



Association of
Registered Nurses
of Newfoundland
and Labrador

ANNUAL REPORT 2018-19

Regulating Registered Nurses
in the Public Interest for 65 Years
1954 -2019

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Editor
Creative Design
Printing

James Sheppard
Brenda Andrews, Image 4
Bounty Print

Association of Registered Nurses of Newfoundland and Labrador (ARNNL)

55 Military Road
St. John's, NL A1C 2C5
Ph: 709-753-6040
Fax: 709-753-4940
Toll Free: 1-800-563-3200
email: info@arnnl.ca
www.arnnl.ca
[@arnnlca](https://twitter.com/arnnlca)

MESSAGE FROM THE PRESIDENT



Elaine Warren RN
president@arnnl.ca

I would like to begin by commending all Registered Nurses and Nurse Practitioners in Newfoundland and Labrador who consistently uphold the standards of excellence set by Association of Registered Nurses. Your dedication to the nursing profession is an essential component of the health care system in our province.

The 2018-2019 year saw some very significant events for the ARNNL. Council worked diligently and successfully to support amendments to the *Registered Nurses Act, (2008)* which focused on improving and strengthening our governance model. Other notable accomplishments this year included the administration of a public survey which showcased an overwhelming majority of the public had confidence in the work of ARNNL, as well as the nurses of NL. The appointment of four new public representatives to the ARNNL Board of Directors has provided us with new opportunities for focus. These progressive actions have bolstered the foundation of our organization and have enabled us to continue to deliver on our mandate.

On a personal note, the transition to the College of Registered Nurses of NL will mean that I am the last President of the ARNNL, with a new name comes a new structure. I am deeply honored to have been the 29th President of the ARNNL and am excited that I will be able to play an important part in the evolution of our organization.

A handwritten signature in black ink that reads "Elaine Warren".

MESSAGE FROM THE EXECUTIVE DIRECTOR



Lynn Power, RN, MN
lpower@arnnl.ca

John F. Kennedy once said, “*Change is the law of life and those who look only to the past or present are certain to miss the future.*” This 2018-19 Annual Report for the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) holds a special historical significance. This report symbolizes the 65th year of our organization but will also serve to be the final Annual Report of the ARNNL as we know it.

As many of you are aware, our organization will be undergoing fundamental changes in the months ahead as we transition into the College of Registered Nurses of Newfoundland and Labrador. The landmark amendments made to the *Registered Nurses Act, 2008* have paved the way for our organization to fully reach the scope of our mandate and enhance our operations.

These progressive reforms did not happen overnight and getting to this point has taken a great deal of time and team effort. I am proud to oversee this significant transition of our organization and I am confident that these changes will be to the betterment of our registrants and the people of our province. I encourage readers to take the opportunity to learn what we have accomplished in 2018-19 and to stay-tuned as we embark on the next chapter as a professional regulator.

A handwritten signature in black ink that reads "Lynn Power".

ARNNL Strategic Outcomes

at a glance...

Mandate

The mandate of ARNNL is to protect the public through self-regulation of the nursing profession in accordance with the RN Act.

Vision

ARNNL will be recognized as a leader in nursing regulation, a key partner in health regulation and a trusted and valued regulatory body. ARNNL will provide nursing visionary and strategic leadership to strengthen the future of the profession in the province and where relevant, contributes nationally and internationally.

Mission

In fulfilling its Mandate and Objects of the RN Act, ARNNL advances nursing excellence for public protection and optimal health of the Newfoundland and Labrador population.



PUBLIC CONFIDENCE IN SELF-REGULATION

Confidence in the ARNNL to ensure safe, competent, professional nursing practice.

Governance and regulatory processes and policies are objective, accessible, fair and appropriately transparent.

Regulatory programs and services are relevant, credible and innovative enabling nurses to achieve standards for the profession.

Public policy is influenced to promote the health and well-being of the population.



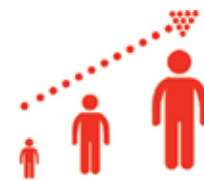
ACCOUNTABLE PROFESSIONALS

Safe, effective, collaborative practice consistent with the Standards of Practice and Code of Ethics.

RNs apply appropriate knowledge, skill and judgement to their full scope of practice.

RNs engage in self-directed professional development and meet the requirements for continuing competence.

RNs have access to resources to support professional practice and engage in self-regulation.



EVOLUTION OF THE PROFESSION

The nursing profession is prepared to meet the future needs of the population.

Nursing roles in practice, management, education, research and policy continue to advance and contribute to the health of the population.

Our Framework

Council sets the overall policy direction to uphold the objects of the *Registered Nurses Act (2008)*. These policies are written as Strategic Outcomes. This report will outline the progress toward achieving these Strategic Outcomes over the past year.

GOVERNANCE

ARNNL Council 2018-19

Over the last year ARNNL Council has led the organization through several significant advancements.



ARNNL's Council, comprised of 10 RNs and four public representatives, govern the nursing profession and are responsible for public protection through self-regulation.

Historic Amendments to Registered Nurses Act Defines the Imperative Role Played by The Regulator in the Lives of Newfoundlanders and Labradorians

On March 21, 2019 amendments were made to the *Registered Nurses Act*, (2008) which will come into effect September 1, 2019. One of the most significant amendments will see the Association of Registered Nurses of Newfoundland and Labrador become the College of Registered Nurses of Newfoundland and Labrador. This major development will reaffirm the public protection mandate as a regulatory body in keeping with national and international trends.

AGM Resolutions

A call for resolutions was issued by ARNNL in January 2018 for the 64th AGM. Four resolutions were received by deadline and a motion was also put forward at the AGM for discussion/debate:

- (i) Undertake an environmental scan to identify how other nursing regulatory bodies are answering the Truth and Reconciliation Calls to Action; Collaborate with Indigenous RN leaders and indigenous communities and their agencies and where relevant other health professional bodies and provincial ministries to develop an action plan to address the relevant Calls to Action in this province; report progress to members through newsletters and other forms of communication tools.
- (ii) Explore and adopt a mechanism that allows for ARNNL members who are unable to attend the ARNNL Annual General Meeting in person to participate in voting and moving and seconding resolutions via an alternative method in real time.
- (iii) Survey other complaint processes in other jurisdictions and of other organizations such as the Human Rights Commission, for guidelines for dismissing complaints on intake and for identifying if the complaint is within the mandate of public protection, and consider developing their guidelines for dismissing a complaint on intake and recommending a change in the *Registered Nurses Act, (2008)* if required.
- (iv) Explore the option of not renewing their contract with the National Council of State Boards of Nursing for the NCLEX-RN exam, or if necessary, explore the option of renewing the contract for a shorter period of time until another exam option is found. Explore the Canadian Exit Exam being developed by The Canadian Association of Schools of Nursing (CASN) as an option to the NCLEX-RN exam. ARNNL ensure a fair regulatory process is in place and advocate for a Canadian exam in consultation with the Canadian Nurses Association and the Canadian Council of Registered Nurse Regulators.
- (v) Develop and implement an education strategy to promote the Canadian Nurses Protective Society (CNPS) supplemental protection and encourage members to purchase this annual assistance (as amended).

All resolutions and the motion were passed at the meeting. Council deliberated on each resolution and the motion at its fall meeting and was in support of taking actions towards the items related to the Truth and Reconciliation Call to Action, member attendance at the AGM, and educating members on the availability of the CNPS supplementary protection.

Council also determined that no further action would be taken related to exploring changes to the complaints process as the *Registered Nurses Act, (2008)* sets out the provisions to manage complaints, including the mechanism to dismiss a complaint. Amendments of the Act to add Quality Assurance, that come into force in fall 2019, will authorize another mechanism to address concerns with an RNs practice. In discussing the entry to practice exam, Council affirmed their ongoing confidence that the NCLEX-RN exam was a reliable and valid regulatory exam that meets legislative requirements. Council also determined that ARNNL would remain in the current contractual relationship with the National Council of State Boards of Nursing. Related to this item and to enhance information sharing and discussion between ARNNL and the Schools of Nursing regarding the current entry to practice licensure exam (NCLEX-RN), ARNNL established the NCLEX-RN Discussion Forum Working Group with representatives from the Schools of Nursing.

By laws were changed to align Council Election voting timelines to coincide with annual licensure renewal. As a result, the number of members who voted went from approximately 350 to 1700 this year, an increase of over 300%.

Finance

The detailed audited financial statements for 2018-19 will be posted on ARNNL's website. Recognizing the steady rise in the complexity and depth of complaints over the years, continued contribution to the internally restricted Professional Conduct Review fund was made again this year as well as investment contribution to the Building Contingency Fund for future replacement of ARNNL offices. Summary financial statements are located on page 15-18 of this Annual Report.

Over the year, ARNNL Council approved the following documents:

- Transition to Practice of Newly Licensed RNs which replaces the Orientation for Registered Nurses: Best Practice Guidelines.
- Entry - Level Competencies (ELCs) for the Practice of Registered Nurses, replacing the Competencies in the Context of Entry - Level Registered Nurse Practice 2013-2018.
- Nurse Practitioners Providing Medical Assistance in Dying (MAID).

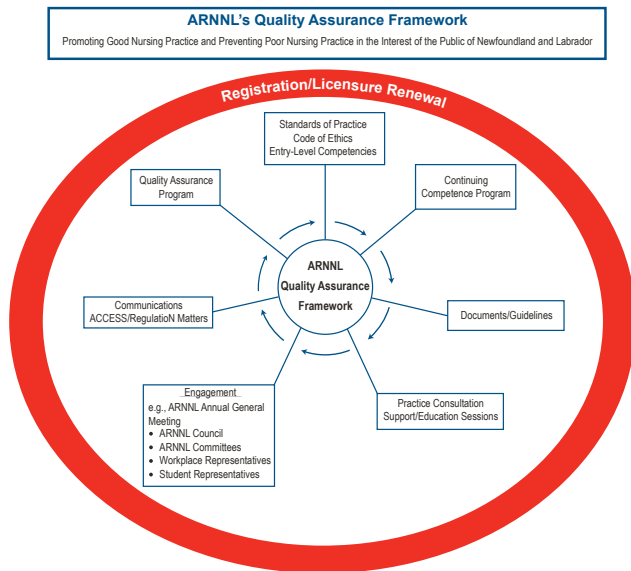


ARNNL collaborates and networks with organizations around the globe.

Quality Assurance (QA)

Amendments to the *Registered Nurses Act, (2008)* which go into effect September 1, 2019 will authorize ARNNL to implement activities ongoing since 2015 to establish a Quality Assurance (QA) Program. These amendments will strengthen/support ARNNL's mandate to regulate RNs and NPs in the public interest. As one component under ARNNL's Quality Assurance Framework (Figure 1), the QA Program provides a proactive mechanism to address an issue/concern regarding an RN's/ NP's practice thereby supporting the nurse to meet ARNNL's Standards of Practice for safe, competent and ethical care.

Figure 1: ARNNL's Quality Assurance Framework



NP Standards Committee

The Nurse Practitioner Standards Committee met two times in 2018-2019. During those meetings, the committee reviewed a number of briefing notes and/or held discussions related to:

- Choosing Wisely Newfoundland and Labrador (CWNL)/Quality of Care NL (QCNL) Initiatives
- NP Evaluation Report and Findings
- NPs Prescribing Suboxone and Methadone
- Revision of NP Standards
- Prescription Monitoring Act and Program
- Provincial Opioid Dependence Treatment Action Plan
- NPs Prescribing Mifepristone/Mifegymiso

The committee also recommended two changes in the scope of NP practice. These included: NPs Providing Medical Assistance in Dying (MAID) and NPs Authorizing the Use of Cannabis for Medical Purposes. With the repeal of section 37 included in the approved changes to the *Registered Nurses Act, (2008)*, the NP Standards Committee will evolve into an advisory committee in the coming year.

Continuing Competence Program (CPP) 2018 Audit

The 2018 CCP Audit occurred in May 2018 at ARNNL House with 13 auditors. Approximately 250 members were randomly selected to be audited. Of those, 92.4% met all initial requirements. The remaining 7.6% were required to connect with ARNNL Nursing Consultants for additional education or clarification and/or to submit incomplete or omitted documentation. As of July 2018, 99.6% of audited members met 2018 CCP audit requirements. One registrant failed to meet audit requirements and that member's file was referred to the Director of Regulatory Services.



2018 CCP Audit Committee

Front Row L-R: Carolyn Buckle, Rhonda McDonald, Linda Mercer, Marie Clarke, Michelle Carpenter. Back Row L-R: Robyn Williamson, Lisa Jesso, Dena King, Dawn Lanphear, Novelette Delisser-Francis, Patricia Grainger, Marie Powell, Marcy Greene-Feder, Lisa Hussey, Tracy MacDonald, Peggy Rauman

Evaluation of Continuing Competence Program

CCP was introduced in 2010 and in 2018 – 2019 an evaluation was completed. There were over 1000 responses that will be analyzed to provide a final report with recommendations for the future CCP program.

Schools of Nursing - Approval

In keeping with our regulatory accountability for education programs, Council approved a new education approval process for Memorial University of Newfoundland & Labrador's MN – NP Program to be initiated in 2019. A review of the Internationally Educated Nurse program at the Centre for Nursing Studies has started and will conclude in the fall of 2019.

Healthy Public Policy

Over the year ARNNL supported an initiative by the Newfoundland & Labrador Association of Optometrists seeking a program to provide a visual exam by an optometrist for all children four years of age. ARNNL also responded to changes to community-based policy related to use of medical directives and pre-printed orders that support an enhanced scope of practice for RNs. The change impacted the role Public Health RNs could assume in providing access to select sexual health services. Continued support for mental health and primary health care initiatives were ongoing.

STRATEGIC OUTCOME 1: PUBLIC CONFIDENCE IN SELF-REGULATION

Registration

- Practicing licenses were issued to 231 new members. Of these, 81% were graduates of a Newfoundland and Labrador (NL) school of nursing, 15% were from other Canadian jurisdictions and 4% were Internationally Educated Nurses (IENs).
- Revisions and improvements to MyARNNL were completed during the year including; automatic redirect to the Canadian Nurses Protective Society (CNPS) site, new research participation question and online voting alignment with licensure renewal period.
- Thirty-seven members were issued a conditional license due to outstanding Continuing Competence Program (CCP) requirements. Four of those members failed to meet the program obligations within the 90-day time period, thus their statuses were changed to non-practicing.
- Work continued to revise the competency validation process for Nurse Practitioners (NP) who have insufficient practice hours to renew a NP license and who wish to re-enter NP practice and NPs who want to change their stream of practice.

Our Numbers – Local:

- There were 6,250 members with a practicing license at year end in 2018-19, a decrease of 1.7% from last year (Figure 2). The number of non-practicing members increased 5.9% from 551 to 584.
- NPs accounted for 2.9% of practicing members at year end. A total of 179 members had a practicing NP license, representing a 6% increase over last year (Figure 3).

Our Numbers – Abroad:

- ARNNL, along with other Canadian nursing regulatory bodies, continues to participate in the National Nursing Assessment Service (NNAS). ARNNL participated along with two other regulatory bodies in the revision and refinement of the RN curricular assessment tool.
- 122 applicants have identified ARNNL as a jurisdiction of choice on their NNAS application. 58 applications were received from IENs following receipt of their NNAS Advisory Report. See Figure 4 for how applicants progressed.

Figure 2: Practicing Members

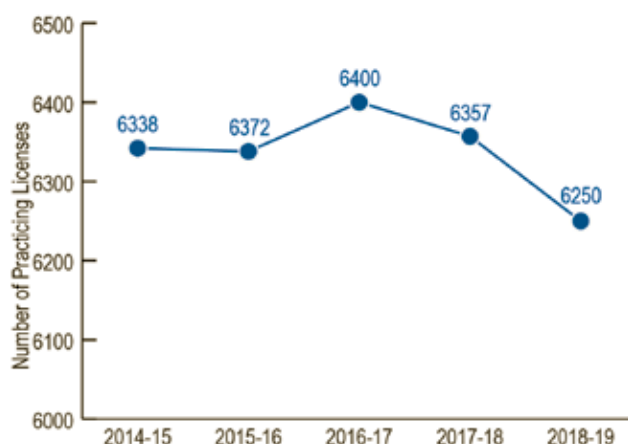


Figure 3: Nurse Practitioners

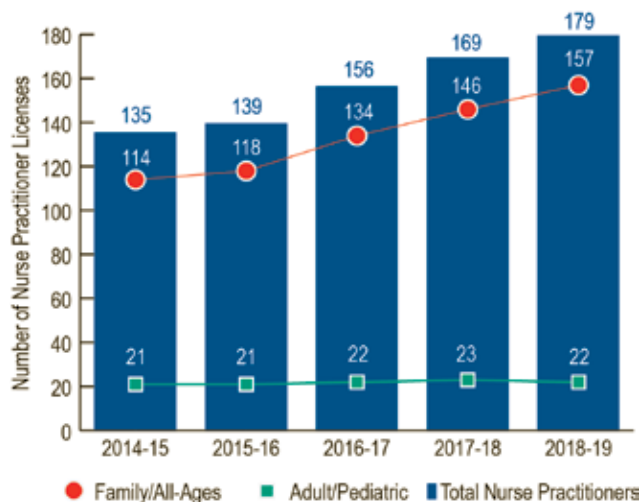


Figure 4: Internationally Educated Nurses



Examinations

- 100% of NP-Family/All-Ages (F/AA) graduates who completed an NP program in NL, and those who completed an NP program outside of NL, successfully wrote the Canadian Nurse Practitioner Exam (CNPE).
- The CNPE transitioned to a computer-based format in 2018 with the first writing by candidates in October 2018.
- 91% of the 2018 graduates from NL schools of nursing were successful on their first attempt on the NCLEX-RN. By fiscal year end, 98% of 2018 graduates had passed the exam.
- ARNNL supported ongoing development of the CNPE exam and the NCLEX-RN exam development program with three members participating in NCLEX-RN and one NP participating in an item writing session for CNPE.

Resources

- NCLEX-RN web content updated, adding links to NCLEX-RN practice exam, 2017 Practice Analysis and the updated Candidate Bulletin.
- Registration and licensure web content, including applications and associated forms, examinations pages (RN and NP), fee schedule, CCP, and the Registration Exam Fact Sheet were reviewed and updated throughout the year.

Presentations

Over the year, presentations on Provisional Registration and NCLEX-RN were presented to 230 students from all three sites. Presentations on Professional Conduct Review were done with almost 70 participants.

Education

The highest education attained by practicing members in 2018-19:

- Diploma in nursing 31%
- BN 60%
- MN 5%
- PhD in nursing <1%
- Post-basic degrees in other disciplines 3%

303 registrants indicated that they were enrolled in a post-basic program:

- Bachelor of Nursing 48
- Other bachelor's degree 11
- Master of Nursing 109
- Other master's degree 29
- PhD Nursing 9
- Other PhD 7
- Other Post-basic program 42
- Nurse Practitioners 48

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 *Registered Nurses Act, (2008)*. **This year saw a decrease in the number of allegations to twenty-two, following three years of steady increase.** During 2018-19, employers filed the majority of allegations; however, allegations continue to be filed by members of the public.

Number and outcomes of allegations over the past year.

	Allegations received 2018-2019	Allegations acted on 2018-2019	Total Actions 2018-2019
Total	22 ¹	64 ²	179
Action Taken³			
Attempt to Resolve via Agreement process ⁴	16	2	18
Allegation referred to CAC - pending	0	0	0
Investigation/ADR ⁵ ordered by the CAC	4	6	10
Registrant required to meet with CAC	0	0	0
Caution or Counsel Issued by CAC	2	2	4
Referred to Hearing Tribunal	0	3	3
CAC recommended to Council to Suspend/Restrict member license	0	1	1
Agreement/ADR pending	1	0	1
Agreement/ADR Finalized	12	15	27
Monitored under Agreement ADR	12	45	57
Conditions of Agreement/ADR completed	2	23	25
Investigations commenced or completed	3	11	14
Withdrawn by Complainant	0	1	1
Appeal of Decision of the CAC to Court ⁶	0	0	0
Hearing Tribunals	0	2	2
Monitoring of Order of PCR Panel/Adjudication Tribunal	0	10	10
Dismissed by CAC	1	3	4
De-Registration	1	1	2

NOTES

1. Allegations were filed against 19 nurses with three RNs having two allegations filed in this time period (n=22).
2. Total allegations filed between 2011-2018 were 206 and in 2018-2019 action was taken on 64 allegations.
3. Each allegation may result in multiple actions therefore number of actions may not equal number of allegations.
4. 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.
5. Alternative Dispute Resolution (ADR).

Figure 5: Number of Allegations

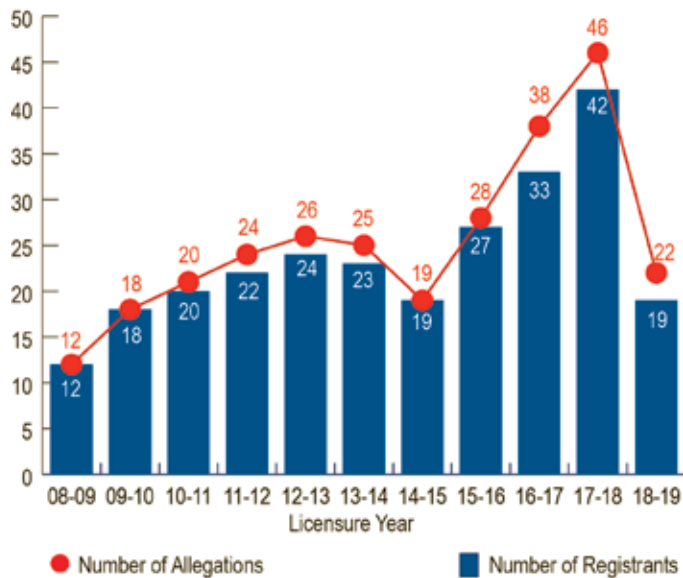
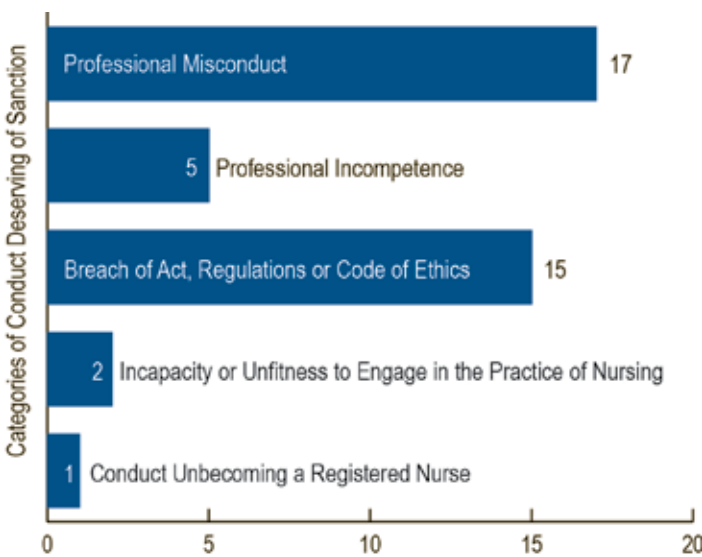


Figure 6: Categories of Conduct Deserving of Sanction



- The allegations related to Registrant’s failure to uphold ARNNL’s Standards for Nursing Practice included: conduct that does not conform to the values and beliefs within the Code of Ethics for Registered Nurses (failing to demonstrate accountability in nursing care, failing to demonstrate respect for a client, breaching obligations under an Agreement to resolve an allegation, breaches of client privacy and confidentiality, dishonesty in communications with colleagues and manager), appropriate documentation of client assessment and care, failure to complete or document client assessments, incompetence in provision of nursing care (e.g. errors in medication administration processes, failure to demonstrate critical thinking; failure to complete physicians orders, failure to adhere to the RN Regulations (e.g. practicing nursing without a valid license

and liability protection, failing to submit all documentation required for the Continuing Competence Program Audit), incapacity to engage in the practice of nursing, failure to demonstrate professional communication with clients and colleagues, and failure to practice within scope of a registered nurse.

- Adjudication Tribunals were convened to conduct hearings into complaints against two Registrants, both Registrants plead guilty to conduct deserving of sanction and were suspended.
- As required under the Act, two hearing outcomes were published in 2018.
- Council re-appointed 12 RN Registrants to the Disciplinary Panel. Since 2016, Public Representatives are appointed in accordance with the Public Service Commission Act.
- A Standardized Complaint Form (Figure 7) was made available, via the website, for the public, employers and other persons who may be filing an allegation against a Registered Nurse/Nurse Practitioner.

Transparency

- Council approved a new policy that increases transparency in the PCR process. The policy directs the information that will be available to the public related to: allegations resolved via Alternative Dispute Resolution; decisions of the Complaints Authorization Committee and an Adjudication Tribunal; notices of license restriction/suspension pending a disciplinary hearing; and matters related to a disciplinary hearing. The policy also directs the information that will be provided to an employer of a RN who has an allegation or complaint filed against them.
- Council approved concluding the Legal Assistance Plan by March 31, 2020 due to lack of financial sustainability. The conclusion of this plan places an importance on considering the optional CNPS Supplementary Protection.

Figure 7: Standardized Complaint Form

STRATEGIC OUTCOME 2: ACCOUNTABLE PROFESSIONALS

Making Connections

- Policy and Practice Consultants responded to 514 practice calls. The majority of calls were related to scope of practice, CCP and self-employment.
- ARNNL Policy and Practice Consultants regularly connected with members and key stakeholders to share information. Below are a few highlights from 2018-19:
 - Held two Frontline RN workshops and introduced a new workshop for novice nurses.
 - Visited Labrador Grenfell Health (St. Anthony) during National Nursing week and Central Health (Both Gander & Grand Falls) in June 2018. Provided member education on professionalism and social media, documentation standards, and ARNNL's toolkit for resolving professional practice issues.
- ARNNL once again joined forces with the Newfoundland and Labrador Association of Social Workers and the College of Licensed Practical Nurses of Newfoundland and Labrador to hold a webinar in February. The topic this year was Diversity and Inclusion: Fostering Cultural Competence in Practice. This provincially broadcasted event attracted greater than 90 health professionals.

Working to Full Scope of Practice Resources

- Revision of the ARNNL document for RNs Scope of Nursing Practice: Definition, Decision-Making and Delegation (2006) is ongoing. A 2020 completion date is anticipated.
- A review of both the Standards for Nurse Practitioner Practice in Newfoundland and Labrador (2013) and the Standards of Practice for Registered Nurses (2013) is ongoing to ensure content remains current with RN and NP Practice. The NP document underwent consultation in 2018; however, the revision of the document was delayed coinciding with the revision of the RN Standards. It is expected that the combined document will be presented to ARNNL Council in October 2019 for approval.
- Revision of the ARNNL document Performance of Nursing Tasks by Support Workers in Community Settings (2003) is in progress. It is expected the document will be presented to ARNNL Council for approval in June 2019.
- Three Fact Sheets were created and posted to the document library related to NPs Prescribing Suboxone, Methadone for Opioid Dependence and Methadone for Analgesia.
- The ARNNL Medication Standards went for external consultation in March 2019 and is expected to go to Council for approval in June 2019.

Student Presentations

ARNNL presented to 786 RN & NP students from the three Schools of Nursing on a variety of topics (Self-Regulation, Standards of Practice, Scope of Practice, Professionalism & Social Media, Documentation, MAID).

Over 1000 Registrants attended the following education sessions by ARNNL:

Topic of Presentation

Professional and Regulatory Obligations
RN/LPN Scope of Practice
Professionalism and Social Media
Documentation Standards
A Toolkit for Resolving Professional Practice Issues
Cannabis for Medical Purposes
Medication Standards
Standards of Practice/Accountability/Documentation
Continuing Competence Program
What's New at ARNNL
Frontline RN Workshops
Novice Nurse Workshop
Eastern Health Education and Research Symposium
ARNNL Current Initiatives for NP Practice
ARNNL Tuesday Teleconferences - CCP, including NP Practice topics - NPs providing MAID, NP Evaluation Results
ARNNL/NLASW Teleconference - Inclusion and Diversity

STRATEGIC OUTCOME 3: EVOLUTION OF THE PROFESSION

ARNNL hosted an open forum in October 2018 with the four Regional Health Authorities (RHAs), Provincial Government representatives, Schools of Nursing and Council for Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL). The purpose was to explore what was being done in relation to the legalization of cannabis and how ARNNL could support this national policy change.

An outcome of that forum was the creation of a collaborative regulatory direction with CLPNNL with respect to RNs, NPs and LPNs administering and distributing cannabis for medical purposes.

- In February 2019, ARNNL Council approved NPs to authorize the use of cannabis for medical purposes. A regulatory document is currently under development that will outline the related regulatory requirements for NPs authorizing the use of cannabis for medicinal purposes
- ARNNL continues to collaborate with various provincial and federal government departments, Canadian Nurses Association (CNA), the Newfoundland and Labrador Nurse Practitioner Association (NLNPA) and individual Nurse Practitioners to remove federal barriers to NP Scope of Practice.

ARNNL received the final Report of the NP Evaluation Study in May 2018. The results of the evaluation will help inform future implementation efforts and optimal utilization of NPs in NL and guide future ARNNL directions. The report identified 10 recommendations and 17 action items. Several recommendations and action items were outside of ARNNL's mandate. ARNNL has committed to support and collaborate with key stakeholders to address these items.

One outcome of the report resulted in the establishment of Newfoundland and Labrador Medical Association/ARNNL Collaborative working group to address physician perceptions of the NP role and to identify strategies to increase interprofessional collaboration amongst all health care professionals that could be shared with the health care system.

- ARNNL continued to be actively involved in the Provincial Prescription Monitoring Program and notified NPs of the requirements that came into effect June 2018.
- ARNNL continues to have representation on the Opioid Dependence Treatment (ODT) working group of the Service Redesign Team as part of the Province's Opioid Action Plan.

A sub working group was created from the ODT group to address rapid access to Suboxone in community care facilities. ARNNL has representation on this working group and has contributed to identifying the regulatory and legal requirements to increase pharmacy capacity and RN administration of Suboxone in community and outpatient settings.

- ARNNL continues to work with the Centre for Health Informatics and Analytics (CHIA) to provide NPs with practice points from Choosing Wisely NL and Quality of Care NL with the aim of NPs implementing evidence-informed recommendations to reduce unnecessary care and increase efficiencies in Newfoundland and Labrador's health care system.
- Collaboration and dialogue took place this year with various regulatory bodies. Early analysis suggests that despite differences across jurisdictions, there are opportunities to recommend a "principled approach" level of regulation, improve consistency in NP regulation and reduce barriers that may advance labour mobility across Canada.

ARNNL began the incorporation of the TRC Calls to Action into various documents: The Standards of Practice, RN & NP Entry-Level Competencies, and Code of Ethics. In addition, ARNNL completed an environmental scan of TRC Calls to Action initiatives/activities provincially and nationally which revealed that organizations are in the early stages of exploring and implementing appropriate actions to respond to the TRC in accordance with their mandate. ARNNL will continue to track and trend and respond based on ARNNL's mandate.

- ARNNL was represented on the Family Practice Renewal Program (FPRP) advisory committee looking at the design and delivery of a Family Practice Nursing Program, supporting the integration of Registered Nurses into Family Practice in NL.
- In support of the recommendations included in the Child and Youth Advocate's report: The Case for Specialized Health Care Responses to Recognize and Prevent Child Sexual Abuse, in January 2019, ARNNL hosted a Continuing Education Session where Child Protection Services presented information on the Children and Youth Care and Protection Act; Grounds for Protective Intervention; Duty to Report; and Responding to Disclosure of Child Maltreatment.
- The ARNNL Student Representative program completed its fifth year. The program is comprised of 14 nursing students enrolled in the BN Collaborative Program at all three sites. Topics presented to the student representatives this year included: orientation to self-regulation and the ARNNL, Standards of Practice, Professionalism and Social Media, and Medical Assistance in Dying (MAID).

Research

- ARNNL provided letters of support for two initiatives: Health Canada Funding for the Centre of Excellence under the Provincial Hub and Spoke Model and an application for a Canadian Institutes of Health Research (CIHR) project grant for "Impact of Primary Care Teams' Functioning Model on Roles, Processes, and Comprehensiveness".



Summary Financial Statements of
**ASSOCIATION OF REGISTERED NURSES
OF NEWFOUNDLAND AND LABRADOR**

And Independent Auditors' Report thereon
Year ended March 31, 2019

KPMG LLP
TD Place
140 Water Street, Suite 1001
St. John's Newfoundland A1C 6H6
Canada
Tel (709) 733-5000
Fax (709) 733-5050

**REPORT OF THE INDEPENDENT AUDITORS ON THE SUMMARY FINANCIAL
STATEMENTS**

To the Members of Association of Registered Nurses of Newfoundland and Labrador

Opinion

We have audited the summary financial statements of Association of Registered Nurses of Newfoundland and Labrador (the Entity), which comprise:

- the summary statement of financial position as at March 31, 2019
- the summary statement of operations for the year then ended
- and note to the summary financial statements

are derived from the audited financial statements of Association of Registered Nurses of Newfoundland and Labrador as at and for the year ended end of March 31, 2019 (audited financial statements).

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial statements, in accordance with the criteria disclosed in Note 1 in the summary financial statements.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the Entity's audited financial statements and the auditor's report thereon.

The summary financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

The Audited Financial Statements and Our Report Thereon

On our report dated June 10, 2019:

- We expressed an unqualified opinion on the audited financial statements

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with the criteria disclosed in Note 1 in the summary financial statements.

Auditors' Responsibilities for the Audit of the Financial Statements

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards 810, Engagements to Report on Summary Financial Statements.

Chartered Professional Accountants
St. John's, Canada
June 10, 2019

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ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Summary Statement of Financial Position

March 31, 2019, with comparative information for 2018

	2019	2018
Assets		
Current assets:		
Cash and cash equivalents	\$ 3,546,545	\$ 3,532,122
Trade receivable	5,249	24,516
Prepaid expenses	18,511	11,676
	<u>3,570,305</u>	<u>3,568,314</u>
Portfolio investments	2,601,903	2,527,914
Capital assets	202,650	183,900
	<u>\$ 6,374,858</u>	<u>\$ 6,280,128</u>
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 566,132	\$ 569,493
HST payable	348,580	351,420
Deferred revenue	2,407,219	2,424,856
	<u>3,321,931</u>	<u>3,345,769</u>
Accrued severance pay	-	179,837
	<u>3,321,931</u>	<u>3,525,606</u>
Net assets:		
Unrestricted	1,234,170	1,121,593
Internally restricted		
Invested in capital assets	202,649	183,900
Legal assistance plan	44,550	72,252
Ways and means plan	105,168	96,630
Conduct review plan	335,000	315,000
Building contingency plan	1,063,418	913,918
TD affinity plan	67,972	51,229
	<u>3,052,927</u>	<u>2,754,522</u>
Commitments		
	<u>\$ 6,374,858</u>	<u>\$ 6,280,128</u>

See accompanying note to summary financial statements.

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Summary Statement of Operations

Year ended March 31, 2019, with comparative information for 2018

	2019	2018
Revenues:		
Practicing members	\$ 2,549,443	\$ 2,564,264
Interest income	74,834	71,050
Other	61,884	46,838
Registration service fees	52,363	60,237
Dividend income	31,401	29,263
Non-practicing members	22,261	21,033
Examinations	13,119	12,365
	<u>2,805,305</u>	<u>2,805,050</u>
Expenses:		
Salaries and benefits	1,436,787	1,512,339
Affiliation fees	383,032	369,900
Administration	208,217	183,392
Professional conduct review	177,571	163,190
Registration	85,309	74,447
Expenses of council	82,416	104,050
Communications	42,185	54,321
Other	35,957	25,519
Amortization	33,471	31,314
Practice and policy	17,441	31,731
Examinations	15,125	13,754
	<u>2,517,511</u>	<u>2,563,957</u>
Excess of revenues over expenses, before other items	287,794	241,093
Other income (expenses):		
Loss on sale of investments	(12,872)	(17,818)
Unrealized gain (loss) on fair value of investments	23,483	(16,377)
	<u>10,611</u>	<u>(34,195)</u>
Excess of revenues over expenses	\$ 298,405	\$ 206,898

See accompanying note to summary financial statements.

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR

Note to Summary Financial Statements

Year ended March 31, 2019

1. **Basis of presentation:**

These summary financial statements have been prepared from the audited financial statements of the Association of Registered Nurses of Newfoundland and Labrador (the "Association") for the year ended March 31, 2019, on a basis that is consistent, in all material respects, with the audited financial statements of the Association except that the information is presented in respect of changes in net assets and cash flows has not been presented and information disclosed in the notes of the financial statements has been reduced.

Complete audited financial statements are available to members upon request from the Association.

In Memoriam

Since the 2018 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
Florence Joan Blackmore Pike	S.A. Grace General	1981
Major Daphne Olive Cole	S.A. Grace General	1965
Kathleen Cumbie (nee Mulrooney)	S.A. Grace General	1961
Rachel Leyden Darby (nee Parby)	S.A. Grace General	1964
Sandra Dawe (nee Sutton)	S.A. Grace General	1971
Ivy Earle (nee Turner)	S.A. Grace General	1972
Catherine Green Osachoff	S.A. Grace General	1959A
Phyllis Joy (nee Swyer)	General Hospital	1963
Mary Keiley (nee Collier)	St. Clare's Mercy Hospital	1962
Noreen Kennedy (nee Taylor)	General Hospital	1954
Judith Ann Marshall (nee Durkee)	Nova Scotia Hospital	1965
Patricia Dunphy Morrissey (nee Osbourne)	Red River Community College	1990
Regina Maria Murphy	St. Clare's Mercy Hospital	1955
Sylvia Savory (nee Sheaves)	S.A. Grace General	1973
Margaret B. Sparkes (nee Andrews)	General Hospital	1966
Audrey Mollie Spurrell (nee Dawe)	S.A. Grace General	1952
Hilda Welcher (nee Sheppard-Troke)	General Hospital	1962
Audrey Windsor (nee Oakley)	S.A. Grace General	1960
Frances Winsor (nee Watt)	S.A. Grace General	1956A
Stephanie Wynne (nee Bruss)	S.A. Grace General	1984





Association of
Registered Nurses
of Newfoundland
and Labrador

55 Military Road
St. John's
NL | Canada
A1C 2C5
Tel (709) 753-6040
1 (800) 563-3200 (NL only)
Fax (709) 753-4940
info@arnnl.ca
arnnl.ca
[@arnnlca](https://twitter.com/arnnlca)