



Nurses Association
OF NEW BRUNSWICK



2013 Annual Report

NANB BOARD OF DIRECTORS

CONSEIL D'ADMINISTRATION DE L'AIINB



Fernande Chouinard
Public Director
Administratrice
représentant le public



Wayne Trail
Public Director
Administrateur
représentant le public



Edward Dubé
Public Director
Administrateur
représentant le public



Darline Cogswell
President
Présidente



Brenda Kinney
President-Elect
Présidente désignée

2013 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;
- Professional Self-Regulation; and
- Healthy Public Policy.

Board of Directors

2013–2014

Darline Cogswell, RN
President

Brenda Kinney, RN
President-Elect

Region Directors

Chantal Saumure, RN
(Region 1)

Terry-Lynne King, RN
(Region 2, January–August 2013)

Jillian Lawson, RN
(Region 2)

Dawn Torpe, RN
(Region 3, January–August 2013)

Amy McLeod, RN
(Region 3)

Noëlline LeBel, RN
(Region 4, January–August 2013)

Josée Soucy, RN
(Region 4)

Linda LePage-LeClair, RN
(Region 5)

Marius Chiasson, RN
(Region 6, January–August 2013)

Annie Boudreau, RN
(Region 6)

Rhonda Shaddick, RN
(Region 7)

Public Directors

Fernande Chouinard

Edward Dubé

Wayne Trail

NANB

Personnel

Executive Office

Roxanne Tarjan, RN
Executive Director

Paulette Poirier
Executive Assistant-Corporate Secretary

Regulatory Services

Lynda Finley, RN
*Director of Regulatory Services /
Registrar*

Denise LeBlanc-Kwaw, RN
Regulatory Consultant: Registration

Odette Comeau Lavoie, RN
Senior Regulatory Consultant

Lorraine Breau, RN
*Regulatory Consultant:
Professional Conduct Review*

Jocelyne Lessard, RN
*Regulatory Consultant: Registration
(January–July 2013)*

Louise Smith, RN
Regulatory Consultant: Registration

Stacey Vail
Administrative Assistant: Registration

Erika Bishop
Administrative Assistant: Registration

Angela Bourque
*Administrative Assistant:
Regulatory Services*

Tamara Neadow
*Administrative Assistant: Registration
(January–May 2013)*

Practice

Liette Clément, RN
Director of Practice

Virgil Guitard, RN
Nursing Practice Consultant

Shauna Figler, RN
Nursing Practice Consultant

Susanne Priest, RN
Nursing Practice Consultant

Dawn Torpe, RN
*Nursing Practice Consultant
(June–December 2013)*

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*

NANB Promotes Professionalism and Professional Presence in Nursing

This Annual Report highlights the activities and outcomes of the Nurses Association of New Brunswick during 2013, as directed by the *Nurses Act* which sets out the NANB mandate: to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice, and by promoting healthy public policy.

During 2013, the Association focused on Professionalism and Professional Presence by hosting a variety of activities and developing a number of resources to highlight registered nurses responsibilities and accountabilities in this area, while providing direction and supports to registrants/members. The 2013 Forum focused on this challenge as well. The NANB was excited to welcome Ros Moore, RN and Chief Nursing Officer with the Scottish Government, to share her work in this area and the experience of registered nurses within the United Kingdom. The session was well received, with animated discussion. Work is ongoing in this area with the planned launch of an online learning module to provide on-going support and access to resources for NANB members and future registrants through nursing education programs. Your professionalism and professional presence is the public face of our profession.

NANB has continued to enhance the availability of online, virtual access to practice supports through e-learning modules, virtual discussions, webinars and our e-bulletin "*The Virtual Flame*" acknowledging the challenges registered nurses face ensuring their ongoing professional development needs a result of the 24/7 nature of our practice. Thanks to the financial support for these enhancements through the current fiscal plan; the NANB has been able to realize these innovations in support of quality nursing practice. The current fiscal plan has allowed the NANB, with your support,

to enhance supports and outreach and to proceed with infrastructure enhancements that will make the NANB facilities fully accessible and ensure the ongoing maintenance and upkeep of our headquarters for the benefit of current and future registrants.

We would like to take this opportunity to mark the contribution of our outgoing President, France Marquis, who completed her term in August 2013. Thank you for your commitment to the NANB as President-Elect and President over the past four years. We wish you continued success in your professional life and good health and well-being in your personal life.

Finally, having the authority and accountability for the regulation of registered nurses and nurse practitioners; for the safety and quality of nursing practice in the public interest in our province is a privilege we hold in the highest regard. As registered nurses and nurse practitioners, you are shaping and maintaining the standards for the education and practice of our profession. You are the experts. Our collective commitment to this work has earned us considerable public trust; public trust we must maintain. We are confident of your commitment to this mandate. We encourage you to consider enhancing your engagement with your regulatory body; it is your Association. Involvement as a member of the Board of Directors, volunteering as a committee member, supporting activities of the NANB Chapter in your area or taking on a leadership role within Chapter for that matter will enhance your professional life and demonstrate your professional engagement. Thank you to all NANB members for your commitment to quality nursing services for the people of New Brunswick and your profession. As well, we would like to express our thanks to all NANB staff. Together we are making the difference for those we serve and our New Brunswick health system.



Darline Cogswell,
President



Roxanne Tarjan,
Executive Director



NANB milestone events throughout 2013 including: NANB's Invitational Forum on Professionalism; Remembrance Day Ceremony; and a presentation by the Canadian Nurses Association

Highlights From 2013

Protection of the Public

Ensuring Adequate Nursing Human Resources

Basic Nursing Education

In 2013, the total number of students admitted to basic nursing education programs in New Brunswick was 367. A total of 465 seats were allocated for funding by the Department of Post-Secondary Education and Training and Labour. The Université de Moncton (UdeM) admitted 166 students to its Moncton, Edmundston and Shippagan/Bathurst sites and was short of its 184 funded seats by 18. The University of New Brunswick (UNB) admitted a total of 201 students in Fredericton, Moncton, Bathurst and Saint John and was short of their 281 funded seats by 80.

Additionally, UNB Saint John has admitted 22 students to the first cohort (2013-2014) of the newly established pilot of the “Licensed Practical Nursing Bridge” program. Work has been initiated by UdeM to identify the potential for a similar program for French-speaking applicants.

Master’s of Nursing

In 2013, the Université de Moncton reported 61 nurses in their master’s program, 32 of whom are enrolled in the nurse practitioner program. The University of New Brunswick reported 35 students in their master’s program; 12 in the thesis stream, 11 in the educator stream and 12 in the nurse practitioner stream.

National Nursing Assessment Service (NNAS)

The National Nursing Assessment Service (NNAS) is a project funded by Health Canada to enhance the efficiency, uniformity and timeliness of the assessment of Internationally Educated Nurses (IEN). The project is a joint initiative of the regulatory bodies of registered nurses, licensed practical nurses and registered psychiatric nurses in all provinces/territories, except Quebec. The NNAS has a 12 member Board of Directors with representation from the three nursing groups. The NANB Executive Director is currently a member of the Board of Directors. The vision of the NNAS is to provide a single

portal of entry for applications for registration from internationally educated nurses (IENs) and to harmonize the application process by centralizing document collection and assessment of applicant files.

Commission on Graduates of Foreign Nursing Schools (CGFNS) International was the vendor selected to provide the centralized IEN application and assessment service to the NNAS. Operationalization of the project officially started in February, 2013. The development of the new system will take place over an 18 month period. Regulatory bodies met in Toronto in November 2013, for a series of interactive workshops with CGFNS, who presented an initial design of the IEN assessment methodology and tools, as well as a prototype of the NNAS system design. The project was initiated seven years ago and the actual “go live” date for the new service is scheduled for mid-August 2014.

With the implementation of the service, all international applicants seeking registration as an RN, LPN or RPN in Canada and New Brunswick will complete a uniform application and initial assessment. The service has been designed to be a not-for-profit entity. Ongoing development will look to further potential harmonization of required regulatory process and ongoing harmonization of current competency assessment and bridging educational programs.

Supporting Professional Practice

Presentations

Between January and December 2013, 28 presentations were delivered in person and three via webinar, for a total of 2,073 attendees (1,086 RNs, 625 nursing students and 362 others). The topics were: Documentation Standard; Professionalism; and Working Collaboratively. NANB recognizes that webinar offerings are often viewed by groups of nurses thereby increasing the reach of these programs and these numbers are not always captured in registration and attendance statistics.



Virtual Discussions

The Virtual Discussion web-based initiative is a means to engage in discussion on a specific subject between RNs and a content expert, delivered via NANB’s website. A discussion on RN Prescribing was launched in November 2013, for a three week period, followed by an article on the subject, published in the Fall 2013 edition of *Info Nursing* to further the discussion. Comments received will be reported in a final article to be published in *Info Nursing* in the Spring of 2014.



E-Learning Modules & Webinars

E-learning is an alternate approach to the delivery of educational sessions

which gives registered nurses the opportunity to access learning modules at their convenience. Work on the development of a third e-learning module on the subject of professionalism in nursing was initiated in 2013 and will be launched in April of 2014.

Webinars also provide members with another alternate approach to learn and exchange information virtually. Webinars offered in 2013:

- February 2013: *Documentation: Why All This Paperwork* (French and English)
- June 2013: *Safety First: Managing RNs with Significant Practice Problems* (French and English)
- October 2013: *Mission Possible: Civility for All* (French and English)
- October 2013: *CRNE and NANB Registration* (English)
- December 2013: *CRNE and NANB Registration* (French)

Webinars, conferences and annual meetings are recorded and archived on the NANB website allowing nurses to access the materials asynchronously depending on their individual schedules further enhancing the support to nursing practice across the province.

Practice Consultation Calls

The Nurses Association of New Brunswick is a professional regulatory organization that exists to support nurses and to protect the public by promoting and maintaining standards for nursing education and practice, and by promoting healthy public policy. As part of its mandate, NANB offers a confidential consultation service to its members to support and promote good nursing practice.

The confidential consultation service may be provided to individuals or groups of registered nurses in all practice areas and to the general public who may have questions about nursing practice. Consultations

can be a one-on-one or group conversation by phone, in-person and/or a site visit. A practice consultation is an interaction to provide expert advice related to a professional practice issue. It may also include referral to other appropriate resources or outside agencies (e.g., Canadian Nurses Protective Society). Consultation service is offered on a wide variety of issues, such as: 1) interpretation of NANB's documents and government legislation (e.g.; *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 that are used to guide the planning of activities of the Practice Department.

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

Total Calls Received

In 2013, the Practice Department received 843 calls either from registered nurses or non-nurses, compared to 773 in 2012 (see Figure 1).

Type of Callers

Callers using the consultation service are identified as: 1) registered nurses, and 2) non-nurses. Registered nurses made up the majority of callers with 710 calls (84%) and non-nurses totaled 133 calls (16%). The non-nurse category is divided into three other sub categories: 1) "other health professionals" made up 20% of the non-nurse category; 2) "student nurses" made up 16% of the non-nurse category; and 3) "others" made up 64% of the non-nurse category (see Figures 2 and 3).

Registered nurse callers are then further identified according to their areas of practice: direct care, administration, education, nurse practitioner, clinical nurse specialist, 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.

In 2013, registered nurses providing direct care represented 33% of all registered nurse callers, registered nurse administrators represented 24% and nurse practitioners, 14%. Clinical nurse specialist, educators and researchers comprised 9% of all callers. NANB professional staff and national counterparts made up for 12%. Finally "other" registered nurses made up 8%.

Practice Setting

The various sectors where registered nurses work is also

Figure 1
Total Calls Received

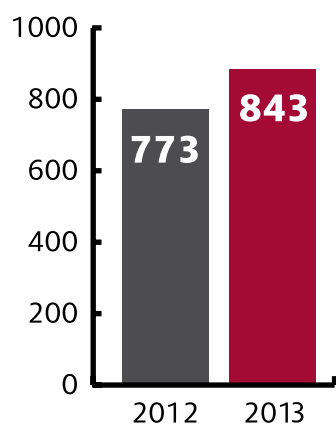


Figure 2
Type of Callers

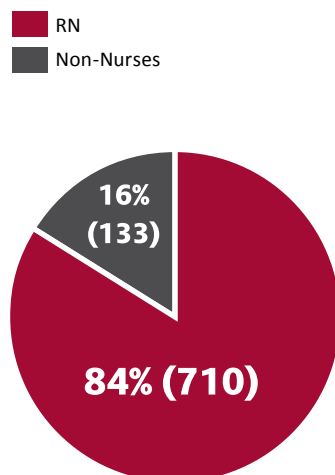


Figure 3
Type of Callers (Non Nurses)

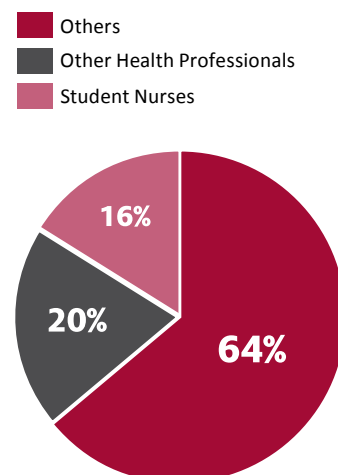


Figure 4
Type of Callers (RNs)

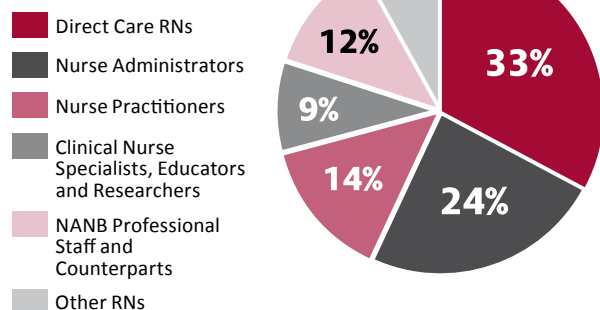
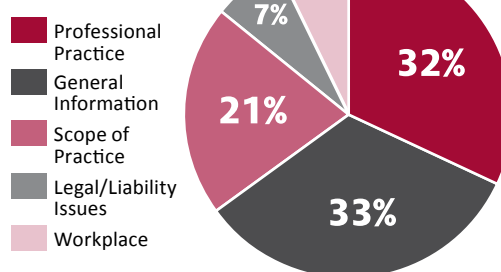


Figure 5
Practice Issues



captured and organized in the following categories: hospitals, community (public health, mental health, community health centers, extra-mural), long-term care, educational institutions and other. In 2013, 29% of calls received from registered nurses (n = 209) originated from the hospital sector, followed by community care RNs at 22% and others, at 19%. Eleven percent (11%) were from registered nurses in long-term care and finally, 7% of calls received from registered nurses were from educational institutions.

Practice Issues

When calls are received, the practice issues are documented. While these records are held confidential (as is the service), they are analyzed to assess adequacy of the practice consultation service, and to identify trending information for departmental or organizational work.

In 2013, 32% of callers sought advice about professional practice issues (e.g.; standards of practice, ethical dilemma, the NANB Continuing Competency Program, independent practice), 33% sought general information, 21% sought advice about scope of practice issues, 7% requested guidance regarding legal or liability issues and 7% were looking for information regarding workplace issues. Figure 5 illustrates the distribution of calls in 2013.

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 or an NANB document.

Follow-up

In 2013, thirty-eight percent (38%) of queries required some kind of follow-up. A call may have required more than one type of follow-up. Sixty-two percent (62%) of calls in 2013 required no follow-up meaning either the query was resolved right away or the call was referred to a more appropriate resource. Other follow-up interventions can also include 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.

2013 Invitational Forum

NANB organized an invitational forum in conjunction with its May 2013 AGM. The purpose of the invitational forum was to engage membership and key stakeholders in discussing professionalism and professional presence in the nursing profession. The invitational forum brought together 250 participants (nurses, nurse managers, nurse educators, nursing students, government officials and other stakeholders). Guest speakers:

- Ros Moore, Chief Nursing Officer for the Scottish Government—*Why Professionalism and Why Today? The UK Experience*
- Susanne Priest, RN, NANB Practice Consultant—*Mission Possible: Creating a Culture of Civility*
- Chantal Léonard, Chief Executive Officer for the Canadian Nurses Protective Society—*Professionalism: What's Law Got To Do With It*



NANB's Invitational Forum "The Changing Face of Professionalism" hosted at the Delta Fredericton, May 2013.



The Practice Department delivered a series of presentations entitled: I AM Your RN: Professionalism Makes a Difference

Building Partnerships: Supporting Health Research

The Nurses Association of New Brunswick supports health/policy research by providing feedback or facilitating contact between NB nurses and researchers.

During 2013, the following research projects were facilitated:

- Université de Sherbrooke Doctoral Research Project—*Le climat psychologique au travail et les intentions de quitter : Examen du rôle médiateur de la satisfaction au travail chez les infirmières du Nouveau-Brunswick*
- University of Northern British Columbia, School of Nursing—*Nursing Practice in Rural & Remote Canada II*

NANB has also provided letters of support for two other health related research projects scheduled for 2014.

NANB/NBNU Joint Communication Committee

The Executive Committees of NANB and the New Brunswick Nurses Union (NBNU) met in February at the NANB headquarters and by teleconference in December 2013, to discuss issues of mutual concern and share information relating to priorities and projects in each organization. NANB provided updates on numerous subjects including: new and revised NANB documents; e-learning modules, webinars and virtual forums; transition to the NCLEX-RN; prescription of controlled drugs and substances by NPs; rule amendments regard-

ing temporary registration and electronic voting for Board elections. NBNU provided updates on a number of subjects including: negotiations; shared risk pension plan; joint job evaluation and classification of positions; skill-mix and models of care and their “I am a registered nurse” campaign.

Internationally Educated Nurses: Assessment and Bridging Project

In 2011, NANB received funding for a four year project from Health Canada to develop a process for the assessment and integration of Internationally Educated Nurses (IENs): Phase 1 (2011–2012) resulted in the establishment of a competence assessment and bridging program for Anglophone and Francophone IENs through the Registered Nurse Professional Development Centre in Halifax, NS, and its New Brunswick satellite in Edmundston, NB. Phase 2 (2012–2013) resulted in the development of a competency based pre-arrival self-assessment tool for IENs which is on the NANB website. The work in Phase 3 (2013–2014) is focused on the development of tools and resources to support IENs, preceptors and mentors during the preceptored clinical component of the bridging program and during their workplace integration experience. Phase 4 (2014–2015) will see the development of a minimum data set for the collection and reporting of IEN statistics across Atlantic Canada. Over the past four years NANB has received over \$850,000 of federal and provincial financial support to advance this work.

Professional Self-Regulation

Registered Nurse Entry-Level Competencies

A Jurisdictional Collaborative Project to revise *Entry-Level Registered Nurse Competencies* was completed in December 2012. The jurisdictional group’s work included an environmental scan and a review of the current literature, as well as the collation and analysis of data obtained from jurisdictional consultations on the current entry-level competencies. The jurisdictional document informed the revision of the NANB’s entry-level competencies document which was approved by the Board of Directors in May 2013.

Registered Nurse Refresher Program

Enrollments in the New Brunswick Nurse Refresher Program show a slight decrease in 2013, as illustrated in the table below. Enrollment numbers include six new enrollments during the 2013 year.

To be eligible for registration or registration renewal, an applicant must have practised a minimum of 1125 hours within the preceding five calendar years. The nursing refresher program is designed to enable those individuals who do not have the hours of practice required for registration renewal to become eligible for registration. The refresher program that NANB has approved for this purpose is the McEwan University Nursing Refresher Program.

Initially, the McEwan refresher program was delivered in both English and French, but the low number of francophone participants led McEwan to cease offering the program in French. Since that time, NANB took on the responsibility of translating the program to ensure it remained available in French. The ongoing translation, validation of translation, and the search for comparable

French reference materials is a significant expense both financially and in relation to NANB capacity.

As previously highlighted in this report, the NANB has collaborated with the Registered Nurses Professional Development Centre in Halifax, Nova Scotia to put in place a Competence Assessment and Bridging Program for internationally educated registered nurses (IENs) in both official languages. The bridging program is now also used as a refresher/re-entry program for RNs. Given that NANB has invested significant time and resources in making the RNPDC program available in French and has an ongoing commitment to maintain the availability of the program in French, francophone applicants requiring a refresher program will now be referred to RNPDC to complete an appropriate competence assessment and for identification of bridging requirements.

Validating Nursing Providers Entrance Competencies

Registration Examinations

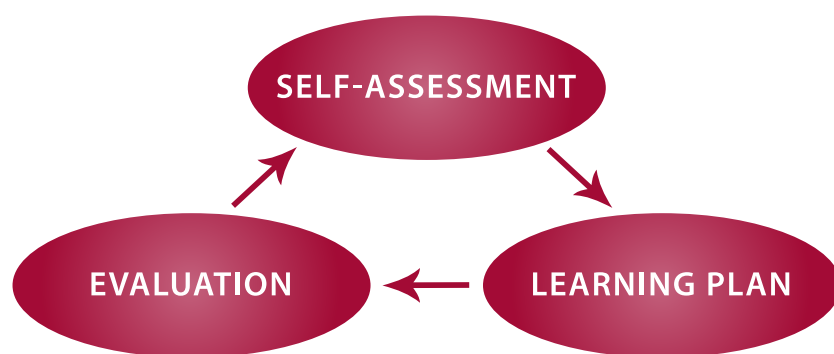
The Canadian Registered Nurse Examination (CRNE) was administered in February, June and October 2013. In total, there were 282 English and 154 French writers. The Canadian Nurse Practitioner Exam (CNPE) was administered in May and October 2013 with a total of 10 writers, six English and four French. These statistics include both first time writers, repeat writers and internationally educated writers. A report on these examinations was prepared for the February 2014 meeting of the Board of Directors.

Continuing Competence Program (CCP) Compliance and Audit

In accordance with NANB *By-Laws*, the CCP Audit process was developed and implemented in 2009, to monitor members’ compliance with the CCP. In 2013, 418 registered nurses and 11 nurse practitioners were

TABLE 1 *RN Refresher Program Enrollment for 2013*

	'06	'07	'08	'09	'10	'11	'12	'13
Enrollments	9	11	17	16	20	28	21	19
Completed	9	5	7	9	7	10	8	7
Did not complete	0	4	5	1	2	2	2	1



CCP Audit Results

413 Members Audited

TABLE 2A *Language*

	RN	NP
English	267	7
French	135	4

TABLE 2B *Areas of practice*

	RN	NP
Direct care	329	11
Administration	42	—
Education	31	—
Research	—	—
Other	—	—

TABLE 2C *Employment setting*

	RN	NP
Hospital	273	1
Community	75	10
Nursing home	34	—
Educational Institution	11	—
Other	9	—

randomly selected as part of the annual CCP Audit. Members were asked to complete an online questionnaire related to their CCP for the 2012 practice year. A total of 340 members completed the online questionnaire, while 73 members completed a paper copy.

As part of the Audit, 413 completed questionnaires were examined. A total of 15 randomly selected RNs were exempted from completing the audit questionnaire. Seven of these RNs had either been on maternity leave or sick leave, or had worked a minimal number of hours in 2012, and therefore were not required to meet the CCP requirements for that practice year. Eight RNs had retired or moved out of province in 2013 and were not applying for active registration. One RN did not complete the audit questionnaire, and has not applied to renew her registration.

The Audit identified twenty RNs that required a follow-up call with a Regulatory Consultant to provide clarifications on the information they had submitted on their audit questionnaire. It was determined that all, but three audited members, had met the CCP requirements for the 2012 practice year. The three members,

who did not meet the CCP requirements, were provided education and support to comply with the mandatory requirement for the current practice year. Additional follow-up was required with these members to confirm compliance and continued registration.

Canadian Council of Registered Nurse Regulators (CCRNR)

The Canadian Council of Registered Nurse Regulators (CCRNR) was established in 2011 to promote excellence in registered nurse regulation and to serve as a forum and voice for provincial, national and international regulatory matters. The CCRNR held monthly teleconferences in 2013. The 2nd Annual Meeting of the CCRNR was held in September and an annual face-to-face meeting took place on November 14 & 15, 2013 in Toronto to identify priorities and common projects for the next 12 months. Ongoing work has focused on the maintenance of national RN competencies, RN and NP mobility (NP Practice Analysis Project) and the transition to the

NCLEX-RN in January 2015. The CCRNR was represented at the International Council of Nurses (ICN) Regulators and Credentialing Forum in October 2013 in Ottawa, ON. This forum is delivered every two years by the ICN and was hosted by the Canadian Nurses Association.

Nursing Education Program Approvals

The 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 2012. In February 2013, the UdeM nurse practitioner program was granted approval status for a period of three years, during which two progress reports are to be submitted to NANB.

The University of New Brunswick (UNB) nurse practitioner program also underwent an approval process in the fall of 2012. In February 2013, the UNB nurse practitioner program was granted approval status for a period of three years, during which two progress reports are to be submitted to NANB.

The UNB baccalaureate in nursing program approval review visit was conducted in February 2013. In May 2013, the program was granted approval status for a period of five years, during which one progress report is to be submitted to NANB in 2014.

The purpose of progress reports is to monitor the programs' progress toward achieving the recommendations put forth in the approval review report.

Development of a Model of Nursing Jurisprudence

In an ongoing commitment to strengthen public accountability and promote safe, competent, and ethical nursing practice, the regulatory bodies for registered nurses across the country agreed in 2009 to work toward adding nursing jurisprudence as a requirement for registration in their respective provinces/territories. Jurisprudence can be defined as "having an awareness of legislation, regulations, standards and policies", that affect registered nurse practice. NANB began the process of identifying the appropriate model to introduce nursing jurisprudence as a requirement for registration for all new applicants in New Brunswick. This will become a mandatory requirement across Canada,

ensuring that as registered nurses move throughout the country they will have an understanding of and meeting any legislative and regulatory requirements for their practice in each Canadian jurisdiction, thereby enhancing public protection.

Advancing Nursing Regulation and Practice in Developing Countries

In November 2013, NANB delivered a virtual presentation to a six-person delegation from Haiti. The presentation focused on the Association's mandate and the nursing school approval review process. The Canadian Association of Schools of Nursing hosted this study tour in Ottawa for delegates from the Government of Haiti. NANB participated via teleconference and internet by providing a presentation and by answering participants' questions. NANB was the only Canadian nursing regulator to contribute to the six day study tour. Representatives from Haiti were seeking an opportunity to link with a French-speaking Canadian nursing regulatory body to enhance their knowledge in the area of professional and nursing regulation.

NCLEX-RN

All Canadian RN regulators with the exception of Quebec will be transitioning to the National Council of State Boards of Nursing (NCSBN) - NCLEX-RN entrance exam in January 2015. The NANB's Executive Director is member of the CCRNR-NCSBN Transition Team, established to oversee the work required to realize the successful implementation of the NCLEX-RN exam. The transition plan is on time and on target and information about the transition work has been provided to educators, students, interested members and stakeholders through a series of bulletins available on the NANB website. The NCLEX Communiqué launched in the winter of 2013 and published quarterly supports ongoing communication.

A cornerstone of the NCLEX-RN exam development is a practice analysis. This process, conducted every three years, helps test developers to get a clear understanding of current entry-level RN practice and ensures that the NCLEX-RN exam assesses the appropriate nursing content. A practice analysis survey of entry-level RNs, including recent New Brunswick graduates, took place in October 2013.

Stakeholder engagement and development in preparation for this transition is ongoing. A regional seminar,



NANB Board meeting,
May 2013.

conducted by NCSBN in conjunction with NANB and the Association of Registered Nurses of Prince Edward Island, was held in Moncton on November 1, 2013. The purpose of the seminar was to provide information to educators who will prepare students to take the NCLEX examination. National conferences and regional workshops to support the transition and prepare educators and students for this transition are ongoing. Upcoming development opportunities will be promoted directly through the NANB website, e-bulletin and other publications.

Nurse Practitioner Prescribing: Controlled Drugs and Substances

NANB has worked with CNA and the other jurisdictions for the past several years to enable recognition of Nurse Practitioners (NPs) within the following legislation: The *Controlled Drugs and Substances Act*. Draft regulations under the *Controlled Drugs and Substances Act* (CDSA) were pre-published in the Canada Gazette in mid-June 2007 and following consideration of input received at that time, the revised draft regulations were re-published in the Canada Gazette in 2011 for further consultation and feedback. On November 21, 2012, Health Canada published new regulations that enhanced the prescriptive authority for nurse practitioners, midwives and podiatrists.

These new regulations will allow NPs in all jurisdictions (with the exception of Yukon) to prescribe controlled substances under the federal *Controlled*

Drug and Substances Act, enabling them to provide more timely and comprehensive care to their patients. Although these regulatory changes have been approved at the federal level, further provincial and territorial authorization was required. NPs are not yet authorized to prescribe controlled drugs and substances (CDS) in New Brunswick.

To prepare the current cohort of registered nurse practitioners in New Brunswick to assume this additional prescriptive authority, the Board of Directors approved a Rule Amendment in October 2013, requiring all NPs to complete the NANB approved educational program on prescribing CDS from the Council of Ontario University Programs in Nursing (COUPN) through the University of Ottawa. Until the course is successfully completed, an NP cannot prescribe CDS. A tentative date for implementation of this new prescriptive authority in 2014 has been identified. After that date, if the required program has not been completed by a currently registered NP a limitation will be placed on the NP's registration status indicating that he or she cannot prescribe Controlled Drugs and Substances. NPs with a limited registration will not be able to renew their 2015 registration until the required educational program has been completed. Both New Brunswick universities delivering nurse practitioner graduate programs are currently integrating these educational requirements into their respective programs as the revised legislation now authorizes this practice and education programs preparing nurse practitioners need to ensure their competence in this area of practice.

Standards for Nursing Education in New Brunswick

NANB has the legislated authority under the *Nurses Act* to develop, establish, maintain and administer standards for nursing education. A review of the NANB *Standards for Nursing Education in New Brunswick* was conducted in 2012. A review of Canadian jurisdictional nursing education standards was completed along with a review of the current literature and proposed changes to the standards were presented to the Nursing Education Advisory Committee in May 2012. Feedback received on a draft standards document was examined and a final version of the standards document was presented to the Nursing Education Advisory Committee in December 2012 for their consideration. The revised document was approved by the Board of Directors in February 2013. The revised standards are available on the NANB website.

Provincial Healthcare Provider Index

One of the components of the provincial One Patient One Record (OPOR) initiative is the development of a Provider Index. The Provider Index is an electronic database where information such as the name, business address and registration status of an authorized provider will be securely, stored, maintained and made available

to authorized Provider Index users that interact with the OPOR system. The purpose of the system is to validate the provider's registration status for electronic prescribing of medication; to provide a trustworthy, reliable and secure source of provider data available to authorized stakeholders; and to provide a central repository to view provider information. NANB has collaborated with the Department of Health to identify the minimum data set for nurse practitioners who will be on the Provider Index. Full implementation of the Provider Index is anticipated in 2014.

Canadian Nurses Association (CNA) Certification



As of July 2013, there were 660 RNs in NB with a CNA certification in 19 different specialties/areas of nursing practice.

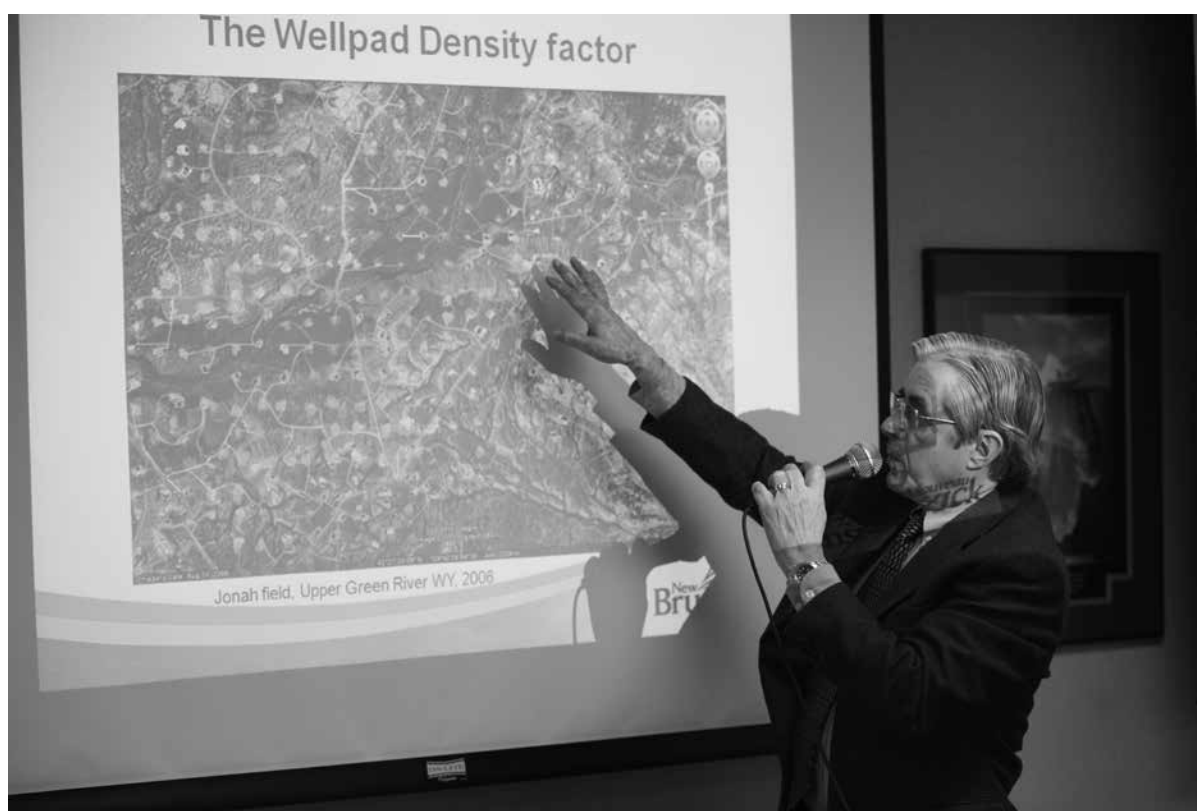
The following table shows a breakdown of the specialty areas in which New Brunswick registered nurses obtained CNA certification and certification renewal for the period of January-July 2013.

TABLE 3 *Number of valid CNA certifications and certification renewals by specialty for New Brunswick for the period January–July 2013*

60	Cardiovascular	35	Nephrology
**	Community Health	29	Neuroscience
41	Critical Care	12	Occupational Health
0	Critical Care-Pediatrics	58	Oncology
67	Emergency	26	Orthopaedic
*	Enterostomal Therapy	53	Perinatal
10	Gastroenterology	57	Perioperative
57	Gerontology	60	Psychiatric-Mental Health
44	Hospice Palliative Care	11	Rehabilitation
23	Medical-Surgical		
Total: 660			

*Information suppressed to protect privacy (1 to 4 records)

**Information suppressed to protect privacy (five or more candidates)



The Government of New Brunswick delivered a presentation to NANB Board of Directors.

Healthy Public Policy

Primary Health Care

Government of New Brunswick (GNB) Primary Health Care Operations and Steering Committees

The Primary Health Care Committee established in 2007 developed a draft framework for primary health-care services in New Brunswick following the Primary Healthcare summit held in July 2011 and based on discussion during the summit and input received from key stakeholders. A "Primary Health Care Knowledge Exchange Session" was held on February 2, 2012 to further discuss the draft framework. Stakeholders suggested major changes to the document to be more inclusive of all healthcare providers. The Committee continued throughout the Spring of 2012 to incorporate feedback and evidence into the document. A framework for Primary Health Care Delivery in NB was issued by government in August 2012.

The PHC Steering Committee met on June 20 and November 22, 2013, to review and provide feedback

on the Draft Version of the Operational Guidelines Document. The next meeting of the Steering Committee is scheduled for January 31, 2014 to approve the final version of the operational and accountability document.

In September 2012, a subcommittee of the PHCSC was formed, the Operations Services Committee with representation from a variety of stakeholders. The Committee is tasked with developing an operational guide for the implementation of family health teams and the development of an accountability framework to measure team outcomes. The accountability framework will be included in the operational guidelines. The Committee met on October 18, November 15 and December 13, 2013.

The NANB was a member of the original PHC Steering Committee and is a member of both the Operations and newly constituted Steering Committee.

NB2026

During 2013 the NANB continued its engagement with the NB 2026 Roundtable. The roundtable was established to provide a forum for New Brunswick stakeholders to engage and mobilize in advancing the future sustainability and success of our province. Early on the roundtable identified learning as the tool with the most potential to make a sustained and ongoing difference in the engagement and success of individual New Brunswick citizens and our province as a collective. A provincial forum was held in the Fall of 2013 to profile the contributions of individuals and groups working in this area and to highlight some of the current challenges New Brunswick is facing in relation to learning and literacy. The roundtable meets a minimum of three times per year to maintain engagement, dialogue and action.

LPN-BN Bridging Program

As a result of the establishment of the New Brunswick Council on Articulation and Transfer (NBCAT), the first Licensed Practical Nurse (LPN) to Bachelor of Nursing (BN) Program was launched in 2013 by the University of New Brunswick Saint John. A cohort of 22 LPNs was admitted to the new program in the Fall of 2013. The “LPN Bridge Program” consists of six university courses. LPNs who successfully complete this program will be eligible to apply for admission to the third year of the UNB Saint John Bachelor of Nursing program.

Furthermore, efforts are currently underway at the Université de Moncton (UdeM) to develop a LPN to BN Bridging Program, providing access to this opportunity to advance their credentials for French-speaking LPNs. As part of this effort, NANB was consulted in 2013 by UdeM School of Nursing Network working group, who have since presented a proposal to the university administrators. A decision regarding the creation and delivery of such a program by UdeM is pending.

Provincial Nursing Collaborative

In December 2012, the NB Chief Nursing Officer/ Nursing Resource Advisor announced the creation of the New Brunswick Nursing Resources Collaborative which has since been renamed the Provincial Nursing Collaborative (PNC). The purpose of this group is to provide informed and expert advice to the Department of Health on priority nursing strategies and policies that affect nursing and health care in New Brunswick. The

PNC replaces the Nursing Education Stakeholder Group and the Nursing Resources Advisory Committee and has representation from all sectors of nursing in the province. The NANB Executive Director is a member of the group. The third meeting of the group took place in September 2013. The agenda was focused on strategies to sustain nursing human resources in our province.

Canadian Institute for Health Information

NANB provides registration data on a contractual basis to the Canadian Institute for Health Information (CIHI) for the purpose of Health Human Resource planning. The annual CIHI meeting, with the jurisdictional regulatory bodies, took place in September 2013, by teleconference. Agenda items included: updates on their Historical Review Project and the Data Dictionary Review; a discussion regarding concern over the use of the term “regulated nurses” to refer to RNs, LPNs and registered psychiatric nurses as a whole and reporting data for the group as a whole rather than by each individual group; and the October 2013 release of the Report on Regulated Nurses 2012.

Foreign Qualification Recognition

A Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications was announced in November 2009. Parties to the Framework, including federal, provincial and territorial governments, have committed to work together to promote fairer, more transparent, timelier and more consistent foreign qualifications recognition (FQR) systems in Canada. The FQR Monitoring and Evaluation Strategy serves as a guide for assessing changes over time in FQR systems and outcomes for internationally trained workers, as well as for examining the extent to which the Framework’s principles are being achieved. NANB provides information/ data annually 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.

New & Revised NANB Documents

NANB documents are reviewed and revised on a regular basis and are informed by best practice. During 2013, the following documents were retired/reviewed/endorsed/created.

Documents Retired

- May 2013—Position Statement: *Violence in the Workplace* (2007)
- October 2013—Position Statement: *Employment of Student Nurses* (2009)

Documents Revised

- February 2013—*Standards for Nursing Education in New Brunswick* (a revision of the 2005 document)
- February 2013—*Examining Requests for Post Entry-Level Procedures* (a revision of the 2008 *Decision-Making: Examining Requests for New Nursing Procedures* document)
- May 2013—*Entry-Level Competencies for Registered Nurses in New Brunswick* (a revision of the 2009 document)
- May 2013—*Continuing Competence Program: Learning in Action* (a revision of the 2007 document)
- October 2013—*Medication Administration—Practice Standard* (a revision of the 2009 *Medication—Practice Standard* document)
- October 2013—*When RNs are expected to work with Limited Resources* (a revision of the 2007 *Working Understaffed: Professional and Legal Considerations* booklet)
- October 2013—*Nurse Practitioner Schedules for Ordering* (a revision of the 2010 document)

Documents Created

- Position Statement: *Influenza Immunization for Registered Nurses* (Feb. 2013)

NANB documents are accessible via the NANB Website and are distributed to key stakeholders.



All NANB documents and position statements are available on the NANB website www.nanb.nb.ca.

TABLE 4 *Membership Highlights*

Number of Members	Year 2013	Year 2012	Year 2011
Registered	8958	9028	9067
Non-practising	354	326	338
Life	17	17	19
Total	9329	9371	9424
Number of New Registrants	Year 2013	Year 2012	Year 2011
NB Graduates	351	323	297
Graduates from other provinces/territories	39	42	73
Graduates from outside Canada	13	8	23
Total	403	373	393
Number of Employed Nurses	**Year 2013	**Year 2012	Year 2011
Full-time	5342 (63%)	5452 (63%)	5411 (63%)
Part-time	2089 (25%)	2132 (25%)	2112 (25%)
Casual	674 (8%)	650 (8%)	626 (7%)
Other*	384 (5%)	378 (4%)	426 (5%)
Total	8489	8612	8575

* Includes temporary, leave of absence and unknown **Preliminary Report, Registered Nurses, Department of Health, 2012–2013.

Totals may not sum to 100% due to rounding.

Place of Employment	**Year 2013	**Year 2012	Year 2011
Hospital	5460 (64%)	5602 (65%)	5594 (65%)
Community	612 (7%)	609 (7%)	625 (7%)
Nursing Home	831 (10%)	827 (10%)	800 (9%)
Extra Mural Program	472 (6%)	471 (6%)	470 (6%)
Other*	1114 (13%)	1103 (13%)	1086 (13%)
Total	8489	8612	8575

*Includes physician offices, industry, educational institutions, self-employed, association, government, correctional facilities (provincial/federal), addiction centres, armed forces; **Preliminary Report, Registered Nurses, Department of Health, 2012–2013. Totals may not sum to 100% due to rounding.

Age Distribution (employed nurses)	**Year 2013	**Year 2012	Year 2011
under 25	186 (2%)	206 (2%)	210 (2%)
25–29	807 (10%)	817 (10%)	832 (10%)
30–34	912 (11%)	902 (11%)	848 (10%)
35–39	839 (10%)	871 (10%)	858 (10%)
40–44	1031 (12%)	1071 (12%)	1154 (14%)
45–49	1345 (16%)	1389 (16%)	1385 (16%)
50–54	1290 (15%)	1297 (15%)	1305 (15%)
55 +	2079 (25%)	2059 (24%)	1983 (23%)

**Preliminary Report, Registered Nurses, Department of Health, 2012–2013. Totals may not sum to 100% due to rounding.

TABLE 4 Membership Highlights Continued

Gender Distribution (employed nurses)	**Year 2013	**Year 2012	Year 2011
Female	8079 (95%)	8200 (95%)	8181 (95%)
Male	410 (5%)	412 (5%)	394 (5%)

**Preliminary Report, Registered Nurses, Department of Health, 2012–2013. Totals may not sum to 100% due to rounding.

Internationally Educated Nurse (IEN) Applicants								
	2013	2012	2011	2010	2009	2008	2007	2006
* United States	4	4	9	24	12	13	7	12
Philippines	1	4	16	61	44	19	3	5
United Kingdom	1	1	1	1	3	2	2	3
Nigeria	2	3	4	9	13	9	2	—
France	1	—	—	—	—	—	2	2
India	—	1	27	50	7	1	1	2
**Other	3	3	9	16	15	10	11	5
Total	12	16	66	161	94	54	28	29

* Includes Canadians educated in the US; ** Other includes applicants from Belgium, Jamaica and South Africa.

Professional Conduct Review Statistics			
Complaints Received	Year 2013	Year 2012	Year 2011
Complaints carried forward from previous year	1	2	1
New complaints received in current year	17	10	10
Referred to Review Committee	6	4	3
Referred to Discipline Committee	6	5	6
Dismissed	3	2	0
Carried forward to next year	3	1	2
Discipline and Review Committee Hearings	Year 2013	Year 2012	Year 2011
Cases carried over from previous year(s)	12	10	7
Cases received in current year	13	11	10
Discipline Hearings	5	6	5*
Review Hearings	5	4	4**
Dismissed	1	0	1
Carried forward to next year	14	12	10

Detailed reports of both the Complaints and Discipline and Review Committees are included elsewhere in this report; *One hearing was to suspend the registration and a second to revoke the registration for the same member; **Two hearings were held to either continue a suspension or to adjourn 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 Martha Vickers, NP, Chairperson

The Committee met on September 13th, 2013 to continue discussion regarding the NP role in New Brunswick as it relates to NP prescribing controlled substances and the legislative changes, as published in the Gazette in November 2013, were explored.

Proposed changes to Schedule C of the *NP Schedules for Ordering* were discussed in great detail and a revised schedule was approved at the October BOD meeting and forwarded to the Minister of Health for approval. The revised Schedule C will be enacted in 2014 once the mandatory educational requirements are met.

Committee members: Martha Vickers, Nurse Practitioner (Chair), Lynn Theriault-Sehgal, Nurse Practitioner; Janet MacDonnell, Pharmacist, Ayub Chisti, Pharmacist, Katherine Woods, Physician and Patricia Ramsey, Physician.

Resolutions Committee

Resolutions must be submitted in writing to the Resolutions Committee, be signed by at least two prac-

tising members and state whether it is sponsored by an individual member, a group of nurses or a chapter. Resolutions must be submitted at least six weeks before a regular Board of Directors meeting and twelve weeks before an annual meeting.

The Resolutions Committee screens resolutions to determine 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.

Resolutions Committee Report

By Sarah Balcom, RN, Chairperson

The Resolutions Committee received three resolutions during the year which were presented to the Assembly at the 2013 Annual General Meeting and accepted by voting members. No other resolutions were received by the Committee in 2013.

The following Saint John Chapter members are currently serving on the Resolutions Committee for a two year term (2012-2014): Sarah Balcom (Chairperson); Bridget Stack and Katherine Hurley.

Complaints Committee Report

By Monique Cormier-Daigle, RN, Chairperson

This report outlines the activities of the NANB Complaints Committee in 2013. The Complaints Committee screens written complaints about the conduct of members and former members of the Nurses Association in accordance with the *Nurses Act*. It is the first level of a formal two-step process for dealing with such complaints. The Committee screens out complaints that do not relate to professional conduct or do not require further consideration. Serious matters are referred by the Complaints Committee to either the Discipline Committee or the Review Committee for further consideration and investigation.

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

In 2013, the Complaints Committee considered 15 complaints: 14 received in 2013 and one carried over from 2012. Thirteen of the complaints were lodged by a supervisor or representative of the employer and two were lodged by a member of the public. It should be

TABLE 5 *Complaints Committee Report*

Allegation	Setting	Outcome
Failure to maintain standards of practice; medication administration error; substandard documentation; lack of judgement, critical thinking and decision making	Hospital	Referred to Discipline Committee— Suspension pending outcome of hearing
Unauthorized removal of narcotics, problematic substance use	Hospital	Referred to Review Committee— Suspension pending outcome of hearing
Failure to maintain standards of practice; medication administration error	Hospital	Dismissed
Failure to maintain standards of practice; medication administration error; substandard documentation; lack of critical thinking, decision making and basic nursing skills	Hospital	Referred to Discipline Committee— Suspension pending outcome of hearing
Failure to maintain standards of practice; medication administration error; inappropriate communication and therapeutic relationship; lack of professional ethics	Hospital	Referred to Review Committee— Suspension pending outcome of hearing
Failure to maintain standards of practice; medication administration and documentation error; lack of communication, judgement, critical thinking and accountability	Hospital	Referred to Review Committee— Suspension pending outcome of hearing
Failure to maintain standards of practice; medication administration and documentation error; lack of communication and organisation	Hospital	Dismissed
Theft of money	Hospital	Referred to Discipline Committee
Failure to maintain standards of practice; lack of judgement, communication, and professional conduct	Nursing Home	Referred to Review Committee— Suspension pending outcome of hearing
Failure to maintain standards of practice; medication administration and documentation error, lack of judgement, critical thinking prioritization and organisation	Hospital	Referred to Review Committee— Suspension pending outcome of hearing
Failure to maintain standards of practice; inappropriate communication and therapeutic relationship; breach of Code of Ethics	Hospital	Referred to Review Committee— Suspension pending outcome of hearing
Failure to maintain standards of practice; breach of confidentiality and professional misconduct	Hospital	Dismissed
Failure to maintain standards of practice; lack of professional ethics and unauthorized removal of medication	Nursing Home	Referred to Review Committee
Failure to maintain standards of practice; unauthorized removal of medication, breach of privacy and Criminal charges	Hospital	Referred to Discipline Committee
Failure to maintain standards of practice; medication administration error; lack of communication, documentation, prioritization and organisation	Hospital	Referred to Discipline Committee

noted that in many cases, complaints lodged by employers relate to problems originally identified by patients and/or co-workers. Three complaints received late in the year were carried over to 2014.

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

Committee members: Monique Cormier- Daigle (chairperson), Solange Arseneau, Margaret Corrigan, Edith Côté Leger, Michelle Cronin, Gail Hamilton Dupéré, Paula Prosser, Ruth Riordon, Anne Roussel, Kathleen Sheppard, Bernard Aube, Anne-Marie LeBlanc, Albert Martin, Jeannita Sonier.

Discipline and Review Committee Report

By Nancy Sheehan, 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 Committees consider complaints referred to them by the Complaints Committee of the Association. The Discipline and Review Committees 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. The Discipline and Review Committees held 11 hearings in 2013.

Case #1—The Review Committee met to consider a request for an amendment of the Order in a previous Review Committee decision. The Committee amended the existing order dated December 8, 2010 and maintained that a portion of the costs respecting the Complaint in the amount of \$2500 be paid within 12 months of her return to the active practice of nursing.

Case #2—The Discipline Committee met to consider a complaint referred by the Complaints Committee concerning a nurse from the hospital sector who was reported for professional misconduct. The Discipline Committee found the member demonstrated conduct unbecoming a member as shown by two criminal convictions, fines, sentence and probation. The Committee also found the member demonstrated professional

misconduct, dishonesty, and conduct unbecoming a member for failing to report the criminal convictions while completing the 2012 online registration renewal. The Discipline Committee reprimanded the member for the criminal convictions and failure to report the criminal charges on the Association's 2012 online registration renewal. The Committee ordered that upon proof of completion of probation, the suspension on the member's registration be lifted and that the member would then be eligible to apply for registration. The Committee also ordered that a portion of the costs respecting the Complaint in the amount of \$3000 be paid within 12 months of returning to the active practice of nursing.

Case #3—The Discipline Committee met to consider a complaint referred by the Complaints Committee concerning a nurse from the hospital sector who was reported for incompetence. The Discipline Committee found the member to be suffering from an ailment or condition, rendering the member unfit and unsafe to practise nursing. The Committee found that the member demonstrated professional misconduct, conduct unbecoming a member of the Association, dishonesty and a disregard for the welfare and safety of patients by continuing to practise while incapacitated by an ailment or condition. The Discipline Committee ordered that the suspension of the member's registration be continued until conditions stipulated by the Committee are met. At that time, the member would be eligible to apply for a conditional registration.

Case #4—The Review Committee met to consider a complaint referred from the Complaints Committee concerning a nurse from the hospital sector who was reported for incompetence. The Review Committee found the member to be suffering from an ailment or condition, rendering the member unfit and unsafe to practise nursing. The Review Committee found that the member failed to meet the standards of nursing practice, demonstrated professional misconduct, a lack of judgement and professional ethics, and a disregard for the welfare and safety of patients by not notifying the employer of the ailment or condition.

The Discipline Committee ordered that the suspension of the member's registration be continued until specified conditions are met. At that time, the member would be eligible to apply for a conditional registration.

Case #5—The Discipline Committee met to consider a complaint referred by the Complaints Committee concerning a nurse from the nursing home sector who was reported for incompetence and unsafe practise while

working as a nurse. The Discipline Committee found that the evidence presented did not support the allegations therefore, the complaint was dismissed.

Case #6—The Review Committee met to consider a member's failure to meet the conditions imposed on her registration in 2011, subsequent to a complaint related to substance abuse and an inability to meet the standards of nursing practice required to practise safely as a nurse. The Review Committee found the member responsible for her conduct and actions and that she demonstrated professional misconduct and conduct unbecoming a member as shown by the breaches of her conditional registration. The Committee also found the member demonstrated professional misconduct, a lack of judgement, conduct unbecoming a member and dishonesty. The member was reprimanded for her breach of the Review Committee order and is eligible for a conditional registration. The Committee ordered the member pay a fine of \$1000 within 90 days of her return to the active practice of nursing. The Committee also ordered that within 24 months of her return to the active practice of nursing, the member pay a portion of the costs of the proceedings in the amount of \$2000 and the remainder of the portion of the costs of the previous 2010 proceeding in the amount of \$4500.

Case #7—The Discipline Committee met to consider a complaint referred by the Complaints Committee concerning a nurse from the hospital sector who was reported for incompetence. The Discipline Committee found that the member demonstrated a lack of judgment and technical knowledge and did not meet the standards of nursing practice in the preparation, administration and documentation of medication and in patient documentation. The Committee also found that the member demonstrated conduct unbecoming a member, incompetence and a disregard for the welfare and safety of patients. The Discipline Committee ordered that the suspension of the member's registration be lifted and that he be eligible to apply for a conditional registration. The Committee ordered that he pay a portion of the costs respecting the Complaint in the amount of \$1500 within 12 months of his return to the active practice of nursing.

Case #8—The Review Committee met to consider a complaint referred by the Complaints Committee concerning a nurse from the hospital sector who was reported for incompetence. The member chose not to attend the hearing and provided the Review Committee with a written submission and an undertaking in which she indicates that she is not able to safely and compe-

tently practice nursing due to health issues and that she undertakes that she will not in the future apply for registration or reinstatement of her registration.

The Review Committee ordered that the member's registration be revoked and that she is not eligible to apply for registration or reinstatement unless and until the complaint has been fully heard by the Committee.

Case #9—The Review Committee met to consider a complaint referred by the Complaints Committee concerning a nurse from the hospital sector who was reported for unauthorized removal and use of medications from her place of employment. The member chose not to attend the hearing and provided the Review Committee with a written submission indicating that she is unable to fulfill the requirements of the Review Committee Order dated December 2, 2010 and that she is not able to safely and competently practice nursing at this time. The Committee ordered that the member's registration be revoked and that she pay a portion of the costs respecting the Complaint in the amount of \$2000 within 12 months of her return to the active practice of nursing. The member shall not be eligible to apply for reinstatement of registration and membership for a minimum period of one year.

Case #10—The Discipline Committee met to consider a complaint referred by the Complaints Committee concerning a nurse from the hospital sector who was reported for incompetence. The member chose not to attend the hearing and provided the Discipline Committee with a written submission indicating that she is not able to safely and competently practice nursing at this time. The Committee ordered that the member's registration be revoked and that she pay a portion of the costs respecting the Complaint in the amount of \$1500 within 12 months of her return to the active practice of nursing. The member shall not be eligible to apply for reinstatement of registration and membership for a minimum period of one year.

Case #11—The Discipline Committee met to consider a complaint referred from the Complaints Committee concerning a nurse from the hospital sector who was reported for misconduct. The Discipline Committee found that notwithstanding the member's health conditions, he is responsible for his actions and that he demonstrated a lack of judgment and professional ethics and that he failed to meet the Code of Ethics and the standards of nursing practice relating to communication, the nurse-client therapeutic relationship and interpersonal relationships. The Committee also found

the member demonstrated professional misconduct, conduct unbecoming a member and a disregard for the welfare and safety of patients through unprofessional conduct and communication.

The Discipline Committee ordered that the suspension on the member's registration be continued for a minimum period of 1 year and until specified conditions are met. At that time, the member will be eligible to apply for a conditional registration.

The Committee also ordered that a portion of the costs respecting the Complaint in the amount of \$2500 be paid within 12 months of his return to the active practice of nursing.

* Fourteen cases were carried over to 2013.

Acknowledgements

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

Committee members: Nancy Sheehan, Luc Drisdelle, Shirley Avoine, Diane Bélanger Nadeau, Eric Chamberlain, Marie Chase, Cindy Crossman, Heather Hamilton, Dixie LaPage, Monique Mallet-Boucher, Erin Musgrave, Nannette Noel, Paul Rousselle, Nancy Sirois Walsh, Olive Steeves-Babineau, Jenny Toussaint, Charles Flewelling, Huguette Frenette, Jack MacKay, Jo-Anne Nadeau, Thérèse Roy and Etienne Theriault.

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 nursing education programs, nurse refresher programs and continuing nursing education.

Nursing Education Advisory Committee Report

By Cathy O'Brien-Larivee, RN, Chairperson

In 2013, the Nursing Education Advisory Committee held two meetings by teleconference.

In February 2013, the Committee met to consider the December 2012 reports of the University of New Brunswick and Université de Moncton Nurse Practitioner programs approval reviews. Based on the reports of the approval review teams, the Committee recommended to the NANB Board of Directors, a three-year approval of both programs as well as the submission of two interim reports from each program to address specific recommendations made by the approval review teams.

Later in February 2013, the Board of Directors approved the Committee's recommendations and both Nurse Practitioner Programs were granted an approval status for a period of three years. At that same meeting, the Board of Directors approved the Committee's recommendation to adopt the revised *Standards for Nursing Education in New Brunswick*. The revision of the standards document had been completed in December 2012.

In May 2013, the Committee met to consider the February 2013 report of the University of New Brunswick baccalaureate of nursing program approval review. Based on the report of the approval review team, the Committee recommended to the NANB Board of Directors a five-year approval of the program as well as the submission of one interim report to address specific recommendations made by the approval review team. Later in May 2013, the Board of Directors approved the Committee's recommendations and the program was granted an approval status for a period of five years.

The Committee also considered the revised *Entry-Level Competencies for Registered Nurses in New Brunswick* which had been revised as part of a multi-jurisdictional process. The Committee made a recommendation to the Board of Directors to approve the revised entry-level competencies document. At the May 2013 meeting, the Board of Directors approved the Committee's recommendation and adopted the revised document.

Furthermore, at the May 2013 Committee meeting, the Terms of Reference were revised and subsequently presented to the Board of Directors for approval. The Board of Directors approved the Committee's recommendation and adopted the revised Nursing Education Advisory Committee Terms of Reference at the May 2013 meeting.

Committee members: Cathy O'Brien-Larivee (Chairperson), Joanne Barry, France Chassé, Lynn Comerford, Marjolaine Dionne Merlin, Dawn Haddad, Marie-Pier Jones, Claudia McCloskey.



Enhancing NANB Services

Roxanne Tarjan, Executive
Director of NANB interviewed
by CBC's Catherine Harrop.

Media Relations

The NANB was interviewed on CBC Television in response to "Health report targets \$250M in extra costs" providing an opportunity to highlight NANB's 97th Annual General Meeting and Invitational Forum on the *Changing Face of Professionalism* offering our guest presenter, Ros Moore, Scottish Government, the opportunity to further highlight the issue of professionalism and civility in the workplace internationally.

A media training workshop facilitated by Shari Graydon of *Informed Opinions*, occurred on October 7th with the incoming President, President-elect, NANB Executive Director and the Director of Regulatory Services. Ms. Graydon will be providing a presentation at the Invitational Forum in support of NANB activities during the 2014 provincial election.

NANB was interviewed by the television, radio and print media during 2013 on a variety of issues, including nursing human resources, nursing education, national nursing week, the nursing profession, health policy and health services.

Registration Renewal

Registration and annual registration 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. The 2014 online registration renewal opened October 1, 2013. During the registration renewal period last year, NANB implemented a secure section on the NANB website called *My Profile* from which members could print their registration certificate and receipt. This year members were prompted to log into their secured *My Profile* account using their username and password to access the online registration renewal module.

Election to the NANB Board

The NANB Board of Directors had four positions for election in 2013: President-Elect and Directors for Regions 2, 4 and 6. An election by mail ballot was held for all positions with multiple candidates.

Results of the election were announced at the Annual General Meeting on May 28th, 2013.

E-bulletin: *The Virtual Flame*

NANB's e-bulletin (the *Virtual Flame*) is distributed to more than 90% of members, four times annually. Open rates continue to remain high at approximately 43%. This added communications tool further supports members through direct contact providing important and timely information while continuing to support the Association's environmental responsibility.

Linkages with Members

NANB implemented an electronic format for the evaluation/feedback by members, of the Annual General Meeting. This tool was distributed to all members in attendance at the 2013 AGM with a current email address. Ninety-one surveys were distributed and 39 completed. The evaluations were overwhelmingly positive, with 90% of responses indicating above average to excellent ratings.

To support NANB 2010–2013 Strategic Plan objectives,

a member's survey was launched in early April 2013 to promote the Association's regulatory role and determine how to best support RNs/NPs' understanding of that role. Approximately 1,225 nurses completed the survey; providing valuable feedback which was compiled, analyzed and presented at the Fall NANB Staff Planning Session, the October NANB Board of Director's meeting as well as profiled in an article summarizing the feedback published in the September 2013 *Info Nursing*.

NANB Awards

In March of 2013, the NANB Awards Selection Committee comprised of Darline Cogswell, Linda LePage-LeClair, Rhonda Shaddick and Chantal Saumure, met to choose recipients of the 2013 NANB Awards. There were 10 nominations in five categories. The following RNs were chosen for the following NANB Awards:

- *Life Membership Award*: Lucille Auffrey
- *Excellence in Clinical Practice Award*: Sherry Gionet
- *Award of Merit: Nursing Practice*: Liette Mainville
- *Award of Merit: Administration*: Suzanne Robichaud
- *Award of Merit: Education*: Dr. Rose McCloskey



NANB's 2013 Award Recipients



National Nursing Week 2013

The theme of the National Nursing Week (NNW) was *Nursing: A Leading Force for Change*. NNW posters were sent to the Workplace Representatives, Board of Directors, Chapter Presidents, Universities and various stakeholders. NANB participated for a sixth year in a declaration signing of National Nursing Week May 6-12 in New Brunswick with Minister Flemming, France Marquis, President and Darline Cogswell, President-Elect. This advertisement appeared in NNW supplements of NB daily newspapers. Additionally, the Christmas message was edited to include a message regarding NNW and promoted via Global Television as well as Radio Canada. Finally, the Association profiled National Nursing Week events coordinated by Chapters using the website and provided members the opportunity to download this year's Declaration as well as NANB's unique NNW poster.



National Nursing Week (NNW) declaration signing with Minister Flemming and this year's NANB competition winner appearing on New Brunswick's unique NNW poster.

Enhancing New Brunswick RNs use of Digital Resources

Award winning author and digital tool strategist Rob Fraser, MN RN, accepted NANB's invitation to be a guest columnist. The series: *Connecting Nurses: Exploring how*



NANB participated with the Canadian Nurses Association Annual Parliament Hill Lobby Day in November 2013.

digital tools can improve health and healthcare, will continue through to 2016. Highlights from the series will be profiled in the NANB e-bulletin, *Virtual Flame*.

Strategic Plan

Implementation of the 2010–2012 Strategic Plan began in 2010. A monitoring framework for the Strategic Plan was developed and submitted annually to the Board of Directors. The final monitoring report was submitted in February 2013.

Website

Continuous improvements and developments were implemented through 2013, including design changes

that added a President's blog section and a revised secure Board of Directors' page. A system upgrade of 'Expression Engine' (Content Management Software) was recommended by the NANB's web designer, Sam Royama, Royama Designs. The website content is reviewed annually and managed internally through the Department of Communications.

Twitter

NANB's Twitter presence continues to grow as NANB now follows approximately 259 and is being followed by 172 interested Twitter account holders. This social media presence and monitoring tool provides 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.

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AUDITOR'S REPORT

To the Executive
Nurses Association of New Brunswick

We have audited the accompanying financial statements of Nurses Association of New Brunswick, which comprise the statement of financial position as at December 31, 2013 and the statements of operations, changes in net assets and cash flows for the year ended December 31, 2013 and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

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

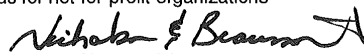
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or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

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

Opinion

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Nurses Association of New Brunswick, as at December 31, 2013 and the results of its operations and its cash flows for the year ended December 31, 2013 in accordance with Canadian accounting standards for not-for-profit organizations

Fredericton,
February 19, 2014


Chartered Accountants

**Nurses Association of New Brunswick
Statement of Financial Position
As at December 31, 2013**

Assets

	General Fund	CNA Biennium/ NANB Centennial Fund	Employee Benefit Fund
Current assets			
Cash (Note 2 (a))	\$ 952,077	\$ 67	\$ -
Investments (Note 2 (a) and 3)	1,047,000	50,000	37,786
Accounts receivable	17,694	-	-
Prepaid expenses	4,691	-	-
Accrued interest receivable	4,381	9,832	2,262
Due from General Fund (Note 5)	-	-	7,695
	<u>2,025,843</u>	<u>59,899</u>	<u>47,743</u>
Long-term assets			
Accrued interest receivable	3,371	3,026	4,498
Investments (Note 3)	<u>2,260,617</u>	<u>264,263</u>	<u>191,467</u>
	<u>2,263,988</u>	<u>267,289</u>	<u>195,965</u>
Capital assets – net of amortization (Notes 2(b) and 4)	<u>1,346,743</u>	-	-
	<u>\$ 5,636,574</u>	<u>\$ 327,188</u>	<u>\$ 243,708</u>

Liabilities and Fund Balances

Current liabilities			
Accounts payable (Note 8)	\$ 341,114	\$ -	\$ -
Future revenue	3,833,346	-	-
Due to Employee Benefit Fund (Note 5)	7,695	-	-
Due to Capital Fund	<u>100,000</u>	-	-
	<u>4,282,155</u>	-	-
Long-term liabilities			
Accrued employee retirement/resignation benefits obligation (Note 2 (c))	-	-	<u>243,708</u>
Fund balances			
Internally restricted	-	327,188	-
Invested in capital assets	1,346,743	-	-
Unrestricted	<u>7,676</u>	-	-
	<u>1,354,419</u>	<u>327,188</u>	-
	<u>\$ 5,636,574</u>	<u>\$ 327,188</u>	<u>\$ 243,708</u>

Approved by Executive Director _____



**Nicholson & Beaumont
Chartered Accountants**

**Nurses Association of New Brunswick
Statement of Financial Position
As at December 31, 2013**

Assets

Contingency Fund	Capital Fund	Interfund Deletions	2013 Total	2012 Total
\$ 12	\$ 155,902	\$ -	\$ 1,108,058	\$ 475,594
-	153,090	-	1,287,876	1,469,139
-	-	-	17,694	5,689
-	-	-	4,691	4,381
-	10	-	16,485	9,895
-	100,000	(107,695)	-	-
<u>12</u>	<u>409,002</u>	<u>(107,695)</u>	<u>2,434,804</u>	<u>1,964,698</u>
8,245	11,831	-	30,971	52,861
<u>710,499</u>	<u>304,389</u>	<u>-</u>	<u>3,731,235</u>	<u>3,923,707</u>
<u>718,744</u>	<u>316,220</u>	<u>-</u>	<u>3,762,206</u>	<u>3,976,568</u>
<u>-</u>	<u>-</u>	<u>-</u>	<u>1,346,743</u>	<u>1,339,680</u>
\$ <u>718,756</u>	\$ <u>725,222</u>	\$ <u>(107,695)</u>	\$ <u>7,543,753</u>	\$ <u>7,280,946</u>
IS				
\$ -	\$ -	\$ -	\$ 341,114	\$ 295,259
-	-	-	3,833,346	3,773,638
-	-	(7,695)	-	-
<u>-</u>	<u>-</u>	<u>(100,000)</u>	<u>-</u>	<u>-</u>
<u>-</u>	<u>-</u>	<u>(107,695)</u>	<u>4,174,460</u>	<u>4,068,897</u>
<u>-</u>	<u>-</u>	<u>-</u>	<u>243,708</u>	<u>229,339</u>
718,756	725,222	-	1,771,166	814,903
-	-	-	1,346,743	1,339,680
<u>-</u>	<u>-</u>	<u>-</u>	<u>7,676</u>	<u>828,127</u>
<u>718,756</u>	<u>725,222</u>	<u>-</u>	<u>3,125,585</u>	<u>2,982,710</u>
\$ <u>718,756</u>	\$ <u>725,222</u>	\$ <u>(107,695)</u>	\$ <u>7,543,753</u>	\$ <u>7,280,946</u>

**Nicholson & Beaumont
Chartered Accountants**

**Nurses Association of New Brunswick
Statement of Changes in Fund Balance
As at December 31, 2013**

	CNA Biennium/ NANB Centennial Fund	Employee Benefit Fund	<u>Internally Restricted</u> Contingency Fund	Capital Fund
Balance, beginning of year	\$ 216,515	\$ -	\$ 134,761	\$ 463,627
Excess of revenue (expenses) for year	10,673	(8,877)	5,868	11,595
Interfund transfers (Note 5)	100,000	8,877	578,127	250,000
Purchase of capital assets	-	-	-	-
Payment on obligation under capital lease	-	-	-	-
Balance, end of year	\$ <u>327,188</u>	\$ <u>-</u>	\$ <u>718,756</u>	\$ <u>725,222</u>

See accompanying notes to the financial statements

**Nicholson & Beaumont
Chartered Accountants**

**Nurses Association of New Brunswick
Statement of Changes in Fund Balance
As at December 31, 2013**

<u>Total</u>	<u>Invested in Capital Assets</u>	<u>Unrestricted</u>	<u>2013 Total</u>	<u>2012 Total</u>
\$ 814,903	\$ 1,339,680	\$ 828,127	\$ 2,982,710	\$ 2,591,100
19,259	(74,604)	198,220	142,875	391,610
937,004	-	(937,004)	-	-
-	81,667	(81,667)	-	-
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
\$ <u>1,771,166</u>	\$ <u>1,346,743</u>	\$ <u>7,676</u>	\$ <u>3,125,585</u>	\$ <u>2,982,710</u>

See accompanying notes to the financial statements

**Nicholson & Beaumont
Chartered Accountants**

**Nurses Association of New Brunswick
Statement of Operations
As at December 31, 2013**

	General General Fund	CNA Biennium/ NANB Centennial Fund	Employee Benefit Fund
Revenue			
Advertising and publication	\$ 6,640	\$ -	\$ -
Annual meeting	2,628	-	-
CNA fees and exams	669,241	-	-
Investments income	53,700	10,673	5,492
Membership fees	3,310,147	-	-
NANB exam fees	45,110	-	-
Rental income	73,478	-	-
Other income	35,083	-	-
IEHP initiative	<u>280,468</u>	<u>-</u>	<u>-</u>
	<u>4,476,495</u>	<u>10,673</u>	<u>5,492</u>
Expenses			
Annual meeting	96,015	-	-
Awards	32,750	-	-
Chapter grants and funds	9,049	-	-
CNA board & biennium	3,876	-	-
CNA, CNPS, and CRNE fees	900,054	-	-
Committees, project and other activities	114,021	-	-
Liaison – membership/counterparts/ stakeholders/corporate	36,897	-	-
Employee wages and benefits (Note 6)	1,787,038	-	14,369
Information systems	17,192	-	-
Communications and public relations	174,966	-	-
Lease and bank charges	54,139	-	-
NANB board and executive	84,230	-	-
Office expenses	135,998	-	-
Personnel development	17,371	-	-
Premises expenses	137,564	-	-
Professional expenses	293,247	-	-
IEHP initiative	333,868	-	-
Contribution to museum	<u>50,000</u>	<u>-</u>	<u>-</u>
	<u>4,278,275</u>	<u>-</u>	<u>14,369</u>
Excess of revenue (expenses) before loss on disposal and amortization of capital assets	<u>198,220</u>	<u>10,673</u>	<u>(8,877)</u>
Loss on disposal of capital assets	2,099	-	-
Amortization of capital assets	<u>72,505</u>	<u>-</u>	<u>-</u>
	<u>74,604</u>	<u>-</u>	<u>-</u>
Excess of revenue (expenses) for year	<u>\$ 123,616</u>	<u>\$ 10,673</u>	<u>\$ (8,877)</u>

See accompanying notes to the financial statements

**Nicholson & Beaumont
Chartered Accountants**

**Nurses Association of New Brunswick
Statement of Operations
As at December 31, 2013**

Contingency Fund	Capital Fund	Total 2013	2012 Total
\$ -	\$ -	\$ 6,640	\$ 12,275
-	-	2,628	-
-	-	669,241	675,624
5,868	11,595	87,328	75,694
-	-	3,310,147	3,081,086
-	-	45,110	44,275
-	-	73,478	73,196
-	-	35,083	167,484
-	-	<u>280,468</u>	<u>264,822</u>
<u>5,868</u>	<u>11,595</u>	<u>4,510,123</u>	<u>4,394,456</u>
-	-	96,015	20,546
-	-	32,750	21,750
-	-	9,049	9,721
-	-	3,876	9,206
-	-	900,054	831,683
-	-	114,021	130,274
-	-	36,897	27,741
-	-	1,801,407	1,583,051
-	-	17,192	7,161
-	-	174,966	184,887
-	-	54,139	49,431
-	-	84,230	70,878
-	-	135,998	139,104
-	-	17,371	18,465
-	-	137,564	146,626
-	-	293,247	293,037
-	-	333,868	392,772
-	-	<u>50,000</u>	-
-	-	<u>4,292,644</u>	<u>3,936,333</u>
<u>5,868</u>	<u>11,595</u>	<u>217,479</u>	<u>458,123</u>
-	-	2,099	1,539
-	-	<u>72,505</u>	<u>64,974</u>
-	-	<u>74,604</u>	<u>66,513</u>
\$ <u>5,868</u>	\$ <u>11,595</u>	\$ <u>142,875</u>	\$ <u>391,610</u>

See accompanying notes to the financial statements

**Nicholson & Beaumont
Chartered Accountants**

**Nurses Association of New Brunswick
Statement of Cash Flows
As at December 31, 2013**

	<u>2013</u>	<u>2012</u>
Cash flows from operating activities		
Excess of revenue for year	\$ 142,875	\$ 391,610
Add back non-cash items		
Accrued employee retirement/resignation benefits	14,369	24,887
Amortization of capital assets	72,505	64,974
Loss on sale of capital assets	2,099	1,539
Investment income reinvested	(16,043)	(22,343)
Changes in cash relating to operations		
Accounts receivable	(12,005)	11,446
Prepaid expenses	(310)	718
Accrued interest receivable	15,300	(14,099)
Accounts payable	45,855	(249,907)
Future revenue	59,708	284,314
	<u>324,353</u>	<u>493,139</u>
Cash flows from investing activities		
Transfer of long-term investments to current	1,287,876	1,038,969
Purchase of long-term investments	(4,371,857)	(3,682,605)
Purchase of capital assets	(81,667)	(23,489)
Disposal of long-term investments	<u>3,292,496</u>	<u>2,403,179</u>
	<u>126,848</u>	<u>(263,946)</u>
Cash flows from financing activities		
Obligation under capital lease payments	-	(3,240)
Net increase in cash and investments	451,201	225,953
Cash resources, beginning of year	<u>1,944,733</u>	<u>1,718,780</u>
Cash resources, end of year	\$ <u>2,395,934</u>	\$ <u>1,944,733</u>
<u>Represented by</u>		
Cash	\$ 1,108,058	\$ 475,594
Short term investments	<u>1,287,876</u>	<u>1,469,139</u>
	\$ <u>2,395,934</u>	\$ <u>1,944,733</u>

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended December 31, 2013**

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, 2013 in accordance with its personnel policies.

**Nicholson & Beaumont
Chartered Accountants**

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended December 31, 2013**

Note 2 (c) Continued

Revenue and expenses relating to costs incurred in carrying out Nurses Association of New Brunswick's mandate in the discipline function area, which are unforeseen and above the annual budgeted amount, are reported in the Contingency Fund.

(d) Contributed services

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

(e) Use of estimates

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

(f) Risk Management Policy

The organization is exposed to various risks through its financial instruments. The following analysis provides a measure of the risks at December 31, 2013.

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.

**Nicholson & Beaumont
Chartered Accountants**

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended December 31, 2013**

3. Investments

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

General Fund

Investments - current

GIC AGF Trust due September 25, 2014 with interest at 2.1%, paid annually.	\$47,000
GIC Canadian Tire Bank due September 25, 2014 with interest at 2.15%, paid annually.	100,000
GIC Korean Exchange Bank due September 25, 2014 with interest at 1.8%, paid annually.	100,000
GIC Peoples Trust due September 25, 2014 with interest at 2.1%, paid annually.	100,000
GIC HSBC Bank due October 15, 2014 with interest at 1.75%, paid annually.	100,000
GIC Home Equity Bank due October 15, 2014 with interest at 1.95%, paid annually.	100,000
GIC Home Trust Company due October 15, 2014 with interest at 2.15%, paid annually.	100,000
GIC Manulife Trust, due October 15, 2014 with interest at 1.75%, paid annually.	100,000
GIC Montreal Trust, due October 15, 2014 with interest at 2.05%, paid annually.	100,000
GIC Resmor Trust, due October 15, 2014 with interest at 2.05%, payable annually.	100,000
GIC Ici due December 31, 2014 with interest at 1.6%, payable annually.	<u>100,000</u>
	\$ <u>1,047,000</u>

**Nicholson & Beaumont
Chartered Accountants**

**Nurses Association of New Brunswick
Notes to The Financial Statements
For the Year Ended December 31, 2013**

Note 3 Continued

Investments - long term

B2B Bank due October 24, 2015 with interest at 1.9%, paid annually.	\$ 100,000
Bank of Nova Scotia due October 24, 2015 with interest at 1.85%, paid annually.	100,000
Canadian Western Bank due October 24, 2015 with interest at 1.95%, paid annually.	100,000
Pacific & Western due October 24, 2015 with interest at 1.85%, paid annually.	100,000
Vancity Credit Union due October 24, 2015 with interest at 1.75%, paid annually.	100,000
RBC Mortgage Corp. due October 26, 2015 with interest at 1.7%, paid annually.	100,000
BMO Advisers Advan due October 26, 2015 with interest at 1.9%, paid annually.	100,000
Royal Trust Company, due October 26, 2015 with interest at 1.7%, paid annually.	100,000
Equitable Bank, due October 26, 2015 with interest at 1.91%, paid annually.	100,000
ING Bank of Canada, due October 26, 2015 with interest at 1.85%, payable annually.	100,000
RBC investment savings acct Series A (2010)	<u>1,260,617</u>
	\$ <u>2,260,617</u>

Cost of the above investments approximate their fair market value.

**Nicholson & Beaumont
Chartered Accountants**

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended December 31, 2013**

Note #3. Continued

CNA Biennium/ NANB Centennial Fund

Investments – current

GIC TD Pacific Mortgage Corp. due March 18, 2014 with interest at 3.65%, payable at maturity.	\$ <u>50,000</u>
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Investments – long term

GIC Royal Bank of Canada due March 21, 2016 with interest at 1.95%, paid annually.	\$ 100,000
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GIC Bank of Nova Scotia. Due June 24, 2016 with interest at 2.00%, payable at maturity.	82,083
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GIC State Bank of India due August 22, 2016 with interest 2.2%, payable at maturity.	<u>82,180</u>
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\$ 264,263

Cost of the above investments approximate their fair market value.

Employee Benefit Fund

Investments – current

GIC Bank of Nova Scotia due June 30, 2014 with interest at 2.35%, payable at maturity.	\$ <u>37,786</u>
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Investments – long-term

GIC BMO Advisors due April 23, 2015 with interest at 2.15%, payable at maturity.	\$ 94,083
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GIC National Bank of Canada due July 12, 2017 with interest at 2.3%, paid annually.	<u>97,384</u>
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\$ 191,467

Cost of the above investments approximate their fair market value.

Capital Fund

Investment – current

GIC Laurentian Bank, due December 31, 2014 with interest at 2.0% paid annually.	\$ 53,090
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GIC Natcan Trust Company, due December 29, 2014 with interest at 1.75%, paid annually.	<u>100,000</u>
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\$ 153,090

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**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended December 31, 2013**

Note #3. Continued

Investment - long-term

AGF Trust, due January 6, 2015 with interest at 2.21 % payable at maturity.	\$ 53,060
Manulife Bank, due December 23, 2015 with interest at 3.2%, payable at maturity.	100,000
RBC investment savings account Series A.	<u>151,329</u>
	\$ <u>304,389</u>

Cost of the above investment approximate their fair market value.

Contingency Fund

Investment - long-term

GIC Laurentian Bank, due March 31, 2015 with interest at 2.3 % payable at maturity.	\$ 66,186
GIC LBC Trust, due March 21, 2015 with interest at 2.3%, payable at maturity.	66,186
GIC Bank of Nova Scotia, due October 31, 2016 with interest at 2.2%, paid annually.	192,709
GIC Royal Bank of Canada, due October 23, 2017 with interest at 2.5%, paid annually.	192,709
GIC BMO Advisors Advan, due October 23, 2018 with interest at 2.9%, paid annually.	<u>192,709</u>
	\$ <u>710,499</u>

Cost of the above investment approximate their fair market value.

4. Capital Assets

	<u>Cost</u>	2013 <u>Accumulated Amortization</u>	<u>Net</u>	2012 <u>Net</u>
Land	\$ 301,893	\$ -	\$ 301,893	\$ 301,893
Paving and fencing	18,680	10,762	7,918	8,852
Building	1,786,552	870,046	916,506	941,077
Computer and photocopy equipment	115,641	94,933	20,708	8,439
Office furniture and equipment	268,378	175,418	92,960	71,816
Office and computer equipment – Capital lease	<u>12,672</u>	<u>5,914</u>	<u>6,758</u>	<u>7,603</u>
	\$ <u>2,503,816</u>	\$ <u>1,157,073</u>	\$ <u>1,346,743</u>	\$ <u>1,339,680</u>

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For the Year Ended December 31, 2013**

5. Interfund transfers and internally restricted fund balances

On December 31, 2013, the General Fund owed the Employee Benefit Fund \$7,695 which is payable on demand without interest.

On December 31, 2013, the General Fund owed the Capital Fund \$100,000, which is payable on demand without interest.

6. Registered retirement savings plan

During the year 2013, as required by the Association's personnel policies, \$132,724 (2012 - \$116,841) was contributed to employees' individual registered retirement savings plans.

7. Commitments

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

Future payments are as follows:

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

During 2012 a mailing system was leased for a term of 66 months.

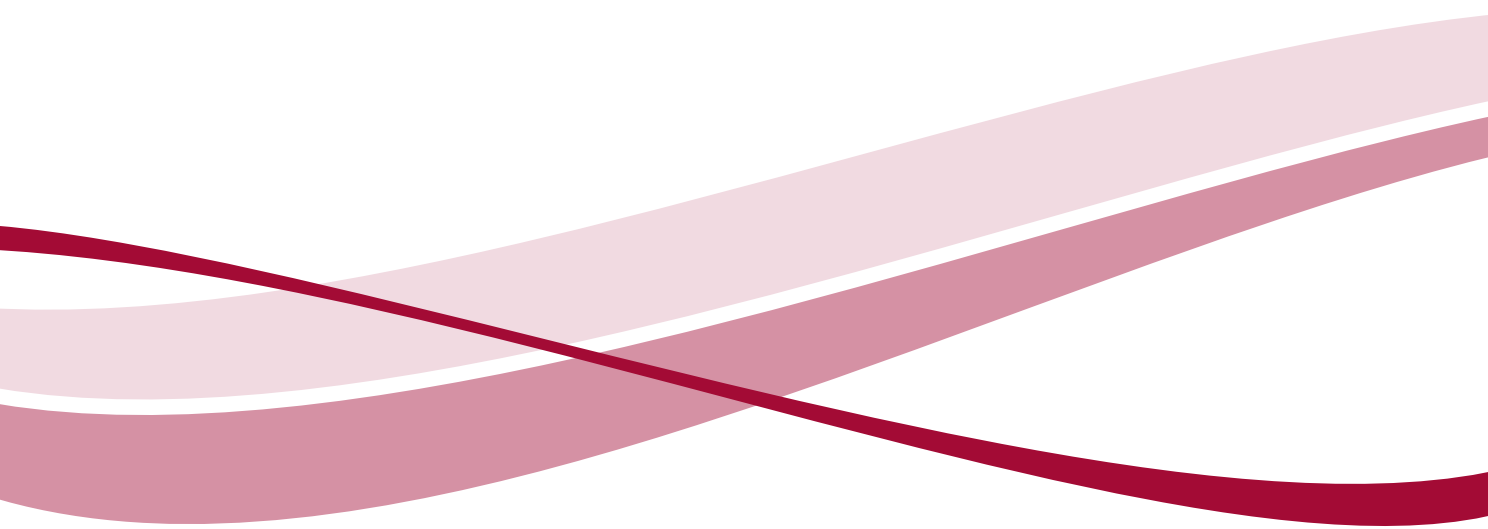
Future payments are as follows:

	<u>Payment</u>
2014	\$ 5,848
2015	5,848
2016	5,848
2017	4,386

8. Accounts payable

Included in accounts payable is \$110,390 (2012 \$107,246) of government remittance payable.

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