,682	7,483	7,782
Office furniture and equipment	263,037	182,841	80,196	90,472
Office and computer equipment - capital lease	<u>12,672</u>	<u>4,225</u>	<u>8,447</u>	<u>9,293</u>
	<u>\$ 2,458,565</u>	<u>\$ 1,075,862</u>	<u>\$ 1,382,703</u>	<u>\$ 1,432,698</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>
2012	\$ <u>3,238</u>	\$ <u>410</u>	\$ <u>3,648</u>

6. Interfund transfers and internally restricted fund balances

On December 31, 2011, the Employee Benefits Fund owed the General Fund \$19,366 which is payable on demand without interest.

7. Registered retirement savings plan

During the year 2011, as required by the Association's personnel policies, \$120,763 (2010 - \$107,799) was contributed to employees' individual registered retirement savings plans.

8. Commitments

During 2011 a photocopier was leased for a term of 48 months.

Future payment is as follows:

	<u>Payment</u>
2012	\$ 14,000
2013	14,000
2014	14,000
2015	14,000



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