



NURSES: ADVOCATING FOR YOU. EVERYWHERE. EVERYDAY.

RNAO 84TH ANNUAL GENERAL MEETING REPORT

APRIL 23 - 25, 2009
HILTON SUITES TORONTO/
MARKHAM CONFERENCE CENTRE



RNAO

Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

Speaking out for health. Speaking out for nursing.



Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

Dear RNAO members,

It is with great pride that we present the 2009 Annual General Meeting Report and invite you to reflect on the important contributions that you, fellow members and our professional association have made to nursing, health and health care this past year.

RNAO is now 28,000 members strong and your commitment, engagement, political influence and media savvy are truly impressive. Since our last AGM, RNAO members and the executive were quoted in the media 1,610 times! Soon after the last AGM, members organized point-of-care visits for 43 MPPs and MPs during *Take Your MPP to Work*, held during Nursing Week. Then, in January, more than 130 members, representing the leadership of RNAO, attended our *10th Annual Queen's Park Day* meeting with the Premier, Minister of Health, Opposition Party Leaders and 47 other MPPs - what an AMAZING display of knowledge in action - shaping policies affecting nurses and the health of Ontarians. And thousands have written letters in response to the 23 Action Alerts issued during the past year. For these and a myriad of other activities you've taken part in to speak out for health and speak out for nursing, we thank you! The engagement in the association is so vibrant that four members decided this year to take their leadership skills to new heights by running for president-elect of RNAO at this AGM.

A few additional organizational achievements

Advancing Excellence in Nursing Practice and Creating Healthy Work Environments

Three new, groundbreaking clinical best practice guidelines were issued during the past year. *Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour*, *Oral Health: Nursing Assessment and Interventions* and *Supporting Clients on Methadone Maintenance treatment* are a testament to RNAO's commitment to advancing nursing practice through evidence utilization. RNAO also developed and issued a much-needed BPG, *Preventing and Managing Violence in Workplace*, which we see as paramount to creating healthier work environments. RNAO's 19 Best Practice Spotlight Organizations (BPSO), and 16 recently announced BPSO candidates, as well as our network of 2,000 BPG Champions are leading guideline implementation and advancing policy and practice changes in Ontario and Quebec.

Research and Education

Advanced Clinical/Practice Fellowships continue to successfully provide extensive mentoring experiences for RNs who wish to increase their clinical, leadership or guideline implementation skills. This year we provided 36 additional fellowships!

In addition to offering conferences and workshops on emerging issues in nursing, the RNAO Centre for Professional Nursing Excellence held its popular summer institutes which empowered participants to develop action plans for implementing guidelines in their organizations. In 2008, the Centre also held an amazing conference in Beijing, China, which attracted 400 participants from all over the world.

Policy

This spring, the government's new pesticide law will take effect and RNAO played a lead role in advancing protective regulations governing the use of cosmetic chemicals. Despite heavy resistance from the pesticide industry, Ontario is enacting the toughest pesticide ban in North America – Kudos on this to the McGuinty government!



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On February 20, 2009, Premier Dalton McGuinty followed up on his promise at our 2008 AGM by officially announcing at a media conference at RNAO home office, the locations of three new Nurse Practitioner-Led Clinics in Belle River, Sault Ste. Marie and Thunder Bay. He also assured us that 22 additional NP-Led Clinics will be open by 2012.

In December, the government released its strategy to reduce poverty. This strategy included key components that the 25 in 5 Network for Poverty Reduction, of which RNAO is a member, had been advocating for. While an important start, we will continue to advocate strongly for the need to expand the 25 per cent reduction in poverty in five years target to all Ontarians living in poverty.

RNAO was gravely concerned with the McGuinty government's fall economic statement announcing a delay in creating 9,000 additional nursing positions. The association continues to communicate with the Premier, the Minister of Health and Long-Term Care, Opposition Leaders and Health Critics on the importance of keeping this commitment and getting back on track by funding 3,000 RNs in 2009. RNAO received assurances from the Premier's Office that the *New Nursing Graduate Guarantee* and the *Senior Nurses' Strategy* will continue.

Nationally and internationally, your association also left a mark this year. Nationally, RNAO played a key role during the federal election in placing health onto the agenda with an in-depth platform, all-candidates meetings, all-parties' platform analysis and extensive media coverage. RNAO also remains in partnership with *Safer Healthcare Now!* (SHN), an initiative of the Canadian Patient Safety Institute, in leading the *National Collaborative on Falls in Long-Term Care*. The project involves teams of health professionals from across the country that are committed to using best practices to prevent their residents from falling. Internationally, we hosted in September a delegation of nurse managers from China who came to examine leadership practices in Canadian health-care settings. Our BPGs continue to be implemented nationally and internationally and have been translated into several languages.

Whether in clinical practice, education, administration, research or policy – RNAO is making a bigger impact than ever – on our profession, on patient care, on healthy public policy, on public perceptions of nurses, and on the health of Canadians. We know that none of this would be possible without you – our dynamic and dedicated members! During the AGM, take time to celebrate our collective accomplishments and congratulate yourselves for the work you're doing and the difference you're making. We look forward to speaking with you individually during the event to do just that!

Wendy Fucile, RN, BScN, MPA, CHE
President



Doris Grinspun, RN, MSN, PhD (cand), O.O.N.T.
Executive Director



■ Officers

Wendy Fucile	President
Mary Ferguson-Paré	Immediate Past President
Doris Grinspun	Executive Director

■ Regional Representatives

April Rietdyk	Region 1
Anna Wilson	Region 2
Marlene Slepko	Region 3
Claudine Bennett	Region 4
Doris Cassan	Region 5
Catherine Mayers	Region 6
Carmen James-Henry	Region 7
Rhonda Seidman-Carlson	Region 8
Marnie Dahl	Region 9 (<i>resigned Sept 17, 08</i>)
Michele Bellows	Region 9 (<i>starting April 2009</i>)
Nancy Watters	Region 10
David McNeil	Region 11
Kathleen Fitzgerald	Region 12

■ Members-at-Large

Julia Scott	Nursing Administration
Kathleen White-Williams	Nursing Education
Sheryl Bernard	Nursing Practice
Nancy Purdy	Nursing Research
Theresa Agnew	Socio-Political Affairs

■ Interest Group Representative

Ruth Schofield

■ Bylaws

Doris Cassan, **Chair**
 John Culhane, RNAO Member
 Una Ferguson, Assembly Representative
 Veronika Pulley, RNAO Member
 Anna Wilson, Board Representative
 Riek van den Berg, Parliamentarian
 Doris Grinspun, Executive Director, ex-officio
 Penny Lamanna, Staff resource

■ Finance

Julia Scott, **Chair**
 Mary Ferguson-Paré, Immediate Past President
 Anton Leung, Nursing Student Representative
 David McNeil, LAP Chair
 Aric Rankin, Assembly Representative
 Marlene Slepko, Board Representative
 Wendy Fucile, President, ex-officio
 Doris Grinspun, Executive Director, ex-officio
 Nancy Campbell, Staff resource

■ Legal Assistance Program (LAP)

David McNeil, **Chair**
 Theresa Agnew, Board Representative
 Renee Blomme, RNAO Member
 Kathleen Fitzgerald, Board Representative
 Liz Haugh, RNAO Member
 Cathy Olsiak, Nurse Lawyer, ex-officio
 Doris Grinspun, Executive Director, ex-officio
 Nancy Campbell, Staff
 Lee Minty, Staff resource

■ Editorial Advisory

Carmen James-Henry, **Chair**
 Joseph Gajasan, RNAO Member
 Anne Kelly, The Record (Kitchener), ex-officio
 Holly Lake, The Ottawa Sun, ex-officio
 Shannon Landry, RNAO Member
 Nancy Purdy, Board Representative
 Ruth Schofield, Interest Group Representative
 Rosanna Wilson, Nursing Student Representative
 Wendy Fucile, President, ex-officio
 Doris Grinspun, Executive Director, ex-officio
 Marion Zych, Staff
 Kimberley Kearsley, Staff resource

■ Interest Group Chairs

Ruth Schofield, **Chair**
 Chair of each Provincial Interest Group,
 Associated Interest Group, Pending Associated Interest
 Group, and Affiliated Group (or the Chair's designate)
 Wendy Fucile, President, ex-officio
 Doris Grinspun, Executive Director, ex-officio
 Daniel W. Lau, Staff
 Patti Hogg (née Asselstine), Staff resource

■ Membership Recruitment and Retention

April Rietdyk, **Chair**
 Claudine Bennett, Board Representative
 Monica Codjoe, RNAO Member
 Sandi Cox, RNAO Member
 Etienne O'Connor, RNAO Member
 Connie Wood, RNAO Member
 Wendy Fucile, President, ex-officio
 Doris Grinspun, Executive Director, ex-officio
 Daniel W. Lau, Staff
 Jody Smith, Staff resource

■ Nursing Education

Kathleen White-Williams, **Chair**
 Nichole Adams, SNIG Chair
 Lynda Bobinski, RNAO member representing NLN.ON (*interim*)
 Marianne Cochrane, PNEIG Chair alternate
 Timothy Lenartowych, NSO Chair
 (replaced by Anton Leung, Dec 2008)
 Janet Raiger, RNAO Member representing CAAT
 Rhonda Seidman-Carlson, Board Representative
 Kileen Tucker-Scott, RNAO member representing COUPN
 Wendy Fucile, President, ex-officio
 Doris Grinspun, Executive Director, ex-officio
 Lynn Anne Mulrooney, Staff resource

■ Nursing Practice

Sheryl Bernard, **Chair**
 Rob Fraser, NSO Representative
 Brenda Hutton, SNIG Representative
 Helle Little, RNAO Member
 Lisa Richter, CNIG Representative
 Elaine Santa Mina, MHNIG Representative
 Ruth Schofield, Board Interest Group Representative
 Wendy Fucile, President, ex-officio
 Doris Grinspun, Executive Director, ex-officio
 Gail Beatty, Staff resource
 Valerie Rzepka, Staff resource

■ Nursing Research

Nancy Purdy, **Chair**
 Barbara Kisilevsky, Nursing Research Community Representative #1
 Timothy Lenartowych, NSO Representative
 (replaced by Anton Leung, Dec 2008)
 Lynn McCleary, NRIIG Representative
 (replaced by Veronique Boscart, Jan 2009)
 Vaska Micevski, Nursing Research Community Representative #2
 April Rietdyk, Board Representative
 Wendy Fucile, President, ex-officio
 Doris Grinspun, Executive Director, ex-officio
 Kim Jarvi, Staff resource

■ Policy Analysis and Development

Theresa Agnew, **Chair**
 Sara Cohen, RNAO Member
 Marnie Dahl, Board Representative
 (replaced by Sheryl Bernard, Oct 2008)
 Danielle Dorschner, RNAO Member
 Veronica Jacildo, Nursing Student Representative
 Wendy Fucile, President, ex-officio
 Doris Grinspun, Executive Director, ex-officio
 Sheila Block, Staff resource
 Rob Milling, Staff resource

■ Provincial Nominations

Mary Ferguson-Paré, **Chair**
 Leslie Beagrie, RNAO Member
 Marianne Cochrane, RNAO Member
 Claudette Holloway, RNAO Member
 Doris Grinspun, Executive Director, ex-officio
 Penny Lamanna, Staff resource

■ Provincial Resolutions

Cheryl Forchuk, **Chair**
 Karen Fisher, RNAO Member
 Yvette Laforêt-Fliesser, RNAO Member
 Holly Louise Quinn, RNAO Member
 Riek van den Berg, Parliamentarian
 Doris Grinspun, Executive Director, ex-officio
 Penny Lamanna, Staff resource

■ Registered Nurses' Foundation of Ontario

Doris Grinspun

■ Canadian Nurses Protective Society

Joan Lesmond, Representative to CNPS Board
 (replaced by Mary Ferguson-Paré, Feb 2009)
 Elisabeth Jensen, Adjudication Committee
 Carmen Rodrigue, Adjudication Committee

■ Bylaws Committee

The Committee met once and reviewed proposed changes to RNAO's Bylaws.

I am pleased to report that six bylaw changes are being submitted for discussion at the 2009 Annual General Meeting. The details of the proposed bylaw changes appear on pages 21-23 of this AGM Report booklet.

I would like to thank all committee members for their tremendous dedication and Home Office staff for their expert advice.

Doris Cassan, RN, BScN
Chair

■ Editorial Advisory Committee

The Editorial Advisory Committee is comprised of several individuals who work together as a team to ensure that *Registered Nurse Journal* maintains its reputation as a high quality publication. The committee met by teleconference on seven occasions in 2007/2008. The chair, with support from the Communications Department, arranged for the teleconferences to be held shortly after the publication date of each edition. Two print journalists provided feedback through a "reporter's lens" approach. The nursing members of the committee and nursing student provided feedback based on their nursing practice. This multi-focus approach provides the staff with several perspectives and ensures that the editorial content of the journal is critiqued from different points of view.

It is my pleasure to serve as chair of this committee and I wish to thank all members for their work and continued involvement in RNAO's flagship publication, and Home Office staff for their expert work.

The committee will continue its good work throughout 2009.

Carmen James-Henry, RN, BScN, MEd
Chair

■ Finance Committee

The Association reported positive financial results for the year ending October 31, 2008 in all funds. Total net revenue from all RNAO funds was \$1,012,563 compared to \$672,515 in 2007. The General fund shows net revenue of \$402,953 which is \$237,842 higher than last year due to a 5% increase in member revenue, and overall lower operating expenses. The LAP fund shows net revenue of \$594,788 which is \$101,966 higher than last year for the same reasons. The total surplus from all funds now stands at \$12,434,804 as of October 31, 2008. Special projects related to nursing and health care initiatives from various Ontario government ministries, other funding agencies, and RNAO's international work have enhanced further the depth and breadth of Association activities and continue to be a positive contribution to Association results.

The Finance Committee and the Board of Directors reviewed the investment portfolios of the General and LAP funds which are held on deposit at CIBC Wood Gundy. The equity portion of both portfolios is down an average of 35% year-over-year; however, more than 90% of the General and LAP portfolios are comprised of high quality government and corporate bonds which, held to maturity, will not be impaired in value. Investments are segregated to ensure they are covered by the Canada Deposit Insurance Corporation.

The Committee will be reviewing enhanced internal financial statements in the forthcoming year to meet fiduciary requirements of financial reporting in this era of corporate governance. The Committee monitored ongoing operating results, association activities, membership trends, chapter and interest groups funding and capital expenditures. The Finance Committee is delighted to report that a surplus budget was presented to the Board of Directors for the 2009 fiscal year. I would like to thank all committee members for their tremendous dedication and Home Office staff for their expert advice.

Julia Scott, RN, BA, MBA
Chair

■ Interest Group Chairs Committee

As RNAO Board Interest Group Representative for 2008-2010, I am pleased to submit the following report.

The IG chairs received Board highlights from the June meeting and they were also invited to submit agenda items for the September IG chairs meeting.

The IG chairs met twice, in September 2008 and January 2009. The purpose of the meetings was to review the terms of reference, to strengthen the relationship between interest groups, and to increase awareness of the resources available in home office.

The IG chairs decided that the *terms of reference* were acceptable for another year and made one change in the frequency of meetings from 3 times to 2 times/year to coincide with the Assembly meetings in September and January. Communications during the remaining year would be through email. The terms of reference would be approved at the January board meeting. An *Accountability Chart* was shared with IG chairs to inform them of the IG attendance in RNAO activities and the revised *Leadership Manual* was promoted as an excellent resource to support IG chairs in their functioning.

A lively *network discussion* occurred at the September meeting that enabled the IG chairs to learn about each other through small group discussions on topics such as succession planning, position transfers (treasurer), upcoming IG events, and communication with IG members. At the January meeting, two IGs were profiled, for others to get a more in-depth knowledge of the vision/mission, joys and challenges. *Profiling IGs* will be on future meeting agendas.

At the two meetings, we were privileged to have members of RNAO's Health and Nursing Policy Department join us to explain the role of the Policy Department, and how the department could support IGs in their political action work. Members of the Centre for Professional Nursing Excellence showed us how IGs can benefit from the Centre's conference planning and coordination expertise. International Affairs and Best Practice Guidelines staff members briefed us on the scope of their work, and the BPG development process. As well, we met the new Director of Information Management and Technology. He discussed challenges with RNAO information technology such as multiple domain names, navigation to IG sites, various website presentations, and next steps for improvement. The Executive Director also joined us briefly to give the IG chairs an RNAO update. In September she talked about the new Minister of Health, David Caplan, and an upcoming meeting with him. She also noted the upcoming election and encouraged everyone to read the RNAO platform, stating that it was important for everyone to find out where the leaders stand on the issues, particularly when it comes to Medicare and social determinants of health: environment, education, and poverty, given the looming recession.

I would like to take this opportunity to thank all the committee members for freely giving their time to forward our association's work, and Home Office staff for their expertise.

Ruth Schofield, BScN, MSc(T)
Chair

■ Legal Assistance Program Committee

Since its inception, the Legal Assistance Program (LAP) has supported Registered Nurses in a variety of professional and employment issues. Wrongful Dismissal, Employment Matters, College Complaints, Appearance as a Witness, and Constructive Dismissal continue to make up the majority of legal cases supported by LAP. The program also provides access to Employment Relations counseling. In 2008, more than 16,000 RNAO members subscribed to LAP. The Committee monitors trends to inform and make recommendations to the Board.

During the year the Committee released its latest publication "Defamation – A Practical Guide for the Nursing Profession". This comprehensive brochure provides a general overview of the law of defamation and the law of libel and slander, to members of the nursing profession. Committee representatives are always pleased to speak on this or other matters of interest to chapters or interest groups, and welcome feedback about trends observed in the profession.

I would like to take this opportunity to thank all the committee members for freely giving their time to forward our association's work, and Home Office staff for their expert advice.

David McNeil, RN, BScN, MHA
Chair

■ Membership Recruitment and Retention Committee

Our committee works to provide support and guidance in the recruitment and retention of members. We're pleased to say that this year has brought the association closer to our goal of "Every RN a Member" with 27,824 members at the close of 2007-2008.

As a committee, we have met to judge recognition awards. RNAO members are doing amazing work, and it is an honour to have the opportunity to receive and read these nominations.

The MRRC also oversees the success of the Workplace Liaison Program, which has grown this year to 269 liaisons at workplaces across Ontario, and 24 Workplace Liaison Executive Network Officers in various chapters.

The entire association is committed to getting everyone on board with the association – and with the participation of nursing students and RNs across Ontario, we're growing every day.

I would like to take this opportunity to thank all the committee members for freely giving their time to forward our association's work, and Home Office staff for their expert advice.

April Rietdyk, RN, BScN, MHS
Chair

■ Nursing Education Committee

I am pleased to submit this annual report for the activities of the RNAO Education Committee for the year 2008/2009. I would like to extend a warm thank you to our retiring members for their dedication and contribution to the Education Committee over their term.

The purpose of our committee is to identify and monitor educational initiatives and/or trends within the context of the ever-changing environment in keeping with the Mission and ENDS of RNAO. The committee also is to make recommendations to the RNAO Board related to nursing education.

The committee's structure was revised in 2008 to reflect the growing need for representation from different aspects of nursing in Ontario. We are delighted to have added representation from the Nursing Students Organization (NSO), the Nursing Leadership Network (NLN) and one RNAO undesignated position. We have received supportive feedback from members about these changes as there has been a need to have a formal mechanism where we can further nursing educational initiatives and engage in a knowledge exchange process across sectors.

The committee has been working very hard to gain insight about nursing educational needs in Ontario. We have identified the key areas of need for nursing education as: increased clinical placements; more preceptors in acute, long-term and community care; more clinical faculty; replacements for present and future faculty retirements; and more funding for nursing research.

We have also identified that more support needs to be given to nursing students to pursue graduate school, which includes increasing funding for them at the masters and PhD level. In order to improve the learning atmosphere for students, more lab space and improved curriculum content would be helpful.

The committee acknowledged that a barrier to nurses taking professional development courses is that their workplaces do not offer financial and or emotional support for them to pursue these opportunities.

We are currently doing an environmental scan to expand on these issues. We also remain committed to monitoring issues around nursing layoffs and second entry programs.

We are continuing to engage and consult with PNEIG, NLN and NSO in our activities as it has been very helpful to the success of the committee. We remain strongly committed to collaborating with RNAO staff, members and student members to develop ways of encouraging and supporting the nurses and students in nursing. Our future profession depends on us getting this right.

The Chair and committee member Kileen Tucker-Scott were interviewed in the article "More Nurses Needed to Teach Students" in the September/October edition of the *Registered Nurse Journal*. They discussed solutions to the faculty shortage and the different career options that are available for nurses with PhDs.

We are also very grateful for the information that the RNAO provided at our recent 10th Annual Day at Queen's Park, which included providing MPPs and RNAO members with briefing notes on Investing in Nursing Education and the Backgrounder on Ontario RNs. Our most sincere thanks go to RNAO Senior Policy Analyst for her outstanding work on the Investing in Nursing Education Backgrounder.

Kathleen White-Williams, RN, BScN(hon), MN, PhD(candidate)
Chair

■ Nursing Practice Committee

The Practice Committee has had one meeting since the April 2008 Board meeting. We have allotted an extended period of time at our next meeting to clearly define the direction and goals for the committee. The committee will meet on a quarterly basis.

Action/Outcomes

- The Terms of Reference was reviewed and is to be brought to the BOD for approval after further discussion at our next committee meeting.
- The next meeting is scheduled for March 2009 at which the committee plans to determine its next steps to identify committee needs. The plan is to obtain a repertoire of practice issues across the province.
- The committee plans to survey the interest group chairs, chapter presidents and members via survey monkey, re: issues they are facing as an interest group, suggested supports required for the role of nursing at the front-line, and ways in which the practice committee can better assist them.
- The committee agreed that the practice pages were very useful and valued by students to educate them about “what nurses do”.
- Thanks to all the committee members for taking the time to respond to draft policies and procedures. And, an extended thanks to Home Office staff for their support, and the time, care and coordination of our meeting schedule.

Sheryl Bernard, RN, BScN, MN(C), CHE(C)

Chair

■ Nursing Research Committee

The mandate of this committee is to promote nursing research in Ontario by engaging in awareness and advocacy activities. Our committee began by discussing key issues that were being experienced by nurses involved in the practice of research. Four key areas of concern were identified: funding, human resources for nursing research, valuing/support for nursing research, and research models/infrastructure. Using these issues as a guide, a decision was made to conduct an environmental scan to identify the current state of nursing research in Ontario that would inform the strategic direction for the work of this committee for the upcoming term(s). Data collected from the scan would be analyzed to identify key strengths, weaknesses, opportunities and threats (SWOT analysis) to nursing research from which recommendations for action could be determined. The results of this scan would be submitted to the Board, committees and staff to facilitate debate and decision-making regarding nursing research as one of the five domains of nursing.

To date, a cursory literature review has been initiated that includes recent reports by the Canadian Association of Schools of Nursing (CASN), the Canadian Nurses Association (CNA) and the College of Nurses of Ontario (CNO). A productive meeting was held with the graduate chairs last month (Council of Ontario Universities – Nursing) where support for the initiative was communicated along with data about other reports that have investigated similar issues from the academic sector.

The approach used by the committee will include a review and synthesis of current reports, collecting data on the gaps noted and deciding on a manageable and value-added scope for the environmental scan. The next step includes determining data sources for the first two themes of the scan: funding and human resource capacity issues. Plans are being formulated to obtain data from both the academic and practice environments (acute care, public health, long-term care, rehabilitation and complex continuing care, home care).

The committee is in the process of determining the scope, data sources and key milestones for the project. The committee is also investigating opportunities to collaborate with other professional organizations whose mandate includes nursing research, and could be a source of data as well as a partner to advance the recommendations arising from this analysis.

I would like to recognize the expert members of this committee and Home Office staff who have enthusiastically participated in this work. I look forward to an exciting year ahead.

Nancy Purdy, RN, PhD(c)

Chair

■ Policy Analysis & Development Committee

I am delighted to submit the annual report for the RNAO Policy Analysis & Development Committee for the year 2008/2009.

The purpose of this committee is to serve as a resource to the Board of Directors and RNAO by monitoring emerging policy issues and trends; working within the framework of the strategic plan to provide recommendations on policy priority-setting, preparing background for and making recommendations on legislative, health-care and nursing policy issues and reviewing and revising policy statements to ensure they are current and relevant. The work will be conducted in keeping with the Mission and Ends of RNAO.

Action/Outcomes

- The committee was very active at RNAO's recent 10th Annual Day at Queen's Park. Members participated in meetings with MPP's and briefed them on key policy issues in Ontario.
- Members had a meeting in January 2009 to debrief about RNAO's 10th Annual Day at Queen's Park. During the meeting, members commented on what was successful at the event. The committee was very pleased with the briefing notes that were provided to the MPPs, as they were a very helpful tool to lead the discussions.
- Members discussed RNAO's Pre-Budget submission, provided feedback on the report, and made suggestions. This included members identifying their areas of expertise and interest; notably poverty, housing, home care and the nursing workforce.
- The committee was also provided with an overview of current initiatives that the Policy department is currently working on. The committee has agreed to a system of document review and knowledge exchange to assist the RNAO Policy Department.
- The committee discussed in detail how to improve the flow of information to members about time-sensitive issues that pertain to health care, policy issues and nursing, and how to provide the most effective and timely advice and input.
- The committee was requested to assist in the circulation of pre-Budget Action Alerts to Premier Dalton McGuinty to show bold leadership in getting the commitment to hire an additional 9,000 nurses – including 3,000 nurses this year – back on track.

I would like to thank all committee members for their tremendous dedication and Home Office staff for their expert advice and work.

Theresa Agnew, BA, RN, BScN, PHCNP(C)
Chair

■ Provincial Resolutions Committee

Six resolutions were received from members by the deadline 1700 hours (5:00pm) on December 29, 2008. The RNAO Board of Directors submitted an additional Resolution. One other resolution was received, after the deadline, and discussed by the committee under New Business (NB). This resolution will be brought forward by the submitter from the floor at the annual meeting, for discussion under NB.

The Provincial Resolutions Committee met four times to discuss all resolutions submitted. One of the resolutions submitted by a member was rejected by the committee, unanimously, on the basis that this resolution is not materially different from the resolution submitted in 2007. One resolution submitted by a member was withdrawn by the submitter.

A total of **five** resolutions, submitted by the deadline, are being brought forward for discussion and voting at the Annual General Meeting. The details of these resolutions appear in the later pages of this AGM Report booklet.

This is my last year on the committee, along with two other members, and these committee positions are still vacant. Karen Fisher will take over the chair, following the AGM. I would like to thank my committee members for their tremendous commitment to the work of this committee, and I would also very much like to thank the members of the association who developed and sponsored these important resolutions. Together, we **are** making a huge difference!

Cheryl Forchuk, RN, PhD
Chair

The following is the Ticket of Nominations as per RNAO 2008 Bylaw 5.07(3). The deadline for the first Call for Nominations was Monday, December 29, 2008 at 1700 hours (5:00pm) [Eastern].

The following nominations were received prior to the deadline:

President-Elect	Carmen James-Henry, RN, BScN, MEd Catherine Mayers, RN, MSN David McNeil, RN, BScN, MHA Hilda Swirsky, RN, BScN, MEd
Region 1 Representative	Jacqui Stephens, RN, BScN, MHS
Region 3 Representative	Marlene Slepokov, RN, DPHN, BScN, CPMHN(C) MN(C)
Region 4 Representative	Claudine Bennett, RN, BScN
Region 5 Representative	Sara Lankshear, RN, PhD(c) Linda MacLeod, RN, BScN, MHA
Region 7 Representative	Kaiyan Fu, RN, BScN, MHSc, CHE
Region 8 Representative	Rhonda Seidman-Carlson, RN, MN
Region 9 Representative	Michele Bellows, RN, BScN, MN
Region 10 Representative	Wendy Pearson, RN, COHN(c) Nancy Watters, RN, BScN, MScN, IBCLC - ELECTED (per RNAO bylaw 4.15(d)(ii), N. Watters was elected by members of Region 10 at a regional meeting held on January 26, 2009)
Region 11 Representative	Paul-André Gauthier, RN, PhD
Region 12 Representative	Kathleen Fitzgerald, RN, BN, MHScN, SANE

No nominations were received prior to the deadline for Representative to Regions 2 and 6. Therefore, in accordance with RNAO Bylaw 5.08(1), a second call for nominations was sent to the most responsible person in the regions with a request for nominations. The deadline for this second Call for Nominations was Thursday, January 15, 2009 at 1700 hours (5:00pm) [Eastern].

Following the second call for nominations, the slate of candidates was completed as follows:

Region 2 Representative	Cheryl Yost, RN, BScN, MEd
Region 6 Representative	Amarpreet Kaur Ahluwalia, RN, BSc, BScN Theresa Whyte, RN (Nomination withdrawn by submitter on January 29, 2009)

No nominations were received prior to the deadline for the two vacancies on the Provincial Nominations Committee, or the three vacancies on the Provincial Resolutions Committee. Therefore, in accordance with RNAO Bylaw 5.08(1), a second Call for Nominations for these committee positions was sent to RNAO members on January 30, 2009.

Respectfully submitted to RNAO Board of Directors,



Mary Ferguson-Paré, RN, PhD, CHE
Chair, Provincial Nominations Committee

■ Carmen James-Henry, RN, BScN, MEd

President-Elect



Carmen James-Henry was educated in England, receiving a nursing diploma and Midwifery certification. She holds a Masters of Education degree and is presently completing the Parish Nursing Ministry Education program at the University of Toronto.

Carmen has over 35 years experience in acute care, public health and education. She teaches in the BScN program at Ryerson University and works as an independent health consultant.

Since 2004, Carmen has been a member of RNAO Board of Directors as Region 7 Representative. She has assumed roles in various capacities on Region 7 executive, International Nurses Interest Group, Provincial Nurse Educator Interest Group, Community Health Nurses Interest Group, and recently joined Parish Nursing Interest Group. Carmen is active in her community as a volunteer mentor and is Vice President of the Board for the Tropicana Community Services Organization.

Carmen is committed to the profession, excited about the opportunity of continued involvement in RNAO, and will work to make changes to improve the health of all persons, particularly those who live in places where access to health care is challenging. Her goal is to continue to promote nursing through education, and advocating for the best health care system that is both affordable and accessible. She aspires to make a significant difference in the lives of others and to support nursing professionals as knowledge workers and change agents.

Carmen's proven leadership abilities enable competent and visionary leadership for the association in order to speak out for nursing and health in Ontario, and beyond.

■ Catherine Mayers, RN, MSN

President-Elect



Catherine Mayers is a dynamic leader who articulates the RNAO agenda with clarity and sincerity. Catherine graduated nursing school from Seneca College in 1982 and has continued her lifelong learning by obtaining a BScN from York University in 1999 and a Master's degree in nursing from D'Youville College in 2004. Catherine is a professor of nursing at Seneca College and teaches in the collaborative BScN program. She is an innovative educator who enthusiastically opens the minds of nursing students to the world of professionalism and inquiry. She also continues her clinical practice as an oncology specialist at Princess Margaret Hospital on the palliative care and solid tumor in-patient units, and at a wide variety of out-patient clinics.

Catherine has effectively represented Region 6 on the RNAO Board of Directors. She has enjoyed the challenges these opportunities have afforded her, and has gained expertise in a variety of political endeavors. Catherine has become known for articulating the concerns and positions of the RNAO to large sectors of the media, general public and numerous politicians. She is much admired for the quality and charm of her presentations.

Catherine is an active leader in the 'out-of-the-cold' program. She is a strong believer in the determinants of health for all and is very active in the areas of health promotion. Catherine has a love for nursing and a great respect for all people. She is married and has four grown children. Catherine is an enthusiastic swimmer and enjoys singing in a choir.

■ David McNeil, RN, BScN, MHA

President-Elect



I am a Registered Nurse and hold a Bachelor of Science in Nursing from Laurentian University in Sudbury and a graduate degree in Health Administration from the University of Ottawa. I have held the position of Vice President Clinical Programs & Chief Nursing Officer at the Hôpital régional de Sudbury Regional Hospital since 2002, and have extensive management and frontline experience. I am presently the RNAO Board Representative for Region 11.

The challenges facing nurses, from frontline to management, administration to education and research, are well documented. Research provides clear evidence that the quality and sustainability of the health-care system depends on ensuring the long-term viability of the nursing profession and its beneficial impact on health outcomes.

It is with enthusiasm and commitment that I put my name forward for the position of president-elect for the Registered Nurses' Association of Ontario. RNAO has been a leader in advocacy and action on behalf of nurses, the health system, and the health of the population provincially, nationally and internationally.

During this period of economic turmoil and its consequential challenges to the health-care system, leadership, collaboration, grass-roots advocacy and partnerships with nursing associations across the globe are critical in ensuring the nurse's voice and role in an evolving system remains at the forefront, that our publicly funded system of health care is sustainable and our focus on health determinants is not overshadowed. I would ask for members' support in continuing our important work towards these ends.

■ Hilda Swirsky, RN, BScN, MEd

President-Elect



I passionately believe that nurses offer solutions for beneficial health-care transformation. Change from addressing gaps, as I did as Chair of the LAP committee, and recommending action resulting in new material on Defamation and Slander. Actions and communications, when speaking out to nurses and citizens about healthy public policies, demonstrating initiative and leadership throughout my multifaceted career encompassing clinical practice, nursing leadership/administration, education and extensive community and political experiences. Thus I have acquired savvy, unique skills, insight and a broad knowledge-base, and the perspective necessary to speak out inclusively about Ontario's health-care system.

Enthralled with learning, I received a diploma of nursing from York Regional School of Nursing, a BScN from Ryerson University and a Master of Education from the Ontario Institute for Studies in Education.

While working on High Risk Obstetrics at Mount Sinai Hospital, I participated on organizational multidisciplinary teams: the Green Team and Domestic Violence Awareness Committee. It is vital for all of us to mentor and engage our future nurses, as I do.

I received Mount Sinai Hospital's Karen McGibbon Award of Excellence for teamwork on the Domestic Violence Awareness Committee; "Living the Academic Strategy" Award at George Brown College for championing diversity beyond classes; and am a Nursing Luminary for contributing to Environmental Health.

Persistently and energetically, I am unwavering in championing Medicare, speaking against poverty, for social justice, social and environmental determinants of health and for an equitable, integrated, universally accessible health-care delivery system.

■ Jacquie Stephens, RN, BScN, MHS

Region 1 Representative



I graduated from the diploma program of the Foothills Hospital School of Nursing in Calgary, Alberta in 1988, the University of Western Ontario, London, Ontario with a BScN in 1994 and a Master of Health Studies, from Athabasca University, Athabasca, Alberta in 2006.

My nursing background and experience includes adult Oncology and Palliative Care with community experience in special needs paediatrics, as well as the Victorian Order of Nurses. I have held a number of progressive management positions including coordinator and manager roles and, most recently, experience at the senior leadership level as Chief Nursing Executive. I have experience teaching adult learners and have served as a volunteer at the Board level of the Canadian Cancer Society.

I consider myself a lifelong learner with interest in leadership development, and patient and family-centred care.

■ Cheryl Yost, RN, BScN, MEd

Region 2 Representative



I am an enthusiastic, hardworking individual who believes in the importance of an environment conducive to openness, collective problem-solving, multiple levels of leadership, advocacy, mutual trust and respect. In thirty years as a registered nurse, I have attentively witnessed and actively experienced many different styles and levels of leadership, caregiving and health-care delivery processes. Due to events in 2008 and exposure to multiple scenarios, pearls of growth and opportunity have surfaced. The revelation followed many losses, the major ones being the death of my father and a close family friend, as well as illnesses of my sister. During these times, advocacy, caring, clinical expertise and leadership shone through at many levels. There were also periods where less than ideal situations arose. Growth occurred as obstacles became stepping-stones to learning. In 2009, I am now ready to give further to my professional organization while supporting fellow providers and the health-care community. Considering knowledge gained while working in health care and various academic settings, I am confident this teamwork will provide further momentum to meet challenges, prevent pitfalls and harness opportunities. Professional colleagues as well as present and future patients in the health-care system depend on this.

To serve as a regional representative with the RAO to further create win-win scenarios for our members, would be an honour and a responsibility that I would embrace wholeheartedly while making full use of my experience, expertise and networking capabilities. Your investment in me for this role would be well-placed.

■ **Marlene Slepko, RN, DPHN, BScN, CPMHN(C) MN(C)**
Region 3 Representative



My niche is in Community Health Nursing. I have had many different positions over the years - staff nurse, team leader, nurse manager, national nurse recruiter and presently, site /nurse manager. I am a part-time clinical instructor at Brock University – Department of Nursing, giving me much insight to the current needs of students!

These roles have enhanced my experience and understanding in all aspects of nursing, whether it is mentoring staff, teaching, or advocating for clients, problem-solving and promoting best practices and demonstrating leadership, by giving voice to our nursing concerns!

My philosophy of nursing is simple – I call it the three C's – Caring, Communication, and Creativity; each bring an essential ingredient to one's practice which results in an understanding of what nursing is and what it can be, how best to meet the nursing needs of clients, colleagues and the public. I am passionate about nursing and ensuring our voice is heard. I have leadership experience with RNAO as I have been an active member of Niagara Chapter's executive for many years, including as Past President. Past President, Community Health Nurses Initiatives Group, past Ontario representative for Community Health Nurses Association of Canada. I am very fortunate to have current experience of being Region 3 Representative. I believe it is essential for all nurses to give voice – to speak out for health and speak out for nursing. I intend to continue to help channel our concerns and vision for Region 3.

■ **Claudine Bennett, RN, BScN**
Region 4 Representative



I have been an RN for 19 years in maternal child care, public health and currently a supervisor at Peel Public Health.

I am pursuing a Master's of Science in Nursing Degree at York University, and realize that my knowledge about nursing is still growing and my passion for our profession is still alive and well. I am interested in evidence informed decision making in public health and how the work of Public Health Nurses impacts their communities.

I have been serving on the Board since 2007 and hope to continue for another 2 year term. I have been active in my Board duties, providing the Association with direction and participating in the debate and challenges that surround nursing and our publicly funded system. I have represented RNAO at functions and spoken to RNs and students about RNAO issues and membership. I am committed to working with RNAO to preserve Medicare and to advance nursing issues in the challenging times ahead.

I have an interest in the Social Determinants of Health which impact the lives of people in our communities. It is refreshing that in our role to 'Speak out for Health' we address these determinants and have a strong position to ensure that all people have the necessities for healthful living. It is important that we continue to advocate for social justice, environmental issues and broad health concerns.

It has been my privilege and pleasure to represent Region 4 and I hope to do so for another term.

■ **Sara Lankshear, RN, PhD(c)**
Region 5 Representative



Sara Lankshear is President, Relevé Consulting Services, Penetanguishene. She has over 20 years health-care experience including direct care, education, and administrative roles within various health-care sectors. Her areas of expertise include professional practice structures and roles, and nursing work and role design.

Sara received her Baccalaureate degree from Niagara University and was recently honored by the Niagara University School of Nursing Alumni Council as the first recipient of the Nursing Leadership Award. She obtained her Master's degree in Education from Brock University and is currently a Doctoral Candidate at the University of Western Ontario, Faculty of Nursing where her dissertation research will focus on the impact of professional practice leader roles and structures.

Sara's personal philosophy can best be described as "Pay it Forward"the best way to benefit from something is to contribute to it! This includes a sense of stewardship, where each individual recognizes her/his responsibility for the wellbeing of the whole.

Sara's philosophy is demonstrated through her many professional activities. She has been an RNAO member since 1986, and has actively supported a number of RNAO initiatives as a Development panel member on projects such as the Healthy Workplace BPG: Collaborative Practice among Nursing Teams, and the Educator's Resource: Integration of Best Practice Guidelines. Sara is also the current Chair of the Association of Nurse Executives of GTA and a Past President of the Professional Practice Network of Ontario.

Sara looks forward to continuing her contributions as the Region 5 Representative.

■ **Linda MacLeod, RN, BScN, MHA**
Region 5 Representative



I have been in health care (acute care hospitals) for more than 25 years in three provinces: British Columbia (6 years), Ontario (the majority of time) and Nova Scotia (5 years) and am currently Vice President Patient Care Services and Chief Nursing Officer at the Collingwood General and Marine Hospital.

My clinical experience was critical care staff nursing (CCU, Open Heart ICU, Medical-Surgical ICU) and during those years I was active in my professional associations. It was always important to me to make sure the voice of the clinical nurse was represented in hospital committees and any professional forum.

I have been a Charge Nurse, Nurse Manager, Care Map Coordinator, Director of Nursing, as well as Director of Patient Care in hospitals ranging from 25 beds to 200 beds, including two sites (concurrently) in a multi-site organization. You can imagine from that history that I have experienced the pain of more than one hospital "restructuring" as well as "regionalization" in two provinces. In 1998 I was elected to the Registered Nurses' Association of Nova Scotia Board of Directors and this allowed me to contribute to nursing at the provincial level.

As a nurse, I am concerned about the looming shortage of nurses and its effect on patient safety, the dearth of workable nursing recruitment and retention ideas, and the need to develop new staffing and care models. I believe our profession must actively support nurses in this "balanced budget" environment as patient acuity and workload continue to grow.

■ Amarpreet Kaur Ahluwalia, RN, BSc, BScN

Region 6 Representative

I have a BSc from the University of Toronto and a BScN from Trent University. My first two years as an RN were spent on the Oncology/HIV/AIDS unit at St. Michael's Hospital, and I am currently working as a Diabetes Nurse Educator at South Riverdale Community Health Centre. I spend my spare time volunteering with the Sherbourne Health bus, and the Canadian Diabetes Association. Recently, I have joined a grassroots organization called Sikhs Serving Canada, whose goal is to tackle the issue of poverty in the Peel region. Volunteering has been a huge part of life and passion since I was a high school student, and my participation has ranged from volunteering with hospitals and literacy organizations to advocacy work.

I believe in social justice, where people of a community are informed of their rights and have the rights to access, with minimal barriers, health, education, food and shelter. I also believe that nurses are well positioned to advocate for their patients if those rights are being violated, and therefore should be empowered, encouraged and supported to continue advocating. Lastly, I believe that health encompasses more than physical well-being, and therefore the mental, emotional, psychological well-being of an individual should always be considered during treatment discussions with patients.

■ Kaiyan Fu, RN, BScN, MHSc, CHE

Region 7 Representative



Kaiyan is a Registered Nurse and a Certified Health Executive, and holds a Bachelor of Science in Nursing and a Master of Health Science degree in Health Administration from University of Toronto.

Kaiyan has more than ten years of local and national health administration experience in consulting, hospital and community health settings. As the Director of Nursing Innovation and Change Management at St. Michael's Hospital, Kaiyan leads corporate nursing initiatives in creating and sustaining a healthy work environment and nursing workforce. Prior to her current role, Kaiyan was the Manager, National Health Services Consulting at Deloitte Inc., where she provided leadership and overall project management on varied health engagements across Canada.

Kaiyan believes in RNAO's mission of Speaking Out for Health, Speaking Out for Nursing and has been a strong supporter of the RNAO. In addition to her work with the RNAO Centre for Professional Excellence, Kaiyan joined the RNAO team in Beijing in October 2007 that delivered the Leadership Management Program to Chinese nursing leaders and hosted the Chinese nurse interns visiting RNAO in September 2008.

Kaiyan believes that nurses, as knowledge professionals, are the cornerstone of Canada's publicly-funded health-care system. Nurses must have a united and collective voice through the representation of their professional association. It will be an honour to serve on the RNAO Board to further advance nursing in Ontario and globally, for the benefits of achieving optimal patient outcomes, building healthy nursing workforces and shaping future health-care service decision-making.

■ **Rhonda Seidman-Carlson, RN, MN**
Region 8 Representative



It is with pride that I put my name forward for a second term as Region 8 Board Representative.

I have had the joy of serving in this role for the last two years, and it has been both a wonderful and humbling experience. I have had the opportunity to learn more about the dedication of nurses within the three Chapters of Region 8 – both in the passion for nursing and for health. I have seen Chapters move from difficulty in obtaining membership involvement to re-igniting passion for political, health care and economic issues and with it, high membership engagement. I have been glad to provide whatever support and guidance I could in these events – but these successes talk to the commitment of members of RNAO from this region.

My philosophy has always been that nurses sit at the core of the health of a country. They look at the whole person, at the determinants of health, and work at assisting individuals, groups and families to cope with expected and unexpected life events. Nurses, in their everyday work, try to support the determinants of health – often with associated battles and difficulties. I wish to continue to support the efforts of nurses across the Province – but especially in Region 8 – to be these champions for health of individuals and of the country. My undergraduate education in Community Nursing has served to provide me with a foundational framework that supports nurses to work towards these goals.

■ **Michele Bellows, RN, BScN, MN**
Region 9 Representative



My name is Michele Bellows and I am standing for election in the Region 9 vacancy to the RNAO Board of Directors.

My nursing education began in 1980 when I entered the General Hospital School of Nursing in St. John's, Newfoundland. I graduated in 1983 with a Diploma in Nursing. I furthered my academic studies and completed my BScN with Memorial University of Newfoundland in 2005. I have continued my educational endeavors, and enrolled in a Masters of Nursing program with an anticipated completion date in the spring of 2009.

Since 1983 I have worked in many different health-care environments and in different nursing roles within these environments. My experience includes pediatric ICU, med-surgical nursing in a rural setting, clinical educator, tertiary care emergency nursing, director of a long-term care facility, manager of a primary care health centre, and my current position is interim Chief Nursing Officer/Acute Inpatient Services Manager.

Throughout my career I have recognized the importance of continuing education for all health-care workers. I became an RNAO Best Practice Champion in LTC, participated in several RNAO Best Practice Guideline stakeholder reviews, and continue to attend continuing educational opportunities while finishing my Masters in Nursing.

I believe that nursing is evolving as a profession and we need to influence and promote the adoption of best practices in all health-care environments, and to advocate for healthy public policy that supports the complex health-care environment in which we work.

■ Wendy Pearson, RN, COHN(c)

Region 10 Representative



Since graduating as a Registered Nurse in 1976 from Algonquin College, I have seen the profession expand exponentially, not only in numbers but in duties, responsibilities and an acknowledgement that this is now an information-based profession. Since 2003 I have held the positions of Communication and Membership ENO for Region 10.

My area of current professional expertise is Occupational Health Nursing (Diploma St. Laurence College) (COHN), and my past experience has been in general surgery, burn unit (Corpus Christi, Texas), orthopaedics, urology, I.V. Team, SDCU and ALC Geriatrics (The Ottawa Hospital). I also have an undergraduate degree in Law from Carleton University. In 2001-02, I was the President and Local Coordinator of the largest ONA local (over 3,000 nurses) at the Ottawa Hospital. During that time, I brought the concerns of Ottawa nurses forward, and also shared the provincial information

back to my members. The effective communication and organizing skills that I utilized there I am now able to bring to the role of RNAO Region 10 Representative.

During the next two years we will need to continue to address the needs of our French language nursing professionals and advocate for sponsored attendance at Toronto events. RNAO has expanded in size and influence, and we need to continue to promote nursing provincially so that nurses can work safely and securely and with tolerable working conditions in delivering the health care that the people of Ontario need and deserve.

■ Nancy E. Watters, RN, BScN, MScN, IBCLC

Region 10 Representative



A nurse, educator and consultant with expertise in perinatal and community nursing, Nancy teaches at the University of Ottawa and works as a part-time public health nurse in Ottawa's *Healthy Babies Healthy Children Program*. Nancy has authored national family and child health documents and served as President of the *Childbirth Nurses Interest Group*.

As Region 10's representative since 2007, I have worked diligently to bring your issues to the Board and to keep you informed about Board and provincial matters. I continue to speak for a respectful collaborative relationship with CNA. I have advocated for a fully informed discussion about policy related to internationally educated nurses. I obtained development funds to double Region 10's budget, reduce the Nursing Week Dinner cost and expand activities. For francophone members, I obtained translation services from RNAO for Region 10 materials. I organized a meeting with

RNAO's Executive Director and members at the Royal Ottawa MHC to discuss their specific concerns.

We need to work together to cultivate respect for nursing and for nurses, to create quality work environments, to advance nursing as both a knowledge and caring profession and to achieve our goals for both nursing and health. It has been a privilege to join my RNAO colleagues in these achievements.

I am ready to serve again as your Board Representative and believe continuity in this role is a valuable opportunity for both the Region and RNAO.

■ Paul-André Gauthier, RN, PhD (nursing) Region 11 Representative



Education / Experience:

In 1982, Paul-André became a nursing professor in Northern Ontario. During 1989-1990, he studied in palliative care and completed a Masters Diploma in Interdisciplinary Studies on Death (at UQAM). He then completed a Masters in Nursing (1991) at the Université de Montréal, during which time his clinical research and counselling was with terminally ill individuals. In 2003, he successfully defended his doctoral dissertation in nursing at the University of Alberta. He is presently teaching nursing theory and doing clinical practice with Collège Boréal in Sudbury.

Paul-André has been involved in RNAO's Porcupine Chapter since his arrival in Timmins in 1982. He was Chapter president from 1987-89 and 1995-96, past-president from 1993-95. He has been RNAO Region 11 representative from 1995-1998 (elected twice) and then from 2004-2007 (elected twice). After moving to Sudbury in 1996, he continues to be involved at the chapter level - he is now Sudbury and District chapter Co-President.

Philosophy:

I believe that nurses are the cornerstone of the health-care system, and that we can improve the quality of care. We must cherish and recognize our nursing experts and specialists, and assist all nurses – from novice to expert – in order to achieve a stronger clinical-based expertise.

I am also committed to staying in touch with registered nurses by regularly contacting the five chapter presidents of Region 11, as I have done in the past.

■ Kathleen Fitzgerald, RN, BN, MHScN, SANE Region 12 Representative



Nursing Background:

Since graduating in 1981, I have worked in several northern communities throughout the territories before returning to Ontario 4 years ago. During these 25 years I have taken on the hospital nurse role in a small northern hospital, to community nurse in isolated communities, to teaching new and experienced nurses, to home care nursing, to managerial positions, to my current forensic nursing role. I have had the opportunity of teaching in the nursing program as a Visiting Lecturer at Charles Sturt University of NSW, Australia. I presently work as nurse manager at Lake of the Woods District Hospital, and clinical instructor with the joint BScN program with Confederation College and Lakehead University.

Professional Practice Experiences:

- RNAO Region 12 Board member since April 2007
- Secretary, RNAO Kenora Chapter
- Chapter president and board member, NWTRNA; and CRNM (Manitoba)
- Panel member developing Best Practice Guideline on Woman Abuse

Personal Experiences:

- Girl Guides past member, including committee work at local, regional and provincial levels in Ontario and NWT
- Current member of local DV Court Advisory committee
- Past member Kenora Sexual Assault Centre, and currently, Saakaate House board (local women's shelter)

Personal Philosophy of Nursing:

I view nursing as an art and a science that is dynamic yet diverse, that provides collaborative holistic caring to the individual, family and community. I welcome the opportunity to continue representing nurses on the RNAO Board, and to being a voice for northern nurses.

■ Resolution # 1

Irene E. Molenaar, RN, (BScN student), Hamilton Chapter

WHEREAS in the past decade, tuition has increased each year by an average of 4.4 per cent while inflation, as measured by the Consumer Price Index, has risen at an annual rate of 2.3 per cent (Javed, 2008). The Nursing Education Initiative amount has been consistently maintained since 1999 at \$1500 per nurse per year; and

WHEREAS all nurses maintain and continually improve her/his competency through life-long learning thereby investing time, effort and other resources to improve knowledge, skill and judgment ensuring her/his ability to perform in an ever changing health care environment (College of Nurses of Ontario, 2002 Revised); and

WHEREAS financial compensation for life-long learning (while maintaining competency) is seen as an important retention and recruitment factor of nurses (Registered Nurses' Association of Ontario, 2004; Ontario Ministry of Health and Long-Term Care, 1999),

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario advocate to the Government of Ontario an increase of \$500 to \$2000 for the Nursing Education Initiative per nurse per year.

■ Resolution # 2

Submitted by Anne Simmonds, RN, Region 6

In collaboration with the following BScN students from the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto: [Beth Allin], Jacqueline Best, Katanya Fuerst, Heather Laird, Sheena Makan, Christina Mollon, Bobbi Jo Quigly, Martina Viduka and Jessica Wood

WHEREAS access to quality childcare services is an important social determinant of health, offering multiple benefits to children, family and society, including reducing child poverty, advancing women's equality and strengthening social inclusion in communities; and

WHEREAS there is currently an inadequate number of childcare spaces for families who require them; and

WHEREAS nurses and nursing students have the opportunity, knowledge and responsibility to advocate for healthy public policies, such as universal childcare, in order to build healthy families and communities,

THEREFORE BE IT RESOLVED that the RNAO continue to advocate for universal, regulated affordable childcare as a key pillar of Ontario's poverty reduction strategy and that resources be developed to inform and engage not only registered nurses but nursing students, members of other health disciplines, politicians and interested members of the community.

■ Resolution # 3

Submitted by Debbie Shubat, RN, on behalf of Algoma Chapter

WHEREAS hospital-acquired infections are the most commonly reported adverse event in Ontario hospitals, a major cause of morbidity and mortality; and

WHEREAS health care design experts promote single-occupancy rooms in acute care facilities to control infections, improve patient care and satisfaction; and

WHEREAS the Ontario government has failed to adopt appropriate hospital design and construction guidelines that address the issue of single occupancy rooms in general hospitals,

THEREFORE BE IT RESOLVED that the RNAO work with other health care organizations to lobby the provincial government to adopt best practice guidelines for hospital design and construction.

■ Resolution # 4

Submitted by Community Health Nurses' Initiatives Group (CHNIG)

WHEREAS CNA released Vision 2020, and Preferred Future, two documents highlighting a commitment to developing communities and community health nurses as the future direction of practice with over 60% of RNs expected to be practising in the community; and

WHEREAS research indicates the devaluing of community health nursing in the basic baccalaureate nursing programs, which remain focused in acute care, resulting in inadequate preparation of nurses to meet the demands of community health nursing practice,

THEREFORE BE IT RESOLVED that RNAO collaborate with all relevant sectors of the education and the health care system to ensure the integration and curricular enhancement of community health nursing theory and practice in all undergraduate nursing programs in Ontario.

■ Resolution # 5

Submitted by RNAO Board of Directors

WHEREAS the home office building is a core capital asset of the Association; and

WHEREAS the sale of this building would have a significant impact on the future financial status of the Association,

THEREFORE BE IT RESOLVED that any decision on the sale of the Association's Pearl Street home office building will be initiated by RNAO Board of Directors and brought for decision with voting delegates at a general meeting.

■ Proposed Bylaw Change #1

AMENDMENT TO INCLUDE RN(EC) IN DEFINITION OF “NURSE”

Bylaw #	Current Bylaws	Proposed Change	Rationale
2.02	<p>2.02 REGULAR MEMBER</p> <p>(1) Any practising and any non-practising nurse may become a regular member upon payment in accordance with bylaw 2.09(2) of the fee prescribed in bylaw 2.09(1) and thereby be entitled to all the privileges of membership.</p> <p>(2) “Nurse” means a person who holds a General Class Certificate of Registration in good standing, as a registered nurse (see Ontario Regulation 275/94) made under the Nursing Act, 1991 (1,(2)1), and whose certificate is currently not under suspension.</p> <p>(3) A regular member shall become, automatically and at the expense of the Association, a member of the Canadian Nurses Association and the International Council of Nurses and thereby be entitled to all the privileges of membership therein.</p>	<p>2.02 REGULAR MEMBER</p> <p>(1) <i>Remains unchanged</i></p> <p>(2) “Nurse” means a person who holds a General Class or Extended Class Certificate of Registration in good standing, as a registered nurse or Nurse Practitioner (see Ontario Regulation 275/94) made under the Nursing Act, 1991 (1,(2)1), and whose certificate is currently not under suspension.</p> <p>(3) <i>Remains unchanged</i></p>	<p>2.02(1) and (3) remain the same.</p> <p>The existing bylaw 2.02(2) defines “Nurse” as a person who holds a General Class Certificate of Registration. A person who holds an RN(EC) registration does not hold a “General Class” registration. Changes are required to include nurses with RN(EC) registration.</p> <p>Added the words “or Extended Class”</p> <p>Added the words “or Nurse Practitioner”</p>

■ Proposed Bylaw Change #2

AMENDMENT TO NOMINATIONS SUBMISSION DEADLINE

Bylaw #	Current Bylaws	Proposed Change	Rationale
5.06 (5)	<p>5.06 SUBMISSION OF NOMINATIONS</p> <p>(5) nominations shall be received by the provincial nominations committee not later than 1700 hours on the Monday of the 14th week immediately preceding the week in which the annual meeting is to be held. In the event that the above mentioned Monday is not a regular working day, nominations shall be received not later than 1700 hours on the first regular working day following the above mentioned Monday.</p>	<p>5.06 SUBMISSION OF NOMINATIONS</p> <p>(5) nominations shall be received by the provincial nominations committee not later than 1700 hours on the Monday of the 17th week immediately preceding the week in which the annual meeting is to be held. In the event that the above mentioned Monday is not a regular working day, nominations shall be received not later than 1700 hours on the first regular working day following the above mentioned Monday.</p>	<ul style="list-style-type: none"> • The deadline date of Monday of the 14th week (immediately preceding the week in which the annual meeting is to be held) normally falls on the first Monday in January. • Maintains the same language, but changes the deadline to a greater number of weeks ahead of the annual meeting (from 14th week to 17th week). • Provides adequate lead time for Provincial Nominations Committee to meet and review nominations, and to finalize the ticket of nominations. • Provides adequate lead time for preparation of content of AGM Report booklet.

■ Proposed Bylaw Change #3

AMENDMENT TO NOMINATIONS SUBMISSION DEADLINE AS IT AFFECTS INTEREST GROUPS

Bylaw #	Current Bylaws	Proposed Change	Rationale
4.18 (2)	<p>4.18 ELECTION OF INTEREST GROUP REPRESENTATIVE</p> <p>4.18 (2) Nominations shall be submitted to the Provincial Nominations Committee not later than 1700 hours on the Monday of the 12th week immediately preceding the week in which the annual meeting is to be held. In the event that the above mentioned Monday is not a regular working day, nominations shall be received not later than 1700 hours on the first working day following the above mentioned Monday.</p>	<p>4.18 ELECTION OF INTEREST GROUP REPRESENTATIVE</p> <p>4.18 (2) Nominations shall be submitted to the Provincial Nominations Committee not later than 1700 hours on the Monday of the 17th week immediately preceding the week in which the annual meeting is to be held. In the event that the above mentioned Monday is not a regular working day, nominations shall be received not later than 1700 hours on the first working day following the above mentioned Monday.</p>	<ul style="list-style-type: none"> • The deadline date of Monday of the 12th week (immediately preceding the week in which the annual meeting is to be held) normally falls in mid-January. • Maintains the same language, but changes the deadline to a greater number of weeks ahead of the annual meeting (from 14th week to 17th week). • Provides adequate lead time for Provincial Nominations Committee to meet and review nominations, and to finalize the ticket of nominations. • Provides adequate lead time for preparation of content of AGM Report booklet.

■ Proposed Bylaw Change #4

AMENDMENT AFFECTING VOTING FOR INTEREST GROUP REPRESENTATIVE

Bylaw #	Current Bylaws	Proposed Change	Rationale
4.18 (3)	<p>4.18 ELECTION OF INTEREST GROUP REPRESENTATIVE</p> <p>4.18 (3) The Interest Group Representative may be elected by any of the following methods:</p> <p>(a) by the Provincial Interest Group voting delegates at the RNAO annual general meeting; or</p> <p>(b) by the Provincial Interest Group Chairs at a general meeting to be held at least eight weeks prior to the annual general meeting; or</p> <p>(c) by the Provincial Interest Group Chairs through a mail-in vote to the RNAO office to be completed at least eight weeks prior to the annual general meeting.</p>	<p>4.18 ELECTION OF INTEREST GROUP REPRESENTATIVE</p> <p>4.18 (3)</p> <p>(a) <i>wording remains the same</i></p> <p>(b) <i>wording remains the same</i></p> <p>(c) by the Provincial Interest Group Chairs through a mail-in vote to the RNAO office to be completed at least 12 (twelve) weeks prior to the annual general meeting.</p>	<ul style="list-style-type: none"> • Present bylaw (3)(c) does not provide enough lead time for mail-in votes to be tabulated before the January IG Chairs meeting. • (a) and (b) are unchanged • (c) maintains the same language, but changing 'eight weeks' to 'twelve weeks' will provide more lead time for mail-in votes to be tabulated before the January IG Chairs meeting.

■ Proposed Bylaw Change #5

AMENDMENT TO RESOLUTIONS SUBMISSION DEADLINE

Bylaw #	Current Bylaws	Proposed Change	Rationale
5.09 (5)	<p>5.09 PROVINCIAL RESOLUTIONS COMMITTEE</p> <p>(5) Throughout the year and up to 1700 hours on the Monday of the 14th week immediately preceding the week in which the annual meeting is to be held, any member of the Association may submit to the provincial resolutions committee a resolution in writing bearing a signature of such member of the Association. In the event that the above mentioned Monday is not a regular working day, resolutions shall be received not later than 1700 hours on the first regular working day following the above mentioned Monday. The Board of Directors shall have the right at any time up to the date of the annual meeting to submit to the provincial resolutions committee a resolution or resolutions relating to or in connection with or arising out of business conducted by the Board.</p>	<p>5.09 PROVINCIAL RESOLUTIONS COMMITTEE</p> <p>(5) Throughout the year and up to 1700 hours on the Monday of the <u>17th week</u> immediately preceding the week in which the annual meeting is to be held, any member of the Association may submit to the provincial resolutions committee a resolution in writing bearing a signature of such member of the Association. In the event that the above mentioned Monday is not a regular working day, resolutions shall be received not later than 1700 hours on the first regular working day following the above mentioned Monday. The Board of Directors shall have the right at any time up to the date of the annual meeting to submit to the provincial resolutions committee a resolution or resolutions relating to or in connection with or arising out of business conducted by the Board.</p>	<ul style="list-style-type: none"> • The deadline date of Monday of the 14th week (immediately preceding the week in which the annual meeting is to be held) normally falls on the first Monday in January. • Maintains the same language, but changes the deadline to a greater number of weeks ahead of the annual meeting (from 14th week to 17th week). • Provides adequate lead time for Provincial Resolutions Committee to meet and review resolutions. • Provides adequate lead time for preparation of content of AGM Report booklet.

■ Proposed Bylaw Change #6

NEW SUB-CLAUSE TO DEFINE NOMINATION LIMITATIONS

Bylaw #	Current Bylaws	Proposed Change	Rationale
5.06 NEW (6)	<p>5.06 SUBMISSION OF NOMINATIONS</p> <p>5.06 (1) through (5) remain unchanged</p>	<p>NEW</p> <p>5.06 (6) RAO members can run for only one (1) position in the elections at the annual meeting.</p>	<p>Clarifies that an RAO member cannot run for two positions at the same time, eg. Region XX Representative and Provincial XXXXXXXX Committee member</p>



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AUDITORS' REPORT

To the Members of the Registered
Nurses' Association of Ontario

We have audited the statement of financial position of the Registered Nurses' Association of Ontario as at October 31, 2008 and the statements of operations and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Registered Nurses' Association of Ontario as at October 31, 2008, the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

A handwritten signature in cursive script that reads "BurnsHubley LLP".

Markham, Ontario
January 16, 2009

Chartered Accountants
Licensed Public Accountants

Statement of Financial Position as at October 31, 2008

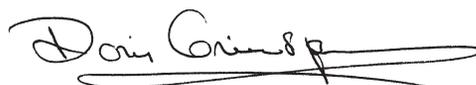
	General Fund	Permanent Education Fund	Legal Assistance Fund	MOHLTC Fund	Total 2008	Total 2007
ASSETS						
CURRENT ASSETS						
Cash	\$ 1,393,754	\$ 18,795	\$ 90,723	\$ 1,439,392	\$ 2,942,664	\$ 1,580,969
Short-term investments (Note 3)	3,159,074	140,744	810,143	-	4,109,961	2,343,620
Accounts receivable and accrued interest	416,784	6,305	29,327	396,817	849,233	696,971
Prepaid expenses	270,794	-	-	3,068	273,862	376,953
	<u>5,240,406</u>	<u>165,844</u>	<u>930,193</u>	<u>1,839,277</u>	<u>8,175,720</u>	<u>4,998,513</u>
INVESTMENTS (Note 3)	1,011,238	302,390	2,389,578	-	3,703,206	4,120,922
LOANS RECEIVABLE	-	62,022	-	-	62,022	75,077
LOAN RECEIVABLE FROM GENERAL FUND (Note 4)	-	-	1,500,000	-	1,500,000	1,500,000
CAPITAL ASSETS (Note 5)	<u>6,482,235</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>6,482,235</u>	<u>6,618,705</u>
	<u>\$ 12,733,879</u>	<u>\$ 530,256</u>	<u>\$ 4,819,771</u>	<u>\$ 1,839,277</u>	<u>\$ 19,923,183</u>	<u>\$ 17,313,217</u>
LIABILITIES AND FUND BALANCES						
CURRENT LIABILITIES						
Accounts payable and accrued charges	\$ 1,021,369	\$ -	\$ 22,324	\$ 113,722	\$ 1,157,415	\$ 937,736
Deferred revenue	3,105,409	-	-	-	3,105,409	2,165,106
	<u>4,126,778</u>	<u>-</u>	<u>22,324</u>	<u>113,722</u>	<u>4,262,824</u>	<u>3,102,842</u>
DUE TO MINISTRY OF HEALTH AND LONG-TERM CARE (Note 6)	-	-	-	1,725,555	1,725,555	1,087,264
LOAN PAYABLE TO LEGAL ASSISTANCE FUND (Note 4)	<u>1,500,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,500,000</u>	<u>1,500,000</u>
	<u>5,626,778</u>	<u>-</u>	<u>22,324</u>	<u>1,839,277</u>	<u>7,488,379</u>	<u>5,690,106</u>
FUND BALANCES						
Invested in capital assets (Note 7)	6,482,235	-	-	-	6,482,235	6,618,705
Internally restricted (Note 8)	-	-	23,090	-	23,090	23,090
Externally restricted (Note 7 & 9)	1,004,496	-	-	-	1,004,496	1,056,056
Unrestricted (Note 7 & 8)	(379,630)	530,256	4,774,357	-	4,924,983	3,925,260
	<u>7,107,101</u>	<u>530,256</u>	<u>4,797,447</u>	<u>-</u>	<u>12,434,804</u>	<u>11,623,111</u>
	<u>\$ 12,733,879</u>	<u>\$ 530,256</u>	<u>\$ 4,819,771</u>	<u>\$ 1,839,277</u>	<u>\$ 19,923,183</u>	<u>\$ 17,313,217</u>

Commitments (Note 11) Contingent Liability (Note 12)

Approved by the Board:



Wendy Fucile, RN, BSCN, MPA, CHE
President



Doris Grinspun, RN, MSN, PhD (cand), O.O.N.T.
Executive Director

Statement of Operations
for the year ended October 31, 2008

(Note 14)

	General Fund	Permanent Education Fund	Legal Assistance Fund	MOHLTC Fund	Total 2008	Total 2007
REVENUES						
Memberships	\$ 4,621,424	\$ -	\$ 926,452	\$ -	\$ 5,547,876	\$ 5,272,038
Centre for Professional Nursing Excellence	661,437	-	-	-	661,437	819,232
Other revenue	622,655	-	-	-	622,655	563,140
Investment income	142,137	17,857	127,893	-	287,887	254,626
Journal revenue	101,495	-	-	-	101,495	94,955
Member benefit programs	82,686	-	-	-	82,686	73,100
Grants	-	-	-	12,585,579	12,585,579	10,763,293
BPG sales	-	-	-	66,059	66,059	82,200
	<u>6,231,834</u>	<u>17,857</u>	<u>1,054,345</u>	<u>12,651,638</u>	<u>19,955,674</u>	<u>17,922,584</u>
EXPENSES						
Staff costs	2,243,674	-	127,000	-	2,370,674	2,357,791
CNA affiliation fees	1,182,688	-	-	-	1,182,688	1,180,920
Occupancy costs	377,450	-	25,000	-	402,450	418,632
Centre for Professional Nursing Excellence	318,630	-	-	-	318,630	190,532
Member services and benefits	261,211	-	-	-	261,211	261,540
CNPS fees	257,861	-	-	-	257,861	254,779
RN Journal	206,642	-	-	-	206,642	212,724
Annual general meeting	142,954	-	-	-	142,954	126,087
Officers	108,787	-	-	-	108,787	107,505
PhD Fellowships	100,000	-	-	-	100,000	75,000
Assembly	84,014	-	-	-	84,014	112,067
Chapter funding	77,417	-	-	-	77,417	68,224
Media and public relations	73,690	-	-	-	73,690	81,876
Board meetings	53,805	-	-	-	53,805	83,917
Audit and other professional fees	19,503	-	3,000	-	22,503	22,617
Health and nursing policy	10,659	-	-	-	10,659	57,732
Board committees	7,206	-	-	-	7,206	4,789
Office and administration	5,816	3,035	39,723	-	48,574	205,936
Legal fees	4,071	-	264,834	-	268,905	307,563
Program costs (Note 10)	-	-	-	12,651,638	12,651,638	10,845,493
	<u>5,536,078</u>	<u>3,035</u>	<u>459,557</u>	<u>12,651,638</u>	<u>18,650,308</u>	<u>16,975,724</u>
EXCESS OF REVENUES OVER						
EXPENSES BEFORE AMORTIZATION	695,756	14,822	594,788	-	1,305,366	946,860
AMORTIZATION	<u>292,803</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>292,803</u>	<u>274,345</u>
EXCESS OF REVENUES OVER						
EXPENSES	\$ 402,953	\$ 14,822	\$ 594,788	\$ -	\$ 1,012,563	\$ 672,515

Statement of Changes in Fund Balances
for the year ended October 31, 2008

	(Note 7)		(Note 8)			
	General Fund	Permanent Education Fund	Legal Assistance Fund	MOHLTC Fund	Total 2008	Total 2007
FUND BALANCES, beginning of year	\$ 6,656,536	\$ 532,238	\$ 4,171,093	\$ -	\$ 11,359,867	\$ 10,687,352
Excess of revenues over expenses	<u>402,953</u>	<u>14,822</u>	<u>594,788</u>	<u>-</u>	<u>1,012,563</u>	<u>672,515</u>
	<u>7,059,489</u>	<u>547,060</u>	<u>4,765,881</u>	<u>-</u>	<u>12,372,430</u>	<u>11,359,867</u>
Cumulative unrealized gains reported directly in the statement of changes in fund balances, beginning of year	117,275	10,532	135,437	-	263,244	202,923
Changes in unrealized gains (losses) on available-for-sale financial assets during the year	<u>(69,663)</u>	<u>(27,336)</u>	<u>(103,871)</u>	<u>-</u>	<u>(200,870)</u>	<u>60,321</u>
Cumulative unrealized gains (losses) reported directly in the statement of changes in fund balances, end of year	<u>47,612</u>	<u>(16,804)</u>	<u>31,566</u>	<u>-</u>	<u>62,374</u>	<u>263,244</u>
FUND BALANCES, end of year	<u>\$ 7,107,101</u>	<u>\$ 530,256</u>	<u>\$ 4,797,447</u>	<u>\$ -</u>	<u>\$ 12,434,804</u>	<u>\$ 11,623,111</u>

Statement of Cash Flows
for the year ended October 31, 2008

	2008	2007
OPERATING ACTIVITIES		
Excess of revenues over expenses	\$ 1,012,563	\$ 672,515
Charges to operations not involving cash:		
- amortization	292,803	274,345
	<u>1,305,366</u>	<u>946,860</u>
Change in non-cash working capital balances related to operations:		
Increase in accounts receivable and accrued interest	(152,262)	(170,320)
Decrease (increase) in prepaid expenses	103,091	(180,568)
Decrease (increase) in loans receivable	13,055	(9,547)
Increase (decrease) in accounts payable and accrued charges	219,679	(49,327)
Increase in deferred revenue	940,303	346,165
	<u>1,123,866</u>	<u>(63,597)</u>
Net cash generated from operating activities	<u>2,429,232</u>	<u>883,263</u>
INVESTING ACTIVITIES		
Decrease (increase) in cost of investments	216,846	(666,180)
Purchase of property and equipment	(156,333)	(386,093)
Net cash generated from (used in) investing activities	<u>60,513</u>	<u>(1,052,273)</u>
FINANCING ACTIVITIES		
Increase (decrease) in amounts due to the Ministry of Health and Long-Term Care	638,291	(431,625)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS DURING THE YEAR	3,128,036	(600,635)
CASH AND CASH EQUIVALENTS, beginning of the year	<u>3,924,589</u>	<u>4,525,224</u>
CASH AND CASH EQUIVALENTS, end of the year	<u>\$ 7,052,625</u>	<u>\$ 3,924,589</u>
CASH AND CASH EQUIVALENTS REPRESENTED BY:		
Cash	\$ 2,942,664	\$ 1,580,969
Short-term investments	<u>4,109,961</u>	<u>2,343,620</u>
	<u>\$ 7,052,625</u>	<u>\$ 3,924,589</u>

1. NATURE OF THE ASSOCIATION

The Registered Nurses' Association of Ontario ("the Association") is an independent, voluntary professional association of registered nurses in Ontario, interested in providing a strong, credible voice to lead the nursing profession to influence and promote healthy public policy and promoting the full participation of all nurses in shaping and delivering health services now and in the future.

The Association, in conjunction with the Ontario Ministry of Health and Long-Term Care (the "Ministry"), administers a Nursing Education Initiative to fund education and training grants to eligible nurses and to encourage the development of training programs for nurses so that nurses' knowledge and skills will be increased to enhance the quality of care and services provided to patients (Note 6).

The Association is classified as a non-profit organization under Section 149(1)(l) of the Income Tax Act (Canada) and as such is exempt from income tax.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Association follows the deferral method of accounting for contributions.

Fund Accounting

Revenues and expenses relating to program delivery and administrative activities are reported in the General Fund.

Revenues and expenses relating to the activities of providing financial support by way of loans to members continuing their nursing studies are reported in the Permanent Education Fund. At October 31, 2008, there were 45 loans outstanding (47 at October 31, 2007).

Revenues and expenses relating to the activities of providing financial assistance (to a maximum \$10,000 per file) to eligible members for access to legal counsel concerning professional discipline and employment related issues are reported in the Legal Assistance Fund.

Revenues and expenses relating to the activities of programs under the Nursing Education Initiative are reported in the Ministry of Health and Long-Term Care ("MOHLTC") Fund.

Revenue Recognition

Membership fees relating to the current membership year are recorded as revenue in the accounts of the Association upon receipt. Membership fees received that correspond to the up-coming membership year are accounted for as deferred revenue as at October 31 each year and recognized as income in the following year.

Fees received for programs provided by the Centre for Professional Nursing Excellence and other conferences and workshops are recorded as deferred revenues and recognized as income in the year the related expenses are incurred.

Grants received from the Ministry for programs under the Nursing Education Initiative ("NEI") are recognized as revenue in the year in which the related expenses are incurred. Investment income related to NEI funding belongs to the Ministry and is reported as a liability owing to the Ministry when it is earned.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Revenue Recognition (cont'd)

Revenues generated from the RN Journal, member benefit programs, sales of BPG program materials and other revenues, consisting of administration and project management fees, are recorded as revenue when they are earned.

Investment income consists of dividends and interest income, and realized and unrealized investment gains and losses. Dividends and interest are recognized as revenue of the appropriate fund when earned. Realized gains and losses are recognized as revenue of the appropriate fund in the statement of operations while unrealized gains and losses on available-for-sale financial assets are included directly in net assets of the appropriate fund until the gain or loss is realized. When gains or losses are realized on disposition, the cumulative gain or loss previously recognized in net assets is transferred to net income.

Restricted contributions are recognized as revenue of the appropriate fund in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue of the appropriate fund when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Capital Assets and Amortization

Capital assets are recorded in the General Fund at cost. Amortization is provided on a straight-line basis over the assets' estimated useful lives, which, for the following categories, are:

Building	-	25 years
Office furniture and equipment	-	10 years
Computer hardware	-	5 years
Computer software	-	2 years

Amortization expense is reported in the General Fund.

Contributed Services

Volunteers contribute many hours per year to assist the Association in carrying out its service delivery activities. Because of the difficulty of determining their fair value, contributed services are not recognized in the financial statements.

Use of Estimates

The presentation of financial statements in conformity with Canadian generally accepted accounting principles requires the Association to make estimates and assumptions which affect the reported amounts of assets and liabilities as at October 31, 2008, and the revenues and expenses for the year then ended. Actual results may differ from these estimates.

Cash and Cash Equivalents

Cash and cash equivalents are composed of cash and short-term, highly liquid investments with an original maturity of twelve months or less.

3. INVESTMENTS

	2008		2007	
	Cost	Carrying Value	Cost	Carrying Value
General Fund				
PhD Fellowship (Note 9)				
Held to maturity	\$ 1,001,929	\$ 1,001,929	\$ 1,052,996	\$ 1,052,996
General account				
Held to maturity	3,056,850	3,056,850	2,000,015	2,000,015
Available for sale	63,922	111,533	62,499	179,774
	<u>4,122,701</u>	<u>4,170,312</u>	<u>3,115,510</u>	<u>3,232,785</u>
Permanent Education Fund				
Held to maturity	382,212	382,212	365,788	365,788
Available for sale	77,726	60,922	76,670	87,202
	<u>459,938</u>	<u>443,134</u>	<u>442,458</u>	<u>452,990</u>
Legal Assistance Fund				
Held to maturity	2,986,011	2,986,011	2,464,787	2,464,786
Available for sale	182,143	213,710	178,543	313,981
	<u>3,168,154</u>	<u>3,199,721</u>	<u>2,643,330</u>	<u>2,778,767</u>
	<u>7,750,793</u>	<u>7,813,167</u>	<u>6,201,298</u>	<u>6,464,542</u>
Less: held-to-maturity investments				
maturing in the next twelve months				
General Fund	3,159,074	3,159,074	2,102,236	2,102,236
Permanent Education Fund	140,744	140,744	45,163	45,163
Legal Assistance Fund	810,143	810,143	196,221	196,221
	<u>4,109,961</u>	<u>4,109,961</u>	<u>2,343,620</u>	<u>2,343,620</u>
	<u>\$ 3,640,832</u>	<u>\$ 3,703,206</u>	<u>\$ 3,857,678</u>	<u>\$ 4,120,922</u>

Held-to-maturity investments maturing in the next twelve months consist of bonds and term deposits maturing at various times within the next year. These investments bear effective interest rates from 2.16% to 5.0% (2007-3.76% to 4.62%) per annum.

Held-to-maturity investments with maturity dates beyond the next twelve months consist of bonds, term deposits and mutual funds bearing interest from 3.6% to 5.5% (2007 - 3.6% to 6.25%) per annum, with maturity dates ranging from 2009 to 2013.

4. LOAN RECEIVABLE FROM GENERAL FUND

In 2005, the Board approved the transfer of \$1,500,000 from the Legal Assistance Fund to the General fund by way of a loan to finance the purchase of land and building located at 154/158 Pearl Street, Toronto, Ontario. The loan is non-interest bearing with no specific terms of repayment.

The Board approved the Legal Assistance Program (“LAP”) as an investor in the Pearl Street property. LAP is entitled to its proportionate share of any future capital gains from the sale of the property.

5. CAPITAL ASSETS

	2008		2007	
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$2,274,450	\$ -	\$ 2,274,450	\$2,274,450
Building	4,365,072	571,651	3,793,421	3,912,035
Office furniture and equipment	460,397	131,855	328,542	353,837
Computer hardware	105,356	50,053	55,303	57,813
Computer software	142,353	111,834	30,519	20,570
	<u>\$7,347,628</u>	<u>\$ 865,393</u>	<u>\$ 6,482,235</u>	<u>\$6,618,705</u>

6. DUE TO THE MINISTRY OF HEALTH AND LONG-TERM CARE

The Association receives monies from the Ministry to fund the programs within the Nursing Education Initiative. These monies are advanced in accordance with annual agreements between the Association and the Ministry. The related expenditures may not be incurred until sometime after the March 31 year-end of the Ministry. Any funding that is unspent, together with all interest income, is payable to the Ministry at the conclusion of the program, subject to the Ministry's annual review of the individual programs. Subsequent to year-end, the Association has incurred expenditures out of this balance to deliver services in accordance with the annual agreements with the Ministry.

The balance due to the Ministry is summarized as follows:

	<u>2008</u>	<u>2007</u>
Balance, beginning of the year	\$ 1,087,264	\$ 1,518,889
Funding received	13,332,704	10,688,381
Interest earned on funds	50,183	45,277
BPG sales	66,059	82,200
Expenses incurred	(12,651,638)	(10,845,493)
Previous years' unspent funding returned to the Ministry	<u>(159,017)</u>	<u>(401,990)</u>
Balance, end of the year	<u>\$ 1,725,555</u>	<u>\$ 1,087,264</u>

Included in the balance of unspent funding due to the Ministry as at October 31, 2008 is \$436,802 (2007 - \$386,619) in accumulated interest income earned on funding received from the Ministry.

7. CHANGES IN GENERAL FUND BALANCE

	Invested in Capital Assets	Unrestricted	Externally Restricted PhD Fellowship	Total Fund
Balance, October 31, 2007	<u>\$ 6,618,705</u>	<u>\$(1,018,225)</u>	<u>\$ 1,056,056</u>	<u>\$ 6,656,536</u>
Excess (deficiency) of revenues over expenses from operations	(292,803)	653,619	(100,000)	260,816
Investment income	-	93,697	48,440	142,137
Net investment in capital assets	<u>156,333</u>	<u>(156,333)</u>	<u>-</u>	<u>-</u>
Total excess (deficiency) of revenues over expenses	<u>(136,470)</u>	<u>590,983</u>	<u>(51,560)</u>	<u>402,953</u>
	<u>6,482,235</u>	<u>(427,242)</u>	<u>1,004,496</u>	<u>7,059,489</u>
Cumulative unrealized gains reported directly in the statement of changes in fund balances, beginning of year	-	117,275	-	117,275
Changes in unrealized gains on available-for- sale financial assets during the year	<u>-</u>	<u>(69,663)</u>	<u>-</u>	<u>(69,663)</u>
Cumulative unrealized gains reported directly in the statement of changes in fund balances, end of year	<u>-</u>	<u>47,612</u>	<u>-</u>	<u>47,612</u>
Balance, October 31, 2008	<u>\$ 6,482,235</u>	<u>\$ (379,630)</u>	<u>\$ 1,004,496</u>	<u>\$ 7,107,101</u>

8. CHANGES IN LEGAL ASSISTANCE FUND BALANCE

In a prior year, the Board internally restricted \$250,000 of the unrestricted balance of the Legal Assistance Fund to be used in support of legal fees in cases related to pay equity. No legal fees were paid out of this appropriation during the current year for pay equity related cases. The total legal fees paid to October 31, 2008 from these internally restricted funds are \$226,910, leaving a balance of \$23,090 available for the future.

	Internally Restricted	Unrestricted	Total Fund
Balance, October 31, 2007	\$ 23,090	\$ 4,148,003	\$ 4,171,093
Excess (deficiency) of revenues over expenses from operations	-	466,895	466,895
Investment income	-	127,893	127,893
Total excess (deficiency) of revenues over expenses	-	594,788	594,788
	<u>23,090</u>	<u>4,742,791</u>	<u>4,765,881</u>
Cumulative unrealized gains reported directly in the statement of changes in fund balances, beginning of year	-	135,437	135,437
Changes in unrealized gains on available-for- sale financial assets during the year	-	(103,871)	(103,871)
Cumulative unrealized gains reported directly in the statement of changes in fund balances, end of year	-	31,566	31,566
Balance, October 31, 2008	<u>\$ 23,090</u>	<u>\$ 4,774,357</u>	<u>\$ 4,797,447</u>

9. EXTERNALLY RESTRICTED PHD FELLOWSHIP FUND

During the 2004 fiscal year, the Ministry approved the transfer of \$1,000,000 of unspent funding to the General Fund to create a PhD Fellowship program that is expected to last approximately ten years. The money must be kept in a separate account and any interest earned is added to the fund balance. Additional funding from other sources may be added to the fund.

Included in general fund assets are the following restricted amounts:

	<u>2008</u>	<u>2007</u>
Cash and short-term investments	\$ 87,057	\$ 87,054
Accrued interest	17,734	18,227
Investments	<u>899,705</u>	<u>950,775</u>
	<u>\$ 1,004,496</u>	<u>\$ 1,056,056</u>

10. PROGRAM COSTS

The following is a summary of expenditures incurred on MOHLTC Fund programs:

	<u>2008</u>	<u>2007</u>
Education Grants	\$ 6,063,535	\$ 6,038,527
Best Practice Guidelines	1,980,099	2,141,334
Long-Term Care Best Practice Co-ordinators	898,581	185,180
Advanced Clinical Fellowships	564,349	836,865
Personal Digital Assistant Initiative	539,141	-
Smoking Cessation	535,751	225,904
Recruiting and Retention	349,181	481,246
Methadane Maintenance	342,510	-
Nurse e-Health	336,784	236,357
Teams of Inter-Professional Staff	272,922	-
Nursing Retention Fund	270,303	317,485
Poster Campaign	173,040	-
Best Practice Guidelines - Healthy Work Environment	135,322	382,595
Pressure Ulcer Prevention	96,370	-
Staffing and Scheduling	<u>93,750</u>	<u>-</u>
	<u>\$ 12,651,638</u>	<u>\$ 10,845,493</u>

11. COMMITMENTS

The Association has entered into operating leases for certain office equipment which requires the following minimum annual lease payments:

2009	\$ 34,399
2010	\$ 34,399
2011	\$ 24,450

12. CONTINGENT LIABILITY

The Association has been named as one of a number of defendants in a statement of claim by a member claiming damages of \$500,000. The outcome of this action is currently undeterminable. Management believes the exposure to liability is low and, therefore, no amounts have been accrued in these financial statements.

13. RISK MANAGEMENT AND FINANCIAL INSTRUMENTS

The Association is exposed to the following risks related to its financial assets and liabilities:

Interest Rate Risk and Currency Risk

It is management's opinion that the Association is not exposed to significant interest rate or currency risks arising from its financial instruments.

Credit Risk

The Association is subject to credit risk through its accounts and loans receivable. Credit risk arises from the potential that a counterparty will fail to perform its obligations. Credit risk with respect to the accounts receivable is limited due to the large number and diversity of individuals and organizations owing monies to the Association.

Investment Risk

The Association has invested funds in bonds, mutual funds and guaranteed investment certificates which are traded on a public stock exchange. This exposes the Association to the risk of fluctuating market values.

13. RISK MANAGEMENT AND FINANCIAL INSTRUMENTS (cont'd)**Fair Value of Financial Instruments**

The Association classifies its financial instruments as follows:

The Association's financial instruments consist of cash, accounts receivable and accrued interest, investments, loans receivable, loan receivable from the general fund, accounts payable and accrued charges, due to the Ministry of Health and Long-Term Care, and loan payable to Legal Assistance Fund. For cash, accounts receivable and accrued interest, loans receivable, accounts payable and accrued liabilities, and due to the Ministry of Health and Long-Term Care, the fair values approximate their carrying value due to their short term maturity or capacity of prompt liquidation.

Investments with fixed or determinable payments and fixed maturity that the Association has the positive intention and ability to hold to maturity are classified as held-to-maturity and are measured at their amortized cost.

All other investments are classified as available-for-sale. They are measured at fair value, determined on the basis of quoted market value.

14. COMPARATIVE FIGURES

Certain comparative figures have been reclassified to conform to the presentation adopted in the current year.

THEREFORE BE IT RESOLVED *that the annual fees for Associates, other than undergraduate nursing students, be set at \$80.00.*

IMPLEMENTED, AND INCORPORATED INTO RNAO 2008 BYLAWS.

THEREFORE BE IT RESOLVED *that the annual fees for “Friends of RNAO” be set at \$80.00.*

IMPLEMENTED, AND INCORPORATED INTO RNAO 2008 BYLAWS.

THEREFORE BE IT RESOLVED *that the RNAO lobby the Ontario Government to press for the passage and implementation of the key recommendations, specifically recommendation #10 of the Dupont/Daniels Coroner’s inquest report of December 11, 2007, within one year of the published date.*

RNAO’s Response to HPRAC on the Ministerial Referral on Interprofessional Collaboration among Health Colleges and Professionals in May 2008 included a section on the need to address power differentials to improve both patient and workplace safety. RNAO’s submission emphasized the Dupont inquest recommendation that safety must “not be superseded by a physician’s right to practice”.

At the invitation of the Ministry of Health and Long-Term Care and the Minister’s office, RNAO submitted feedback on October 14, 2008 to the Workplace Violence Review Project at the Ministry of Labour on the Consultation Paper on Workplace Violence Prevention.

On October 16, 2008 Gail Beatty and Rob Milling represented RNAO at a consultation on workplace violence prevention legislation organized by Ministry of Health and Long-Term Care officials, with attendance by Ministry of Labour officials and Minister’s staff.

RNAO developed an evidence-based Healthy Work Environments Best Practice Guideline, “Preventing and Managing Violence in the Workplace”, which was launched on December 6, 2008 – the anniversary of the Montreal Massacre.

RNAO has created a violence prevention program in electronic format for use by all health-care organizations to support the Best Practice Guideline recommendation related to mandatory violence prevention education for all health-care personnel, including staff, physicians, students and volunteers.

On December 6, 2008, Doris Grinspun and federal MP Carolyn Bennett attended Women’s College Hospital for its annual “National Day of Remembrance and Action on Violence Against Women”. This event is in memory of the 14 victims of the Montreal Massacre at L’École Polytechnique in 1989.

RNAO discussed its position on workplace violence with MPPs at the 10th Annual Day at Queen’s Park and disseminated to 47 MPPs a briefing statement on “Preventing and Managing Violence in the Workplace”.

On January 28, 2009, Rob Milling and Irmajean Bajnok presented information about the Healthy Work Environments Best Practice Guidelines, including “Preventing and Managing Violence in the Workplace” at the Safe At Work Ontario stakeholder information session with the Ministry of Labour.

On March 4, 2009, Valerie Rzepka and Irmajean Bajnok presented information about the Healthy Work Environments Best Practice Guideline “Preventing and Managing Violence in the Workplace” at the Preventing Workplace Violence workshop in Ottawa sponsored by Accreditation Canada.

THEREFORE BE IT RESOLVED *that the RNAO develop strategic partnerships and lobby the provincial government to invest in sustainable solutions to alleviate hunger among Ontarians; and*

THEREFORE BE IT FURTHER RESOLVED *that these solutions incorporate a variety of approaches that contribute to a sustainable food security plan.*

RNAO has developed strategic partnerships on food security and poverty elimination, including: the 25 in 5 Network for Poverty Reduction; Campaign 2000; Health Providers Against Poverty; and the Income Security Advocacy Centre.

Advocacy/lobbying of the provincial government included:

- RNAO members participated in MPP consultations and town hall meetings on a provincial poverty reduction strategy across the province in May, June, July, 2008.

RNAO provided a written submission on Ontario's Poverty Reduction Strategy on July 21, 2008.

- An outcome of the Seventh Invitational Elder Health Think Tank of November 19, 2008 was a letter and action alert to the Premier and Cabinet from Gerda Kaegi and Doris Grinspun (co-chairs of the Elder Health Coalition) urging immediate action to reduce poverty. RNAO has been actively involved in advocacy in support of an inclusive provincial poverty reduction strategy through action alerts, media releases, and an article in the Jan/Feb 2009 issue of the *RN Journal*. RNAO was present at the government's announcement of the Poverty Reduction Strategy on December 4, 2008.
- RNAO's Provincial Pre-Budget Submission of January 14, 2009 emphasized the importance of investing in aggressive implementation of the poverty reduction plan. This message was reinforced orally and in writing at meetings with MPPs and their staff on January 21, 2009 at Queen's Park Day. As a member of the 25 in 5 Network, RNAO contributed to *A Blueprint for Economic Stimulus and Poverty Reduction in Ontario* released on February 12, 2009. This document advocates for a \$100 monthly Healthy Food Supplement as well as other measures to ensure livable incomes that affirm dignity for all Ontarians, including those unable to work.

Additional approaches used to address issues of food insecurity and poverty included:

- RNAO's resolution on Responding to Canada's Growing Income Inequality by Improving Access to Employment Insurance was passed at CNA's Annual General Meeting on June 16, 2008.
- RNAO's Federal Pre-Budget Submissions of August 15, 2008 included a section on a federal poverty reduction plan.
- Poverty and food security were key issues highlighted by RNAO during the campaign leading up to the October 14, 2008 federal election through RNAO's political platform, candidates' meetings, and platform comparisons. RNAO and Health Providers Against Poverty facilitated workshops and prepared resources for health-care providers on addressing poverty and health issues.
- RNAO is actively involved with two media projects that will assist the public in greater understanding of the importance of addressing poverty as a health issue. The "Home Safe" documentary series, produced by Sky Works Charitable Foundation, addresses the needs of families at risk of homelessness in Calgary, Sault Ste. Marie, Hamilton and Toronto. The Ontario Coalition for Social Justice's documentary "Poor No More" considers how other jurisdictions are addressing poverty and food insecurity with progressive social policy.

THEREFORE BE IT RESOLVED that RNAO collaborate with and lobby all relevant sectors of the education and health-care system to advocate for undergraduate nursing programs which include a clinical practicum in psychiatric/mental health nursing, as well as advocate for the development of a consistent minimum level of competency and content teaching about 'mental illnesses' in all basic nursing programs in Ontario.

In September 2008, RNAO's *Putting Health First* Federal Election Platform advocated about healthy social-emotional childhood development as this phase is crucial for influencing mental health, long-term health and well-being. RNAO requested that the Federal government phase in \$135 million per year to partner with jurisdictional governments in nursing education to expand on the amount of faculty and the number of clinical placement opportunities for nursing students.

During the federal election, RNAO played a key role in pushing health onto the election agenda with all-candidates meetings (October 6, October 8), platform analysis and media coverage of the RNAO platform.

RNAO members met with 47 MPPs at the January 22, 2009 10th Annual Day at Queen's Park. MPPs were briefed on the value of nursing education and were supplied with a briefing note called, "Investing in Nursing Education".

This document highlights the importance of nursing education and places emphasis on how quality education must be varied in its clinical practice to meet the needs of the diverse Canadian population.

The Ontario Legislature is in the process of developing a committee on mental health and RNAO would like to be very active on it. A formal letter of request was sent in February 2009 to Minister of Health David Caplan asking for more information on the committee, its processes and predicted start-up date.

The International Affairs and Best Practice Guideline Programs (IABPG) will be facilitating some e-learning resources for nursing students and nurses about methadone and suicide.

THEREFORE BE IT RESOLVED that the RNAO lobby the provincial government to review the booster seat provisions of the Highway Traffic Act with a view towards raising the age criterion.

RNAO has written a formal letter to the Minister of Transportation Jim Bradley and the Parliamentary Assistant to the Minister of Transportation Michael A. Brown to strengthen the current booster seat provisions of the Highway Traffic Act.

Ongoing advocacy and lobbying to the Provincial Government will include:

- Request from RNAO that they raise the current age criterion to age 9 as stronger legislation exists in British Columbia, New Brunswick, Newfoundland and Labrador and Nova Scotia.
- Request that the Ministry of Transportation enforce better car seat instruction and make it mandatory for guardians to receive education on proper installation procedures. As Transport Canada indicated in July 2007 that properly secured children in a safety seat were 2.7 times more likely to survive a collision without serious injuries.
- Lobby the Ontario Government and make it mandatory that Ontario Early Years Centres and their websites include accessible information and updates about child car seats.
- On July 1, 2008, British Columbia strengthened its *Motor Vehicle Act* Regulation child seat by increasing the age criterion to 9 years old as a way to provide the safest road conditions for children. As of January 1, 2008 Prince Edward Island implemented the strongest age criterion on child booster seats that requires children to be a minimum of 10 years old or 4'9" (145 cm). RNAO will ask that Ontario provide the same high standard and immediately update its regulations.

THEREFORE BE IT RESOLVED that RNAO revise its current policy relative to the calculation of the total years of membership, to include the years of student associate status.

Implemented.

RNAO revised current policy to count years, earned in 2008 and onward as an undergraduate nursing student associate, towards Quarter Century and Member Emeritus recognition.

RNAO AGM 2010

Please join us next year for

RNAO's 85th Anniversary AGM

Worth noting!

RNAO AGM 2010 will be held
in downtown Toronto

April 15-17, 2010

Hilton Toronto
145 Richmond Street West, Toronto, Ontario



Members of RNAO 2008-2009 Board of Directors
at The Legislature, Queen's Park, Toronto ~ January 22, 2009

Important Note: The information contained in the RNAO 2009 AGM Report is circulated to you as required by association bylaws. As a cost-saving measure, limited copies only will be available at the RNAO 2009 Annual General Meeting. Please bring this document with you.