

## **RNAO'S PROUD PAST**

Highlights and accomplishments of the association's history

**RNAO's** official history stretches back **100 years**. However, the association's roots can be traced much earlier, to 1901, when a group of Ontario nurses attended the International Council of Nurses meeting in Buffalo, N.Y., stimulating interest in creating a provincial organization. Three years later, the Graduate Nurses' Association of Ontario (GNAO) was formed from the alumni groups of various Ontario nursing schools. The GNAO, with a mandate to encourage nurses' professional development, is the forerunner of RNAO. And it's thanks to GNAO that the provincial government passed a Nurses Registration Act in 1922.

1901	A group of Ontario nurses attend the International Council of Nurses meeting in Buffalo, N.Y. This experience stimulates interest in creating a provincial organization.
1904	The Graduate Nurses' Association of Ontario (GNAO) is formed from the alumni groups of various Ontario nursing schools. The GNAO is the forerunner of RNAO. Its mandate is to encourage nurses' professional development.
1914	GNAO forms a Toronto chapter.
1916	GNAO Legislation Committee appears before the Hodgins' Medical Commission to discuss suitable regulations for the conduct of training schools and registration of nurses.
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1922	Through the efforts of the GNAO, a <i>Nurses' Registration Act</i> is passed by the Ontario government.
1925	The Ontario association's name is changed under the <i>Ontario Companies Act</i> to be known as the <b>Registered Nurses Association of Ontario (RNAO</b> ), incorporated on Dec. 4, 1925. The first unofficial president of RNAO was Miss Dickson who served from Dec. 4, 1925 to April 10, 1926.
	The first minimum curriculum for schools of nursing in Ontario is presented by the provincial inspector of training schools.
1926	The first general meeting of RNAO is held in Belleville. The first officers of RNAO are elected: Florence Emory, president; Edith Rayside, 1 <sup>st</sup> vice-president; Maude Hall, 2 <sup>nd</sup> vice-president; and Ethel Scholey, secretary-treasurer.
	First examinations are held for registration of nurses in Ontario.
The 193	BOS
1930	An RNAO committee is formed to create a loan fund (now known as the Permanent Education Fund) to assist members in financing post-basic nursing courses.
1933	The first university-based School of Nursing and baccalaureate degree course in nursing in Canada was established at the University of Toronto.
1935	RNAO is instrumental in developing standards for nursing education and practice and subsequently closes 37 small schools of nursing in Ontario that do not meet its requirements. The association protects the title "registered nurse" by making registration mandatory.
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1945	The RNAO News Bulletin begins publication.	
1949	RNAO appoints legal advisor on a retaining basis to respond to association members on request.	
The 195	The 1950s	
1951	After RNAO's struggle to obtain legislation placing control of nursing within the profession, the Nurses' Registration Act, 1951, a culmination of years of effort and a milestone in the history of nursing in Ontario, is passed, giving the association responsibility for: creating regulations regarding standards of admission to schools of nursing; determining courses of study in these schools; setting examinations for registration; and issuing, renewing, and cancelling certificates of registration.	
1956	At the Annual General Meeting (AGM), a decision is made to investigate the feasibility of collective bargaining for the nursing profession in Ontario. A program of voluntary negotiation with employers is adopted, with the ultimate purpose of seeking legislation providing for compulsory arbitration if necessary.	
	RNAO moves into its new headquarters on Price Street in Toronto.	
	The RNAO Foundation was established to promote nursing research and expand the quality of nursing in response to changing health-care needs.	
1957	In response to membership requests, RNAO applies for exemption from the terms of the Ontario Labour Relations Act. Such exemption, if granted, means nurses can't be forced, as a condition of employment, to join trade and labour unions. The report of the Select Committee of the Legislature recommends RNAO and other recognized professional associations be excluded from the terms of the act.	
The 196	0s	
1960- 62	RNAO, at the request of the provincial government, studies the feasibility of forming a separate regulatory body for nurses and drafts the document known as the Nurses Act. The College of Nurses of Ontario (CNO) is established as a result. Responsibilities shift from the Department of Health to this new regulatory body and responsibility for the registration of nurses moves from RNAO to CNO.	
1963	The Nurses' Act, 1961-62, is proclaimed in January, establishing the College of Nurses of Ontario (CNO). With this change in legislation, registration becomes the responsibility of the college rather than RNAO. This act is currently referred to as the Nursing Act, 1991.	
1964	The AGM passes a resolution authorizing the board of directors to secure special legislation, which would give RNs, through RNAO, the right to bargain collectively with their employers and to submit items in dispute to binding arbitration.	
1965	Although nursing services far exceed the supply of RNs, salaries and benefits lag significantly behind the country's economic growth. RNAO releases a brief, <i>The Nurses' Collective</i> <i>Bargaining Act</i> , proposing that RNAO be granted the right to bargain collectively on behalf of its members. While the Ontario government does not act on the proposed legislation, RNAO members endorse the principle of collective bargaining. Over the next eight years, RNAO assists groups of members and nurses to bargain collectively with their employers under the	

	Labour Relations Act.
1967	RNAO establishes the member emeritus membership category (it grants the privileges of regular membership for life after 40 consecutive years of RNAO membership) to commemorate Canada's centennial.
	Albert Wedgery is elected as RNAO president for a two-year term, becoming the first man in this role.
1969	Canada nurses host the International Council of Nurses (ICN) Congress in Montreal with Canadian nurse Alice Girard as ICN president. RNAO personally hosts several ICN delegates visiting on study or observation tours.
The 197	0s
1970	Members can enroll in an RNAO-sponsored professional liability (malpractice) insurance plan. This is now known as professional liability protection (PLP).
	RNAO's testing service (available in English and French), which nurses were required to pass as a condition of registration, becomes the property of the CNO, and later the Canadian Nurses' Association (CNA), forming the nucleus of a national testing service.
1971	RNAO expresses concerns related to smoking and health and supports the Federal Minister of Health and Welfare in legislation proposed to curb tobacco advertising.
	Ontario's first education program for an expanded RN role is launched at the University of Toronto – six years after the first NP program in the U.S. was developed at the University of Colorado.
1973	RNAO supports the establishment of a central vehicle for collective bargaining for nurses and endorses the formation of the Ontario Nurses' Association (ONA).
	A statement on nurse midwifery is accepted at the AGM, setting the stage for RNAO's promotion of this role.
	RNAO places an 18-month priority on promoting standards of care and assistance to nurses employed in long-term care settings.
1974	ONA is certified by the Labour Relations Board. RNAO transfers activities related to collective bargaining to ONA.
1975	RNAO marks its 50th anniversary.
1976	RNAO approves a one-year pilot project to collect data to serve as a basis for development of a possible structure for RNAO interest groups. The aim is to develop a system whereby groups can be connected to the association.
1979	Formal recognition is given to interest groups within RNAO, starting with six interest groups developed during the 1976 pilot.
	RNAO's board of directors adopts the position that baccalaureate nursing preparation be the entry level to the practice of nursing as an RN.

The 1980s1980RNAO meets with Ontario's minister of health to present documents such as: RNAO Position Paper on Health-Care Costs; RNAO Statement on the Role of the Registered Nurse in the Operating Room; Standards for the Organization and Administration of the Nursing Department, Public Health Units; and RNAO Position Paper on Continuing Education for Registered Nurses.1982RNAO writes a background paper endorsing the proposal that a baccalaureate degree in nursing be the minimum education requirement for entry-to-practice by the year 2000. It	
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came into fruition in 2005.	
RNAO membership triples when ONA members were admitted on a group membership basis.	
<b>1983</b> Fulfilling its mandate to speak for professional nursing, RNAO applies for and is granted legal standing at the Grange inquiry into deaths at Toronto's Hospital for Sick Children.	
<b>1984</b> RNAO provides a nursing presence throughout Phases I and II of the Grange Inquiry commission hearings. The Grange Commission was struck to investigate the mysterious deaths of 36 infants at the Toronto Hospital for Sick Children (now SickKids Hospital).	
RNAO submits a brief and makes an oral presentation to the Bovey Commission on the Future Development of Universities of Ontario.	
<b>1985</b> Following RNAO members' advocacy across Ontario via public meetings, news releases, letters to newspaper editors, and engagement with members of parliament and public officials, Canada passes the Health Practitioner Amendments to the Canada Health Act. For nurses, these amendments mean for the first time health providers other than medical practitioners and dentists are acknowledged in federal legislation.	
<b>1986</b> The voluntary Legal Assistance Program (LAP®) is established by RNAO to assist nurses with legal problems which may arise in work-related circumstances.	
RNAO successfully lobbies for a ban on extra billing for medical services.	
RNAO collaborates with CNO, Operating Room Nurses Association of Ontario and ONA to introduce Project Turnaround, a program designed to help nurses having issues with alcohol or other substances.	
<b>1989</b> After eight years of lobbying by RNAO and others, nurses legally become part of the financial and operational decision-making processes within hospitals.	
The MOH announces amendments to Regulation 518/88 of the Public Hospitals Act, an act that enables nurses to participate in decision-making related to administrative, financial, operational and planning matters in the hospital. RNAO advocated for these changes for over eight years.	
The 1990s	

1990 – 91	RNAO advocates for the Regulated Health Profession Act, participating extensively in consultations.
1995	The Ontario Primary Health Care Nurse Practitioner (PHCNP) education program is launched by the Council of Ontario University Programs in Nursing (COUPN) and offered at nine Ontario universities.
1996	Doris Grinspun, RNAO's longest serving officer, is appointed as RNAO's executive director.
	RNAO holds candlelight vigils to express concern about massive cuts to Ontario's publicly funded health-care system. RNAO issues an open letter to Ontario citizens calling on them to speak out against the cuts, restructuring and deskilling of health professionals. RNAO together with the Ontario College of Family Physicians issue a joint statement on cutbacks to the hospital sector.
	RNAO formally expands its scope beyond the nursing profession. RNAO Board of Directors approves new strategic directions: (1) "promote health and health care recognizing the social determinants of health," and (2) "promote and advocate the role of the registered nurse in the health care system." The operational plan includes submissions to government, educational events, an aggressive media campaign, conferences, enhanced communication and political activism.
1997	RNAO unveils its first website – www.RNAO.org – to interact with its 13,000 members and the public.
	RNAO brings the production of <i>Registered Nurse Journal</i> in-house with a revamped layout and design.
	Prolonged advocacy by RNAO and its then-interest group NPAO is instrumental in passing Bill 127, legally recognizing and expanding NPs' scope of practice.
1998	RNAO's Executive Director Doris Grinspun envisions the <b>Best Practice Guidelines (BPG)</b> <b>Program.</b> The program was launched in 1999 with funding from Ontario's then Ministry of Health (MOH) and Long-Term Care.
	RNAO meets with Ontario's premier to present a document that addresses critical issues facing Ontario nursing and recommends solutions. Three key areas targeted are: the need for reinvestment in nursing, the creation of a patient safety act, and government support for baccalaureate entry into practice.
	Then minister of health Elizabeth Witmer announces the creation of the Provincial Nursing Task Force at RNAO's 73 <sup>rd</sup> Annual General Meeting.
1999	Ontario's minister of health accepts the report of the Nursing Task Force and vows to act on its recommendations. The task force is established, following RNAO's 1998 AGM, to suggest solutions to the many chronic and critical problems within the profession.
	RNAO is funded by the MOH to lead a major project on the development, implementation, and evaluation of BPGs.
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	The Workplace Liaison Program is launched with two pilot sites.
	The Nursing Education Initiative (NEI) reimbursement fund is launched in March.
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2000	RNAO launches the Advanced Clinical Practice Fellowship (ACPF) Program.
	RNAO holds its first Queen's Park Day, bringing nurses and nursing issues directly to the Ontario legislature.
	RNAO lobbies for – and welcomes – the announcement of the new chief nursing officer position created by the provincial government as part of its senior management team.
	RNAO is assigned by the MOH to lead the advanced clinical fellowships and training fellowships for Ontario RNs.
	The association launches Take Your MPP To Work, which allows political leaders to hear first- hand from nurses in their workplaces.
	An announcement is made by Minister Witmer and Dianne Cunningham, Minister of Training, Colleges and Universities, that, beginning in 2005, a baccalaureate degree will be the educational requirement for RNs practising in Ontario. This is a decision advocated by RNAO and its board of directors since 1979.
	RNAO, in collaboration with the Registered Practical Nurses Association of Ontario (RPNAO), submits a report entitled: <i>Ensuring the Care Will be There: Report on Nursing Recruitment and Retention in Ontario</i> to the MOH, driving provincial recruitment and retention efforts.
2001	RNAO issues a report entitled: <i>Earning Their Return: When and Why Ontario RNs Left Canada, and What Will Bring Them Back</i> , the first of its kind in Canada.
	The BPG program, along with the Centre for Professional Excellence, organizes the first international BPG conference held in Toronto, titled Best Practice Guidelines: Shaping the Future of Nursing – Issues in Development, Evaluation and Dissemination.
2002	The BPG program releases its <b>first four guidelines</b> , all related to care for seniors, at RNAO's international conference.
	The BPG program launches the <b>Best Practice Champions Network</b> by inviting interested health-care organizations to nominate key individuals in their organizations to participate in the network and promote, influence and implement BPGs in their setting.
	RNAO and the Royal College of Nursing in the United Kingdom (U.K.) host the first guideline symposium in Oxford, U.K. in July. RNAO together with organizations from the U.K., Scotland, Netherlands, Australia and the U.S. form the Nursing International Collaborative in Evidence-based Implementation and Research with Guidelines (NICEBIRG).
	RNAO begins a public awareness campaign, called Speak Out Ontario, to raise the level of

	public debate and support for a publicly funded, universally accessible, not-for-profit health-care system.
	RNAO responds to the Kirby Commission on the final volume of its report on Canada's health- care system: <i>Recommendations for Reform</i> . This report contains sound proposals to invest in Canadian health care, though its willingness to expand the use of for-profit health care is alarming to RNAO.
	RNAO endorses the final report of the Romanow Commission, <i>Building on Values: The Future of Health Care in Canada</i> .
2003	RNAO launches its <b>Best Practice Spotlight Organization® (BPSO®) Program</b> , sponsored by the MOH to support implementation and evaluation of BPGs. An inaugural cohort of health organizations sign three-year partnerships between selected organizations and RNAO.
	RNAO launches the <b>BPG Champions Program</b> .
	RNAO releases the first edition of its Implementation Toolkit, a resource for health-care teams to make lasting improvements in health-care innovations. This is now known as the Leading Change Toolkit.
	RNAO launches <b>RNCareers</b> , a website service to connect Ontario's health-care employers with nurses and other health professionals.
	RNAO reschedules its 78th AGM from April to September due to the Severe Acute Respiratory Syndrome (SARS) outbreak. The association supports the nursing community during the outbreak. SARS takes the lives of 44 Ontarians; two are nursing colleagues who worked with SARS patients: Nelia Laroza, 51, and Tecla Lin, 57. RNAO representatives attend both funerals. RNAO delivers a formal request to Premier Ernie Eves asking Ontario to order an independent commission of inquiry under the Public Inquires Act into the SARS outbreak. In response, Premier Eves announces an independent investigation into the outbreak that falls short of a full public inquiry.
	RNAO releases two research reports: Survey of Casual and Part-Time Registered Nurses in Ontario and SARS Unmasked: Celebrating Resilience, Exposing Vulnerability: A Report on the Nursing Experience with SARS in Ontario.
	RNAO, in collaboration with RPNAO, leads <b>VIANurse</b> , an electronic registry – maintained confidentially on RNAO's website – of RNs and RPNs who are willing to volunteer for deployment to an Ontario health-care facility that has been deemed emergency status due to the SARS outbreak.
	The RNAO-led PhD fellowship program initiative is launched in partnership with the MOH. It aims to develop research capacity in the evaluation of clinical outcomes, as well as financial and system outcomes associated with the implementation of RNAO BPGs.
	RNAO launches the <b>Healthy Work Environments BPG Project</b> . Funded by the MOH, it is designed to support health-care organizations in sustaining positive environments for nurses

	through ready access to evidence-based guidelines.
	The RNAO-led BPG doctoral fellowship program initiative is launched in partnership with the MOH. It aims to develop research capacity in the evaluation of clinical outcomes, as well as financial and system outcomes associated with the implementation of RNAO BPGs.
	The first annual Best Practice Summer Institute is held at the Nottawasaga Inn in Alliston, Ontario.
2004	RNAO hosts its first <b>Best Practice Guideline (BPG) Clinical Institute</b> , funded by Health Canada.
	The BPG program is funded by Health Canada to conduct 20 full-day workshops on BPGs across the country, to translate several BPGs into French, and to fund two BPSOs in provinces outside Ontario.
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2005	RNAO receives funding from the MOH to develop a strategic plan to enhance nursing contributions to innovations in health care related to electronic applications, now known as the <b>e-Health Project</b> .
	RNAO releases <i>The 70 per cent Solution</i> report, which shows that government efforts to increase full-time work for RNs are starting to pay off – but the goal of having 70 per cent of all RNs working full-time will not be met without more targeted funding and better working conditions for nurses.
	Then health minister George Smitherman commissions the Nurse Practitioner Integration Task Team to advise government on better NP integration in Canada.
	The baccalaureate degree requirement for all Ontario RNs takes effect this year.
2006	RNAO celebrates its new building on Toronto's Pearl Street with an open house. More than 100 RNAO members, politicians and members of the media attend. The government also announces a Retention Trust Fund to be managed by RNAO, ONA, and RPNAO.
	In January, RNAO, with the University of Ottawa's School of Nursing, launch the Nursing Best Practice Research Unit (NBPRU). The NBPRU, now called the Nursing Best Practice Research Centre, strives to promote nursing excellence through the study of the best strategies to promote the uptake of research results in all aspects of nursing care and the nursing work environment.
	The Ontario government announces guidelines for the Tuition Support Program for Nurses, which is part of the government's commitment to provide more families with access to primary health care, and to support the recruitment and retention of nurses to rural and remote areas across the province. The program follows RNAO's recommendation in the <i>Ensuring the Care Will Be There</i> report, issued in 2000.

	The Ontario government and the Elder Health Coalition, with RNAO as the founding member, work on a vision for elder health in Ontario. Their paper, entitled <i>Seniors and Equity</i> , is released in the fall and they partner to deliver the fifth annual invitational think tank with the Elder Health Coalition.
	RNAO signs a contract with the Beijing Nightingale Consultation of Culture Co. Ltd. (BNCC), to develop educational programs for nurses in China.
	RNAO holds the Opening Spotlight Organization launch and professional retreat to announce 12 innovative three-year partnerships with provincial health-care organizations to implement and evaluate nursing BPGs.
	RNAO's summer institutes become highly sought-after with the association's inaugural <b>Creating Healthy Workplaces Summer Institute</b> .
2006	The Canadian Nurse Practitioner Initiative (CNPI) is created to support Canada-wide efforts to integrate the NP role.
	Sudbury NPs Marilyn Butcher and Roberta Heale secure \$1 million to build Canada's first NP- led clinic after advocating alongside RNAO.
2007	RNAO hosts its first Best Practice Spotlight Organization® (BPSO®) Knowledge Exchange Symposium.
	The first NP-led clinic is launched in Sudbury under the leadership of NPs Marilyn Butcher and Roberta Heale. On Aug. 30, Ontario's Minister of Health George Smitherman attends the official opening of the clinic, with RNAO's executive director in attendance.
	The Healthy Work Environments BPG program completes three additional guidelines: Developing and Sustaining Nursing Leadership; Collaborative Practice among Nursing Teams; and Professionalism in Nursing.
	The report of the Nurse Practitioner Integration Task Team, commissioned in 2005, is released.
2008	RNAO launches its Long-Term Care (LTC) Best Practices Program with dedicated funding from Ontario's ministry of health and LTC.
	Then premier Dalton McGuinty announces at RNAO's home office that his government is committed to opening 25 more NP-led clinics across Ontario.
	RNAO is an active participant in the Health Professions Regulatory Advisory Council (HPRAC) public hearings across the province, which examine changes in legislation that will expand the scope of NPs' practice and allow them to practice more autonomously.
	The personal digital assistants (PDA) project focuses on developing software applications based on the RNAO Clinical and Healthy Work Environment BPGs to optimize access to research and utilization of best practices by point-of-care nurses.

	RNAO's Centre for Professional Nursing Excellence is a major partner in an international conference held in Beijing, China in October. More than 300 participants attend the conference, titled Nurses: The Solution in Health-Care Transformation.
	Those who wish to support the work of RNAO, but do not meet the criteria of "member" or "associate," can become a "Friend of RNAO," a new category approved at the 2008 AGM.
2009	RNAO launches its Mental Health and Substance Use Program.
	RNAO takes a leadership role in the Safer Healthcare Now, a national falls collaboration that aims to reduce injury from falls by 40 per cent in enrolled long-term care homes across Canada.
	Ontario Premier Dalton McGuinty and David Caplan, Ontario's Minister of Health, come to RNAO home office in person to announce the successful proponents for the next three NP-led clinics in Sault Ste. Marie, Thunder Bay and Belle River, modelled after the first in Sudbury.
	RNAO hosts John Gerretsen, Minister of the Environment, MPPs, environmental, and health activists to celebrate the introduction of the most progressive cosmetic pesticide regulation in North America. RNAO was pivotal in helping to enact these regulations.
	The inaugural <b>Practice Academe Innovation Collaboration award</b> is presented to representatives of RNAO, the joint RNAO/University of Ottawa NBPRU and 21 designated BPSOs. The award recognizes the significance and value of collaborative efforts between nursing practice and academia to improve the health of people internationally.
	RNAO is acknowledged by the Canadian Dental Association for its contribution to oral health promotion. The <b>Oral Health Promotion Award</b> is given to RNAO for the BPG <i>Oral Health: Nursing Assessment and Interventions</i> and the related implementation resources that support its uptake.
	RNAO is honoured with the <b>Minister's Award of Excellence</b> for its innovative approaches to enhancing nursing practice in long-term care.
The 201	0s
2010	RNAO welcomes its first international BPSO Host (Spain) and agrees to have BPGs translated into Spanish to open the program to other Spanish-speaking countries.
	The health minister announces permanent funding to support RN first assists.
	In August, the government announces the remainder of the 25 NP-led clinics that were promised in the last election.
	RNAO's BPG app becomes available to download from the Apple store. The app, which can be downloaded to an iPhone or iTouch, contains the condensed versions of RNAO's clinical and healthy work environment BPGs.
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	University of Hartford's Faculty of Nursing in Connecticut becomes the association's first international BPSO candidate in October 2010.
2011	RNAO's 86th AGM makes history: Premier Dalton McGuinty announces NPs will now be able to admit and discharge patients from in-patient hospital units. In another move to recognize the expertise of nurses, McGuinty acknowledges his government's recent work to amend the <i>Public Hospitals Act</i> , so that chief nurse executives have a seat on hospital boards and quality committees. He reveals the province is also mandating all 37 public health units in Ontario appoint a chief nursing officer by 2012.
	RNAO partners with the Ontario government to establish a central database of nursing- sensitive indicators for RNAO's clinical BPGs. The Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) database will play a critical role in understanding the impact of BPGs in the association's BPSOs.
	BPG translations expand to include Spanish, Japanese and Chinese.
	RNAO is invited to provide expertise on a long-term care task force on resident care and safety.
	Ontario's Ministry of Energy announces the permanent closure of two additional coal- fired generators, in partial response to an RNAO, Canadian Association of Physicians for the Environment, and Ontario Clean Air Alliance campaign to close coal plants immediately. Coal was completely phased out in 2014.
	RNAO launches a groundbreaking Primary Care/Family Practice Nurses' Task Force to recommend adjustments to the role of RNs and RPNs in primary care settings.
	RNAO leads a federally funded program with CNA to develop a curriculum aimed at preventing elder abuse. Ten long-term care facilities serve as Prevention of Elder Abuse Centres of Excellence (PEACE).
2012	RNAO launches its NQuIRE data system of quality indicators.
	Canada's premiers and territorial leaders decide to focus on nation-wide adoption of clinical practice guidelines as a way of delivering higher-quality health outcomes at a lower cost. The premiers choose RNAO's guideline for diabetic foot ulcers as one of two guidelines for national implementation.
	RNAO releases a landmark report, <i>Primary Solutions for Primary Care,</i> at a media conference in June. The report recommends Ontario maximize and expand the roles of RNs and RPNs who work in primary care, to improve access for patients and achieve greater system cost- effectiveness.
	RNAO releases its game-changing report, <i>Enhancing Community Care for Ontarians (ECCO)</i> , in October, which presents a model that advances a strong foundation for community care by anchoring the health system in primary care, and improving health- system integration among all sectors through a single planner and funder: the LHINs.

	During a media conference at Queen's Park, RNAO releases Why Your Health Matters, a policy platform that sends a clear message about the top priorities of RNs.
	The association is among key partners invited to provide advice to a provincial panel developing a seniors' care strategy for the MOH.
	The association launches a comprehensive report to map out a secure future for the nursing profession and the health-care system, titled <i>Visionary Leadership: Charting a course for the health system and nursing in Ontario</i> . Approximately 2,000 members participated in webinars, focus groups and surveys to help create a vision of what is needed so nurses can contribute their full expertise and potential for the benefit of patients today and in 2030.
	RNAO launches the <b>Nurse Practitioner Utilization Toolkit</b> to provide NPs and hospital administrators with resources to operationalize NPs' legislative authority to admit, treat, transfer and discharge hospital in-patients.
	Production of <b>Nursing Order Sets</b> – now called BPG Order Sets <sup>™</sup> – begins, comprised of actionable nursing interventions based on RNAO's BPGs, to facilitate use at the point-of-care. RNAO partners with the International Council of Nurses for coding, and with PatientOrderSets.com for distribution.
2013	At RNAO's AGM, Premier Kathleen Wynne promises to expand the scope of practice of RNs.
	RNAO's BPSO program marks its 10th anniversary. Since its inception in 2003, hundreds of health and academic organizations, as well as long-term care homes, Indigenous organizations and Ontario Health Teams, have formally joined the designation, and are systematically implementing multiple BPGs and evaluating their impact on patients' health and clinical outcomes, as well as organizational and system performance.
	RNAO's NQuIRE International Advisory Council (IAC) meets for the first time. The IAC is comprised of experts in big data, quality improvement and performance measurement.
2014	RNAO hosts its first annual <b>NP Knowledge Exchange Forum</b> (currently known as the <b>NP Institute</b> ). RNAO releases its comprehensive vision document: <i>Charting a Course for the Health System and Nursing in Ontario</i> .
	RNAO releases <i>Enhancing Community Care for Ontarians (ECCO) 2.0</i> , building on the model developed in the 2012 ECCO report. The model continues to generate timely and important dialogue on how to make the system more integrated and person-centred, while ensuring the ongoing sustainability of a publicly funded and not-for-profit delivery model.
2015	RNAO launches BPG Order Sets™, evidence-based interventional and clinical decision support resources based on RNAO's clinical BPGs.
	RNAO releases Coming Together, Moving Forward: Building the Next Chapter of Ontario's <i>Rural, Remote and Northern Nursing Workforce</i> , a report aimed at retaining and recruiting nurses to care for the nearly two million Canadians living in rural, remote and northern settings at the time.
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RNAO releases <i>Mind the Safety Gap in Health System Transformation</i> , a report addressing the need to reclaim the role of the RN in the name of patient safety.		
RNAO publishes its first Evidence Booster, which includes infographics that demonstrate the impact BPGs are having in organizations and institutions.		
<i>Transforming Nursing Through Knowledge</i> is published – RNAO's landmark book about the evolution of the BPG program and its three pillars: (1) guideline development, (2) dissemination, implementation and sustainability, and (3) monitoring and evaluation.		
With the continued success of the BPSO program, RNAO launches BPSO Ontario Health Teams (OHT) and Indigenous-focused BPSOs.		
The 2020s		
RNAO releases its <i>Enhancing Community Care for Ontarians (ECCO) 3.0</i> report. This report calls on government and health system partners to engage in health system transformation that responds to the COVID-19 pandemic.		
RNAO launches several initiatives to share information and influence Ontario's policies during the COVID-19 pandemic, including its vast COVID-19 website portal, monthly webinar series, daily blog posts by CEO Dr. Doris Grinspun, VIANurse program and more.		
RNAO plays a major and influential role in the media during the pandemic, with approximately 6,700 media hits in the first year alone.		
RNAO launches the Leading Change Toolkit, a digital resource for change agents and change teams to make lasting improvements in health care through two guiding and complementary frameworks.		
RNAO releases a new report – <i>Work and Wellbeing Survey Results</i> – based on a wide-ranging survey of Ontario nurses to identify how they experience levels of stress and strain during the COVID-19 pandemic.		
RNAO's NP Task force releases the <i>Vision for Tomorrow</i> report, which features eight recommendations to increase NP supply, utilization and scope.		
RNAO joins a nursing rally in Toronto to demand an immediate repeal of Bill 124, legislation which capped salary increases of nurses and other public workers at one per cent per year.		
The association launches RNAO Clinical Pathways™ (in partnership with PointClickCare) for long-term care homes, a digital platform that allows for more efficient and compliant BPG use for safer and higher-quality care.		
RNAO's Black Nurses Task Force releases a groundbreaking report: <i>Black Nurses Task Force</i> <i>Report: Acknowledging, Addressing and Tackling Anti-Black Racism and Discrimination within</i> <i>the Nursing Profession</i> .		
RNAO releases its Nursing Through Crisis report, which outlines several recommendations		

	geared to retaining nurses in the profession and building Ontario's RN workforce.
2023	RNAO launches a new training program for Best Practice Champions. It is a blended learning series responding to the success and expansion of the BPSO program over several decades.
	RNAO releases its <i>Nursing Career Pathways</i> report, which outlines opportunities for the government to build nursing careers and fix Ontario's not-for-profit health system.
	The Ontario government announces the introduction of RN prescribing – long advocated by RNAO. An RNAO member, Cyril Lee Turley, becomes the first RN to achieve prescribing authority in the province (February 2024).
	RNAO celebrates the 20 <sup>th</sup> anniversary of its BPSO Program. The program now has more than 1,500 BPSOs in Ontario, Canada and internationally committed to implementing RNAO's BPGs, including the foundational BPGs: <i>Person- and Family-Centred Care</i> and <i>Transitions in Care and Services</i> .
2024	RNAO celebrates the 25 <sup>th</sup> anniversary of its BPG Program, with more than 50 guidelines released. Groundbreaking topics include: <i>Promoting 2SLGBTQI+ Health Equity</i> (2021); <i>Promoting Smoking Reduction and Cessation with Indigenous Peoples of Reproductive Age</i> (2022); and <i>Clinical Practice in a Digital Health Environment</i> (2024). Development is also underway on a BPG on achieving health equity for Black people and communities.
	The Leading Change Toolkit is revamped and translated into Spanish.
	RNAO's Health Equity Consortium publishes its first article in a peer-reviewed publication. The article shares reflections on the experiences of nurses who identify as Black, Indigenous, and/or 2SLGBTQIA + within the Canadian health-care system.
2025	RNAO celebrates its 100 <sup>th</sup> anniversary.
	RNAO hosts its 25 <sup>th</sup> annual Queen's Park Day.