



# 90 years of **influence & impact**

annual  
report

2014-2015

1920s 1930s 1940s 1950s 1960s 1970s  
1980s 1990s 2000s 2010s

1920s

1930s

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1970s

90 years of **influence & impact**

1980s

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2010s

# annual report

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# RNAO's Mission

Our mission is to foster knowledge-based nursing practice, promote quality work environments, deliver excellence in professional development, and advance healthy public policy to improve health.

We promote the full participation of present and future registered nurses, nurse practitioners and nursing students in improving health, and shaping and delivering health-care services.

# RNAO's Values

We believe health is a resource for everyday living and health care is a universal human right.

We respect human dignity and are committed to diversity, inclusivity, equity, social justice, democracy and voluntarism.

We value leadership in all nursing roles across all sectors, in order to advance individual and collective health.

Through collective leadership we collaborate with nurses, government, organizations and the public to advance healthy public policy.

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90 years of **influence & impact**

# A message from RNAO's President and Chief Executive Officer



**Vanessa  
Burkoski**

2015 marks a very special year for us. This year, we celebrate RNAO's 90th anniversary, and our theme - *90 years of influence and impact* - is a powerful reflection of our collective achievements. And what a journey. Together, anchored in solid values, an evidence-based approach, and a courageous capacity to speak out, we have carved a path that is inspiring. The 41,500 RNs, NPs and nursing students who today call RNAO their professional home can celebrate the successes of our collective history and those of this past year. Here are a few highlights from 2014-2015.



**Doris  
Grinspun**

In the fall, in the midst of history's largest recorded outbreak of Ebola, RNAO took up the cause of nurses who contacted us because they did not feel enough was being done to protect them and fellow Ontarians in the event this deadly disease spread across the province's borders. Given that the disease made its way to a hospital in Texas, members had a right to be concerned. RNAO organized a meeting with the media, spoke with Minister of Health and Long-Term Care Dr. Eric Hoskins, and within 48 hours the health minister responded by announcing a series of measures to ensure the safety and well-being of Ontarians and their health-care providers. He also thanked RNAO for bringing this to his attention. The minister's response is a measure of how far we've come as a profession since the SARS outbreak, when the concerns of nurses were largely ignored.

Another sign of the deep respect that RNAO and our profession have earned came at the association's annual *Queen's Park Day* this past February. Premier Kathleen Wynne and the Minister Hoskins announced the government is moving forward with RN prescribing, with consultations to begin this spring in partnership with RNAO. This follows the premier's promise at our annual general meeting (AGM) in 2013 to expand the scope of practice of nurses, and her pledge to deliver on RN prescribing at RNAO's Career Expo last May. RNAO has said for years that this is the right prescription for our health system. It will improve timely access to care in all sectors and regions of the province, and enable RNs to better serve the public. The government is also moving ahead on its promise to fund 75 additional nurse practitioner positions for nursing homes across the province, another important policy initiative envisioned by RNAO.

Once again we left a mark this year with our stellar work on evidence-based practice. Our internationally acclaimed best practice guidelines program continues to attract new Best Practice Spotlight Organizations® (BPSOs) both at home and abroad. In March, we welcomed nine new BPSOs in Ontario that will begin three-year partnerships toward full designation. And at our 2015 AGM, we will celebrate 19 newly designated BPSOs from Ontario, and the first international cohort featuring Australia, Chile, Colombia, and Spain.

Whether it's in clinical practice or healthy public policy, RNAO is making a long-lasting impact on nursing and on health outcomes for people, communities, health organizations and health systems. That is why we are so highly respected both inside and outside the profession. And, we know none of this would be possible without you – our value-driven, dynamic and dedicated membership.

No gains, however, will serve the public if Medicare is privatized. This is why RNAO took it upon itself to stop Medical Tourism, a practice that threatens our universal, publicly funded,

and not-for-profit health system. Medical Tourism opens our health system to people who travel here from other countries - not for humanitarian reasons - but simply to obtain front-of-the-line access to our health system with the weight of their wallets. This practice is wrong because it turns health into a commodity to be bought and sold. We applaud the courageous actions of RNAO member Pierre LaPlante, the Toronto RN who in 2012 blew the whistle on what he witnessed at his hospital. He contacted RNAO and we responded swiftly by investigating and exposing instances of Medical Tourism occurring in some Ontario hospitals. We then formed a coalition with the Association of Ontario Health Centres, the Association of Ontario Midwives, and Canadian Doctors for Medicare. Together, we advocated for a full ban on Medical Tourism. Thanks to the thousands of health professionals and members of the public who responded to our action alerts, the extensive media coverage, meetings with Minister Hoskins, and the support of both opposition parties, Ontario's minister of health put the brakes on this practice. He directed hospitals not to market their services and not to enter into new contracts abroad. He also committed to reviewing all existing contracts. We were pleased with the minister's interim response, but our coalition will not stop its work until a complete ban is enshrined in legislation to safeguard our health system and protect universality.

Our advocacy work continues on behalf of refugee claimants facing difficulty accessing primary care services, including prescriptions. Three years ago, the federal government made cuts to the Interim Federal Health Program, sparking outrage in the health-care community. With your help, we wrote letters, media releases and attended rallies calling for full restoration of refugee claimants' health benefits. Sadly, despite the Federal Court of Canada ruling that these cuts amounted to cruel and unusual treatment and a court directive to restore the program, Prime Minister Stephen Harper appealed the court's decision. Many of you were angered by this and so was RNAO's Board of Directors. That's why we applied for intervener status in the appeal, and invited the Canadian Association of Community Health Centres to join us. This past December, we were thrilled to learn that our request has been granted. This means that the views of nurses and other health professionals will be heard when the appeal begins later this year. A big thanks to our counsel Rahool Agarwal and his superb legal team.

For those of you who plan to attend our AGM, we will take time to celebrate our accomplishments and congratulate ourselves for the work we are doing to make our communities and this province a healthier place to live, play, and work.

For those of you who cannot join us, we invite you to check our website so you can watch the event via live stream. This includes our opening ceremonies, reports from the President and CEO, a discussion of resolutions, and the closing keynote panel on end-of-life care - another important policy discussion encouraged by RNAO.

We also invite you to look at the special section on our website dedicated to our 90th anniversary.

We've spent the last 90 years making a difference in nursing, health care and health outcomes. You have worked with us to achieve all we have to date, and to lay the groundwork for the next 90 years. We applaud and thank you!

Vanessa Burkoski, RN, BScN, MScN, DHA  
PRESIDENT

Doris Grinspun, RN, MSN, PhD, LLD(hon), O.ONT  
CHIEF EXECUTIVE OFFICER

1920s 1930s 1940s 1950s 1960s



## 90 years of **influence & impact**

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**Our story began 90 years ago** when RNAO was incorporated in 1925. The roots of the association, though, date back to 1901 when a group of Ontario women attending a meeting of the International Council of Nurses in Buffalo, New York laid the groundwork to create a provincial nursing organization. Within a few years, the Graduate Nurses' Association of Ontario (GNAO) was formed, comprised of alumni from several Ontario nursing schools. The group's mandate was to encourage professional development.

Throughout RNAO's existence, the association has taken on different roles. In its early years it was instrumental in developing standards for nursing education and practice. Its members also sought to protect the title of "registered nurse." RNAO was also at the forefront of securing the right for nurses to bargain collectively so their salaries and benefits would reflect those of other professions. Indeed, RNAO gave birth to the Ontario Nurses' Association



# 1970s 1980s 1990s 2000s 2010s



**Above:** Florence Emory, RNAO's first president - 1926-1929.

## RNAO

### Past Presidents

E. MacP. Dickson	1925 – 1926 ( <i>1st unofficial president</i> )
Florence H. M. Emory	1926 – 1929
E. Muriel McKee	1929 – 1931
Mary B. Millman	1931 – 1933
Marjorie Buck	1933 – 1936
Ethel Cryderman	1936 – 1938
Constance Brewster	1938 – 1940
Jean Church	1940 – 1942
Mildred Walker	1942 – 1944
Jean Masten	1944 – 1946
Nettie Fidler	1946 – 1949
Rahno Beamish	1949 – 1951
Gladys Sharpe	1951 – 1953
Bianca Beyer	1953 – 1955
Alma Reid	1955 – 1956
Christine Livingstone	1956 – 1957
Alma Reid	1957 – 1958
Margaret Morgan	1958 – 1960
Ella Howard	1960 – 1962
Blanche Duncanson	1962 – 1963
Jenny Weir	1963 – 1964
Margaret Page	1964 – 1965
Margaret Marie Rice	1965 – 1966
Elsbeth Geiger	1966 – 1967
Albert Wedgery	1967 – 1969
Laura Butler	1969 – 1971
Josephine Flaherty	1971 – 1973

Wendy Gerhard	1973 – 1975
Norma Marossi	1975 – 1977
Irmajean Bajnok	1977 – 1979
Jocelyn Hezekiah	1979 - 1981
Shirley Wheatley	1981 – 1983
Gail Paech	1983 – 1985
Patricia Kirkby	1985 – 1987
Eleanor Ross	1987 – 1989
Elsabeth Jensen	1989 – 1990
Shauna Fenwick	1990 – 1991
Sheila David	1991 – 1992
Emily Phillips	1992 – 1993
Valerie Smith	1993 – 1994
Kathleen MacMillan	1994 – 1995
Vickie Kaminski	1995 – 1996
Margaret Wood	1996 – 1997
Charlotte Noesgaard	1997 – 1998
Judith Shamian	1998 – 1999
Susanne Williams	1999 – 2000
Shirlee Sharkey	2000 – 2002
Adeline Falk Rafael	2002 – 2004
Joan Lesmond	2004 – 2006
Mary Ferguson Paré	2006 – 2008
Wendy Fucile	2008 – 2010
David McNeil	2010 – 2012
Rhonda Seidman-Carlson	2012 – 2014
Vanessa Burkoski	2014 – 2016

## RNAO

### Past Executive Directors/ Chief Executive Officers

Ethel Scholey	1926
Matilda Fitzgerald	1927 – 1945
Florence Walker	1946 – 1959
Laura Barr	1960 – 1976
Doris Gibney*	1976 – 1977
Maureen Powers	1977 – 1983
Gloria Tuck	1983 – 1984
Gail Donner	1984 – 1989
Judy Watts	1989 – 1990
Mary Wheeler*	1990 – 1991
Lynda Parks	1991 – 1992
Patricia Simpson	1992 – 1993
Margaret Watson	1993 – 1995
Jacqueline Choiniere*	1995 – 1996
Doris Grinspun	1996 – Present

\*Acting/Interim

(ONA) in 1973. It is also credited with helping establish the College of Nurses of Ontario in 1963, and the role of nursing assistants (known today as registered practical nurses).

Like the forward-thinking women who began our history, the women and men who have been members of RNAO over the last 90 years have made substantial contributions to nursing and the health system. If we were to sum up our organization's work over the years, we would begin with our achievements towards building a more just society, a healthier environment, and a health system that is more accessible, more person-centred, more effective, and more efficient.

One of the best measures of RNAO's influence and impact is the breadth and depth of our reach. Take, for example, our world renowned Best Practice Guidelines (BPG). Since it was established in 1999, the BPG program has created a body of evidence second to none. More than 50 clinical and healthy work environment BPGs have empowered nurses and improved patient care and health outcomes at home and abroad. The reputation and rigor of RNAO's BPGs have been formally adopted by more than 450 health organizations across Ontario, other provinces, and numerous other countries. Together, in partnership with our network of Best Practice Spotlight Organizations (BPSOs), we have transformed the practice of hundreds of thousands of nurses and other health professionals, and positively affected the lives of patients, clients, residents, health organizations and health systems all over the world.

Much like the leaders who created our association, we've carried on the tradition of championing and celebrating the work of nurses. For decades, we have stood with nurse practitioners urging the government to recognize that their knowledge and skills are essential to increase timely access to quality care and improve health outcomes. RNAO has led the way when it comes to valuing the work and potential of NPs. This includes the passing of legislation in 1998, which formally recognized the NP role, the establishment of Canada's first NP-Led Clinic (NPLC) in Sudbury in 2007, the 26 NPLCs that exist today, and the changes that since 2012 allow NPs to admit, transfer, treat and discharge patients in hospitals. We now look forward to the day when all NPs enjoy

compensation parity - a top priority for RNAO, and, to the day when all nursing homes in Ontario will have a nurse practitioner on-site (the first 75 being funded this year) to better support staff and improve health outcomes for residents.

Our work and far-ranging reach in policy development are formidable. From groundbreaking reports such as *Earning Their Return* (2001), *Ensuring the Care Will Be There* (2006), *Primary Solutions for Primary Care* (2012), and *Enhancing Community Care for Ontarians* (2012 and 2014), to the release of RNAO's *Visionary Leadership: Charting a Course for the Health System and Nursing in Ontario* (2014), we have put forth powerful recommendations. These focus on how to transform our profession, and how together, we can and must create an upstream health system that accounts for determinants of health, a health system that protects and seeks to expand our cherished Medicare system, and, a health system that is anchored in primary care and places a strong emphasis on health promotion, illness prevention, chronic disease prevention and management, and mental health.

Throughout the years, RNAO played a key role in securing changes to the profession. Over last two decades alone, in addition to the proclamation of NP legislation in 1998, the association also achieved a mandatory baccalaureate degree (BScN) as Entry to Practice for RNs (2005), *Nursing Graduate Guarantee* (2007), mandatory inclusion of chief nurse executives in hospital boards and quality care committees (2011), mandatory appointment of a chief nursing officer in all public health units (2012), and the government policy to ensure 70 per cent of the nursing workforce is employed full-time. This last initiative, which we launched in 2003, has almost reached its target in Ontario and inspired action in jurisdictions across Canada.

RNAO's long-standing tradition of working with all parties, and our capacity to develop meaningful and respectful relationships, means that we are regarded as trusted advisors on and off-the record. Our reputation for sound policy analysis has helped us produce stellar policy platforms ahead of each provincial and federal election. To our credit, many of the ideas we put forth have found their way into the political platforms of various parties.

Our sophisticated board of directors, passionate assembly leaders, committed members, and expert staff's ability to meet on a regular basis with politicians of all stripes, advances nurses' perspectives and is indicative of the association's influence and impact. Our ever popular *Take Your MPP to Work*, which has its roots as far back as 2000, *Day at Queen's Park*, which also began in 2000, and *Queen's Park on the Road*, which started in 2013, provide our members with valuable face time with politicians to discuss the issues that matter most to nurses and to the health of Ontarians. RNs, NPs and nursing students have much to say, and are being heard.

RNAO has long recognized the link between social inequities and health and that's why much of our work has also focused on what it means to be healthy in the first place. That's why we've campaigned for a higher minimum wage and social assistance rates that reflect the cost of living. We've written policy submissions and attended rallies to push the government to address the shortage of affordable housing in Ontario - a rich province, but one where more than 165,000 households are still waiting for a better place to call home. Although we are pleased with the measures the government has introduced in the last decade to address poverty, we remain concerned about the lack of clear targets and timelines that will prove the government is fully committed to ending this pervasive tragedy.

As nurses, we also know that environmental protection plays a critical role in the health of our communities. And since climate change, pesticides and toxics are all well-known causes of ill health, we have made it our mission to embrace these issues by teaming up with other environmental groups such as the Canadian Association of Physicians for the Environment, Ontario Clean Air Alliance, Canadian Environmental Law Association, and the David Suzuki Foundation, so we present a united front to get the action we need. The results speak for themselves. We convinced the Ontario government to end its reliance on coal production. We did the same with cosmetic pesticides and now the province has the strongest ban in North America. Our work, however, is far from done, and rest assured we will continue to press the government to move on an

ambitious plan to combat climate change. We will also continue to call for strict regulations on the use of toxics contained in the products we use or consume.

Together with the added strength of a dynamic membership that now numbers over 41,500 RNs, NPs and nursing students, we will continue to champion excellence in clinical practice and mobilize nurses and the public to persuade politicians of the changes needed to address the nursing and health imperatives of today and those in the future.

As we reflect on our history, we can't help but wonder how proud our founders would be if they could see for themselves the influence and impact of RNAO today.

As we mark this special anniversary year, we invite you to see where we started, how far we have come and where our common path leads us in the future.

**Below:** Aspiring nurses take the provincial nursing exam in this 1933 photograph.



**Below:** Construction begins of RNAO's Price Street building in Toronto in 1956. Laying the cornerstone is Daisy Bridges of the International Council of Nurses.







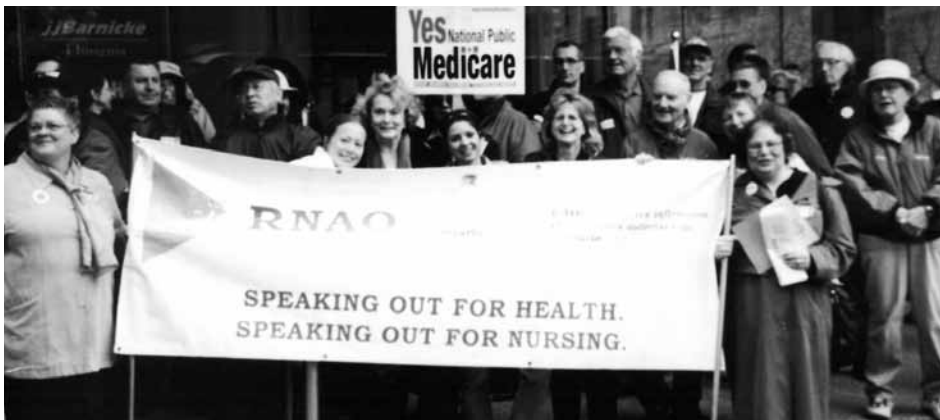
**Above:** RNAO members adjourn their annual general meeting early in April 1965 to march on Queen's Park and call on the government to pass legislation that allows nurses to bargain collectively.



**Above:** In 1967, Albert Wedgery was elected as RNAO's first male president.



**Above:** RNAO members take part in vigils in Toronto and Ottawa in November 1996 to draw attention to cuts in health-care spending.



**Above:** RNAO members were among those who marched for Medicare in May 2003. In the centre is Shirley Douglas, actor and daughter of Tommy Douglas, the founder of Medicare.



**Above:** RNAO President Adeline Falk-Rafael (2002-2004) addresses a postcard to then Prime Minister Jean Chrétien calling on the federal government to protect the country's not-for-profit health-care system.

**Below:** A media conference organized by RNAO in June 2003 calls on then Premier Ernie Eves to launch a public inquiry into the SARS outbreak. A group of RNs donned surgical masks that had the words "ignored," "silenced," or "muzzled" written in black marker to illustrate how their warnings about the outbreak were not heeded.



**Above:** In 2005, RNAO purchased this building on Pearl Street in Toronto, which serves as the association's home office.

**Left:** To mark the one-year anniversary of the release of former Saskatchewan Premier Roy Romanow's report on the future of health care in Canada, Premier Dalton McGuinty introduced the *Commitment to the Future of Medicare Act* effectively outlawing two-tier care in Ontario in November 2003. Pictured (L to R) ONA President Linda Haslam-Stroud, Joan Lesmond, then RNAO President-Elect, McGuinty, Doris Grinspun, Romanow, and Shirlee Sharkey, RNAO Immediate Past-President.



**Left:** Each year, past RNAO presidents are invited to take part in the annual general meeting. Featured here from 2014 are (L to R, back row) Irmajean Bajnok (1977-79), Rhonda Seidman-Carlson (2012-14), Charlotte Noesgaard (1997-98), Doris Grinspun (CEO, 1996-present), Wendy Fucile (2008-10), and Mary Ferguson-Paré (2006-08). Seated (L to R) are: Valerie Smith (1993-94), Shirley Wheatley (1981-83) and Elisabeth Jensen (1989-90).

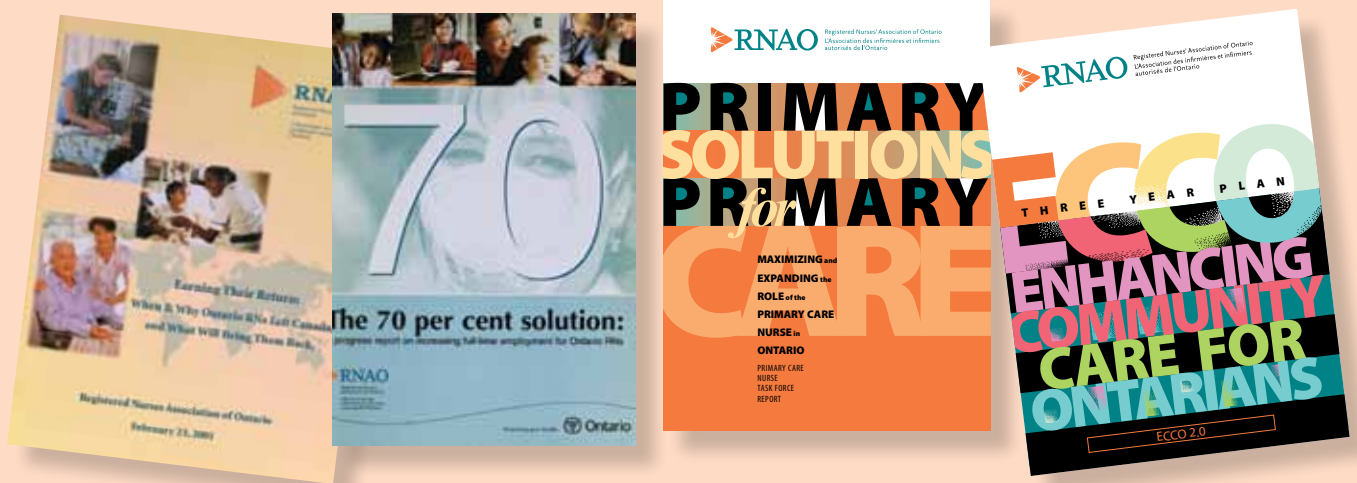
1970s 1980s 1990s 2000s 2010s

Recent  
examples  
of RNAO's  
influence &  
impact

# Strength in



**Above:** RNAO unveiled its vision for the future of nursing and health at a media conference in April 2014. From (L to R) CEO Doris Grinspun, Immediate Past-President Rhonda Seidman-Carlson and President Vanessa Burkoski.



**Above:** There are numerous examples of RNAO's influence and impact on policy. These are just a few of the groundbreaking reports the association has written on nursing practice and health system transformation.



# policy



**Left:** RNAO CEO Doris Grinspun meets with Health Minister Eric Hoskins on Oct. 20, 2014. Topics for discussion include: RN prescribing, putting an end to RN replacement, NP compensation, medical tourism, and health system transformation.



**Left:** Climate change is one of many environmental issues that RNAO spoke out about during the past year. Last September, friend of RNAO Lisa Kowalchuk (L) and Ritika Goel of *Health For All* took part in a Toronto rally.



**Left:** RNAO Region 7 board member Claudette Holloway (R) and Cynthia Dawson (L) flank Liberal MPP Bas Balkissoon during a *Queen's Park on the Road* (QPOR) meeting in his office in October 2014.



**Left:** Progressive Conservative MPP John Yakabuski (centre) meets members from his Pembroke riding as part of QPOR in November 2014. From (L to R) Kathy O'Connor, Terri Lynn Sukkel, Laurie Hebert and Kelly O'Grady.



**Left:** NDP MPP Cheri Di Novo (L) visits nurses at Four Villages Community Health Centre, including RN Jessica Connor as part of *Take Your MPP to Work*, held during Nursing Week 2014.





**Above:** On Oct. 29, 2014, RNAO, Canadian Doctors for Medicare, the Association of Ontario Midwives, and the Association of Ontario Health Centres held a media conference at Queen's Park to push for a ban on Medical Tourism.



**Above:** From (L to R) RNAO CEO Doris Grinspun, Health Minister Eric Hoskins and Premier Kathleen Wynne listen as RNAO President Vanessa Burkoski makes a point during RNAO's 2015 *Queen's Park Day*.

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Strength in

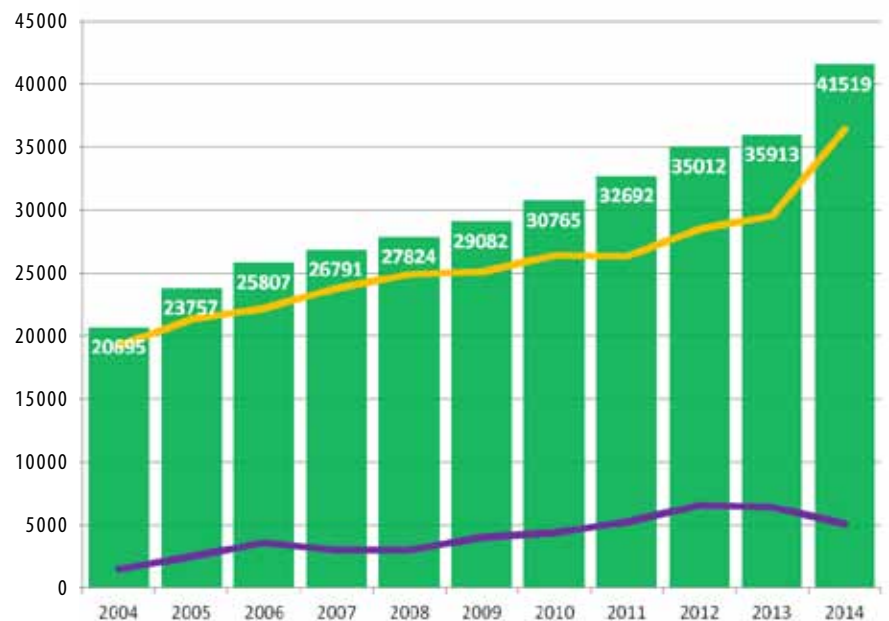
41,519



**Above:** Lesley Hirst, President of the Palliative Care Nurses Interest Group, was one of many members who approached the microphone during discussion of RNAO's resolution on end-of-life care during the 2014 AGM.

#### RNAO Membership 2004-2014

- All members
- RNs and NPs
- Nursing students



# numbers



**Above:** Hundreds of RNAO members take part in World Pride festivities, including this parade to promote LGBTTIQQ2SA (lesbian, gay, bisexual, transsexual, transgender, intersex, queer/questioning, 2 spirited, allies) communities, in Toronto on June 29, 2014.





**Above:** Nursing students know the value of belonging to their professional association. They helped spread the word at a September 2014 recruitment event at Ryerson University, organized with Region 7. Sixty-four students signed up in one evening.



**Above:** RNAO's 41,519 members and nursing students represent a powerful force for the profession. Membership department staff pose for a photo during the September 2014 assembly. From (L to R) Daniel Lau, Patti Hogg, Maureen Norton and Bertha Rodrigues. Absent: Pavaly Bhuvanendran, Carrie Edwards and David McChesney.



**Above:** Halton was one of several chapters that organized public events during the past year to showcase the knowledge of nurses on a variety of subjects, including raising awareness about suicide. Shown here is chapter president Karimah Alidina.



**Above:** RNAO members, including Maria Tandoc from Peel chapter, took part in rallies in June 2014 to protest Ottawa's cuts to health coverage for refugee claimants. RNAO has been granted intervener status before the Federal Court of Appeal, which means the views of nurses will be heard when the case begins later this year.

Recent  
examples  
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# Strength in

**Below:** London Health Sciences Centre (LHSC) was highlighted as a Best Practice Spotlight Organization (BPSO) during Nursing Week in May 2014. From (L to R) Vanessa Burkoski, RNAO President and Chief Nursing Executive at LHSC, Betty Mally-Nantais, RN, Kerri Ramer, OT, and Kayla Comeau, RPN.





# clinical excellence

**Below:** RNAO's Immediate Past-President Rhonda Seidman-Carlson (L) listens to Chad Johnson, a clinical nurse specialist in trauma care, during a 2014 Nursing Week visit to Thunder Bay Regional Health Services Centre, which is also a BPSO.





**Above:** Grey Bruce Health Unit was one of several BPSOs that held media events during Nursing Week 2014 to showcase their commitment to implementing best practice guidelines into their daily practice. Sue Sweeney, RNAO's long-term care best practice co-ordinator for the Southwest LHIN (L) and RNAO IABPG Director Irmajean Bajnok took part in the event.



**Above:** On Feb. 7, 2013 RNAO hosted the NQuIRE International Advisory Council meeting. From (L to R) Dr. Peter Van Bogaert, Angela Joyce, Dr. Doris Grinspun, Dr. Judith Shamian (Chair), Dr. Teresa Moreno, Patricia O'Connor, and Dr. Jennifer Zelmer. Not seen in the picture: Dr. Monique Lloyd, Dr. John Lavis, Wendy Nicklin, Dr. Ann Tourangeau, and Dr. Walter Wodchis.

**Right:** Lorraine Telford speaks during the launch of RNAO's *Primary Prevention of Childhood Obesity* best practice guideline (2nd edition) on May 14, 2014. Telford acted as co-lead for the BPG with RNAO board member Carol Timmings.







**Above:** On Aug. 12, 2010, RNAO signed an historic partnership with Spain to translate all of the association's BPGs. From (L to R) Teresa Moreno, Chief Executive Officer of Investen-iscii, RNAO CEO Doris Grinspun, Irmajean Bajnok, IABPG Director, then Health Minister Deb Matthews and then Ontario's Chief Nursing Officer Vanessa Burkoski. Spain is now a BPSO Host.

**Below:** In March 2012, representatives from the Australian Nursing and Midwifery Federation (ANMF) signed an agreement with RNAO to become a BPSO Host. From (L to R) Irmajean Bajnok, IABPG Director, Robert Bonner, ANMF Manager of Industrial and Education Services, Doris Grinspun, RNAO CEO, Elizabeth Dabars, ANMF CEO/Secretary, then President-Elect Rhonda Seidman-Carlson and then President David McNeil.



## **RN voice in national discussion regarding end-of-life care**

*Submitted by RNAO Board of Directors*

**THEREFORE BE IT RESOLVED** that RNAO urge the provincial and federal governments to engage in formal public dialogue on end-of-life issues and dying with dignity, including discussions, related to assisted suicide and/or euthanasia; and

**BE IT FURTHER RESOLVED** that the following principles be considered when discussing assisted suicide and/or euthanasia:

- Personal autonomy and justice are fundamental principles
- Ensuring timely access to evidence-based palliative care must remain a top priority
- The government must reject calls for involuntary euthanasia
- Assisted suicide and/or euthanasia must never be considered within the context of cost-savings
- Procedural safeguards must be enacted, including:
  - Restricting assisted suicide and/or euthanasia to competent adults with terminal illness;
  - Requiring that requests for assisted suicide and/or euthanasia be initiated by the person seeking the service and would subject to a thorough review process that includes: independent confirmation on terminal illness; determination of capacity by a mental health-care professional (with appeal to the Consent and Capacity Board); providing access to all reasonable alternatives and establishing a waiting period
- The practice of assisted suicide and/or voluntary active euthanasia must be restricted to professionals who have sought designated education and training
- No health professional or organization should be required to participate in assisted suicide and/or voluntary active euthanasia
- A provincial monitoring and reporting system must be developed, including a process for responding to complaints

Since this resolution was carried, RNAO has pursued the following activities:

- Hosted two end-of-life care webcasts with RNAO's President and CEO in October 2014 and February 2015 (over 500 participants).
- Submitted a successful proposal to the *Law Commission of Ontario* calling for a review of provincial laws related to end-of-life issues,

while advancing a public dialogue with Ontarians.

- Issued media release immediately after the Supreme Court of Canada ruled on assisted death (Feb. 6), calling for a principled, regulatory framework and involvement of the public and nurses in its development.
- Organized a closing keynote panel at the 2015 Annual General Meeting titled: *End-Of-Life Care: Voices and Perspectives*. This unique panel allows for open dialogue on end-of-life issues, and is comprised of individuals with legal, professional, clinical and personal expertise and experience. A live stream webcast will be available to anyone interested in watching and participating remotely.

## **Education for nurses**

*Submitted by the Staff Nurse Interest Group*

**THEREFORE BE IT RESOLVED** that RNAO examine and transform the content and delivery of current educational programs to better suit the needs of staff nurses and all nurses at the point-of-care; and,

**BE IT FURTHER RESOLVED** that RNAO explore sources of funding for developing future educational programs that meet the needs of all nurses related to costs, accessibility and the College of Nurses of Ontario's *Professional Standards*.

In response to this resolution, RNAO has modified the content, focus and/or delivery of many of the professional development programs offered to support the professional development needs of nurses, particularly those working at the point-of-care. There has been an increased emphasis on specific evidence-based clinical practices, as well as delivery methods that enhance access to RNs, NPs, and nursing students in various sectors and locations across the province.

The number of clinically related webinar sessions has increased substantially this past year. These programs are free-of-charge, and have addressed a variety of clinically relevant topics in smoking cessation, smoking cessation for the pre- and postnatal specialty population, mental health and addictions, care of older adults, introductions of specific best practice guidelines and best practice guideline implementation. These webinars are presented at various times of the

day, and the majority have been archived and saved on RNAO's website, enabling access by nurses whose work schedules may not allow them to attend the live sessions.

Two new virtual programs were developed and delivered this past year, with the goal of increasing access by nurses at the point-of-care, at reasonable or no cost. The Back to Basics - Chronic Disease Management Webinar Learning Series was offered twice in 2014 and aimed to enhance the knowledge and skills of point-of-care staff in chronic disease management. This program reached staff from over 103 health-care organizations. The fee, equivalent to a one-day workshop, allowed for one access point per registrant, and many of the organizations participating took this opportunity to have staff participate in this virtual program.

The Best Practice Champions Program, free-of-charge, developed the *Champions Workshop Webinar Learning Series*. The curriculum mirrors the Champion's workshop, and includes four modules - two archived (to be taken at a time convenient to nurses) and two live webinar sessions that enhance opportunities for interaction and networking. The learning series was piloted in the summer of 2014, delivered twice in winter and spring 2015, and will be integrated into the Champions Workshop schedule. This model provides opportunities for nurses to participate in the *Champions Program* who might not otherwise have been able to due to access, travel restrictions, or ability to leave the clinical area to attend a full-day workshop.

eLearning programs continue to be developed to support nurses at the point-of-care with their professional development needs. This past year, three new eLearning programs focusing on clinical topics were made available free-of-charge on the RNAO website, including a new module on smoking cessation (pre- and postnatal women and their families); addictions and youth; and a new four module program on abuse and neglect of older adults.

Finally, in-person workshops have been offered at a modest rate, and have covered the topics of: project management; working interprofessionally; enhancing interprofessional teams; and, a three-part healthy work environment workshop series, all of which have been sold out and highly rated. Over 300 nurses have participated in these workshops to support their professional development.

# BOARD COMMITTEES

## **BYLAWS**

Denise Wood, Chair  
Nathalie DiLabio, NSO Representative  
Una Ferguson, Board Representative  
Shirley Kennedy, RNAO Member  
Meredith Whitehead, RNAO Member  
Susan Yates, Assembly Representative  
Riek Van Den Berg, Parliamentarian  
Vanessa Burkoski, President, ex-officio  
Doris Grinspun, Chief Executive Officer, ex-officio  
Penny Lamanna, Board Affairs Co-ordinator

## **EDITORIAL ADVISORY**

Marianne Cochrane, Chair  
Christian Aagaard, Journalist, non-voting  
Shelly Archibald, RNAO Member  
Rebecca Harbridge, Board Representative  
Paula Manuel, Board Representative  
Melanie McEwen, NSO Representative  
Sandy Oliver, RNAO Member  
Carol Timmings, Board Representative  
Vanessa Burkoski, President, ex-officio  
Doris Grinspun, Chief Executive Officer, ex-officio  
Marion Zych, Publisher, *Registered Nurse Journal* and Director of Communications  
Kimberley Kearsey, Managing Editor, *Registered Nurse Journal*  
Daniel Punch, Editorial Assistant

## **FINANCE**

Carol Timmings, Chair  
Rhonda Seidman-Carlson, Immediate Past-President  
Janet Hunt, LAP Chair  
Claudette Holloway, Board Representative  
Brenda McCurdy, Assembly Representative  
Vanessa Burkoski, President, ex-officio  
Doris Grinspun, Chief Executive Officer, ex-officio  
Nancy Campbell, Director, Finance and Administration  
Kumudhini Thavaraj, Administrative Assistant

## **GOVERNANCE**

Rhonda Seidman-Carlson, Chair Immediate Past-President  
Vanessa Burkoski, President  
Marianne Cochrane, Board Representative  
Paula Manuel, Board Representative  
Doris Grinspun, Chief Executive Officer  
Penny Lamanna, Board Affairs Coordinator

## **INTEREST GROUPS**

Marianne Cochrane, Chair  
Chair of each Provincial Interest Group, Associated Interest Group,  
Pending Associated Interest Group, and  
Affiliated Group (*or the Chair's designate*)  
Vanessa Burkoski, President, ex-officio  
Doris Grinspun, Chief Executive Officer, ex-officio  
Daniel W. Lau, Director, Membership and Services  
Carrie Edwards, Membership & Services Coordinator



## **LEGAL ASSISTANCE PROGRAM (LAP)**

Janet Hunt, Chair  
Stephanie Blaney, Board Representative  
Nathan Kelly, Board Representative  
Mary Lou McKelvey, RNAO Member  
Cathy Olsiak, Nurse Lawyer, non-voting  
Francine Young, RNAO Member  
Vanessa Burkoski, President, ex-officio  
Doris Grinspun, Chief Executive Officer, ex-officio  
Nancy Campbell, Director, Finance and Administration  
Mara Haase, LAP Administrator

## **MEMBERSHIP RECRUITMENT AND RETENTION**

Jackie Graham, Chair  
Crystal Culp, RNAO Member  
Josephine Dalmacio, RNAO Member  
Mirna Iskandar, RNAO Member  
Nicholas Lutowicz, NSO Representative  
Aric Rankin, Board Representative  
Denise Wood, Board Representative  
Vanessa Burkoski, President, ex-officio  
Doris Grinspun, Chief Executive Officer, ex-officio  
Daniel W. Lau, Director, Membership and Services  
Patricia Hogg, Membership and Services Project Co-ordinator

## **NURSING EDUCATION**

Kelly Booth, Chair (*September 2014-January 2015*)  
Karimah Alidina, RNAO Member  
Nathalie DiLabio, NSO Chair  
Elizabeth Edwards, PNEIG Co-Chair  
Priya Herne, PNEIG Co-Chair  
Una Ferguson, RNAO Member representing SNIG  
Mary Guise, RNAO Member representing PNEIG  
Jennifer O'Neil, RNAO Member representing NLN Community  
Gail Orr, RNAO Member representing CAAT  
Karen Poole, RNAO member representing COUPN  
Patricia Sevean, Board Representative  
Valeria Thompson, RNAO Member representing NLN Acute  
Vanessa Burkoski, President, ex-officio  
Doris Grinspun, Chief Executive Officer, ex-officio  
Lynn Anne Mulrooney, Senior Policy Analyst

## **NURSING PRACTICE**

Cheryl Yost, Chair  
Leigh Baetz-Craft, RNAO Member representing MCNIG  
Megan Brady, RNAO Member representing NSO  
Marianne Cochrane, Board Representative  
Jill King, RNAO Member representing IPN  
Ryan Miller, RNAO Member representing GNAO  
Melissa Northwood, RNAO Member  
Hilda Swirsky, RNAO Member representing DNIG  
Vanessa Burkoski, President, ex-officio  
Doris Grinspun, Chief Executive Officer, ex-officio  
Anastasia Harripaul, Nursing Policy Analyst (*since January 2015*)

## **NURSING RESEARCH**

Angela Cooper Brathwaite, Chair  
Shelly Archibald, Active Practice Role/Community College  
Veronique Boscart, Board Representative  
Nathalie DiLabio, NSO Representative  
Cheryl Forchuk, Nursing Research Community Representative  
Deborah Kane, Board Representative  
Paula Manuel, Board Representative  
Christine McPherson, Nursing Research Community Representative  
Helen Kelly, Representing NRIG  
Maria Timofeeva, Graduate Nursing Student  
Vanessa Burkoski, President, ex-officio  
Doris Grinspun, Chief Executive Officer, ex-officio  
Kim Jarvi, Senior Economist

## **POLICY ANALYSIS AND DEVELOPMENT**

Nathan Kelly, Chair  
Brenda Bailey, RNAO Member  
Magen Brady, NSO Representative  
Ioana Gheorghiu, RNAO Member  
Louise Dayboll, RNAO Member  
Susan Munro, RNAO Member  
Vanessa Burkoski, President, ex-officio  
Doris Grinspun, Chief Executive Officer, ex-officio  
Shelley Martel, Nursing & Health Policy Coordinator

## **PROVINCIAL NOMINATIONS**

Rhonda Seidman-Carlson, Chair Immediate Past-President  
Victoria Pennick, RNAO Member  
Gurjit Sangha, RNAO Member  
Susan Yates, RNAO Member  
Vanessa Burkoski, President, ex-officio  
Doris Grinspun, Chief Executive Officer, ex-officio  
Penny Lamanna, Board Affairs Coordinator

## **PROVINCIAL RESOLUTIONS**

Jillian Chandler, Chair  
Alison Middlebro', RNAO Member  
Irene Molenaar, RNAO Member  
Connie Wootten, RNAO Member  
Riek van den Berg, Parliamentarian  
Vanessa Burkoski, President, ex-officio  
Doris Grinspun, Chief Executive Officer, ex-officio  
Sarah Pendlebury, Board Affairs Coordinator (*since December 2014*)

## **EXTERNAL REPRESENTATION**

### **REGISTERED NURSES' FOUNDATION OF ONTARIO**

Marianne Cochrane

### **CANADIAN NURSES PROTECTIVE SOCIETY**

Elsabeth Jensen, Assistance Review Committee  
Carmen Rodrigue, Assistance Review Committee

# COMMITTEE REPORTS

## BYLAWS

The committee met once during the year to discuss one recommended bylaw amendment. The amendment was brought forward by RNAO's membership department, and was in respect to membership termination and its implications on award nominations. The committee discussed and agreed that the amendment should be deferred to the *Membership Recruitment and Retention Committee* for its review, and not amended in the bylaw.

I would like to thank the committee members for their participation in the business of the committee this year.

*Denise Wood, RN, GNC(C)*  
*Chair*

## EDITORIAL ADVISORY

This committee is established to review each issue of the association's main publication, *Registered Nurse Journal*. Comprised of RNAO board members, general nursing members, a nursing student, as well as a journalist, we function primarily to provide feedback on each published issue by reflecting on the priorities and initiatives of the association. Each member is able to offer a valid and distinct perspective based on their unique role. In addition to

this, working in collaboration with the expert communications team, the committee members further contribute by offering story ideas for future issues, and providing a much-needed perspective on the present-day issues of the overall nursing profession. The committee reviewed seven published issues of *Registered Nurse Journal* during the past year.

I would like to thank all committee members for their commitment and their contributions.

*Marianne Cochrane, RN, MHSc(N)*  
*Chair*

## FINANCE

### General Fund

The general fund reported a surplus of \$173,988 for fiscal 2014, compared to a surplus of \$15,834 for fiscal 2013.

Revenue from membership increased 30.3 per cent to \$6,874,857 (\$5,276,266 in 2013). Revenue from other sources was stable compared to the prior year. The higher revenue was largely offset by higher expenses for Canadian Nurses Association and Canadian Nurses Protective Society fees (\$2.7 million in total). Operating expenses are closely monitored, and were slightly lower in 2014. The general fund balance

at year end was \$6.8 million, in line with one year's operating expenses. General fund assets are held in high quality fixed income investments, and land and building.

### Legal Assistance Program (LAP) Fund

The LAP Fund reported a surplus of \$921,740 for fiscal 2014 compared to a surplus of \$610,830 for fiscal 2013. Revenue from members rose 17.7 per cent to \$1,297,717 (\$1,102,472 in 2013). LAP Fund assets are held in high quality fixed income investments, and land and building.

### Fund Balances

The total surplus from all funds is \$17,682,701 as of October 31, 2014. Of this surplus, \$7.9 million is held in high-quality investments, and \$9.4 million is in the form of land and building.

At year end, the committee reviewed the financial statements with KPMG, the external auditors, and is satisfied the statements adequately disclose the scope of activities of the association. I would like to thank all Finance Committee members for their work, and home office staff for their expert advice and support.

*Carol Timmings, RN, BNSc,*  
*MEd(Admin)*  
*Chair*



## GOVERNANCE

The committee met twice during the year. At the direction of the board of directors, the committee discussed options for modernizing the board structure to leverage RNAO's sophisticated governance and operations capacity. The committee recognized that the board's current structure has been in place for at least three decades, when RNAO had a smaller staff complement and limited scope and capacity. Today, the association has 89 full-time employees and robust capacity in all domains of nursing practice and organizational performance.

The committee brought four recommendations to the board at its meeting on February 28, 2015. These recommendations include: elimination of the MAL position, restructuring the term limits of the board of directors; developing a regional representative skills criteria matrix; and the consideration of staggered terms for the 12 regional representatives. All items are to be consulted extensively with the members, and any changes will go to the *One member, one vote* process in 2016.

I would like to thank the committee members for their

participation in the business of the committee this year as well as the board for its valuable input.

*Rhonda Seidman-Carlson, RN, MN  
Chair*

## INTEREST GROUPS

The Interest Group Chairs Committee met twice (September 2013 and February 2014). Interest group (IG) chairs continue to profile their IG at meetings. In September, we heard from the Complementary Therapies Nurses' Interest Group (CTNIG) chair, Kim Watson, and Jana Bartley of the Independent Practice Nurses Interest Group (IPNIG). In February, we heard from Clinical Nurse Specialist (CNS) Association of Ontario interest group co-chair, Paul-André Gauthier, and Nursing Students of Ontario (NSO) president Kathleen Kerr. This profiling of IGs will continue at future meetings.

New this year was the opportunity for IGs to participate in an IG open house organized by an eager nursing student community in the University of Ontario Institute Of Technology – Durham College Collaborative BScN program and sponsored, in part, by the local RNAO Durham /Northumberland chapter in November 2013. This event was attended by 18 IGs who were able to interact one-on-one with all levels of the nursing

student body. As well, the event was open to local RNAO members and nursing non-members. One highlight of the event was Irmajean Bajnok who, as guest speaker, discussed best practice guidelines and excellence in nursing leadership, which was inspirational to all.

Network sharing continues on an informal basis generating lively discussions about current issues encountered across the spectrum of interests. A summarization from the members' voices package reveals the following themes: stabilizing executives, ongoing meetings with MPPs during the year, interacting with media, actively involving nursing students at various levels, and mentoring for succession planning, to name a few. During the upcoming year, at various time offerings, IGs will have the opportunity to dialogue with CEO Doris Grinspun (similar to the dialogues already held with the regions). This will further link members with home office.

IG chairs continue to collaborate with home office to strengthen their membership involvement in RNAO. In collaboration with the Nursing Practice Committee, a call was extended to the IGs to submit their intended interest to develop a nursing profile for their specific area of nursing. Interested IGs were

reviewed based on the following four factors: their commitment to build and refine a profile, the relevance of highlighting their sector at this moment in time, the relevance of the sector within RNAO's ongoing advocacy work, and the anticipated outcome their profile would produce. As a result, the Gerontological Nursing Association of Ontario (GNAO) and the Ontario Correctional Nurses' Interest Group (OCNIG) will be working on their profiles over the coming months. These profiles, once completed, will be made available online through RNAO's website.

IGs also had numerous opportunities to join online for *Queen's Park on the Road* (QPOR) teleconference calls during the past year. A total of six teleconference calls were conducted to provide the political action executive officers (ENOs) with updates on activities, to solicit comments for QPOR engagements and initiatives, which various members were able to attend. This was followed up with our February attendance at Queen's Park.

In conclusion, it has been a privilege to represent interest groups on the RNAO board for this two-year term of office. I thank

the chairs for their support and commitment to their IGs and nursing profession.

*Marianne Cochrane, RN, MHSc(N)*  
*Chair*

### **LEGAL ASSISTANCE PROGRAM (LAP)**

Since its inception, the Legal Assistance Program (LAP) has supported registered nurses in a variety of professional and employment matters. Terminations from employment, including wrongful and constructive dismissals, and other employment matters, as well as College of Nurses of Ontario complaints, continue to make up the majority of legal cases supported by LAP. The program also provides educational presentations and written articles in *Registered Nurse Journal* on legal issues relevant to nursing practice, as well as access to employment-relations counselling.

In 2014, more than 22,778 RNAO members subscribed to LAP. The committee monitors trends to inform and make recommendations to the board. 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.

*Janet Hunt, RN, MHSc(N)*  
*Chair*

### **MEMBERSHIP RECRUITMENT AND RETENTION**

This committee oversees efforts to get RNs, NPs and nursing students to join. It also helps steer member retention efforts. In the past year, we are pleased to report that RNAO's membership reached 41,519, with an annual growth rate of 15.6 per cent.

We have the honour of awarding RNAO Recognition Awards. You will be able to meet some award recipients during the annual general meeting. Reviewing the best in nursing - across sectors, across geography, and at all career stages - is challenging and awe-inspiring.

Thank you to all the committee members for their energy and time spent in committee work to support our profession.

*Jacqueline Graham, RN*  
*Chair*

## **NURSING EDUCATION**

Attempts were made to convene the Nursing Education committee in 2014-15, however, the chair position was vacated as a result of a resignation. The committee was unable to meet in the absence of the chair, and will reconvene when the position is filled (recruitment is underway).

## **NURSING PRACTICE**

The committee has devoted significant time to the refinement of existing, and the development of new nursing practice profiles located on the *Careers in Nursing* website. Two new profiles have been developed to inform nurses and the public on correctional and gerontology nursing. The committee also developed an online tool where committee members can communicate practice issues relevant to their sector. The tool was formatted as a matrix, and committee members conducted an interest group activity at the February 2015 assembly meeting to ensure the matrix was reflective of current practice realities across all sectors. The committee continues to monitor its activities, ensuring they are aligned with member feedback and current practice, as well as RNAO's visions and ENDs.

*Cheryl Yost, RN*  
*Chair*

## **NURSING RESEARCH**

Three meetings for the RNAO Research Committee were held on September 14, 2014, November 13, 2014 and December 2, 2014. During this period, we accomplished the following activities: facilitated the development and implementation of a needs assessment to determine RNAO members' research needs; reviewed the literature on research funding for nurse researchers; and assisted the Nursing Research Interest Group (NRIG) in developing and refining the resolution on research funding for novice researchers. Three vacant positions on the Research Committee were also filled, in order to meet the mandate for the revised Terms of Reference.

*Angela Cooper Brathwaite,*  
*RN, MN, PhD*  
*Chair*

## **POLICY ANALYSIS AND DEVELOPMENT**

RNAO's policy committee was pleased to meet twice in 2014-15, and is in the process of developing an exciting initiative that will use policy examples to highlight the value of RNAO membership to nursing students. The policy committee is working with home office and the Nursing Students of Ontario interest

group to co-ordinate visits with a number of nursing schools in 2015-16. It is hoped this work will stimulate policy engagement and membership growth.

*Nathan Kelley, RN*  
*Chair*

## **PROVINCIAL RESOLUTIONS**

This committee met twice to discuss 10 resolutions received by the deadline, 1700 hours (5 p.m.) on December 8, 2014.

The committee met and discussed the resolutions, and decided that nine of the 10 should be brought forward for discussion and decision at the Annual General Meeting (AGM), during the consultation session.

Members are reminded that resolutions can be submitted at any point during a year, up to the deadline, which is normally in December. If resolutions are submitted well ahead of the deadline, the committee will review submissions by email and provide feedback to the submitters. This gives submitters more time to have their resolution well-prepared prior to the deadline.

Resolutions coming forward from a member of the association, as an additional new business item prior to the commencement of business at the AGM, will not be accepted. This meets the stipulations in RNAO Policy 6.07(5). Members are encouraged to meet the deadline for submission of resolutions to the AGM. The board of directors has the right to submit a resolution at any time up to the date of the AGM.

I would like to thank my fellow committee members for their hard work and dedication, as well as the members of the association who developed and submitted thoughtful and important resolutions for consideration.

*Jillian Chandler, RN  
Chair*

Registered  
Nurses'  
Association  
of Ontario

**F**INANCIAL  
**S**TATEMENTS

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The year ended October 31, 2014

## MANAGEMENT RESPONSIBILITY FOR FINANCIAL REPORTING

The accompanying financial statements and all other information contained in this annual report are responsibility of the management of the Registered Nurses' Association of Ontario. The financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations and have been approved by the Board of Directors.

Preparation of financial information is an integral part of management's broader responsibilities for the ongoing operations of the Association, which includes adherence by all employees to the Association's code of conduct. Management maintains a system of internal accounting controls to provide reasonable assurance that transactions are accurately recorded on a timely basis, are properly approved and result in reliable financial information. Such information also includes data based on management's best estimates and judgments.

The Finance Committee reviews the audited financial statements and recommends them to the Board of Directors for approval. In addition, the Finance Committee meets periodically with financial officers of the Association and the external auditors, and reports to the Board of Directors thereon. The Finance Committee also reviews the annual report in its entirety.

The accompanying financial statements have been audited by the auditors who are engaged by the Board of Directors on the recommendation of the Finance Committee and whose appointment was ratified at the annual meeting of members. The auditors have access to the Finance Committee, without management present, to discuss the results of their work.



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Dr. Vanessa Burkoski, RN, BScN, MScN, DHA  
President



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Dr. Doris Grinspun, RN, MSN, PhD, LLD(hon), O.ONT  
Chief Executive Officer



**KPMG LLP**  
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4100 Yonge Street Suite 200  
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Fax (416) 228-7123  
Internet [www.kpmg.ca](http://www.kpmg.ca)

## INDEPENDENT AUDITORS' REPORT

To the Members of Registered Nurses' Association of Ontario

We have audited the accompanying financial statements of Registered Nurses' Association of Ontario, which comprise the statement of financial position as at October 31, 2014, the statements of operations, changes in fund balances and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

### *Management's Responsibility for the Financial Statements*

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

### *Auditors' Responsibility*

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

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

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

### *Opinion*

In our opinion, the financial statements present fairly, in all material respects, the financial position of Registered Nurses' Association of Ontario as at October 31, 2014 and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Chartered Professional Accountants, Licensed Public Accountants

February 28, 2015  
Toronto, Canada

# REGISTERED NURSES' ASSOCIATION OF ONTARIO

## Statement of Financial Position

October 31, 2014, with comparative information for 2013

2014	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	Special Projects	Total
<b>Assets</b>						
Current assets:						
Cash	\$ 4,485,186	\$ 18,986	\$ 147,166	\$ 14,161	\$ 1,064,864	\$ 5,730,363
Accounts receivable and accrued interest	341,729	5,359	581,893	9,074	22,340	960,395
Prepaid expenses	157,913	—	—	—	5,331	163,244
Short-term investments (note 2)	200,000	—	920,000	109,789	—	1,229,789
	5,184,828	24,345	1,649,059	133,024	1,092,535	8,083,791
Investments (note 2)	784,661	585,932	4,432,066	892,095	—	6,694,754
Loans receivable	—	58,586	—	—	—	58,586
Loan receivable from General Fund (note 3)	(1,500,000)	—	1,500,000	—	—	—
Capital assets (note 4)	7,346,611	—	2,110,812	—	—	9,457,423
	\$ 11,816,100	\$ 668,863	\$ 9,691,937	\$ 1,025,119	\$ 1,092,535	\$ 24,294,554
<b>Liabilities and Fund Balances</b>						
Current liabilities:						
Accounts payable and accrued liabilities (note 5)	\$ 2,543,479	\$ —	62,623	\$ —	\$ 38,467	\$ 2,644,569
Deferred revenue (note 6)	2,431,503	—	481,713	—	—	2,913,216
Deferred revenue - grants (note 7)	—	—	—	—	1,054,068	1,054,068
	4,974,982	—	544,336	—	1,092,535	6,611,853
Fund balances (note 8)	6,841,118	668,863	9,147,601	1,025,119	—	17,682,701
Commitments (note 9)						
Contingent liability (note 10)						
	\$ 11,816,100	\$ 668,863	\$ 9,691,937	\$ 1,025,119	\$ 1,092,535	\$ 24,294,554



# REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Financial Position (continued)

October 31, 2014, with comparative information for 2013

2013	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	Special Projects	Total
<b>Assets</b>						
Current assets:						
Cash	\$ 3,935,609	\$ 15,503	\$ 103,674	\$ 26,658	\$ 1,653,900	\$ 5,735,344
Accounts receivable and accrued interest	231,877	6,292	583,267	9,074	86,499	917,009
Prepaid expenses	266,040	—	—	—	2,373	268,413
	4,433,526	21,795	686,941	35,732	1,742,772	6,920,766
Investments (note 2)	949,381	559,596	4,495,339	987,418	—	6,991,734
Loans receivable	—	61,863	—	—	—	61,863
Loan receivable from General Fund (note 3)	(1,500,000)	—	1,500,000	—	—	—
Capital assets (note 4)	7,555,221	—	2,110,812	—	—	9,666,033
	\$ 11,438,128	\$ 643,254	\$ 8,793,092	\$ 1,023,150	\$ 1,742,772	\$ 23,640,396

## Liabilities and Fund Balances

Current liabilities:						
Accounts payable and accrued liabilities (note 5)	\$ 2,115,575	\$ —	\$ 69,142	\$ —	\$ 229,087	\$ 2,413,804
Deferred revenue (note 6)	2,655,423	—	498,089	—	—	3,153,512
Deferred revenue - grants (note 7)	—	—	—	—	1,513,685	1,513,685
	4,770,998	—	567,231	—	1,742,772	7,081,001
Fund balances (note 8)	6,667,130	643,254	8,225,861	1,023,150	—	16,559,395
Commitments (note 9)						
Contingent liability (note 10)						
	\$ 11,438,128	\$ 643,254	\$ 8,793,092	\$ 1,023,150	\$ 1,742,772	\$ 23,640,396

See accompanying notes to financial statements.

On behalf of the Board:



Dr. Vanessa Burkoski, RN, BScN, MScN, DHA, President



Dr. Doris Grinspun, RN, MSN, PhD, LLD(hon), O.ONT, Chief Executive Officer

# REGISTERED NURSES' ASSOCIATION OF ONTARIO

## Statement of Operations

Year ended October 31, 2014, with comparative information for 2013

2014	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	Special Projects	Total
Revenue:						
Memberships	\$ 6,874,857	\$ —	\$ 1,297,717	\$ —	\$ —	\$ 8,172,574
iaBPG Centre (note 7)	905,617	—	—	—	—	905,617
Investment and other	539,088	25,841	159,096	27,014	—	751,039
Membership programs and services	112,201	—	—	—	—	112,201
Grants (note 7)	—	—	—	—	13,521,379	13,521,379
	8,431,763	25,841	1,456,813	27,014	13,521,379	23,462,810
Expenses:						
Staff costs	3,118,086	—	157,000	—	—	3,275,086
Membership programs and services	3,432,682	—	—	25,000	—	3,457,682
iaBPG Centre (note 7)	455,182	—	—	—	—	455,182
Occupancy and administration costs	481,586	232	184,507	45	—	666,370
Executive	224,668	—	—	—	—	224,668
Policy	124,158	—	—	—	—	124,158
Information management and technology	53,211	—	—	—	—	53,211
Professional fees	118,670	—	193,566	—	—	312,236
Nursing education and other initiatives (note 7)	—	—	—	—	13,521,379	13,521,379
	8,008,243	232	535,073	25,045	13,521,379	22,089,972
Excess of revenue over expenses before amortization	423,520	25,609	921,740	1,969	—	1,372,838
Amortization	249,532	—	—	—	—	249,532
Excess of revenue over expenses	\$ 173,988	\$ 25,609	\$ 921,740	\$ 1,969	\$ —	\$ 1,123,306

# REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Operations (continued)

Year ended October 31, 2014, with comparative information for 2013

	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	Special Projects	Total
2013						
Revenue:						
Memberships	\$ 5,276,266	\$ —	\$ 1,102,472	\$ —	\$ —	\$ 6,378,738
iaBPG Centre (note 7)	1,180,128	—	—	—	—	1,180,128
Investment and other	547,576	33,727	154,226	26,236	—	761,765
Membership programs and services	184,884	—	—	—	—	184,884
Grants (note 7)	—	—	—	—	12,895,571	12,895,571
	7,188,854	33,727	1,256,698	26,236	12,895,571	21,401,086
Expenses:						
Staff costs	2,817,310	—	151,500	—	—	2,968,810
Membership programs and services	2,576,975	—	—	12,500	—	2,589,475
iaBPG Centre	608,736	—	—	—	—	608,736
Occupancy and administration costs	506,587	26	209,991	26	—	716,630
Executive	208,434	—	—	—	—	208,434
Policy	115,716	—	—	—	—	115,716
Information management and technology	46,970	—	—	—	—	46,970
Professional fees	48,450	—	284,377	—	—	332,827
Nursing education and other initiatives (note 7)	—	—	—	—	12,895,571	12,895,571
	6,929,178	26	645,868	12,526	12,895,571	20,483,169
Excess of revenue over expenses before amortization	259,676	33,701	610,830	13,710	—	917,917
Amortization	243,842	—	—	—	—	243,842
Excess of revenue over expenses	\$ 15,834	\$ 33,701	\$ 610,830	\$ 13,710	\$ —	\$ 674,075

See accompanying notes to financial statements.

# REGISTERED NURSES' ASSOCIATION OF ONTARIO

## Statement of Changes in Fund Balances

Year ended October 31, 2014, with comparative information for 2013

2014	General Fund (note 8)	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	Special Projects	Total
Fund balances, beginning of year	\$ 6,667,130	\$ 643,254	\$ 8,225,861	\$ 1,023,150	\$ –	\$ 16,559,395
Excess of revenue over expenses	173,988	25,609	921,740	1,969	–	1,123,306
Fund balances, end of year	\$ 6,841,118	\$ 668,863	\$ 9,147,601	\$ 1,025,119	\$ –	\$ 17,682,701

2013	General Fund (note 8)	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	Special Projects	Total
Fund balances, beginning of year	\$ 6,651,296	\$ 609,553	\$ 7,615,031	\$ 1,009,440	\$ –	\$ 15,885,320
Excess of revenue over expenses	15,834	33,701	610,830	13,710	–	674,075
Fund balances, end of year	\$ 6,667,130	\$ 643,254	\$ 8,225,861	\$ 1,023,150	\$ –	\$ 16,559,395

See accompanying notes to financial statements.

# REGISTERED NURSES' ASSOCIATION OF ONTARIO

## Statement of Cash Flows

Year ended October 31, 2014, with comparative information for 2013

2014	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	Special Projects	Total
Excess of revenue over expenses	\$ 173,988	\$ 25,609	\$ 921,740	\$ 1,969	\$ –	\$ 1,123,306
Operating activities:						
Items not involving cash:						
Amortization	249,532	–	–	–	–	249,532
Unrealized gains on investments	(8,808)	(11,365)	(39,998)	–	–	(60,171)
Change in non-cash operating working capital:						
Decrease (increase) in accounts receivable and accrued interest	(109,852)	933	1,374	–	64,159	(43,386)
Increase (decrease) in prepaid expenses	108,127	–	–	–	(2,958)	105,169
Decrease in loans receivable	–	3,277	–	–	–	3,277
Increase (decrease) in accounts payable and accrued liabilities	427,904	–	(6,519)	–	(190,620)	230,765
Decrease in deferred revenue	(223,920)	–	(16,376)	–	–	(240,296)
Decrease in deferred revenue - grants	–	–	–	–	(459,617)	(459,617)
Net cash generated from (used in) operating activities	442,983	(7,155)	(61,519)	1,969	(589,036)	(214,727)
Investing activities:						
Purchase of capital assets	(40,922)	–	–	–	–	(40,922)
Increase in cost of investments	(26,472)	(14,971)	(816,729)	(14,466)	–	(872,638)
Net cash used in investing activities	(67,394)	(14,971)	(816,729)	(14,466)	–	(913,560)
Change in cash	549,577	3,483	43,492	(12,497)	(589,036)	(4,981)
Cash, beginning of year	3,935,609	15,503	103,674	26,658	1,653,900	5,735,344
Cash, end of year	\$ 4,485,186	\$ 18,986	\$ 147,166	\$ 14,161	\$ 1,064,864	\$ 5,730,363

# REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Cash Flows (continued)

Year ended October 31, 2014, with comparative information for 2013

2013	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	Special Projects	Total
Excess of revenue over expenses	\$ 15,834	\$ 33,701	\$ 610,830	\$ 13,710	\$ –	\$ 674,075
Operating activities:						
Items not involving cash:						
Amortization	243,842	–	–	–	–	243,842
Unrealized gains on investments	(22,916)	(17,067)	(45,127)	–	–	(85,110)
Change in non-cash operating working capital:						
Decrease (increase) in accounts receivable and accrued interest	42,345	569	(35,347)	235	401,967	409,769
Increase in prepaid expenses	(27,253)	–	–	–	(2,373)	(29,626)
Increase in loans receivable	–	(5,251)	–	–	–	(5,251)
Decrease in accounts payable and accrued liabilities	(125,078)	–	(24,800)	–	(15,964)	(165,842)
Increase (decrease) in deferred revenue	231,563	–	23,984	–	(82,721)	172,826
Decrease in deferred revenue - grants	–	–	–	–	(239,603)	(239,603)
Net cash generated from (used in) operating activities	342,503	(21,749)	(81,290)	235	61,306	301,005
Investing activities:						
Purchase of capital assets	(14,565)	–	–	–	–	(14,565)
Increase in cost of investments	(27,464)	(16,917)	(608,167)	(26,471)	–	(679,019)
Net cash used in investing activities	(42,029)	(16,917)	(608,167)	(26,471)	–	(693,584)
Change in cash	316,308	(4,965)	(78,627)	(12,526)	61,306	281,496
Cash, beginning of year	3,619,301	20,468	182,301	39,184	1,592,594	5,453,848
Cash, end of year	\$ 3,935,609	\$ 15,503	\$ 103,674	\$ 26,658	\$ 1,653,900	\$ 5,735,344

See accompanying notes to financial statements.

# REGISTERED NURSES' ASSOCIATION OF ONTARIO

## Notes to Financial Statements

Year ended October 31, 2014

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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-care services now and in the future.

The Association, in conjunction with the Ministry of Health and Long-Term Care ("MOHLTC"), administers a Nursing Education Initiative ("NEI") 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 7).

The Association is classified as a non-profit organization under the Income Tax Act (Canada) and, as such, is exempt from income taxes.

### **1. Significant accounting policies:**

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations.

The Association follows the deferral method of accounting for contributions in conjunction with fund accounting.

#### **(a) Fund accounting:**

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

Revenue 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, 2014, there were 39 loans outstanding (2013 - 40).

Revenue 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.

# REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2014

---

## 1. Significant accounting policies (continued):

Revenue and expenses relating to the activities of providing annual doctoral fellowship grants to eligible candidates are reported in the PhD Fellowships Fund.

Revenue and expenses relating to the activities of programs under NEI are reported in the Special Projects fund (formerly MOHLTC Fund).

### (b) 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 upcoming membership year are accounted for as deferred revenue as at October 31 each year and recognized as revenue in the following year.

Fees received for programs provided by the International Affairs and Best Practice Guidelines Centre ("iaBPG Centre") and other conferences and workshops are recorded as deferred revenue and recognized as revenue in the year the related expenses are incurred.

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

Revenue generated from the RN Journal, membership programs, sales of iaBPG Centre program materials and other revenue, 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 and are recognized as revenue of the appropriate fund when earned in the statement of operations.

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.



# REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2014

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## 1. Significant accounting policies (continued):

### (c) Capital assets:

Capital assets are recorded in the General Fund at cost. When a capital asset no longer contributes to the Association's ability to provide services, its carrying amount is written down to its residual value.

Capital assets are amortized on a straight-line basis over the estimated useful lives of the assets as follows:

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

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### (d) Contributed services:

A substantial number of volunteers contribute a significant amount of their time each year. Because of the difficulty of determining the fair value, contributed services are not recognized in the financial statements.

### (e) Use of estimates:

The preparation of the financial statements requires management to make estimates and assumptions which affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Actual results could differ from those estimates.

### (f) Allocation of expenses:

The Association receives grant funding for several programs (note 7). The Association identifies the related general support expenses to be charged to each program. Staffing is allocated to the program based on hours for personnel and estimated usage for premises and other expenses. This basis is applied consistently each year.

# REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2014

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## 1. Significant accounting policies (continued):

### (g) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Equity instruments that are quoted in an active market are subsequently measured at fair value. All other financial instruments are subsequently recorded at amortized cost, unless management has elected to carry the instruments at fair value. The Association has elected to carry mutual funds at fair value.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. If there is an indicator of impairment, the Association determines if there is a significant adverse change in the expected amount or timing of future cash flows from the financial asset. If there is a significant adverse change in the expected cash flows, the carrying value of the financial asset is reduced to the highest of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount the Association expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial carrying value.

# REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2014

## 2. Investments:

	2014	2013
General Fund:		
Fixed income investments	\$ 843,832	\$ 818,557
Mutual funds	140,829	130,824
	<u>984,661</u>	<u>949,381</u>
Permanent Education Fund:		
Fixed income investments	462,025	442,775
Mutual funds	123,907	116,821
	<u>585,932</u>	<u>559,596</u>
Legal Assistance Fund:		
Fixed income investments	4,880,317	4,157,964
Mutual funds	471,749	337,375
	<u>5,352,066</u>	<u>4,495,339</u>
PhD Fellowships Fund:		
Fixed income investments	1,001,884	987,418
	<u>\$ 7,924,543</u>	<u>\$ 6,991,734</u>

Fixed income investments consist of bonds and term deposits bearing interest from 2.30% to 3.50% (2013 - 2.30% to 4.51%) per annum, with maturity dates ranging from 2015 to 2019.

## 3. Loan receivable from General Fund/payable to Legal Assistance Fund:

In 2005, the Board of Directors 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 of Directors approved the Legal Assistance Fund as an investor in the Pearl Street property. The Legal Assistance Fund is entitled to its proportionate share of any future capital gains from the sale of the property.

# REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2014

## 4. Capital assets:

2014	Cost	Accumulated amortization	Net book value
Land:			
General Fund	\$ 4,385,263	\$ –	\$ 4,385,263
Legal Assistance Fund	2,110,812	–	2,110,812
Building	4,475,789	1,634,849	2,840,940
Office furniture and equipment	510,446	433,413	77,033
Computer hardware	215,106	171,731	43,375
Computer software	174,271	174,271	–
	<b>\$ 11,871,687</b>	<b>\$ 2,414,264</b>	<b>\$ 9,457,423</b>

2013	Cost	Accumulated amortization	Net book value
Land:			
General Fund	\$ 4,385,262	\$ –	\$ 4,385,262
Legal Assistance Fund	2,110,812	–	2,110,812
Building	4,475,789	1,455,817	3,019,972
Office furniture and equipment	510,446	382,368	128,078
Computer hardware	174,185	152,276	21,909
Computer software	174,271	174,271	–
	<b>\$ 11,830,765</b>	<b>\$ 2,164,732</b>	<b>\$ 9,666,033</b>

During 2011, the Association purchased a parcel of land. The land purchase was split evenly between the General Fund and the Legal Assistance Fund for a total purchase price of \$4,221,624.

## 5. Accounts payable and accrued liabilities:

Included in accounts payable and accrued liabilities are government remittances payable of \$421,419 (2013 - \$442,432), which includes amounts payable for harmonized sales tax and payroll-related taxes.

# REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2014

## 6. Deferred revenue:

The Association's deferred revenue consists of the following:

	2014	2013
Membership fees received for the upcoming membership year	\$ 2,882,494	\$ 3,080,474
Deposits received for upcoming conferences	30,722	73,038
	<u>\$ 2,913,216</u>	<u>\$ 3,153,512</u>

## 7. Special projects:

The Association received monies from Human Resources and Skills Development Canada ("HRSDC") and MOHLTC to fund various programs related to nursing practice and education and patient care. The monies are advanced in accordance with agreements between the Association and the funding agencies.

### (a) Human Resources and Skills Development Canada:

The Association has signed an agreement with HRSDC for the period from May 9, 2012 to March 31, 2015 in relation to Elder Abuse Awareness - Prevention, Identification and Interventions: A Best Practice Initiative. In the event of termination of the agreement, all eligible expenditures incurred to the date of termination will be paid by HRSDC pursuant to the satisfaction of HRSDC that costs incurred are reasonable and properly attributable to the termination of the agreement.

# REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2014

## 7. Special projects (continued):

### (b) Ministry of Health and Long-Term Care:

The Association has signed an agreement with MOHLTC for the period from April 1, 2012 to March 31, 2015 in relation to Clinical Best Practice Guidelines, Healthy Work Environment Best Practice Guidelines, Advanced Clinical Practice Fellowships, Recruitment and Retention, Nursing Education Grants, Long-Term Care Coordinator initiative, and Nursing Quality Indicators for Reporting and Evaluation ("NQiRE"). In the event of termination of the agreement, MOHLTC has agreed to the provision of funds reasonably necessary to wind down the programs, notwithstanding that pursuant to the provisions of the Financial Administration Act (Ontario), if the Province of Ontario (the "Province") does not receive the necessary appropriation from the Ontario Legislature, the Province shall not be obligated to make any additional payments exceeding the remaining funds under the control of the Association. Similar wind-down provisions are included in annual agreements for other programs related to nursing practice and education and patient care. Management believes that MOHLTC is fully committed to these projects.

### (c) Health Canada:

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

	2014	2013
Education Grants	\$ 5,467,058	\$ 4,477,098
Best Practice Guidelines - Clinical	2,127,564	2,365,113
Long-Term Care Best Practice Co-ordinators RNs	666,113	1,551,253
Advanced Clinical Practice Fellowship	524,718	740,877
Smoking Cessation	613,427	697,057
Best Practice Guidelines - Healthy Work Environment	376,275	499,234
Recruitment and Retention	400,859	491,344
Nursing Retention Fund	127,637	141,685
Long-Term Care Best Practice Co-ordinators Administration	1,476,251	495,394
Methadone Maintenance and Addictions Treatment	456,513	500,922
NQIiRE	147,681	174,024
Ontario MD	219,273	174,782
Elder Abuse Awareness Initiative	234,794	—
Primary Care Toolkit	91,306	—
Youth Mental Health and Addictions Champions	194,290	—
eHealth	397,620	—
	<b>\$ 13,521,379</b>	<b>\$ 12,308,783</b>

# REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2014

## 7. Special projects (continued):

The above-noted MOHLTC program expenditures include the following amounts paid to the Association's General Fund: (i) \$381,626 (2013 - \$622,155) for estimated staff costs related to non-MOHLTC fund employees who work on MOHLTC programs during the year; (ii) \$155,374 (2013 - \$183,500) for the MOHLTC program's estimated share of office administration and overhead costs such as office supplies, telephone and utilities; and (iii) \$90,000 (2013 - \$90,000) management fee. These costs are set forth in the agreements with MOHLTC and represent General Fund cost recoveries. As such, they are netted against the underlying General Fund expense.

Also included in the above-noted MOHLTC fund expenditures are registration and other fees totaling \$112,195 (2013 - \$107,040) paid to the Association's iaBPG Centre for providing MOHLTC-funded programs and services. These amounts are recorded as revenue of the iaBPG Centre in the General Fund and are supported by the Association staffing costs totalling \$75,750 (2013 - \$70,662).

Due to the timing differences in year ends between the Association (October 31) and MOHLTC (March 31) and in the receipt of funding from MOHLTC and the related program expenditures, there is often unspent funding on-hand at October 31. Any unspent funding on-hand is shown as deferred revenue - MOHLTC. Subsequent to year end, the Association has incurred expenditures out of this balance to deliver services in accordance with the annual agreements with MOHLTC.

The deferred revenue - grants is summarized as follows:

	2014	2013
Balance, beginning of year	\$ 1,513,685	\$ 1,753,288
Funding received	13,056,672	13,017,639
Interest earned on funds	5,090	2,610
Expenses incurred	(13,521,379)	(12,895,571)
Due from MOHLTC	—	(364,281)
Balance, end of year	\$ 1,054,068	\$ 1,513,685

Included in the balance of unspent funding due to MOHLTC as at October 31, 2014 is \$153,259 (2013 - \$148,169) in accumulated interest income earned on funding received from MOHLTC.

# REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2014

## 8. Changes in General Fund balance:

	Invested in capital assets	Unrestricted	Best practice guideline sales	Total
Balance, October 31, 2013	\$ 7,555,221	\$ (1,027,552)	\$ 139,461	\$ 6,667,130
Excess (deficiency) of revenue over expenses	(249,532)	401,303	22,217	173,988
Net investment in capital assets	40,922	(40,922)	—	—
Total excess (deficiency) of revenue over expenses	(208,610)	360,381	22,217	173,988
Balance, October 31, 2014	\$ 7,346,611	\$ (667,171)	\$ 161,678	\$ 6,841,118

## 9. Commitments:

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

2015	\$ 62,584
2016	57,896
2017	30,525
2018	7,114

## 10. 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.



# REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2014

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## **11. Financial risks and concentration of credit risk:**

### **(a) Liquidity risk:**

Liquidity risk is the risk that the Association will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Association manages its liquidity risk by monitoring its operating requirements. The Association prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations. Additionally, the Association believes it is not exposed to significant liquidity risk as all investments are held in instruments that are highly liquid and can be disposed of to settle commitments. There has been no change to the risk exposures from 2013.

### **(b) Credit risk:**

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The Association is exposed to credit risk with respect to the accounts receivable. The Association assesses, on a continuous basis, accounts receivable and provides for any amounts that are not collectible in the allowance for doubtful accounts.

### **(c) Interest rate risk:**

The Association is exposed to interest rate risk on its fixed interest rate financial instruments. Further details about the fixed rate investments are included in note 2.

## **BOARD OF DIRECTORS**

### **OFFICERS**

Vanessa Burkoski	President
Rhonda Seidman-Carlson	Immediate Past-President
Doris Grinspun	Chief Executive Officer

### **REGIONAL REPRESENTATIVES**

Deborah Kane	Region 1 Representative
Janet Hunt	Region 2 Representative
Aric Rankin	Region 3 Representative
Veronique Boscart	Region 4 Representative
Rebecca Harbridge	Region 5 Representative
Paula Manuel	Region 6 Representative
Claudette Holloway	Region 7 Representative
Jackie Graham	Region 8 Representative
Denise Wood	Region 9 Representative
Una Ferguson	Region 10 Representative
Stephanie Blaney	Region 11 Representative
Patricia Sevean	Region 12 Representative

### **MEMBERS-AT-LARGE**

Carol Timmings	MAL Nursing Administration
Kelly Booth	MAL Nursing Education ( <i>resigned January 2015</i> )
Cheryl Yost	MAL Nursing Practice
Angela Cooper Brathwaite	MAL Nursing Research
Nathan Kelly	MAL Socio-Political Affairs

### **INTEREST GROUPS REPRESENTATIVE**

Marianne Cochrane
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