

ANNUAL REPORT 2015-2016



Association of
Registered Nurses
of Newfoundland
and Labrador

Regulating Registered Nurses
in the Public Interest

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MESSAGE FROM THE PRESIDENT



Regina Coady, RN, BN, MN
president@arnnl.ca

Our 2015 Annual Business Meeting and the Provincial Nursing Forum was a great launch to my second year as President. The turnout was impressive! We were challenged in our thinking about our own leadership potential by a great workshop facilitator Barb Langlois. The Annual Meeting concluded with a celebration of the contributions of three very deserving registered nurses as Dena King, Lilly LeDrew and Carla Wells received ARNNL Awards for Excellence in Nursing. During the ceremony, honorary membership was also bestowed posthumously to Katherine (Kay) Daley, a nurse who dedicated most of her 34-year career to the advancement of nursing education in Newfoundland and Labrador.

2015 saw the introduction of the NCLEX-RN® exam for new graduates and Internationally Educated Nurses (IENs) seeking to be registered in Canada, including Newfoundland and Labrador. The first-time pass rate was lower than historically experienced in our province and similar trends were noted in other jurisdictions. Council worked with government to amend the *RN Regulations* to allow graduate nurses who were not successful on their first exam attempt to apply

I COMMEND COUNCIL, THE LEADERS IN OUR SCHOOLS OF NURSING, STUDENT ASSOCIATIONS, EMPLOYERS AND OUR PROVINCIAL CHIEF NURSE FOR THE COMMITMENT TO THE SUCCESS OF GRADUATE NURSES AND SUPPORT THROUGH THIS TRANSITION YEAR.

for a second interim licence (IL-II) and, once approved, would allow them to continue working while they prepared to re-write the exam. The exam pass rate improved as graduate nurses rewrote the exam and by fiscal year-end 95.1% of graduates from the class of 2015 had passed, on par with historical trends. Council took a very active role during the transition period and is currently reviewing regulations related to the number of allowable exam writes to determine if further changes are needed while keeping our stewardship for public protection in the forefront. I commend Council, the leaders in our schools of nursing, student associations, employers and our Provincial Chief Nurse for the commitment to the success of graduate nurses and support through this transition year.

The fall saw a fast political pace as both federal and provincial elections were called. Through the expertise of our colleagues at the Canadian Nurses Association, the message to support home care and supporting seniors was widely circulated during the federal election. We immediately moved into a provincial election and similarly ARNNL prepared resource materials to inform registered nurses on key health topics. With new governments in place both federally and provincially, efforts are continuing to engage our elected representatives from NL on health care priorities.

The highlight of this year was certainly my multi-day tour to several rural health care centres in Central Health. We met with registered nurses and nurse practitioners in the Brookfield Health Centre and Bonnews Lodge followed by a meeting at Fogo Health Centre, on to Twillingate Health Centre and wrapping up the tour in Lewisporte at the health centre and long term care complex. Discussions ranged from models of care, changing community demographics and impacts of health services, to workplace challenges. Thanks to the many nurses who turned out to meet with us!

As my term draws to a close, I feel privileged to have had the opportunity to work with the dedicated and committed individuals of Council, ARNNL staff, and to continue the strong collaborative relationship with employers, educators, peer regulators and, of course, registered nurses and nurse practitioners across the province.

I wish my successor Julie Nicholas great achievements and wisdom as she leads our great organization over the next two years. 🍀

A handwritten signature in black ink that reads "Regina Coady". The signature is fluid and cursive, with a long horizontal stroke at the end.

ON THE GLOBAL SCENE

We are members of nursing organizations that offer diverse resources to ARNNL and its members.



www.nnas.ca



CANADIAN
NURSES
ASSOCIATION

www.cna-aic.ca



Canadian Nurses
Protective Society
Société de protection
des infirmières et infirmiers
du Canada

www.cnps.ca



www.ccrnr.ca



Association of
Registered Nurses
of Newfoundland
and Labrador



NCSBN

National Council of State Boards of Nursing

www.ncsbn.org



International Council of Nurses

www.icn.ch

MESSAGE FROM THE CANADIAN NURSES ASSOCIATION



Karima Velji, RN, PhD, CHE
President



It is my honour and pleasure to extend greetings on behalf of the Canadian Nurses Association (CNA) to Newfoundland and Labrador's registered nurses and nurse practitioners.

ARNNL's membership in CNA connects it directly to the national leadership and policy work that we are doing to help transform nursing practice and to ensure better health and better health care for all Canadians. The nursing profession can and must be the source of new ideas and innovative thinking to help achieve these goals.

As the national professional nursing association, CNA's current focus, which will continue in the years ahead, is to advance primary health care. Primary health care is all about creating the conditions that improve Canadians' health and putting people at the centre of health care. A comprehensive primary health care approach has long been recognized as the best way to optimize health and deliver effective health services. ARNNL truly understands this and is to be commended for its efforts to promote the adoption of primary health care in the province.

As your members review the many achievements outlined in this annual report, I hope they're inspired by ARNNL's unwavering commitment to regulating the province's profession and advocating for healthy public policy in the public interest.

Congratulations on your many successes and all the best for the year ahead. With my term as CNA president soon ending, I wish to say it has been a pleasure to collaborate with ARNNL's leadership, Council and its dedicated members.

MESSAGE FROM THE CANADIAN COUNCIL OF REGISTERED NURSE REGULATORS



Anne L. Coghlan, RN, MScN
President



As Canadian Council of Registered Nurse Regulators (CCRN) continues to promote excellence in professional nursing regulation and serves as the national forum and voice regarding regulatory matters, we extend our appreciation to ARNNL for being an active member of our organization. Canada's nurse regulators have a long history of working collaboratively to enhance the effectiveness and efficiency of nursing regulation across the country. CCRNR looks forward to continuing our work together with all of Canada's registered nurse regulators.

Thank you to ARNNL for the important work you do in the public interest for the residents of Newfoundland and Labrador. You can continue to count on the support of CCRNR as we pursue common approaches to achieving excellence in nursing regulation.

MESSAGE FROM THE INTERNATIONAL COUNCIL OF NURSES



Dr. Frances A. Hughes
Chief Executive Officer

Dear colleagues in Newfoundland and Labrador,

On behalf of the International Council of Nurses (ICN) I am delighted to send warm greetings to all the nurses of Newfoundland and Labrador. We salute your work in the regulation and licensure of nurses in Canada, particularly your progress in establishing higher standards for education and practice.

ICN strongly believes that the principles governing nursing education and practice should be the same in every country because the need for nursing services is universal, wherever it is being given. We believe strongly that self-regulation is critical to the development of the profession nationally and internationally. Professional self-regulation safeguards and champions patient safety through its capacity to offer clarity and assurance about competencies; qualifications and fitness of individual nurses to practice; and promotion of working environments within which nurses can meet their professional and ethical obligations. The ARNNL's work in this area is critical to the future of nursing in Canada and the safety of the public.

On behalf of ICN, I encourage you all to participate fully in the work of your association and that of the Canadian Nurses Association to help create a strong, united voice for nursing. I urge you to develop the leadership skills you need to make your voice heard; and demonstrate that leadership by working with your government to shape and strengthen health policy.

We look forward to seeing many of you in Spain in 2017 for our ICN Congress and Council of National Nursing Association Representatives (CNR) on the theme Nurses at the Forefront Transforming Care (www.icncongress.com).

On behalf of the Board and staff of the International Council of Nurses and nurses around the world, I congratulate you on your many successes over the past year, and send best wishes for continued strength in the future.



MESSAGE FROM THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING



David C. Benton
Chief Executive Officer

The world today functions at an ever-accelerating pace in which communication is often instantaneous, technology expands at an exponential level and almost transparent international borders are the norm. The National Council of State Boards of Nursing (NCSBN®) is an active participant in many groundbreaking interfaces between leading nursing regulators from around the globe. Our organization recognizes that to advance the science of nursing regulation and to work toward excellence in that arena, it is imperative that regulatory leaders unite and collaborate. In its vision statement, NCSBN seeks to "advance regulatory excellence worldwide" and that aspiration has spurred the creation of its associate membership category. As one of the 24 associate members of NCSBN, the Association of Registered Nurses of Newfoundland & Labrador (ARNNL) is an integral part of this ongoing dialogue among nursing regulatory bodies throughout the world. ARNNL's involvement in a continuing discussion about common issues and challenges as well as its contributions to the shared multicultural exchange of thoughts and ideas is invaluable. As NCSBN's CEO, I want to acknowledge and praise ARNNL for its willingness to be part of this process and to thank its staff members and public representatives for their generosity in sharing their knowledge and experiences with the global nursing regulatory community.

MESSAGE FROM THE CANADIAN NURSES PROTECTIVE SOCIETY



Chantal Léonard
Chief Executive Officer



Warmest greetings to ARNNL and its members on the occasion of its Annual General Meeting. The Canadian Nurses Protective Society (CNPS) is proud to be associated with an organization of such high integrity, which seeks to innovate in the pursuit of its mandate. One of the highlights of 2015 for CNPS was working together with ARNNL on the development of our new, integrated registration and renewal system (RRS). After months of partnership, together we successfully launched the new RRS with Newfoundland and Labrador nurses. While this may at first appear as only one more step in the annual registration process, it brings a number of benefits:

- **Improved service** – members are able to access CNPS' confidential services more efficiently as their eligibility is confirmed automatically by the new system
- **Transparency** – the cost of the CNPS professional liability protection is readily available
- **Direct communication** – CNPS is now able to reach individual members directly to provide updates about professional liability considerations and important changes in the law

We are thrilled to have developed this innovative new system with ARNNL. We wish to thank the ARNNL development team as well as all the registered nurses and nurse practitioners of Newfoundland and Labrador for their exceptional collaboration. We hope that this process will reassure ARNNL members that they have the legal support they need, while they focus on providing the best care possible to their patients.

As a valued member of the CNPS, on behalf of our President, Board of Directors and staff, thank you for another great year of working together!

MESSAGE FROM THE NATIONAL NURSING ASSESSMENT SERVICE



Siu Mee Cheng, MHSc, BASc., CHE
Executive Director



I am so pleased to be extending my greetings and congratulations to the Association of Registered Nurses of Newfoundland and Labrador. The National Nursing Assessment Service's (NNAS) 2015-16 achievements could not have been accomplished without the support, advice and expertise of the staff of ARNNL and our other twenty Regulatory Body members. 2015-16 was an important year for NNAS. It marked a key milestone: NNAS moved from a pilot phase project to full Internationally Educated Nurse (IEN) credential assessment service operations. Further, the organization laid some key foundational elements necessary to ensure the sustainability and success of the organization and help achieve its mandate. This included strengthening our administrative structures, solidifying our various governance structures, and working with our vendors to optimize and continually improve quality of services and products for our Regulatory Body members. Guidance, input and feedback from ARNNL have been critical to ensuring that NNAS better meets the needs of its IEN clients and Regulatory Body members. Any successes gained by NNAS in 2015-16 are due in large part to ARNNL and our other twenty members. I want to congratulate ARNNL for its continued leadership in the nursing regulatory body sector and its 2015-16 achievements. The province of Newfoundland and Labrador is fortunate to have such an engaged and knowledgeable nursing regulatory body providing leadership on the issue of registration of internationally educated nurses for its jurisdiction. It has been an absolute honour and pleasure working with Executive Director Lynn Power and her incredible team. NNAS values its relationship with ARNNL, and we look forward to continuing our partnership with ARNNL in 2016-17.

Congratulations on a successful year!

Council Ends

Under the Policy Governance model, an End is a statement of the goals or accomplishments to be achieved. These Ends are written with a long-term perspective and are presented in order of resource allocation.

OUR MISSION: **“Nursing Excellence for the Health of the Population.”**

In pursuit of its mission, ARNNL exists so there will be¹:

Accountability for Self-Regulation

Accountability for self-regulation of the nursing profession in the public interest

- Competent, ethical Registered Nurses are providing quality care in an evolving health system
 - RNs meet entry-level requirements for practice
 - RNs meet the requirements for continuing competence
 - RNs adhere to the Standards for Nursing Practice and Code of Ethics for RNs
- Regulatory processes are transparent, accessible and fair
- Members understand the process of self-regulation and their accountabilities in self-regulation

Professionalism

The nursing profession is prepared for and enabled to meet the present and future health needs of the public

- Government and stakeholders have compelling evidence of the impact of adequate nursing human resources on the health status of the population
- RNs and stakeholders have access to standards and policies to support nurses to work to their full scope of practice

- RNs are prepared for leadership roles in practice, management, education, research and policy
 - There are adequate supports in the system for preceptorship, mentorship and lifelong learning
 - RNs play a leadership role in identifying, implementing and evaluating evidence-informed practice and innovation
- Enhanced recruitment and retention of a diverse workforce of RNs

Quality Professional Practice Environments

Practice environments support nurses in providing safe, quality care

Healthy Public Policy

The nursing profession advances and shapes healthy public policy consistent with the determinants of health

- Government and stakeholders have convincing evidence to influence their policy directions and resource allocation decisions to advance the health of the population
- RNs have capacity to advocate for healthy public policy

¹These results are to be achieved at the cost of the membership fees.

In Memoriam

Since the 2015 Annual Meeting, ARNNL has been notified of the passing of the following ARNNL members.

Sympathy is extended to family and friends.

NAME	SCHOOL OF NURSING	YEAR OF GRADUATION
Churchill, Carolyn	General Hospital	1982
Crocker, Kimberly Ann	General Hospital	1997
Cummings, Dorothy (nee Samson)	General Hospital	1949
Garland, Elizabeth Violet	S.A. Grace General	1969
Janes, Marina Jessie	General Hospital	1960
Janes (nee Moody), Patience (Pat) Louise	S.A. Grace General	1962
Kennedy, Janet Elaine	Centre for Nursing Studies	2006
Lynch, Kelly (nee Sheppard)	S.A. Grace General	1989
McCarthy, Madonna Elizabeth (nee Healey)	St. Clare's	1949
Murray, Beverley Carol	S.A. Grace General	1979
Parrott, Monique	Centre for Nursing Studies	2004
Penney, Caroline (nee Foley)	General Hospital	1994
Robbins, Evelyn Marie (nee Marsh)	General Hospital	1958
Ryan, Margot Christine (nee Bourne)	S.A. Grace General	1962
Sheppard, Elizabeth Kathrine	Memorial University	1975
Slade, Hilda	General Hospital	1954



ANNUAL REPORT

2015-2016

April 1, 2015 - March 31, 2016



Sitting (left to right): Walter Arnold*; Beverly Pittman; Julie Nicholas, President-Elect; Regina Coady, President; Lynn Power, Executive Director; Ray Frew*
Standing (left to right): Dena King; Alexia Barnable; Tracy MacDonald; Elaine Warren; Carmel Doyle*; Lacey Sparkes
Missing from photo: Patricia Rodgers; Lisa Jesso; Irene Baird*

**Public Representatives*

Being part of a self-regulated profession means that RNs govern nursing and are the 'self' in self-regulation (see p.25). Thank you to all who contributed over the past year.

Our Framework

Council sets the overall policy direction to uphold the objects of the RN Act. These policies are written as Ends statements (see p.8). This report will highlight progress toward achieving these Ends over the past year.



Lynn Power
Executive Director

WHO WE ARE

ARNNL Council, acting in the interest of the public and on behalf of members, serves to uphold the objects of the *Registered Nurses (RN) Act (2008)* to:

- Advance and promote the ethical and professional standards of the nursing profession;
- Promote proficiency and competency in the nursing profession; and
- Encourage members to participate in activities promoting the health and well-being of the public.

Council consists of 10 elected RNs and four appointed public representatives (see p. 10 for a list of your Council representatives from April 1, 2015 to March 31, 2016). Representatives from nursing student organizations have an open invitation to attend Council meetings as observers. Each year there is an election to fill vacated RN Council positions. In early 2016, three Council positions were up for election (President-Elect, Practice and Advanced Practice – the latter two elected by acclamation). For the second year, members will be able to vote electronically for Council. The Nominations Committee will report the outcome at the 62nd annual meeting on June 6. *Look for the call for representatives next year, and if you're eligible, run for a seat at the Council table ... and remember to cast your vote!*

Governance Highlights

Throughout 2015-2016, work continued on the development of a framework for the Quality Assurance (QA) Program. Council approved the Terms of Reference for the Quality Assurance Development Committee and the committee membership. The Development Committee will make recommendations on the structure of an ARNNL QA Program and related linkages between other ARNNL regulatory and professional practice services in preparation for the proclamation of a Quality Assurance Program pursuant to Section 35.1 of the *RN Act*. The Development Committee's work will continue into next year with an expected launch of a QA Program in 2017.

Council also approved a new structure and scope for the Education Approval Committee, which has the responsibility to oversee the process for approval of nursing education programs pursuant to Section 18 of the *Registered Nurses (RN) Regulations*.

Amendments were made to the eligibility criteria for the legal assistance plan to support sustainability of the program. This program provides financial assistance to members when an allegation has been filed against a member in accordance with Section 21 of the *RN Act*.

Over the year, Council has monitored and engaged in dialogue on all aspects of the NCLEX-RN® exam and reviewed the relevant licensure requirements related to interim licences when a member fails the NCLEX-RN® exam. Further details on these areas are provided throughout this report. Council has also supported other policy decisions that are further described in other sections of this report to illustrate the implications in practice.

MILESTONE



IL-II and Consultations

Over the past year, Council monitored the impact of the introduction of the new nursing regulatory exam (NCLEX-RN®) and related implications within the employment workforce in the province. Further, a review of historic evaluations of the competence of graduates of Newfoundland and Labrador nursing school programs and related employer feedback on their integration processes for new graduates led Council to recommend an amendment to the *RN Regulations*. Consequently in the fall, with approval from the Minister of Health and Community Services, a process/application was established to provide for a second interim licence (IL-II) for persons who were unsuccessful in the first writing of the exam. At year-end, only three requests for IL-IIs were received and all were granted. ARNNL is continuing consultation to explore potential conditions and restrictions that could be applied to members holding IL-II licences to meet our regulatory obligations related to public protection through granting of practicing licences.

Annual Meeting

Over 200 people attended ARNNL's 61st Annual General Meeting (AGM) and educational forum in 2015. The Provincial Nursing Forum was the first of its kind, hosted collaboratively by ARNNL, the Department of Health and Community Services and the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNL).

Council Deliberates on Motions Presented at 61st Annual General Meeting

A call for resolutions was issued in January 2015 for the 61st ARNNL Annual General Meeting. There were no resolutions submitted by the deadline, however, two motions were brought from the floor. The first motion was that Council work with Government to ensure standards of care be maintained with any privatization of long term care beds. The second motion focused on an ARNNL staffing situation, suggesting that consideration be given such that one of the roles be held by a licenced Nurse Practitioner. Council had thorough deliberations on both motions, supporting the intent of both while recognizing respective roles and responsibilities. Details on the outcomes were shared in ARNNL member communications UPDATE and ACCESS. All Council policies are available for review at www.arnnl.ca/council-policies. **Consider submitting a resolution/motion in the future as a means of influencing the work of your Association.**

Making the Annual Business Meeting available via audio conferencing was introduced in 2010 and participation via phone has continued to increase each year. We encourage you to utilize this opportunity to participate.

As part of the 2015 annual meeting, ARNNL presented its Awards for Excellence in Nursing and Honorary Membership.

RNs Recognized at Annual Awards for Excellence in Nursing Ceremony

On June 16 ARNNL presented its Awards for Excellence in Nursing to outstanding RNs at the Sheraton Hotel, St. John's. Established in 1992, ARNNL's Awards for Excellence in nursing recognize registered nurses and nurse practitioners who set high standards for nursing in the province.

Registered nurses and nurse practitioners were nominated by their colleagues for consideration for an Award for Excellence. Since its inception, 59 RNs have been honoured with Awards for Excellence.

2015 Award Recipients:

Dena King, Award for Excellence in Nursing Practice
Lily LeDrew, Award for Excellence in Nursing Administration
Carla Wells, Award for Excellence in Nursing Education

As part of the ceremonies, ARNNL bestowed its 51st Honorary Membership posthumously to Katherine (Kay) Daley.

Making Connections

This year ARNNL staff connected with almost 2,300 members and nursing students.

Connections occurred through direct consultations and participation in **over 50** activities, including in-services, presentations, conferences and facilitated education sessions.

ARNNL staff visited each of the four RHA regions discussing:

- Accountability
- Documentation
- Scope of Practice
- Self-Regulation
- Standards of Practice

ARNNL also had representation at provincial and national conferences reaching over 900 RNs on topics related to Standards and self-regulation.

Helping members to understand the Professional Conduct Review Process was also top priority with almost 10 sessions dedicated to this purpose.

Connecting with Students in nursing programs was another priority. Ongoing dialogues occurred with classes in both advanced practice and baccalaureate programs. Discussions about provisional registration and preparation for the NCLEX-RN exam engaged over 250 students in all three sites of the BN Collaborative Program.



Linkage with Members and the Public

Over the last year, as part of Council's ongoing mandate to remain informed about trends in health care and nursing, groups and individuals participated in Council sessions, including:

- Margaret Earle, ARNNL Past Executive Director presented on *Quality Assurance Programs*;
- Barbara Shellian, President-Elect, Canadian Nurses Association;
- Lorraine Dicks, Assistant Professor Senior Psychologist, Eastern Health, and Dawn Lanphear, Guidance Counsellor, Centre for Nursing Studies presented on *Test Anxiety*; and
- Jean Manning, Skills and Market Research Division, Department of Advanced Education and Skills presented on *The Agreement for Internal Trade (AIT)*.

Linkages with members and the public also took place throughout the year, during National Nursing Week, on President's tours, at special forums, including a town hall event in St. John's, during the President's annual provincial teleconference in December and through email at president@arnnl.ca.

Financial Position

The audited financial statements for 2015-2016 are distributed at the annual meeting and are posted at www.arnnl.ca. You are welcome to ask questions of our auditor at the AGM, or to contact us with inquiries. Recognizing the rise in the complexity and depth of complaints over the years, Council helped make changes to support the health of the internally restricted Professional Conduct review fund; similar changes were made to enhance the Building Contingency fund for a future replacement of ARNNL offices.

Council and Member Dialogues on the Road

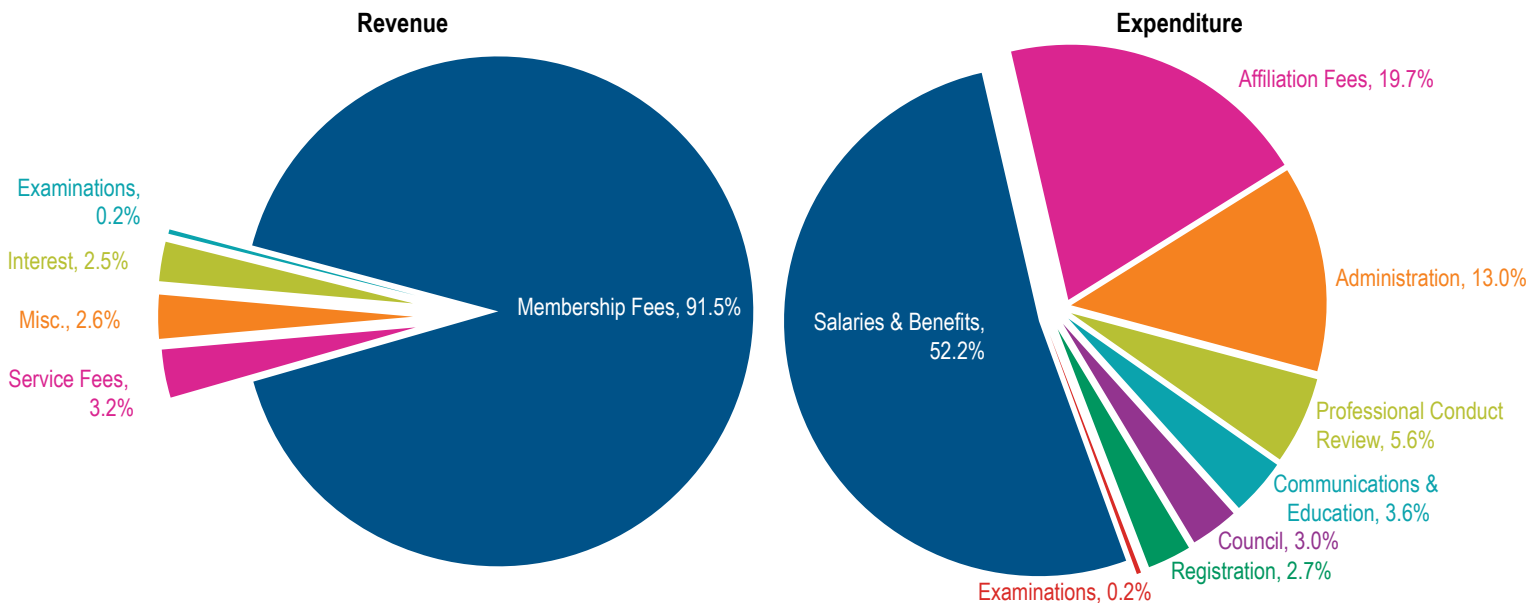
In October, ARNNL President and Council held an open forum with members in St. John's. Members shared their thoughts on where the nursing profession should be directing its attention in the future. This was our first "town hall" session; look for more in the coming year – your input is important!



ARNNL President Regina Coady also went on the road and met with RNs and NPs in the communities of Brookfield, Fogo Island, Twillingate and Lewisporte. Thank you to all who took the time to attend.



Figure 1. Fiscal Year 2015-2016

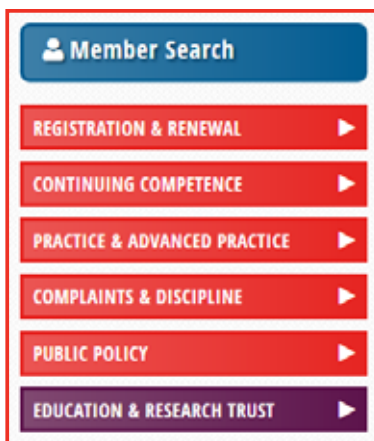


WHAT WE DO

Accountability for Self-Regulation

Registration

- Practicing licences were issued to 292 new members. Of these, 74% were graduates of an NL school of nursing, 22% were from other Canadian jurisdictions and 3% were Internationally-Educated Nurses (IENs).
- 95% of members renewing a practicing licence met the March 1st administrative deadline to submit their renewal application to ARNNL.
- Revisions and improvements to MyARNNL were completed during the year, including: ability to create your own password, ability for NPs to edit employment information during the licensure year, and ability to add a secondary NP business address to the Member Search display.



- New administrative function for licensure/membership processing was added. Members whose licensure/membership applications met selected criteria were auto-approved. This allowed increased time for staff to assist members with licence renewals that required more attention.
- The application process and related communications for the IL-II were developed and disseminated.
- 46 members were issued a conditional licence due to outstanding Continuing Competence Program (CCP) requirements. Two of those members failed to meet the program obligations within the 90-day time period, thus their statuses were changed to non-practicing.
- In 2015 the number of practicing members randomly selected to participate in the second annual CCP audit was increased by 100. In May 2015, 150 members (144 RNs and 6 NPs) submitted materials required for the audit process:
 - 91% met all audit requirements with their initial submission of documents.
 - 9% of audited members required follow-up by the ARNNL Nursing Consultant to obtain clarification on the information that was submitted.
 - On completion of the audit process, 99% met all audit requirements.



ARNNL-CNPS integration project: new process for professional liability protection renewal

For the 2016-2017 licensure year renewal process ARNNL was part of a pilot project with the Canadian Nurses Protective Society (CNPS). All members renewing a practicing licence were redirected to the CNPS website to complete the professional liability protection (PLP) process. Pursuant to Section 11 of the *RN Regulations* it is a condition of a licence that all RNs and NPs must have PLP in order to practice. The pilot project was a success on multiple levels, including increase in member awareness of CNPS services and shared learning between both organizations. Given this success, CNPS plans to roll out the project to other jurisdictions across the country.



Association of
Registered Nurses
of Newfoundland
and Labrador



Canadian Nurses
Protective Society

Société de protection
des infirmières et infirmiers
du Canada

Examinations

The successful completion of an RN or NP exam is the final measure of competence that all graduates of nursing programs must attain before they can be registered and licenced. Over the past year:

- 100% of NP-Family/All-Ages (F/AA) graduates from Memorial University successfully wrote the Canadian Nurse Practitioner Exam (CNPE) and 75% of NP-Family/All-Ages (F/AA) graduates who completed an NP program outside of NL successfully wrote the CNPE.
- ARNNL supported the ongoing development of the CNPE exam as ARNNL members continued to provide their expertise as item writers and reviewers.
- The contracts for the adult and pediatric NP examinations were

extended to continue with the same vendors for another two years.

- NCLEX-RN® exam was introduced in 2015. By fiscal year end, 95.1% of the graduates from NL nursing programs were successful by their third writing. Further results are presented below.
- A review of stakeholder questions on the exam occurred throughout the year, and resulting communications occurred through meetings, round table events, letters and personal communications. Information was also available on the ARNNL website and related linkages and resource materials were distributed.
- Student information sessions were held throughout the year. Over 250 students attended the various events.

MILESTONE

NCLEX-RN® Exam

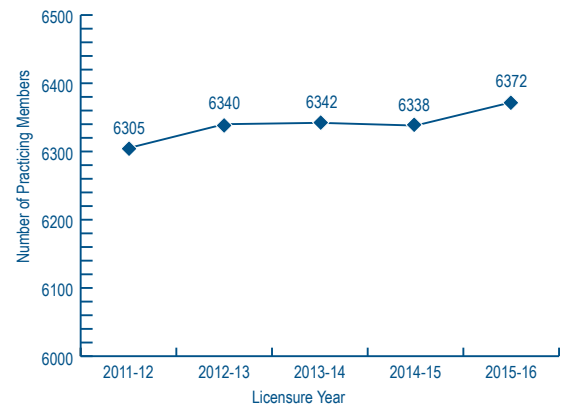
The NCLEX-RN® exam was officially launched in January 2015. This year, writers of the exam included new graduates from the NL schools of nursing, graduates from other jurisdictions who wished to be registered in NL, IENs and NL graduates who were unsuccessful on the previous licensure exam. Results for 2015 graduates from the NL schools of nursing¹ show that 79.4% passed the exam on their first attempt, and by fiscal year-end 95.1% had passed the exam. Year-end registration data show that 81.8% of the 2015 graduating class were employed in the provincial workforce. In comparison, 93.3% of the 2014 graduates passed the previous licensure exam on their first attempt; by 2014-2015, 98.8% had passed and 80.3% were employed in the provincial workforce.

¹ Results for 2015 NL graduates include those who wrote the exam in other jurisdictions. Results for other writers are suppressed due to small numbers.

Our Numbers – Local:

- There were 6,372 members with a practicing licence at year-end in 2015-2016, an increase of less than 1% over last year (Figure 2). The number of non-practicing members also increased slightly from 540 to 555.
- NPs accounted for 2% of practicing members. A total of 139 members had a practicing NP licence in 2015-2016, representing a 3% increase over last year (Figure 3).

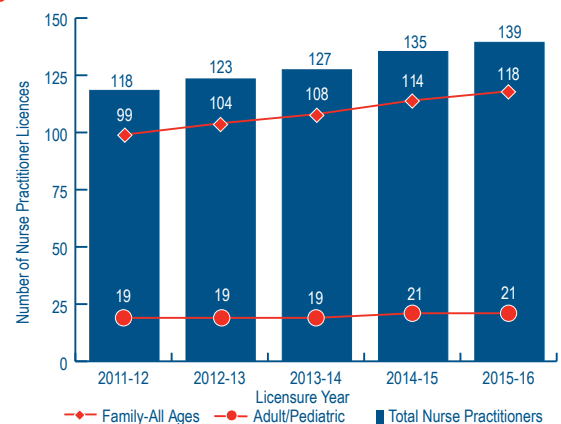
Figure 2: ARNNL Practicing Members



Our Numbers – Abroad:

- 32 applicants have identified ARNNL as a jurisdiction of choice on the National Nursing Assessment Service (NNAS) application. The number of IEN applicants continues to trend downward; only seven applications were actually received from IENs in the past year.
- IENs, as necessary, continue to be referred for a Competency Based Assessment (CBA) to assist in determining their eligibility for provisional registration and for bridging education to address identified gaps.

Figure 3: Nurse Practitioners



Transparent, Accessible and Fair Professional Conduct Review Process

The Professional Conduct Review (PCR) process is used to assess an allegation and to intervene when a member’s practice or conduct is unacceptable and deserving of sanction; the process is authorized by the *RN Act* (2008). The number of PCR cases has increased this year following a two-year decline. The complexity of cases and the legalization of the PCR process continue to drive increases in program costs for a seventh consecutive year.

The *RN Act* gives the Director of PCR authority to attempt to resolve an allegation where it appears it may be resolved satisfactorily. Allegations that are not resolved are referred to a Complaints Authorization Committee (CAC), appointed from Council members, for decision. The CAC may consider an allegation a complaint and refer to an Adjudication Tribunal, convened from the Disciplinary Panel, for a hearing to dispose of the complaint. The CAC may also recommend that Council suspend, restrict or further investigate a member’s practice. Table 1 and Figure 4 show the number and disposition (outcomes) of allegations and complaints.

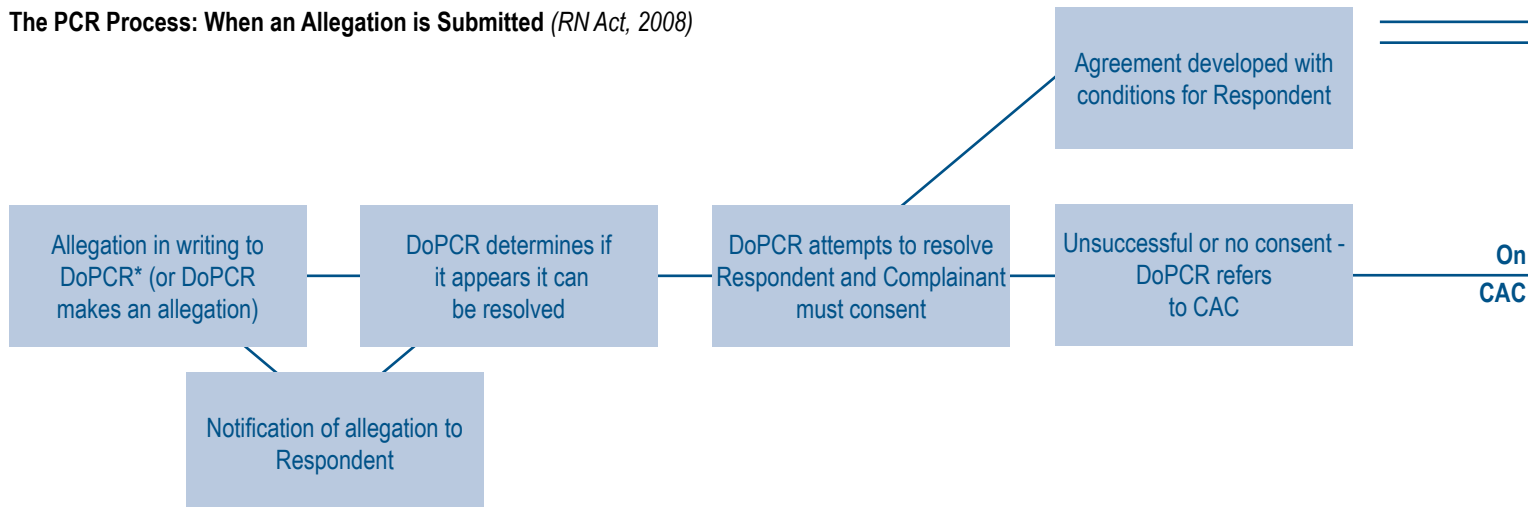
Table 1: Disposition of Complaints Lodged Under the Registered Nurses Act

	Complaints/Allegations 2009-2015	Allegations 2015/2016	Total Actions 2015-2016
Total	48¹	28²	134
Action Taken			
Attempt to Resolve via Agreement process ³	0	20	20
Allegation referred to CAC but not heard	0	1	1
Investigation/ADR ⁴ ordered by the CAC	3	8	11
Registrant required to meet with CAC	1	0	1
Caution or Counsel Issued by CAC	1	0	1
Referred to Hearing Tribunal	2	1	3
CAC recommended to Council to Suspend/Restrict member licence	1	0	1
Agreement/ADR pending	2	6	8
Agreement/ADR Finalized	5	11	16
Monitored under Agreement ADR	23	8	31
Conditions of Agreement/ADR completed	8	1	9
Investigations commenced or completed	5	7	12
Withdrawn by Complainant	0	0	0
Appeal of Decision of the CAC	1	0	1
Hearing Tribunals	4	1	5
Monitoring of Order of PCR Panel/Adjudication Tribunal	13	0	13
Dismissed by CAC	1	1	2
De-Registration	0	0	0

Notes

1. Allegations were filed against 127 nurses in this time period; 4 RNs had 2 allegations filed against them and one RN had three allegations filed. The total number of allegations/complaints filed in this time period was 133.
2. Allegations were filed against 27 nurses with one RN having two allegations filed in this time period (n=28)
3. Section 22 provides authority to the Director of PCR to attempt to resolve an allegation. The resolution is finalized in a written Agreement and monitored accordingly.
4. Alternative Dispute Resolution (ADR).

The PCR Process: When an Allegation is Submitted (*RN Act*, 2008)

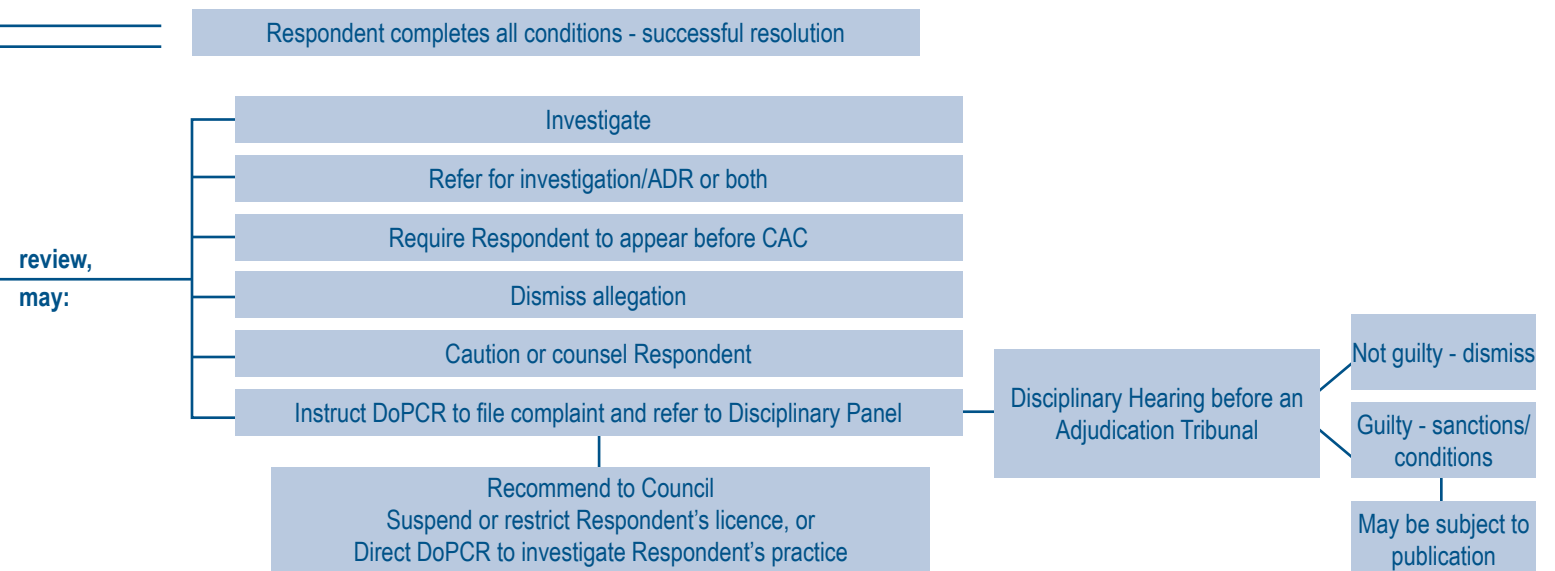
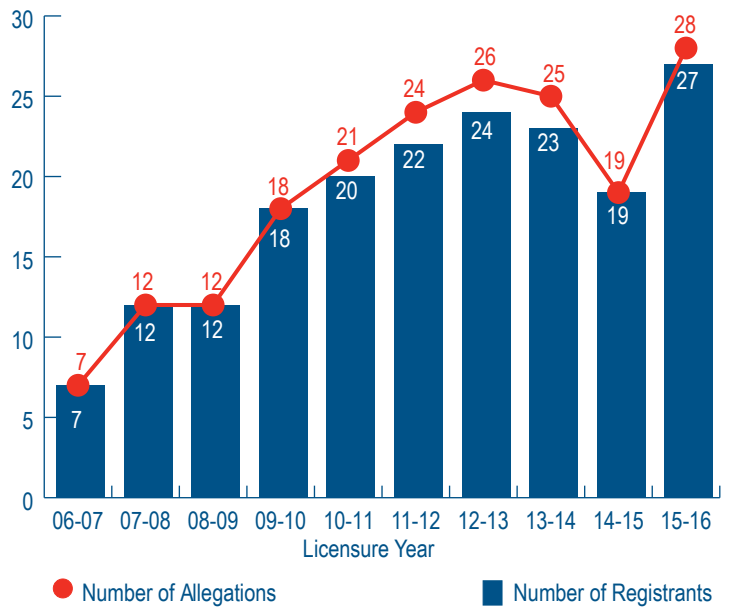


*Director of Professional Conduct Review

This year:

- 28 reports were filed alleging a member engaged in conduct deserving of sanction, including several reports that a member’s nursing employment had been terminated (Figure 4).
- The allegations related to members’ failure to uphold ARNNL’s *Standards for Nursing Practice*, including:
 - Standard 1: Responsibility and Accountability
 - Standard 2: Knowledge Based Practice
 - Standard 3: Client Centered Practice
 - Standard 4: Public Trust
- Conduct issues identified included: practicing without a licence; conduct that does not conform to the values and beliefs within the *Code of Ethics for Registered Nurses* (breaching client safety, failure to demonstrate accountability in nursing care, breaching obligations under an Agreement to resolve an allegation); failure to appropriately document client assessment and care; failure to demonstrate professionalism in client/colleague interactions; failure to complete client assessments; incompetence in provision of nursing care (e.g., errors in medication administration processes, inappropriate judgement in emergent situations); failure to adhere to the *RN Regulations* (e.g., failure to maintain professional liability protection; failure to provide documents for the CCP audit); and failure to demonstrate professional communication with clients and colleagues.
- The majority of allegations originated in the practice setting and fell into one or more of the following categories of conduct deserving of sanction (*RN Act*, 2008, S.18(c)):
 - Professional misconduct – 19
 - Professional incompetence – 8
 - Breach of the *Act, Regulations or Code of Ethics* - 20
 - Incapacity or unfitness to engage in the practice of nursing – 2
 - Conduct unbecoming an RN – 3

Figure 4: Number of Allegations



- The CAC met 16 times to review allegations lodged against 18 members.
- Acting on the CAC recommendations, Council suspended one member's licence pending the outcome of a disciplinary hearing.
- Adjudication tribunals were convened to conduct hearings into complaints against five members, four members were found guilty of conduct deserving of sanction. Notices of hearings were posted on the ARNNL website and open to the public.
- On the order of an Adjudication Tribunal three RNs' licences were suspended, all three RNs have complied with the tribunal's order and their licences have been reinstated. The Adjudication Tribunal awarded costs in three cases.
- Two members subject to an order of an Adjudication Tribunal made in a previous year met all terms of the order such that their licences were reinstated, one RN's practicing licence is subject to conditions.
- As required by the *RN Act*, the outcomes of disciplinary hearings are published in the member's local newspaper when a member is found guilty and an Order of the Adjudication Tribunal suspends or imposes conditions or restrictions on a licence. Four hearing outcomes were published in 2015; three from a hearing held this year and one from a hearing held in the previous year.
- The *RN Act* provides authority to the court to limit the publication of a summary of an adjudication tribunal. Two applications by registrants seeking a publication ban were heard before the Supreme Court of Newfoundland and Labrador, Trial Division in this year. The court ordered publication limitations in both cases.
- In December 2015, the appeal of an employer was heard by the Supreme Court of Newfoundland and Labrador, Court of Appeal. The appeal was related to a decision of the Trial Division with respect to the disclosure of quality assurance information in an investigation. The Court of Appeal has not yet rendered its decision.
- Notice of Appeal was filed with the Supreme Court of Newfoundland and Labrador, Trial Division by a Complainant with respect to a decision of the Complaints Authorization Committee that dismissed an allegation against a registered nurse.

Resources

Providing guidance on practice/regulatory matters is partly achieved through the development and promotion of new and revised documents and resources. This year the *Continuing Competence Program Framework (2015)* was revised. Three new regulatory Fact Sheets were developed: *Provisional Registration*, *Interim Licensure* and *NCLEX-RN®*, and the *English Language Proficiency Fact Sheet* was revised. Registration and licensure web content was reviewed and updated throughout the year.

The following documents are in various stages of development or revision:

- *Dispensing by Registered Nurses;*
- *Insulin Dosage Adjustment;*
- *Self-Employed RN Practice;*
- *Medication Standards;*
- *Scope of Practice for Registered Nurses; and*
- *The Role of the RN in Clinical Management.*

ARNNL facilitated 14 provincial educational teleconference sessions on a variety of topics, including:

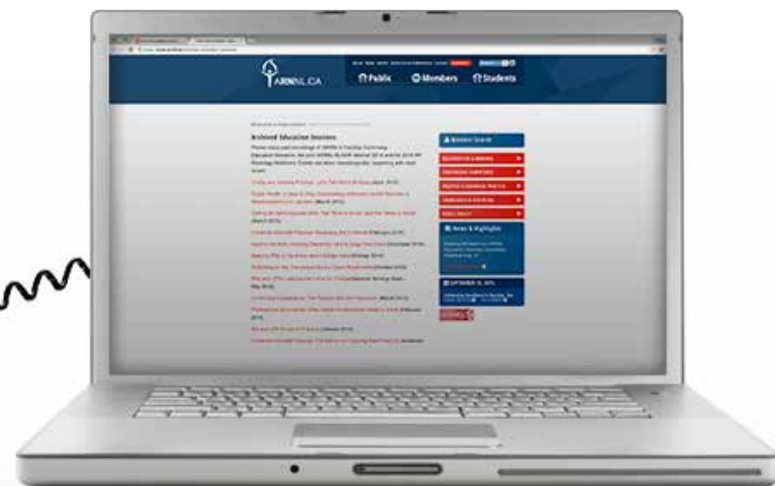
- Civility;
- Evidence-informed practice;
- Legal issues in nursing practice; and
- Registration updates.

Over 500 RNs attended the live broadcasts. Most sessions were recorded and made available via ARNNL's YouTube channel (www.youtube.com/user/ARNNL) and at www.arnnl.ca.

Work began on the development of an educational strategy for ARNNL to identify best practices for regulatory bodies offering educational opportunities for RNs and NPs.

MISSED AN ARNNL TELECONFERENCE?
Access Archived Education Sessions Online!

ONLINE ARCHIVES



Education

- ARNNL granted seven-year approval to the BN (Collaborative) Program offered at Memorial University School of Nursing, the Centre for Nursing Studies and Western Regional School of Nursing, the BN Fast Track Option and the BN LPN Bridging Option. This achievement is an indicator that our schools of nursing are preparing graduates as safe, competent and ethical entry-level registered nurses.
- ARNNL worked with Memorial University to complete the approval process for the Master of Nursing-Nurse Practitioner program; an approval rating is anticipated in 2016.

- The number of RNs and NPs enrolled and participating in graduate level education is increasing. Enrollment in a graduate nursing program at Memorial University is reported as:

- Master of Nursing	88
- MN-NP option	43
- Post-Master's NP	5
- PhD	7

Note: not all students are current ARNNL licence holders

- 36 ARNNL members are presently enrolled and participating in another jurisdiction's NP-Masters program.

Our Education Profile

The highest level of education attained by practicing members in 2015-2016:

- Diploma in Nursing (39%), BN (54%), MN (4%), PhD in Nursing (less than 1%), and 3% have post-basic university degrees in other disciplines.
- Approximately 11% of practicing members achieved current CNA Certification in one of 20 different specialty areas. Community health nursing, psychiatric/mental health nursing and preoperative nursing have the highest uptake. Congratulations to everyone!

ARNNL Student Representative Program

This year marked the second year of the Nursing Student Representative Program. Representatives indicated there were many benefits to the program, including: increasing their understanding of self-regulation and ARNNL's role; increasing their knowledge of issues impacting nursing practice and nursing resources; and assisting with feeling connected to ARNNL. The program is comprised of 14 students enrolled in the BN Collaborative Program at the Centre for Nursing Studies, Memorial University School of Nursing and the Western Regional School of Nursing, with a representative for each year in each school. Students discuss many nursing topics and issues, such as self-regulation, the Professional Conduct Review, social media, NCLEX-RN® and nursing resources to assist with practice. Most recently the students revised ARNNL's information poster, which is posted in each of the three schools.



Professionalism

Under this End, ARNNL plays a role in connecting with members and stakeholders to provide information, documentation and consultations to assist RNs and NPs to work to their full scope of practice, prepare for leadership roles and advance evidence-based practice. Over the past year, ARNNL directly dialoged with over 2,300 members about topics such as accountability, social media, documentation, professionalism, CCP, scope of practice, self-employed nursing practice, self-regulation and therapeutic nurse-client relationships.

In the past year ARNNL also fine-tuned its online Document Library (www.arannl.ca/document-library), complete with document category definitions.

There are nine categories of documents in the document library, these include:

Standards;

Interpretive Documents;

Position Statements;

Regulatory Documents;

Discussion Documents;

Public Policy Documents;

Fact Sheets;

Briefs; and

Collaborative Documents.

The document list is also available alphabetically. Website analytics indicate that there were 22,596 document downloads last year.

National Nursing Week (NNW) provided an opportunity to raise awareness on the importance of professionalism. The theme *Nurses: With you every step of the way* was highlighted in a President's message in *ACCESS* magazine, as well as advertising in print and radio. Again this year, ARNNL partnered with the CLPNNL in NNW advertising to highlight the roles of various care providers within the health care system.

Promotion of the RN and NP roles also continued through various channels including the distribution of credential pins to members.



In 2015 ARNNL held eight workshops throughout the province; a total of 179 Care Facilitators attended day-long sessions aimed at building capacity in nursing leadership, professional practice and self-regulation.

We highlighted the achievements and leadership qualities of over 100 RNs and NPs through profiles and mentions in ARNNL's *ACCESS* magazine.

Dedicated ARNNL Volunteers 'Represent'

ARNNL's Workplace Representative Program

This past year ARNNL's Workplace Representative (WPR) Program reached its 22nd year. Over 90 RNs continued to participate in the program by providing a liaison between ARNNL and RNs in their practice areas. WPRs provide information about ARNNL policies, positions, activities and services. As well, they communicate information about issues and priorities raised by their colleagues to ARNNL. This year, WPRs participated in education sessions related to self-regulation, interim licensure and the provincial electronic health record. Ten new WPRs participated in a two-day orientation workshop at ARNNL house.

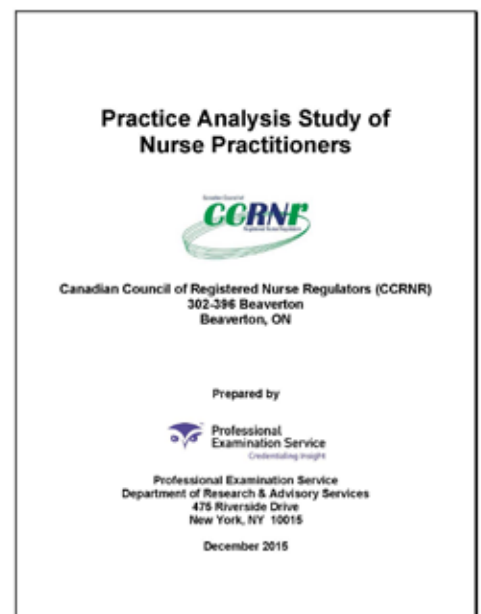




Working to Full Scope of Practice

Revision of the ARNNL document that outlines the scope of practice for RNs, *Scope of Nursing Practice – Definition, Decision-Making and Delegation* (2006) has begun. Further, a review of the *Standards for Nurse Practitioner Practice in Newfoundland and Labrador* (2013) is underway to incorporate changes to ensure content remains current with NP practice. Specific actions initiated this year include:

- Revision of the ARNNL document that outlines the scope of practice for RNs, *Scope of Nursing Practice - Definition, Decision-Making and Delegation* (2006) has begun.
- A review of *Standards for Nurse Practitioner Practice in Newfoundland & Labrador* (2013) is underway to incorporate changes to ensure content remains current with NP Practice.
- ARNNL continued to provide support to RNs and NPs seeking self-employment.
- Work continued on the incorporation of NP controlled drugs and substances (CDS) prescriptive authority into the NP Standards.
- ARNNL continued to advocate and work with various provincial and federal departments along with the Canadian Nurses Association to enact federal legislative changes that will grant NPs the authority to complete medical forms and prescribe medical aids, products or treatments.
- Work commenced on a Nurse Practitioner Evaluation study. The Nurse Practitioner Evaluation Advisory Committee is currently developing a conceptual framework to inform the methodology for the evaluation.
- CCRNR released the findings of the NP Practice Analysis, which included ARNNL member input. The NP Practice Analysis provides a comprehensive description of the entry-level knowledge, skills and abilities required in the three streams of NP practice and will be used to inform future decisions about entry to practice exams.
- ARNNL, along with other nursing regulators, engaged in consultation with NPs and other stakeholders on the entry-level competencies arising from the project.
- ARNNL continued to be an active member of the Committee on the Abuse of Prescription Drugs. The Committee is actively engaged in the discussion of issues that will influence the development and implementation of a long-term approach to prescription monitoring and control.
- ARNNL continued to provide direction and support to NPs seeking information on the prescription of Methadone, Buprenorphine/Naloxone and Medical Marijuana.



- ARNNL commenced a process to revise the competency validation process for NPs seeking re-entry into practice. Information identified in this process has the potential to inform future development of a process for NPs to move from one stream to another.
- A teleconference related to RN and LPN scope of practice was re-recorded and made available on the ARNNL Archived Teleconference page and ARNNLs YouTube channel.

Quality Professional Practice Environments

Ensuring that there are resources to assist members to identify and create solutions to advance the quality of their workplaces is an ongoing initiative. Various activities occurred over the past year including:

- ARNNL Consultants responded to over 441 member consultation requests on a variety of topics related to quality professional practice environments including scope of practice, patient safety, self-employed practice, legal and/or ethical queries, education and CCP;
- articles in *ACCESS* magazine provided guidance on workplace issues and regulatory implications for areas such as floating, scope of practice and safe prescribing of narcotics by NPs;



- resources available on the ARNNL website included the *QPPE Standards*, *Orientation Programs for Registered Nurses: Best Practice Guidelines* and a collaborative document with RNUNL on *Excessive Hours of Work: Professional and Union Considerations*; and
- briefs were shared with members and stakeholders on topics such as professional development and the results of ARNNL surveys with members, RN managers and the public.

ARNNL and the Newfoundland and Labrador Association of Social Workers (NLASW) have collaborated 13 times to deliver an annual

provincial webinar designed to stimulate discussion and prompt reflection about various practice issues. This year, the CLPNNL also became a contributing partner. In February 2016, a panel of professionals facilitated a discussion titled “*For Their Own Good*”: *Aging & Paternalism in Practice – What Health Professionals Need to Consider*.

Through the services of the CNPS, information on legal risks in nursing practice continued to be shared with RNs and NPs throughout the province. ARNNL continues to inform its members of CNPS webinars and distribute CNPS *InfoLAW* in *ACCESS* magazine.

Survey Says...ARNNL Surveys and Document Feedback

ARNNL regularly engages members as part of our ongoing efforts to demonstrate accountability, obtain feedback during the development or revision of documents, evaluate projects and programs, and collect data to inform our policy and advocacy directions.

- Consultation on the Potential Conditions and Restrictions on Graduate Nurse Practice (IL-II consultation)
- Draft Revisions to NP Standard 7 – Therapeutic Management
- BN Collaborative Program Accreditation Process Evaluation
- Draft Insulin Dosage Adjustment Document

Thank you to those who provided feedback during the year. Your input is valuable and does make a difference!

As part of our ongoing commitment to improving user experience and services offered through MyARNNL, feedback is collected from members and reviewed on an annual basis.

In 2015 ARNNL conducted a random telephone survey to increase our understanding of public perceptions of our organization and our profession. On average, survey respondents who had contact with an RN or NP in the past year gave a satisfaction rating of 9.19 out of 10 for the care provided by the nurse; 92% rated their level of satisfaction as 8 or higher. Details on public surveys conducted over the years are available at www.arnnl.ca.

Healthy Public Policy

ARNNL advocates, on behalf of the public, for a number of public policy platforms. Advancing the principles of primary health care (PHC) has been a consistent theme over the past number of years and continued to be an important message during ARNNL's advocacy activities. The value of PHC was brought forward to the provincial government through activities such as participation in:

- the pre-budget consultation process;
- government strategy consultations; and
- government-appointed advisory groups such as the Provincial Wellness Advisory Council.

ARNNL's advocacy efforts in this area culminated in the appointment of an ARNNL representative on the provincial Primary Health Care Advisory Committee, which helped influence the direction taken in the Government's Primary Health Care Framework.

ARNNL also worked collaboratively with other health professional regulatory bodies on topics that have the potential to influence or set public policy direction. For example, as a member of the Implementing Midwifery in Newfoundland and Labrador Advisory Committee, ARNNL made recommendations to help guide the development of the framework for midwifery regulations. ARNNL staff also participated in a consultation process related to the scope of practice for pharmacists and associated standards of practice. Both the implementation of midwifery practice and the expanded scope of practice for pharmacists have the potential to improve health care efficiencies and increase access to services to support the public.



Member education on healthy public policy agendas primarily focused on the provincial and federal elections this year. ARNNL partnered with CNA to share messaging for the federal election, and information for the provincial election was developed and posted on the ARNNL website. An education session on RNs' role in election advocacy was also held during the fall teleconference series.



On two occasions during the past year, members were invited to participate in ARNNL advocacy activities with the executive director: five Workplace Representatives participated in the Government Renewal Initiative (pre-budget consultation) and a member of the psychiatric-mental health special interest group (PSIGNAL) joined the ED at a public consultation for the All Party Committee on Mental Health and Addictions.

ARNNL continues to be represented on government's Provincial Wellness Advisory Council where there is a broad focus on the importance of a healthy built environment to support all of the social determinants of health.



Conclusion

ARNNL has had a year of continued progress in pursuit of its mission, “Nursing Excellence for the Health of the Population”.

ARNNL’s work would not be possible without the support of many members and public representatives who voluntarily contributed their expertise and time to ARNNL (p. 25) as well as an invaluable team of enthusiastic and dedicated ARNNL Staff (p. 33)

Thank you!

The “Self” in Self-Regulation

COMMITTEE MEMBERS AND EXTERNAL REPRESENTATIVES

April 1, 2015 to March 31, 2016

This listing represents **all** members and external representatives who served on committees/working groups during the April 1, 2015 to March 31, 2016 period.

Note: The names of direct care registered nurses appear in bold.

GOVERNANCE

Council

Coady, Regina, President
Nicholas, Julie, President-Elect
Frew, Ray, Public Representative
Arnold, Walter, Public Representative
Baird, Irene, Public Representative
Doyle, Carmel, Public Representative
Jesso, Lisa, Practice
King, Dena, Advanced Practice
Manuel, Madonna, Education/Research (until June 2015)
Barnable, Alexia, Education/Research (as of June 2015)
Warren, Elaine, Administration
Rodgers, Patricia, Eastern Region
Evans, Sandra, Central Region (until June 2015)
MacDonald, Tracy, Central Region (as of June 2015)
Sparkes, Lacey, Western Region
Pittman, Beverly, Labrador/Grenfell Region
Power, Lynn, Executive Director (non-voting)

Executive Committee

Coady, Regina, President
Nicholas, Julie, President-Elect
Manuel, Madonna, Education/Research (until June 2015)
Barnable, Alexia, Education/Research (as of September 2015)
Evans, Sandra, Central Region (until June 2015)
Warren, Elaine, Administration (as of September 2015)
Power, Lynn, Executive Director (non-voting)

Appointments Committee

King, Dena
MacDonald, Tracy
Pittman, Beverly, Chairperson
Sparkes, Lacey
Warren, Elaine
King-Jesso, Pam, ARNNL Staff

Audit Committee

Burke, Cathy, Past Council Member
Coady Regina, Ex-Officio
Pittman, Beverly
Rodgers, Patricia
Rowe, Brad, Public Representative
Warren, Elaine, Chairperson
Power, Lynn, ARNNL Executive Director
Littlejohn, Lana, ARNNL Staff

Standing Committee on Linkage with Owners

Nicholas, Julie, Chairperson
Doyle, Carmel
Frew, Ray
Jesso, Lisa
Power, Lynn, ARNNL Executive Director
Wells, Julie, ARNNL Staff

Nominations Committee

Brockerville, Jackie
Luedee Warren, Renee
Rixon, Colleen
Sooley, Elizabeth
Stratton, Cathy, Chairperson
Fitzgerald, Christine, ARNNL Staff

Quality Assurance Development Committee

Courtney, Bea
Diamond-Freak, Sylvia
Emberley, Deanne
Mahar, Darlene
Nixon, Dale
O'Regan-Hogan, Moira
Power-Murrin, Maxine
King-Jesso, Pam, ARNNL Staff

Resolutions Committee

Andrews, Daphne
Hodder, Harvey, Parliamentarian
Nicholas, Julie, ARNNL Council
King, Dena
Porter, Ashley
Osmond, Michelle, ARNNL Staff

Provincial Nursing Forum 2015

Burden, Pauline
Greene Feder, Marcy
Griffiths, Beverly
Morris, Debbie
Pelley, Joanne
O'Neill, Janice, CLPNNL
Strickland, Judith
Barry, Jennifer, ARNNL Staff

Lewis, Siobhainn, ARNNL Staff
Lynch, Jennifer, ARNNL Staff

ADVANCED NURSING PRACTICE

Controlled Drugs & Substances Working Group

Best, Donna
Chaffey, Lori
Chard, Todd
Dawe, Kirk
Murphy, Raleen
Power, Lynn, ARNNL Executive Director
Carpenter, Michelle, ARNNL Staff

NLCHI Pharmacy Network Information Governance Committee

Downey, Charlene
Oldford, Karen
Carpenter, Michelle, ARNNL Staff

Nurse Practitioner Evaluation Advisory Committee

Aylward, Shannon, Primary Healthcare Research Unit, MUN
Best, Donna
Cassell, Lindsey
Coates, Madonna
Critchley, Cavell
Dalton, Geri
Emberley-Burke, Wanda
Graham, Wendy, Newfoundland and Labrador Medical Association
Gill, Nicole, Newfoundland and Labrador Centre for Health Information
Griffiths, Beverley
Healey, Melanie, Newfoundland and Labrador Pharmacy Board
Lukewich, Julie
Skinner, Tina
Snow, Koren
Power, Lynn, ARNNL Executive Director
Carpenter, Michelle, ARNNL Staff
Wells, Julie, ARNNL Staff

Nurse Practitioner Standards Committee

Bruneau, Jill
Butler, Mollie
Collins, Carmel
Emberley-Burke, Wanda
Griffiths, Beverly
Hickey, Jim, College of Physicians and Surgeons NL
Murphy, Raleen
Pack, Glenda
Patten, Noelle, Newfoundland and Labrador Pharmacy Board
Power-Kean, Kelly
Rolfe, Joyce

Snook, Trena

St. Croix, Eileen
 Power, Lynn, ARNNL Executive Director
 Carpenter, Michelle, ARNNL Staff
 Osmond, Michelle, ARNNL Staff

Scott, Lori
 Smith, Wavey
 Toms, Krista
 Turpin, Tammy
 Lewis, Siobhainn, ARNNL Staff

ADVOCACY FOR HEALTH AND THE PROFESSION

Advisory Committee on Nursing Administration

Billard-Croucher, Darlene
 Brown, Heather
 Buckle, Carolyn
 Buckle, Tina
 Butler, Mollie
 Chubbs, Katherine
 Compton, Glenda
 Earle, Eileen
 Fisher, Paul, CLPNNL
 Gaudine, Alice
 Griffiths, Beverly
 McDonald, Catherine
 Sampson, Donnie
 Simpson, Ozette
 Smith, Collette
 Stratton, Cathy
 Stuckless, Trudy
 Watkins, Kathy
 Coady, Regina (ex-officio), ARNNL President
 Power, Lynn, ARNNL Executive Director
 Carpenter, Michelle, ARNNL Staff
 King-Jesso, Pam, ARNNL Staff
 Lewis, Siobhainn, ARNNL Staff
 Mclsaac, Beverley, ARNNL Staff (until July 2015)
 Osmond, Michelle, ARNNL Staff

Awards for Excellence

Cheator, Krista Nicole

Lane, Charmaine
 Mitchell, Lorraine
 Ward, Pam

Woodman, Nicole, Chairperson

Carpenter, Michelle, ARNNL Staff
 Lewis, Siobhainn, ARNNL Staff

Clinical Managers Advisory Committee

Billard Croucher, Darlene
 Burt, Patricia
 Cooze, Darryl
 Davis, Kelli
 Lane, Charmaine
 LeRoux, Cynthia
 Lush-Smolders, Shelly
 Moakler, Melanie

CNA Board of Directors

Coady, Regina, ARNNL President

COMMUNICATIONS WITH MEMBERS

Workplace Representatives (WPRs)

Andrews, Daphne
Andrews, Jessica

Anstey, Cathy

Avery, Lisa

Bartlett, Vanessa
Bennett, Mary Jane

Beresford-Osborne, Mary

Bishop, Jacqueline
Blake, Krista

Blanchard, Alora

Breeze, Yvonne

Bryant, Denise

Brockerville, Jacqueline

Brown, Glenna
Burden, Pauline
Burt, Patricia
Burton, Claudia
Carroll, Selina
Chaisson, Trina
Christopher, Vicki
Clarke, Anneliese
Clarke, Heather
Coombs, Sherri-Lee

Dalton, Lori

Dawson, Leanne
Day, Jo-Ann
Ducey, Karla
Elliott, Barbara
Fahey, Eileen
Feltham, Lori-Lee
Foster, Claudine
George, Carolyn
Goodland, JoAnne

Gosse, Sherry

Goudie, Joan

Goulding, Valery

Green, Lisa
Hancock, Peggy
Healey-Dove, Nancy
Hicks, Renee

Hudson, Megan

Hunt, Ashley

Hynes-Smith, Linda
Joyce, Lori Ann
Kearley, Jessica
Keats, Niki
Kelly, Tina
Kennell, Carolyn
Knudsen, Anastasia
Lambert, Karla
Lee, Mary
Lewis-Power, Nicole
Lundrigan, Starlene
Mason, Carol Ann
Matthews, Stephanie
Marshall, Cindy
McGee, Sharon
Morgan, Natalie
Morgan, Sarah-Lynn
Morris, Karen
Moyst, Barbara
O'Driscoll, Rhonda
O'Rielly, Sharon
Parsons, Ashlee
Payne, Sarah
Peddle, Lisa
Peyton, Kim
Pittman, Beverly
Porter, Ashley
Porter, Dianne
Porter, Laurie
Pottle, Deneka
Ralph, Penny
Reid, Susan
Reid, Tina
Robar, Jessica
Roberts, Laurie
Rogers Harding, Roxanne
Roy, Glenda
Rose, Sandralee
Senior, Suzanne
Sheppard Cornect, Stacey
Short, Theresa
Sinnicks, J. Benay
Slade, Virginia (Jenny)
Slaney, Ann-Marie
Smith, Serena
Smith-Pollard, Heather
Street, Karen
Strickland, Sarah
Thistle, Elsie
Todhunter, Karen
Walsh, Dawn
Walsh, Edmund
Ward, Colleen

Carpenter, Michelle, ARNNL Staff
Lewis, Siobhainn, ARNNL Staff

WPR Outgoing

Allan, Peggy
Clarke, Maria
Foss, Diane
Hodge, Jenelle
Murphy, Amy
O'Keefe, Cheryl
Rooney, Catherine
Thorne, Darlene

EDUCATION

BN (Collaborative) Approval Committee (Dissolved June 2015)

Diamond-Freake, Sylvia
Elliott, Adam
Kennedy, Karen
O'Keefe, Catherine, Chairperson
Porr, Caroline
Read, Trudy
Redmond, Luke
Robinson, Laura
Walsh, Lorna
Lavallee, Rolanda, ARNNL Staff

NP Program Approval Committee (Dissolved June 2015)

Batstone, Angela
Best, Donna
Chard, Todd
Chubbs, Katherine, Chairperson
Greene Feder, Marcy
Griffiths, Beverly
Hoddinott, Lisa
Manning, Melissa
Power-Kean, Kelly
Rolfe, Joyce
Sampson, Donnie
Simms, Joanne
Stagg, Glenda
Strong, Shirley, Public Representative
Lavallee, Rolanda, ARNNL Staff

Education Approval Committee (Formed October 2015)

Batstone, Angela
Chard, Todd
Harris, Maureen
Hunt-Smith, Heather
Kean, Sue Ann
Piercey, Colleen
Porr, Caroline
Power, Kelly

Read, Trudy
Redmond, Luke
Sampson, Donnie
Strong, Shirley
Walsh, Lorna
Lavallee, Rolanda, ARNNL Staff

LEGAL SERVICES

CNPS Assistance Review Committee

Dobbin, Renee
Earle, Gloria

CNPS Board of Directors

Durfy Sheppard, Denise

NURSING PRACTICE

Dispensing Medications Document Working Group

Cabot, Antoinette
Elson, Katherine
Foster, Claudine
Kippenhuck, Marilyn
Parsons, Chantal
Reid, Susan
Skinner, Tina
King-Jesso, Pam, ARNNL Staff

Insulin Dosage Adjustment Document Working Group

Anstey, Cathy
Cabot, Antoinette
Harnett, John
Lawrence, Krista
Madore, Leanne
Purchase, Andrea
Rogers, Zena
Tucker, Brada
Lewis, Siobhainn, ARNNL Staff

Nursing Practice Committee

Diamond-Freake, Sylvia
Goulding, Valery
Hayley, Renee
Hughes, Cagney
Hunt-Smith, Heather
McCarthy, Sherry
McDonald, Catherine
Moran, Glenys
Rixon, Colleen
Snook, Trena
Carpenter, Michelle, ARNNL Staff
King-Jesso, Pam, ARNNL Staff
Lewis, Siobhainn, ARNNL Staff

Professionalism Strategy Working Group

Butler, Mollie
Elson, Kathy
Gosse, Sherri
Harris, Tracy
Hull, Andrena
Katic-Duffy, Anna
Ledrew, Holly
Leonard, Allison
Marshall, Cindy
McCarthy-Woodrow, Lynnette
Meadus, Robert
Pittman, Beverly
Pottle, Deneka
Rowsell, Anne
Skinner, Tina
Stack, Shauna
Whittle, Michelle
Barry, Jennifer, ARNNL Staff
Lewis, Siobhainn, ARNNL Staff

Healthy Public Policy Advisory Committee

Baker, Rochelle, Newfoundland and Labrador Centre for Applied Health Research
Brown, Heather
Carter, Linda
Hull, Ruth
Kean, Anna Marie
Kearney, Anne
Kennedy, Elizabeth
Kippenhuck, Marilyn
Ledrew, Lily
Luedee, Warren, Renee
MacDonald, Sandra
Maddalena, Victor, Faculty of Medicine, MUN
Milley, Karen
Simpson, Ozette
Vivian-Book, Lynn
Power, Lynn, ARNNL Executive Director
Barry, Jennifer, ARNNL Staff
King-Jesso, Pam, ARNNL Staff
Wells, Julie, ARNNL Staff

PROFESSIONAL CONDUCT REVIEW (PCR)

Complaints Authorization Committee

Arnold, Walter, Public Representative
Baird, Irene, Public Representative, Vice-Chair
Barnable, Alexia
Coady, Regina
Doyle, Carmel, Public Representative
Evans, Sandra, Chair up to June 2015
Frew, Ray, Public Representative
Jesso, Lisa

King, Dena

MacDonald, Tracy
 Manual, Madonna
 Nicholas, Julie,
 Pittman, Beverly, Chairperson
 Rodgers, Patricia

Sparkes, Lacey

Warren, Elaine

Disciplinary Panel**Alyward, Paul**

Andrews, Edward, Public Representative
 Banks, Augustus, Public Representative

Chant, Denise

Clarke, Anneliese

Clarke, Marie

Cody, Ann, Public Representative

Dillon, Sean

Dobbin, Renee

Downey, Ted

Elson, Katherine

Finch, Sherry (Murray)

Higdon, Caleb, Public Representative

Hollett, Michelle

House, Vanessa

Hutchings, Kendra

Kelly, Melodie, Public Representative

Kieley, Colleen

Layden, Melvin

Luther, Donna

Mason, Carol Ann

McCarthy- Woodrow, Lynnette

McDonald, Sharon

Miller, Sheila

Minaker, Keith, Public Representative

Morgan, Natalie

Moyst, Debbie, Chairperson

Mullins, Thomas, Public Representative

Newton, Darren, Public Representative

Peyton, Nicole

Porter, Neil, Public Representative

Rauman, Peggy

Rideout, Joanne

Snow, Nicole

Taylor, Shelley

Vey, Elaine, Public Representative

Wade, Edward, Public Representative

Wells, Carla

Wells, David, Public Representative

West, Patricia, Public Representative

Winsor, Wanda

Woolridge, Judy, Public Representative

REGISTRATION**Advisory Committee on Continuing Competence****Baird, Joanne**

Burke, Cathy
 Grainger, Patricia
 Greene Feder, Marcy
 Hunt-Smith, Heather
 Hussey, Lisa
 MacDonald, Tracy

McDonald, Rhonda

Rowell, Anne
 Carpenter, Michelle, ARNNL Staff
 King-Jesso, Pam, ARNNL Staff

Canadian Nurse Practitioner Exam (CNPE) Committee

Power-Kean, Kelly
 Mclsaac, Beverley, ARNNL Staff

CNPE Item Writing Participants

Clarke, Marie

NCLEX Exam Development

Piercey, Colleen – Item Review
 Slade, Jenny – Item Review
 Walters, Paula – Item review

ARNNL STAFF REPRESENTATION ON OTHER COMMITTEES/CONSULTATION PROCESSES**National**

- Canadian Council of Registered Nurse Regulators Networks:
 - Policy and Practice
 - Corporate Support
 - Communications
 - Quality Assurance in Continuing Competence
 - Nurse Practitioner Practice
 - Program Review and Approval
 - Nurse Practitioner Examination
 - Registration Regulatory Network
 - Professional Conduct Review
 - Nurse Practitioner controlled Drug and Substance Working Group
 - Nurse Practitioner Practice Analysis Working Group
 - Exam Committee
 - NCLEX Number of Writes Working Group
- Jurisdictional Collaborative Project to Revise Entry-Level Registered Nurse Competencies
- Canadian Institute for Health Information Health Human Resources Database
- National Nursing Assessment Service Regulatory Body User Group
- National Council of State Boards of Nursing (NCSBN)
- NCLEX Operational Lead Working Group

Provincial

- ARNNL-RNUNL Liaison
- Department of Health and Community Services, Provincial Wellness Advisory Council
- Health Profession Regulators Network
- Memorial University of Newfoundland (MUN), School of Nursing, Academic Council
- Canadian Mental Health Association - NL
- MUN BN Collaborative Program Advisory Committee
- Newfoundland and Labrador Centre for Health Information (NLCHI), Board of Directors
- NLCHI, NL Pharmacy Network Advisory Committee
- NLCHI, Telehealth Advisory Committee
- Government of Newfoundland and Labrador Physician Assisted Death Working Group
- Newfoundland and Labrador Pharmacy Board Expanded Practice Advisory Committee
- Newfoundland & Labrador Public Health Association
- Provincial Advisory Committee on Opioid Treatment Services
- Provincial Advisory Committee on Cervical Screening
- Provincial Seniors Nutrition Working Group
- Provincial Midwifery Implementation Committee
- Provincial Health Care Advisory Committee
- Provincial Primary Health Care Regulatory Working Group

COMMUNICATIONS WITH STUDENTS

Nursing Student Representatives

Brown, Hannah
Eberendu, Elizabeth
Howell, Leah
Kangeswaren, Mario
Lahey, Lesley-Marie
Maclsaac, Hilliary
Mackey, Jennifer
Murphy, Chelsea
O'Brien, Jessica
O'Neill, Chelsea
Salter, Charlesly

Snow, Meighen
Valenti, Rachel
Winters, Ashley
Carpenter, Michelle, ARNNL Staff
King-Jesso, Pam, ARNNL Staff

ARNNL EDUCATION AND RESEARCH TRUST

Board of Directors

Grant, Penny, President
Templeton, Janet, President-Elect
Alteen, Anna Marie, Western Regional Director
Drainville, Tina, Central Regional Director
Edwards, Tina, Director at Large (as of November 2015)
Ludlow, Anita, Director at Large (until June 2015)
Lundrigan, Starlene, Eastern Rural Director (until June 2015)
Roberts, Paulette, Labrador Regional Director
Smith, Wayne, Eastern Rural Director (as of June 2015)
Seymour, Sara, Eastern Urban Director
Whelan, Joan, Director at Large
Whyatt, Brenda, Northern Regional Director
Power, Lynn, ARNNL Executive Director/Secretary-Treasurer
Wells, Julie, ARNNL Staff/Trust Coordinator



Awards Committee

Andrews, Linda
Battcock, Anne
Doyle Barry, Irene
Earle, Gloria
Picco, Lisa
White, Reshelda
Wells, Julie, ARNNL Staff/Trust Coordinator

Research Award Review Committee

Ludlow, Valerie
Mandville-Anstey, Sue Ann
Snow, Nicole
Wells, Julie, ARNNL Staff/Trust Coordinator

SPECIAL INTEREST GROUPS

There are 13 ARNNL Special Interest Groups involved in various specialties within the nursing profession. ARNNL, RNs and the public they serve benefit from their expert advice and activities, and thanks everyone involved.

- Association of Occupational Health Nurses of Newfoundland and Labrador (AOHNNL)
- Canadian Association of Neuroscience Nurses (CANN)
- Canadian Association of Nurses in Oncology (CANO), Newfoundland Branch
- Canadian Council of Cardiovascular Nurses – NL Division (CCCN-NL)
- Community and Hospital Infection Control Association – Newfoundland and Labrador (CHICA-NL)

- Newfoundland and Labrador Chapter of the Canadian Society of Gastroenterology Nurses and Associates (NL-CSGNA)
- Newfoundland and Labrador Diagnostic Imaging Nurses Association
- National Emergency Nurses Affiliation (NENA) NL
- Newfoundland and Labrador Gerontological Nurses Association (NLGNA)
- Newfoundland and Labrador Nurse Practitioner Association (NLNPA)
- Newfoundland and Labrador Operating Room Nurses Association (N&LORNA)
- Psychiatric/Mental Health Nurses Special Interest Group of Newfoundland and Labrador (PSIGNAL)
- Urology Nurses of Canada – NL Division

If you would like to join any of these groups, visit www.arnnl.ca/special-interest-groups for contact information.

The ARNNL Education & Research Trust is a registered charity established in 1986 to facilitate the expansion of nursing knowledge for the benefit of the public at large. The Trust accomplishes this mandate by providing scholarships, bursaries and awards to Bachelor of Nursing students and registered nurses enrolled in continuing education programs and those conducting research.

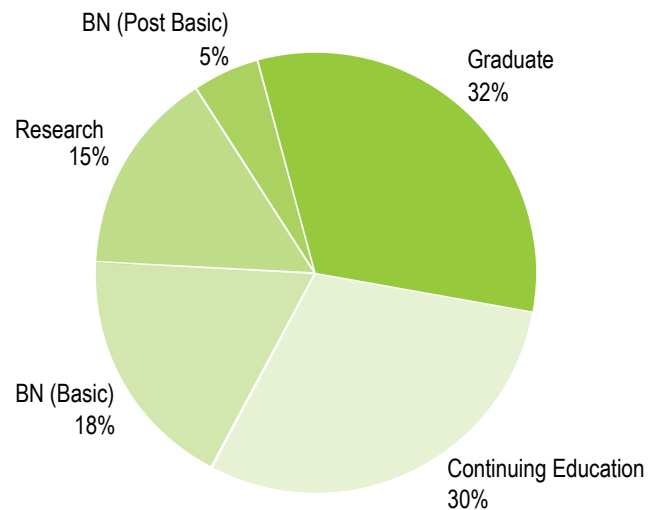
Highlights of Awards for 2015-2016

- A total of 97 applications were submitted during the three funding competitions held in 2015-2016.
- Sixty-five awards and bursaries were awarded in 2015-2016 (Figure 1). Five additional continuing education bursaries valued at \$3,400 were awarded but could not be distributed because the applicants were unable to attend the event or they received funding from another source.
- The total amount awarded was \$59,577. Most of the funding was awarded to practicing RNs (82%) with 18% going to students enrolled in basic BN programs. The majority of funds supported RNs enrolled in graduate degree programs (32%) and those pursuing continuing education (30%) such as attending conferences, completing a post-basic course or obtaining CNA Certification (Figure 2).

Figure 1. Number of Trust Awards



Figure 2. Where the Trust Money Went in 2015-2016



BEHIND THE SCENES



Sitting (left to right): Michelle Carpenter, Trudy Button, Lynn Power, Lana Littlejohn, Michelle Osmond, Bradley Walsh

Standing (left to right): Michelle Nawfal, Jennifer Lynch, Rolanda Lavallee, Siobhainn Lewis, Jeanette Gosse, Pamela King-Jesso, Jessica Howell, Christine Fitzgerald, Julie Wells, Carolyn Rose

ARNNL has 17 permanent, full-time staff and has utilized contractual hires throughout the year as needed. To advance the efficiency and effectiveness of operations several administrative roles have been realigned and a new legal assistant role was created to support the PCR and related regulatory roles of ARNNL. A new Policy and Practice Consultant joined ARNNL this past year and we are pleased that the three nursing consultant roles now support both RN and NP practice.

Operational Highlights:

- First in the country to develop a payment platform with CNPS for enhanced member linkage between the provider of liability services and the member.
- Renewed sponsorship relationship with TD Insurance Meloche Monnex Affinity Program for members' home and auto insurance.
- Introduced a more expansive Employee and Family Assistance Program for all staff.
- Reduced our environmental footprint by providing more services online this year (e.g. Council meeting and PCR process information were moved to a secure electronic option).
- Developed an auto-approve licence feature to improve registration services and related staff workloads.
- Provided education and support to staff learning in the following areas: Adobe Acrobat XI, website content management and iMeet teleconferencing, Social Media and Privacy, and Quality Assurance.
- Continued updates to administrative policies to support improvements in services.

OUT AND ABOUT







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