RNAO

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

AR Annual Report

2012

VISIONARY LEADERSHIP

CHARTING A COURSE FOR THE FUTURE OF NURSING

AR annual report

RNAO 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 in improving health, and shaping and delivering health-care services.

RNAO 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.

A MESSAGE FROM THE PRESIDENT AND THE CHIEF EXECUTIVE OFFICER

Rhonda Seidman-Carlson

Doris Grinspun

The story of our collective work during the past year is one that we can measure in steps. The steps we have taken to ensure we represent the interests of registered nurses, nurse practitioners and nursing students, and the steps we have taken to improve nursing practice and health policy. Together, they follow a path that helps us chart a course for the future of our profession, and put Ontario at the forefront of a strengthened, publicly funded, not-for-profit health-care system that better meets peoples' needs.

One of RNAO's primary goals is to continue building the capacity and contribution of nursing by constantly examining our scope of practice and asking ourselves: "What are RNs and NPs not doing today that they could or should be doing to improve timely access to quality care?"

RNAO is in a unique position to examine what needs to change so our health system can be more person-centred, more responsive, more integrated, and more cost-effective. Together, with our members and in partnership with other stakeholders, we have a huge role to play to ensure our health system continuously improves and is serving the public in times of health and in times of illness - today, tomorrow, and for generations to come.

This past year, RNAO released two groundbreaking reports that are critical to the future of nursing and to strengthening the delivery of health services for Ontarians.

The first report, ***Primary Solutions for Primary Care***, is an urgent call to maximize and expand the role of RNs and RPNs who are already working in primary care in our province. The majority of these 4,285 nurses (2,873 RNs and 1,412 RPNs) are either not able or not supported to practise to full scope. In some instances, they are simply asking for an educational boost, and RNAO is responding to this with primary care institutes. Mostly though, what holds nurses back are systemic barriers that need to be dismantled. RNAO is joining with primary care partners, government and opposition leaders to tackle these barriers.

We're so confident of our conclusions that we believe our comprehensive look at the current system can serve as a perfect springboard for maximizing and expanding the role nurses play, across all practice settings, in Ontario and elsewhere. The report is already being put to good use by the Joint Provincial Nursing Committee, the Canadian Nurses Association, and other partners within and outside our provincial borders.

Building on the momentum of ***Primary Solutions for Primary Care***, RNAO issued another game-changing report titled ***Enhancing Community Care for Ontarians (ECCO)***. It proposes a strong foundation for community care, anchoring the health system - including care co-ordination and system navigation - in primary care, and advancing integration by connecting all sectors through a single system planner and funder: the LHINs. ***ECCO*** also reinforces the need to place a much greater focus on health promotion, mental health, and chronic disease prevention and management. The aim of this report is to inform policy and strategies to ensure timely access, improve client experience and outcomes, and deliver comprehensive services in a seamless and cost-effective manner. ***ECCO's*** recommendations have had tremendous traction with health-care experts, policy gurus, and the media, both here in Ontario and in other jurisdictions.

As advocates for the public, we must remember that perhaps the most powerful influence we hold is linked to our expertise on what keeps us healthy. That's why this past January RNAO released its policy platform: ***Why Your Health Matters***. It details sound recommendations to reduce poverty, secure affordable housing, clean up the environment, strengthen our publicly funded, not-for-profit health system, and make sure we have at least 9,000 additional RNs employed to look after those who need our expert care. In order to pay for this, we offer advice that will help restore Ontario's fiscal capacity while still taking care of the needs of vulnerable people.

We have and will continue to use this report in meetings with Premier Kathleen Wynne, and with opposition leaders Tim Hudak (PC) and Andrea Horwath (NDP), all of whom you will see at our Annual General Meeting. We hope RNAO members in attendance take the time to greet them, and remind them ***Why Your Health Matters***.

In addition to our unparalleled focus on health policy, the past year marked inspiring breakthroughs in our clinical best practice guidelines (BPG) work. First Ministers (premiers and territorial leaders) chose RNAO's *Assessment and Management of Foot Ulcers for People with Diabetes* BPG as one of two guidelines for national implementation.

RNAO launched ***Nursing Quality Indicators for Reporting and Evaluation*** **(NQuIRE™)** to support the evaluation of BPG implementation in our Best Practice Spotlight Organizations® (BPSO®). NQuIRE is the first international quality improvement initiative of its kind, and consists of a database of quality indicators derived from recommendations within RNAO's clinical BPGs.

We also began work on ***Nursing Order Sets***, which are comprised of nursing interventions derived from our guidelines to facilitate use at the point-of-care. We are also partnering with the International Council of Nurses (ICN) for coding, and with PatientOrderSets.com for distribution.

All of these gains, and more, are the direct result of our work together. And what a collective effort it is! Last fall, the association reached another significant milestone when its voice exceeded **35,000** (35,012 to be exact) RNs and nursing students.

It's hard to sum up an entire year in a few words, so join us in reviewing this annual report. Its photographs and commentaries from partners encapsulate a year-at-a-glace. Take pride as we continue to shape our profession from a position of strength to even higher strength, and in doing so, contribute to the building of an even stronger Ontario.

Rhonda Seidman-Carlson, RN, MN
PRESIDENT

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

A YEAR IN REVIEW

Strong Membership

35,012 RNs and nursing students belong to RNAO (up from 32,692).

RNAO changes its bylaws to give every member a vote on matters of importance to the association's future.

A record 66 MPPs participate in RNAO's annual *Take Your MPP to Work* event in May 2012.

A decision to prorogue the provincial legislature propels RNAO to take its Queen's Park Day "on the road." Eighty-four MPPs hold meetings with nurse leaders in their local constituency offices between February and April 2013.

13 RNAO members receive the Queen Elizabeth II Diamond Jubilee Medal in honour of the Queen's 60th anniversary on the throne. Members are recognized for their outstanding contributions to health, health care and nursing.

Strong Membership = Strong Voice

RNAO launches a comprehensive visioning exercise to map out a secure future for the nursing profession and the health-care system. Almost 2,000 members take part 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's Best Practice Guidelines program is highlighted in three media conferences during Nursing Week 2012, profiling BPGs implemented at Toronto's Holland Bloorview Kids Rehabilitation Hospital, Windsor Essex Community Health Centre and Hôpital Montfort, all of which are Best Practice Spotlight Organizations.

Canada's Minister of State for Seniors visits RNAO in June 2012 to announce funding for the association to create a best practice guideline on the prevention of elder abuse.

RNAO participates on a task force to help improve resident care and safety in long-term care homes.

RNAO is among the key stakeholders invited to provide advice to a provincial panel developing a seniors' care strategy for the Ministry of Health. RNAO recommends improvements in staffing ratios and skill mix - including a higher percentage of RNs and NPs - and adoption of all relevant RNAO best practice guidelines.

RNAO is invited to provide expertise on the prevention of elder abuse before the House of Commons and Senate committees looking into changes to the criminal code. Bill C-36 adds "vulnerability due to age" as a consideration for judges when sentencing people who commit abuse against seniors.

RNAO speaks at several rallies held throughout the country during the summer of 2012 to protest the federal government's decision to cut health insurance coverage for refugees and refugee claimants.

Canada's premiers and territorial leaders decide to focus on nation-wide adoption of clinical practice guidelines as a way to deliver 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 is represented on a panel created by the Ministry of Health and Long-Term Care to look at how to reduce childhood obesity. Two of the association's best practice guidelines - prevention of childhood obesity and breastfeeding - form the basis for recommendations and are cited in the panel's report.

Ontario's Ministry of Energy and Infrastructure announces the early closure of two more coal-fired generators (Lambton and Nanticoke plants) in response to ongoing calls from RNAO, the Canadian Association of Physicians for the Environment, and other health and environmental groups, urging government to shut down all remaining coal plants immediately.

RNAO and its members are mentioned in 1,454 media stories. The website receives 817,892 visits and 2,805,360 page views.

Strong Voice = Strong, Healthy Public Policy and Outstanding Practice

RNAO launches the *Nurse Practitioner Utilization Toolkit* to provide NPs and hospital administrators with resources to operationalize NPs' legislative authority to admit, treat, transfer and discharge hospital in-patients.

RNAO releases a landmark report, *Primary Solutions for Primary Care*, at a media conference in June 2012. The report recommends that the Ontario government 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, *Enhancing Community Care for Ontarians (ECCO)*, in October 2012. The white paper 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 on January 30, 2013, RNAO releases *Why Your Health Matters* – a policy platform that sends a clear message to Ontario's new Premier Kathleen Wynne, and opposition leaders Tim Hudak and Andrea Horwath, about the top priorities of RNs.

Two new best practice guidelines make their debut: *Facilitating Client-Centred Learning* and *Promoting Safety: Alternative Approaches to the Use of Restraints*.

Second editions of three existing BPGs are issued: *Developing and Sustaining Nursing Leadership; Assessment and Management of Foot Ulcers for People with Diabetes;* and *Woman Abuse: Screening, Identification and Initial Response.* The association also issues the second edition of RNAO's toolkit for the implementation of best practice guidelines.

RNAO's work to help members of the public quit smoking continues to make a difference with eight additional health-care sites implementing RNAO's smoking cessation best practice guideline. This brings the total number of organizations reached through this initiative to 360 since 2008.

RNAO develops and launches NQuIRE (Nursing Quality Indicators for Reporting and Evaluation), an international database of quality indicators to measure successful implementation of BPGs in Best Practice Spotlight Organizations (BPSO).

Production of Nursing Order Sets 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.

RNAO's BPSO program marks its 10th anniversary. Since its inception in 2003, 68 BPSOs, representing 298 sites in Ontario, Canada, and around the world, have formally joined the designation, and are systematically implementing multiple BPGs and evaluating their impact on patients' health/clinical outcomes, as well as organizational and system performance.

"Campaign 2000 and RNAO have had a long-standing close partnership over the years, and our network has benefited greatly from joining forces with RNAO on many initiatives, including ones that have a special focus on poverty, child poverty and social determinants of health."

Anita Khanna
Ontario Co-ordinator
Campaign 2000

"As a person who was silenced by poverty I can tell you that the RNAO leadership and membership have played a crucial role in making sure that the government is held accountable."

Michael Creek
Director of Strategic Initiatives
Working for Change

"An affordable home is fundamental to the health and well-being of each of us. Our campaign is raising awareness of the role that housing plays in the health of Ontarians and the province as a whole. Our partnership with the RNAO allows us to share those messages with a louder voice and the credibility that comes with speaking on behalf of Ontario's registered nurses."

John Wilson
Manager of Communications and Marketing
Ontario Non-Profit Housing Association

"The Association of Ontario Health Centres is pleased to work hand-in-hand with RNAO, which is such a powerful voice for positive change in this province. Together, we promote the best possible health and well-being for everyone. To reach this vision, we work on joint initiatives to ensure interprofessional teams are the model of the future with all team members working to the full scope of their practice."

Adrianna Tetley
Executive Director
Association of Ontario Health Centres

"Our doctors love campaigning with the RNAO. Working together, we persuaded Ontario to pass the most health-protective pesticide ban in North America. And we convinced the province to close its dirty coal plants a year ahead of schedule. These tremendous victories wouldn't have happened without the nurses' wisdom and political clout."

Gideon Forman
Executive Director
Canadian Association of Physicians for the Environment

"The RNAO's Nursing Best Practice Guidelines program provides premiers with exactly the level of scientific rigour they are looking for, combined with the accessibility and usability needed to quickly spread the guidelines to nursing practitioners and other health professionals across the country."

Vasanthi Srinivasan
Assistant Deputy Minister
Ontario Ministry of Health and Long-Term Care
Co-Lead, Council of the Federation
Health Care Innovation Working Group

Susan Williams
Assistant Deputy Minister Alberta Health
Co-Lead, Council of the Federation
Health Care Innovation Working Group

"The Canadian Nurses Association values the expertise RNAO brings to our collective participation on the Council of the Federation's (COF) Health Care Innovation Working Group. Together with RNAO, Canada's nurses contribute clinical practice guidelines (CPGs) that are recognized for their effectiveness in enhancing patient care and improving overall system performance. RNAO's leadership and experience in developing and implementing high-quality CPGs shines bright throughout the COF's activities. Moreover, RNAO's guideline for the Assessment and Management of Foot Ulcers for People with Diabetes was prominently featured in the working group's report as one of two CPGs selected by premiers for adoption across Canada."

Barb Mildon
President
Canadian Nurses Association

"Sigma Theta Tau International, representing over 130,000 nurse leaders worldwide, is pleased to share a vision with RNAO of transforming the nursing profession through knowledge, promoting evidence-based practice and helping shape policy to elevate the health of the world's population."

Patricia Thompson
Chief Executive Officer
Honor Society of Nursing - Sigma Theta Tau International

"Identifying and promoting evidence-based practice is central to the delivery of quality care. Today's knowledge does not respect country or provincial boundaries. Thus, working together with RNAO and its robust evidence-based guidelines program - and accrediting the RNAO International Classification for Nursing Practice (RNAO ICNP) Research and Development Centre - is critical to improving access to efficient and effective nursing care."

David Benton
Chief Executive Officer
International Council of Nurses

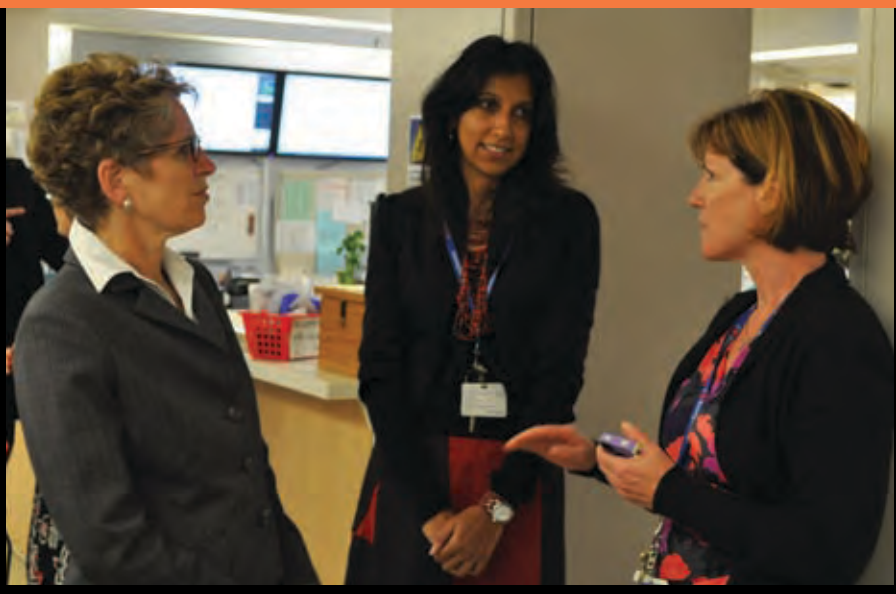
"From the moment we met RNAO representatives and learned of the work they had undertaken and achieved, we just knew that our values and objectives to achieve professional practice and positive patient outcomes were aligned. Since that time, we have worked extremely well together in achieving a partnership that results in the BPSOs and BPGs being implemented in Australia."

Elizabeth Dabars
Chief Executive Officer
Australian Nursing and Midwifery Federation (SA Branch)

"RNAO has been the engine to help us move towards evidence-based nursing practice in Spain. The BPG model has allowed us to move from knowledge to practice in a structured way and is helping us evaluate our processes to implement change. We never would have been able to move the utilization of nursing knowledge forward in Spain without RNAO's help."

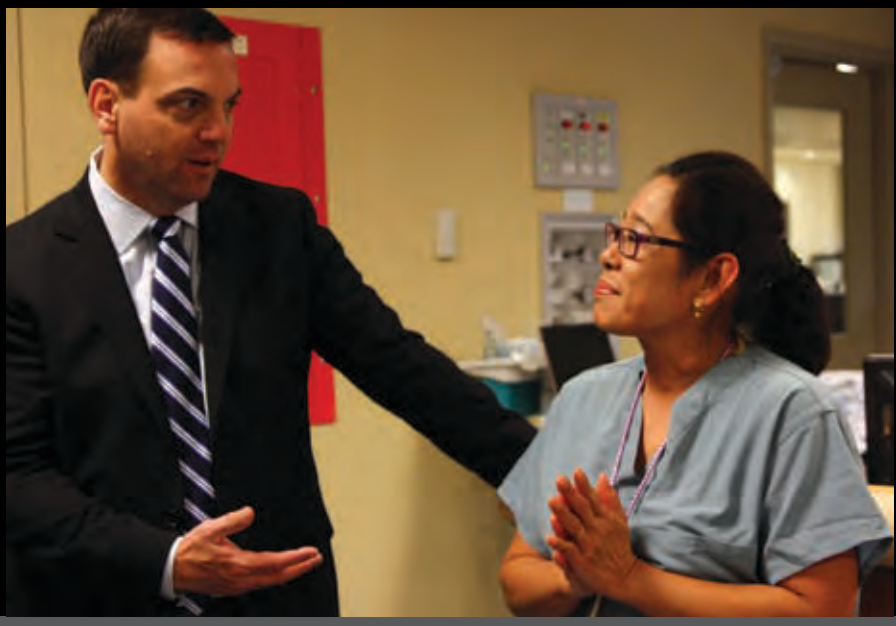
Teresa Moreno Casbas
Director
Spain's Nursing and Healthcare Research Unit-Investen-isciii

Take Your MPP to Work



Top right: Then transportation minister, now Premier Kathleen Wynne, visits with nursing staff at Toronto's Sunnybrook Hospital during a *Take Your MPP to Work* event in May 2012.

Bottom right: PC leader Tim Hudak chats with a nurse at Toronto's York Central Hospital during a *Take Your MPP to Work* event in May 2012.

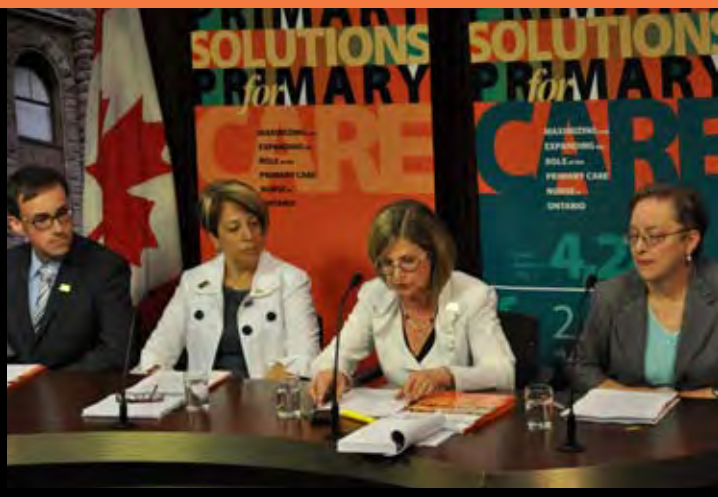


Queen's Park on the Road

Right: Members from Hamilton meet with NDP leader Andrea Horwath (centre) as part of *Queen's Park on the Road* in March 2013.

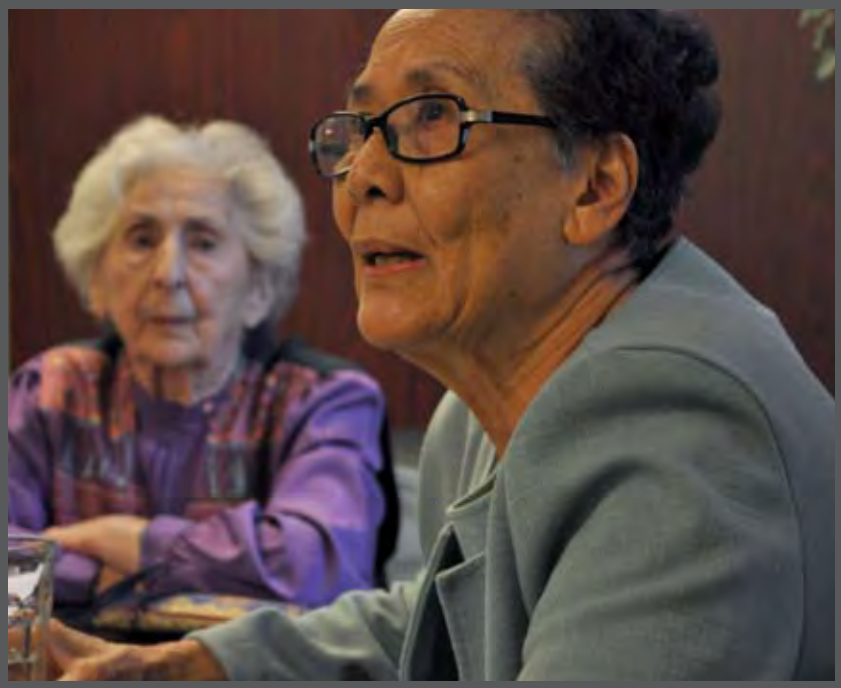
Speaking Out

Above: RNAO President Rhonda Seidman-Carlson and CEO Doris Grinspun unveil a set of health policy recommendations representing the association's top priorities at a media conference at Queen's Park on January 30, 2013.



Above: RNAO releases its blueprint for maximizing and expanding the scope of practice for primary care nurses at Queen's Park in June 2012. RNAO's Manager of Special Projects Tim Lenartowych (far left) and Judie Surridge, president of Ontario's Family Practice Nurses Interest Group (far right) join Seidman-Carlson (second from left) and Grinspun (second from right).

Engaging the Public



Right: Tatlyn Carter (foreground) and Bea Levis offer their experiences about community care. The two were part of a roundtable consultation to comment on RNAO's report, *Enhancing Community Care for Ontarians*.

Jubilee Medal

Left: Members selected by RNAO`s board of directors to receive the Queen`s Diamond Jubilee medal for their contributions to nursing and health care pose during a CNA ceremony in March 2013 in Ottawa. Pictured from left to right: Patrice Lindsay, Ruth Warren, Leah Jamnicky and Theresa Agnew. Josie Santos, who was also honored, was not able to attend the ceremony.

BPGs

Above: Josie Santos (left) and Irmajean Bajnok (right) of RNAO`s BPG Centre pose with The Hon. Alice Wong, Canada's Minister of State for Seniors, following a June 2012 funding announcement for RNAO to create a best practice guideline on the prevention of elder abuse.

Above: RNAO`s Susan Storey-McNeill is flanked by Elizabeth Podnieks, an RN and well-known advocate for the elderly (left) and Samir Sinha, a physician who led Ontario`s Seniors Care Strategy. They are leading the association`s best practice guideline (BPG) on the prevention of elder abuse.

BPSOs

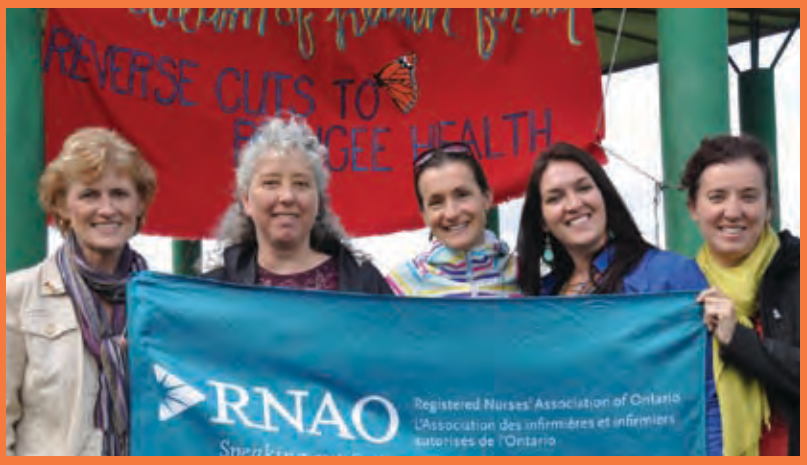
Left: RNAO president Rhonda Seidman-Carlson (far right) at Hôpital Montfort with a plaque to commemorate its designation as a Best Practice Spotlight Organization in May 2012.

Above: The Hon. Deb Matthews, Minister of Health and Long-Term Care, at a Best Practice Spotlight Organization annual symposium in March 2013.

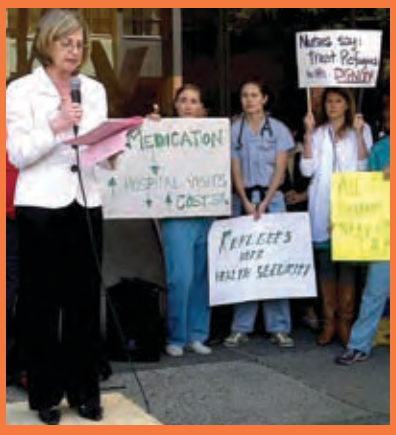
NQuIRE

Right: To mark the launch of NQuIRE, pictured from left, RNAO`s Monique Lloyd, Irmajean Bajnok, Doris Grinspun and Rita Wilson, celebrate with a cake-cutting ceremony in November 2012. NQuIRE`s purpose is to support and evaluate the implementation of BPGs in the association`s Best Practice Spotlight Organizations (BPSO).

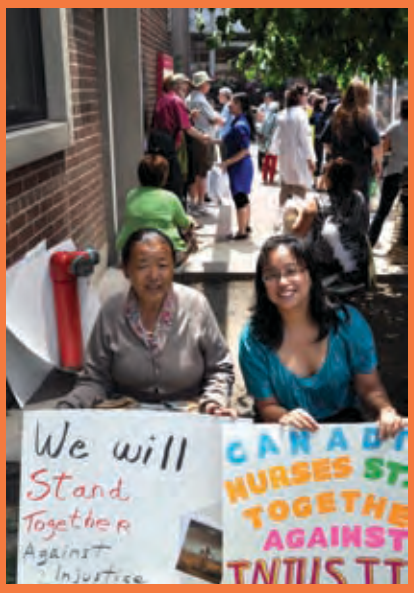
RNAO *in* Action



Above: Members of Hamilton chapter speak out against Ottawa's decision to cut health services for refugees at a rally in September 2012.

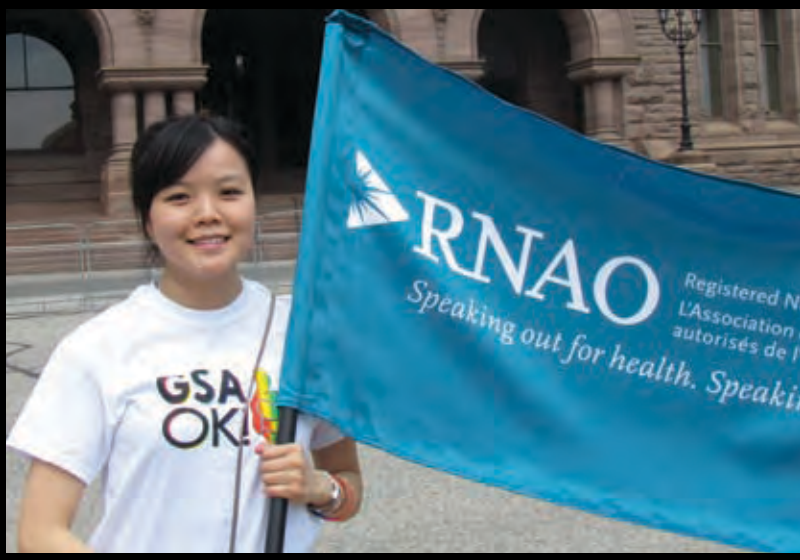


Above: RNAO CEO Doris Grinspun speaks out on cuts to health services for refugees at a rally held in Vancouver.

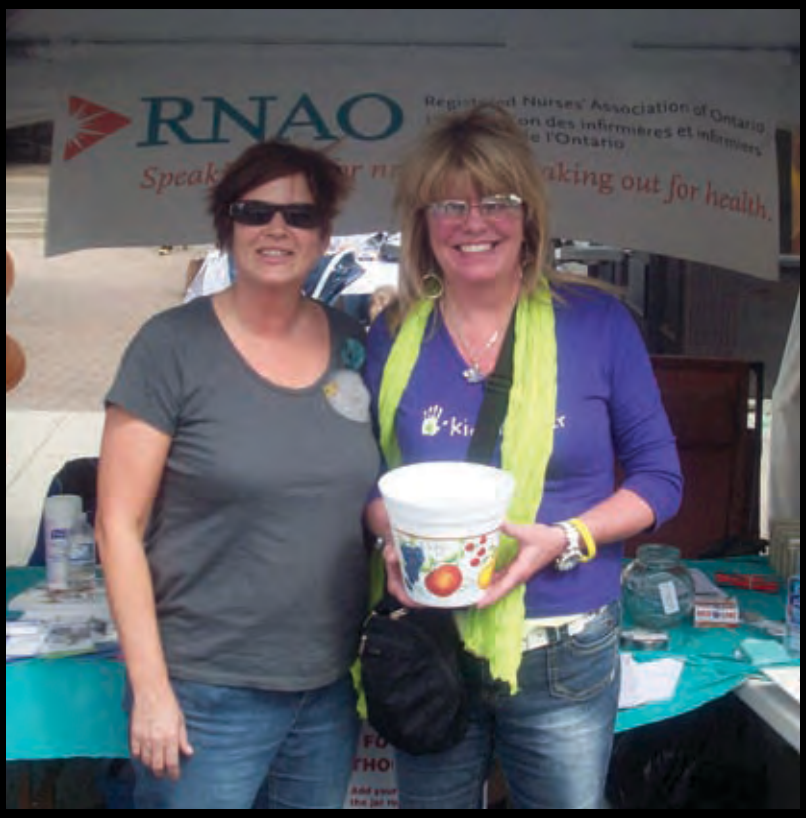


Left: RNAO research assistant Grace Suva (right) joins a protestor at a similar rally in Toronto in June 2012.

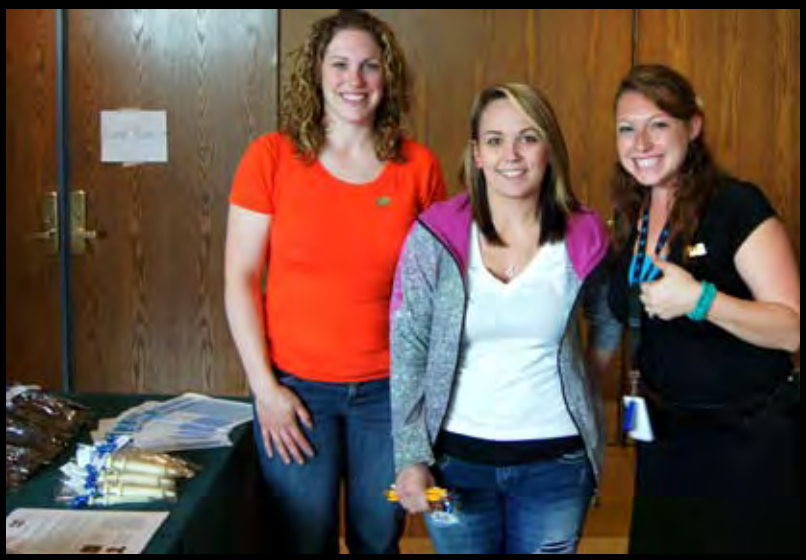
Above: Members of Middlesex-Elgin chapter prepared 140 dinners for people in need at a local London church in March 2013.



Right: A member of the Rainbow Nursing Interest Group holds an RNAO banner at a May 2012 rally at Queen`s Park in support of legislation that would allow students to set up gay-straight clubs in their schools. In a submission to the government, the association says such clubs provide support for students who experience discrimination based on their sexual orientation.



Left: The Lambton chapter set up a booth at a local art fair in June 2012 to raise awareness about the nursing profession. Members of the public were invited to donate coins in jars labelled for issues nurses advocate for such as poverty, the environment and mental health.



Left: Members of the Windsor-Essex chapter present congratulatory notes and chocolate syringes to nursing students after writing their CRNE exam in June 2012.

THEREFORE BE IT RESOLVED ***that RNAO advocate for an integrated strategy in Ontario to address FASD that includes: Prevention, Best Practice Screening Guidelines for Addictions, Diagnosis, Evidence-Based Interventions and Appropriate Support Services for individuals and families***

A working group of interested members met on this resolution several times by teleconference under the leadership of Kathy Moreland Layte and Mary Mueller. On November 13, 2012 a meeting was held at home office with movers of the resolution, RNAO staff, and Sharron Richards, chair of FASD ONE (Fetal Alcohol Spectrum Disorder Ontario Network of Expertise). Richards gave an update on progress being made with an integrated FASD provincial strategy. With the support of the Public Health Agency of Canada, FASD ONE and Georgian College, a one-day symposium, *FASD ONE Blueprint for Action: Collaborating Towards Effective Practice*, was held in March 2013.

In addition, Kathy Moreland Layte was a key source for a *Globe and Mail* article written by Lisa Priest and published on January 4, 2013: Educating Austin: Supporting Kids with Fetal Alcohol Syndrome. On January 8, 2013, RNAO home office submitted a letter to the editor on the health and social harms of alcohol in response to a *Toronto Star* editorial calling for increasing points of sale for alcohol. Activities in support of this resolution by the working group will continue to unfold, including a proposed article for publication in *Registered Nurse Journal*.

THEREFORE BE IT RESOLVED ***that RNAO develop strategic partnerships and lobby the provincial government to invest in sustainable solutions to remove the barriers to access of health care faced by Ontario's migrant farm workers***

Movers of this resolution, Mary Metcalf and Erin McMahon, RNAO member Michelle Tew, and RNAO staff participated in a teleconference on strategies to move this resolution ahead. Tew identified a new resource for health-care providers and the public on the website, migrantworkerhealth.ca.

On March 25, 2013, the Occupational Health Clinics for Ontario Workers, the Migrant Health Worker Project, and Wilfred Laurier University hosted a one-day meeting in Hamilton on *Meeting Health Needs of Migrant Farm Workers: Lessons From Near and Far*. Relationships and strategic partnerships are being explored within and outside of this venue. Other advocacy strategies are in development, including a proposed article for publication in *Registered Nurse Journal*.

THEREFORE BE IT RESOLVED ***that RNAO collaborate with the Ontario government and other key stakeholders to develop and implement a strategy to reduce vehicle idling, including drive-through emissions***

Communications representative Andrew Sheppard from the sponsoring body, RNAO's Ontario Nurses for the Environment Interest Group (ONEIG), has contacted local Belleville media with regards to stopping drive-throughs in Belleville, and will continue with this work as well. ONEIG did an air quality display for the 2012 RNAO AGM. President-Elect Morgan Lincoln developed an idling information sheet, which was circulated at an ONEIG-Toronto Environmental Alliance public event on October 3, 2012, called *Air Quality*. Reena Ahluwalia was a partner at that same event, and President Chrys Kells was a presenter. Ahluwalia and Kells acquired University of British Columbia Air Quality certificates in aid of this resolution. Kells is a trainer for the College of Family Physicians of Canada (CFPC) pilot on the Air Quality Health Index for the second year, and participates in Canada-wide discussions. ONEIG has offered air quality presentations to the RNAO community through its e-newsletter, *In the Loop*. ONEIG is developing its strategy to support a provincial anti-idling policy that reduces exposure where children are at risk, such as schools, daycares and hospitals. They will meet with RNAO policy staff to discuss other ways to leverage their work in this area.

THEREFORE BE IT RESOLVED ***that RNAO collaborate with the appropriate government jurisdictions and other key stakeholders to develop and implement a strategy to decrease risks of exposure to CO, NO2 and other combustion products from emissions of ice resurface equipment in ice arenas***

Communications representative Andrew Sheppard from the sponsoring body, RNAO's Ontario Nurses for the Environment Interest Group (ONEIG), has made contacts with ice arena stakeholders, at a public health unit, and at a local and upgraded ice arena. The purpose of the contact was to inform the stakeholders of the ONEIG resolution, and to find information on the status of monitoring for air quality in ice arenas, at the ice arena level and at the government regulation level. The mechanisms for monitoring (such as location of measurements) and air exchange may be unique in each ice arena. The stakeholders have been generous in sharing information about the current status of monitoring, and are interested in the discussion to maintain ice arena air quality, especially for children's health. Potential partners in moving forward are currently being identified.

ONEIG drafted a letter to potential partners in the campaign and has support from the Canadian Association of Physicians for the Environment (CAPE). Other key stakeholders are reviewing the letter. ONEIG is seeking to highlight and promote ice arenas that use electric ice resurfaces, or have implemented state-of-the-art air quality monitoring. To that end, the interest group has conducted an interview at one exemplary rink and intends to develop one or more articles based on that interview.

THEREFORE BE IT RESOLVED ***that RNAO directly, and in collaboration with the Canadian Nurses Association and other stakeholders, advocate for provincial and federal governments to ban the mining, processing, use and export of all forms of asbestos, including chrysotile asbestos, and promote implementation of a comprehensive national asbestos strategy***

The sponsoring body, RNAO's Ontario Nurses for the Environment Interest Group (ONEIG), lent its support to a position statement on asbestos put forward to coincide with the World Cancer Congress, which occurred at the end of August 2012 in Quebec. The statement was approved by the Joint Policy Committee of the Societies of Epidemiology and supported by a number of major public health and epidemiology organizations, including RNAO and CNA.

Pressure from anti-asbestos campaigners has met with some success. In September, the Quebec government announced it would cancel a loan guarantee that would have supported reviving the last asbestos mine in Canada. The federal government has since announced it will no longer oppose listing chrysotile asbestos under the Rotterdam Convention.

THEREFORE BE IT RESOLVED ***that RNAO advocate to the Ministry of Health and Long-Term Care, to the Ministry of Municipal Affairs and Housing, and to the Office of the Premier that the regulations of the Safe Drinking Water Act be amended to mandate the fluoridation of municipal drinking supplies at the optimal concentration of 0.7 ppm or a range of 0.5 ppm to 0.8 ppm***

To strengthen advocacy on this resolution, RNAO staff conducted a careful assessment of the evidence related to fluoridation of municipal drinking supplies, incorporating input from the sponsors of this resolution and other members engaged in the issue. The literature included reviews of fluoridation practices in multiple jurisdictions. Staff considered the interventions, health outcomes and public response to the issue in its analysis. This review was conducted in support of the detailed analysis provided by the Community Health Nurses' Initiatives Group (CHNIG) when the resolution was initially considered by voting delegates at the 2012 AGM.

Now that a new provincial cabinet has been sworn in, RNAO is developing its strategy to advocate to the Ministry of Health and Long-Term Care, as well as the Ministry of Municipal Affairs and Housing, in order to amend the current *Safe Drinking Water Act*, in order to mandate the fluoridation of municipal drinking supplies in accordance with this resolution.

2012–2013 **BOARD COMMITTEES**

BYLAWS
Sara Lankshear, Chair
Una Ferguson, Board Representative
Shirley Kennedy, RNAO Member
Janny Lee, NSO Representative
Meredith Whitehead, RNAO Member
Susan Yates, Assembly Representative
Riek van den Berg, Parliamentarian
Doris Grinspun, Chief Executive Officer, ex-officio
Penny Lamanna, Board Affairs Coordinator

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Christian Aagaard, Journalist, non-voting
Vanessa Burkoski, Board Representative
Marianne Cochrane, Board Representative
Rebecca Harbridge, RNAO Member
Kelly Kokus, NSO Representative
Sandy Oliver, RNAO Member
Ronda Seidman-Carlson, President, ex-officio
Doris Grinspun, Chief Executive Officer, ex-officio
Marion Zych, Publisher and Director of Communications
Kimberley Kearsey, Managing Editor

FINANCE
Vanessa Burkoski, Chair
Kathleen Fitzgerald, LAP Chair
Karolina Gielarowiec, NSO Representative
Brenda McCurdy, Assembly Representative
David McNeil, Immediate Past-President
Beatrice Mudge, Board Representative
Rhonda Seidman-Carlson, President, ex-officio
Doris Grinspun, Chief Executive Officer, ex-officio
Nancy Campbell, Director, Finance & Administration

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

LEGAL ASSISTANCE PROGRAM (LAP)
Kathleen Fitzgerald, Chair
Maureen Cava, Board Representative
Mary Lou McKelvey, RNAO Member
Cathy Olsiak, Nurse Lawyer, non-voting
Donna Rothwell, RNAO Member
Jacquie Stephens, Board Representative
Doris Grinspun, Chief Executive Officer, ex-officio
Nancy Campbell, Director, Finance & Administration
Lee Minty, LAP Administrator *(until July, 2012)*
Mara Haase, LAP Administrator *(effective October 29, 2012)*

MEMBERSHIP RECRUITMENT AND RETENTION

Paul-André Gauthier, Chair
Karen Beckermann, RNAO Member
Crystal Culp, RNAO Member
Josephine Dalmacio, RNAO Member
Mirna Iskandar, RNAO Member
Charlene Schiffer, RNAO Member
Debra Williams-Conliffe, RNAO Member
Rhonda Seidman-Carlson, President, ex-officio
Doris Grinspun, Executive Director, ex-officio
Daniel W. Lau, Director, Membership & Services
Jody Smith, Membership & Services Project Coordinator

NURSING EDUCATION

G. Jody Macdonald, Chair
Lynda Bobinski, RNAO member representing NLN.ON (interim)
Carole Caron, RNAO member representing NLN Acute
Spencer Dickson, RNAO Member representing CAAT
Elizabeth Edwards, PNEIG Co-Chair
Una Ferguson, RNAO Member representing SNIG
Mary Guise, RNAO Member representing CAAT
Priya Herne, PNEIG Co-Chair
Victoria Lucas, NLN LTC
Mary McAllister, Board Representative
Jennifer O'Neil, RNAO member representing NLN Community
Karen Poole, RNAO member representing COUPN
Manry Xu, NSO Representative
Rhonda Seidman-Carlson, President, ex-officio
Doris Grinspun, Chief Executive Officer, ex-officio
Lynn Anne Mulrooney, Senior Policy Analyst
Kayla Scott, Project & Research Coordinator *(until January, 2013)*

NURSING PRACTICE

Sheryl Bernard, Chair
Mary McAllister, Chair
Debbie Driver, OARN
Brenda Hutton, SNIG Representative
vacant - NSO Representative
Marianne Cochrane, Board Representative
Rhonda Seidman-Carlson, President, ex-officio
Doris Grinspun, Chief Executive Officer, ex-officio
Kayla Scott, Project & Research Co-ordinator *(until January, 2013)*

NURSING RESEARCH

Tammy O'Rourke, Chair
Michele Bellows, Board Representative
Cheryl Forchuk, Nursing Research Community Representative #2
Paula Manuel, Board Representative
Christine McPherson, Nursing Research Community Representative #1
Nancy Purdy, NRIG Representative
Keri Rumble, NSO Representative
Rhonda Seidman-Carlson, President, ex-officio
Doris Grinspun, Chief Executive Officer, ex-officio
Kim Jarvi, Senior Economist
Sara Clemens, Nursing Policy Analyst
Kayla Scott, Project & Research Coordinator *(until January, 2013)*

POLICY ANALYSIS AND DEVELOPMENT
Maureen Cava, Chair
Shelly Archibald, RNAO Member
Natasha Beckles, RNAO Member
Louise Dayboll, RNAO Member
Michelle Di Santi, NSO Representative
Jill Staples, Board Representative
Rhonda Seidman-Carlson, President, ex-officio
Doris Grinspun, Chief Executive Officer, ex-officio
Rob Milling, Director, Health & Nursing Policy *(until December 2012)*
Kayla Scott, Project & Research Coordinator *(until January, 2013)*

PROVINCIAL NOMINATIONS
David McNeil, Chair *(Immediate Past President)*
Mary Ferguson-Paré, RNAO Member
Mitzi G. Mitchell, RNAO Member
Susan Yates, RNAO Member
Doris Grinspun, Chief Executive Officer, ex-officio
Penny Lamanna, Board Affairs Coordinator

PROVINCIAL RESOLUTIONS
Marilyn Parsons, Chair
Pierrette Brown, RNAO Member
Jillian Chandler, RNAO Member
Gurjit Sangha, RNAO Member
Riek van den Berg, Parliamentarian
Doris Grinspun, Chief Executive Officer, ex-officio
Penny Lamanna, Board Affairs Coordinator

EXTERNAL REPRESENTATION

REGISTERED NURSES' FOUNDATION OF ONTARIO
Doris Grinspun, Board member, ex-officio

CANADIAN NURSES PROTECTIVE SOCIETY
Mary Ferguson-Paré, CNPS President and Chair of the Board
Elsabeth Jensen, Adjudication Committee
Carmen Rodrigue, Adjudication Committee

BYLAWS

As a result of the *Not-For-Profit Corporations Act,* 2010, changes were required to the association bylaws, in order for RNAO to be in compliance with the *Act* when it comes into effect, projected to be sometime in 2013. Consequently, new bylaws and policies were approved by the delegates at AGM 2012.

The committee met twice during the year, discussing critical changes to the AGM voting process and opportunities for greater member engagement through *One Member, One Vote*. For example, 2013 marks the first time ballots will be cast for regional representatives by any member living anywhere in Ontario. This brings brand new dynamics to the process.

I would like to thank the committee members for their participation in the business of the committee this year. I am confident you will see the results of the positive implications for all RNAO members.

Sara Lankshear, RN, PhD
Chair

EDITORIAL ADVISORY

The committee reviews each issue of the association's flagship publication, *Registered Nurse Journal*. It is comprised of RNAO board members, regular nursing members, a nursing student, as well as a journalist. The committee's primary function is to provide feedback after each issue is completed, ensuring it reflects the priorities and initiatives of the association. Each member offers a unique perspective based on their role. The group's feedback provides the communications team with ideas for future issues, and measures the current pulse of the nursing profession itself. In addition to giving members the option of receiving a digital version of the bi-monthly magazine, the communications team is leveraging its digital strategy by offering supplementary content on the RNAO website. In June 2012, RNJ captured a Top 10 honourable mention in a national magazine competition for the column, *In The End*, which features first-person stories written by nurses about why they love the profession. I would like to acknowledge and thank the hardworking editorial team at home office for the impressive effort that goes into each issue. I would also like to thank the many nurses who have shared their experiences so RNAO members can enjoy reading about the work and lives of their nursing colleagues.

Cheryl Yost, RN, BScN, MEd
Chair

FINANCE

For the fiscal year ending October 31, 2012, the Association General Fund reported a loss of $98,689 compared to a surplus of $13,809 in 2011. The Legal Assistance Plan Fund (LAP) reported a surplus of $684,197 in 2012 compared to a surplus of $818,381 in 2011. Total excess of revenues over expenses from all funds was $615,825 compared to $838,224 in 2011.

Although revenue from membership rose 2.8 per cent to $5,246,232, other revenue sources were lower than last year, and association expenses were stable or higher. Revenue from institutes and other educational events was overall positive, although 17 per cent lower than in 2011. Revenue from RN Journal advertising was lower, largely due to the general economic climate and the advent of new media channels. Tenant rental income decreased 15 per cent, as the tenant is leasing less space for its operations. Alternatives to renewing with the existing tenant were considered less favourable. On the expense side, Canadian Nurses Association (CNA) fees were $1,400,179 in 2012 compared to $1,379,982 in 2011, and correlate to total membership. Canadian Nurses Protective Society (CNPS) fees were $394,435 in 2012 compared to $277,245 in 2011, correlated to total membership plus a 44 per cent increase in the CNPS fee in 2012. Executive network officer (ENO) expenses and Regional Development Fund support was $68,661 in 2012 compared to $37,767 in 2011. Legal fees were also higher in 2012 as the association required advice on not-for-profit legislation and bylaw changes ($56,896 in 2012 compared to $43,053 in 2011). Investment income was $25,865 in 2012 compared to $87,252 in 2011 as we continue in a very low interest rate environment. The association maintained the same level of home office salary and benefit costs, which were $2,862,721 in 2012 compared to $2,878,738 in 2011.

The LAP fund reported net revenue of $684,197 compared to $818,381 in 2011, attributable to lower investment revenue after one full year of the LAP investment portfolio moving from fixed income bonds to real estate holding.

The total surplus from all funds is $15,885,320 as of October 31, 2012. Of this surplus, $9.7 million is in the form of land and building at 150, 154 and 158 Pearl Street.

The committee reviews financial results and operating activity using a risk-based model. The group will continue to closely monitor quarterly results, and will make recommendations to the board as it deems appropriate. At year end, the committee reviewed the financial statements with 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 its expert advice and support.

Vanessa Burkoski, RN, BScN, PCNP, MScN, DHA
Chair

INTEREST GROUPS REPRESENTATIVE

Interest group chairs were very active at the two committee meetings, September 21, 2012 and February 1, 2013. Interest group chairs continue to profile their IGs at meetings. In September, we heard from the Nursing Leadership Network (Victoria Lucas, President NLN.ON) and the Parish Nursing Interest Group (Shirley Christo, President, PNIG). In February, we heard from Registered Nurse First Assistant Interest Group (David Melmer, Chair, RNFA). This profiling of IGs continues to be well received.

Network sharing during the meetings has been informal and continues to generate good discussions about various issues encountered by all groups. A summary of Members' Voices reveals the following

themes: lunch and learns, partnering with other organizations and IGs/chapters, working with external task forces, funding for students, social media, speaking opportunities, responding to interviews, better aligning with home office bylaws and seeking new executive members.

IG Chairs' collaboration with home office continues to be strengthened with ongoing involvement of staff during the meetings. In September, Irmajean Bajnok gave an update on the activities of the International Affairs and Best Practice Guidelines Centre. This included guidelines in development and those under revision, implementation strategies (at individual, organizational and system levels), eLearning programs, Learning Institutes, RNAO Communities, the BPSO program, eHealth Project, and BPG Nursing Order Sets, just to name a few.

In January, Marion Zych, Director of Communications, updated those present on the association's sponsorship policy and proper use of the RNAO logo. As well, Nancy Campbell, Director, Finance and Administration, along with Louis-Charles Lavallée, Director of Information Management and Technology, reviewed the IG fee structure, and the new database to be launched later this year. The Queen's Park on the Road (QPOR) initiative was also shared and much interest and support was generated. As well, a minute of silence was observed to acknowledge the passing of Sandy Brioux, who was a valued member and contributor as chair of the Telepractice Nursing Interest Group (TPNIG). Sandy will be missed.

In conclusion, it has been a privilege to represent interest groups on the RNAO board, and I thank the chairs for their support and commitment to their IGs.

Marianne Cochrane, MHSc(N)
Chair

LEGAL ASSISTANCE PROGRAM (LAP)

Since its inception, the Legal Assistance Program has supported registered nurses in a variety of professional and employment matters. Wrongful and constructive dismissals and other employment matters, as well as college complaints, continue to make up the majority of legal cases supported by LAP. The program also provides access to employment relations counseling. In 2012, more than 19,034 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.

Kathleen Fitzgerald, RN, BScN, MHSc, SANE
Chair

MEMBERSHIP RECRUITMENT AND RETENTION

Our committee oversees the growth of RNAO's membership. In this past year, RNAO reached over 35,000, or an increase of seven per cent over last year's total.

The committee is also responsible for honouring members with RNAO's recognition awards. This year, we reviewed a record number of nominations - 66 in all - that showcased the amazing work RNs are doing to speak out for nursing.

I would like to extend my thanks to committee members for their dedication in supporting their nursing colleagues.

Paul-André Gauthier, RN, CN, DMD, MN, PhD (nursing)
Chair

NURSING EDUCATION

The Nursing Education Committee's (NEC) purpose is to identify and monitor educational trends and/or initiatives within the current educational and practice context, guided by the mission and ENDs of RNAO. The committee may also make recommendations to the RNAO Board of Directors (BOD) that address issues of relevance to nursing education. Members of the committee met via teleconference in September 2012 and January 2013. The group plans to meet quarterly in 2013.

In the fall of 2012, NEC members were alerted that the College of Nurses of Ontario (CNO) had finalized a new registration exam process. As of 2015, BScN graduates in Ontario and elsewhere in Canada will write the American National Council of State Boards of Nursing's NCLEX-RN exam (National Council Licensure Examination for Registered Nurses). This was disappointing news for NEC members who had advocated for a made-in-Canada exam provider. As well, NEC members were alerted that the CNO had added a second exam component, a new jurisprudence exam administered through the CNO. NEC members were encouraged to share these changes with their colleagues and student organizations to ensure that everyone was aware of these changes. The RNAO BOD was alerted about these changes by the NEC chair.

NEC re-focused on supporting nursing faculty and students as they prepared for the 2013 jurisprudence exam and the upcoming 2015 NCLEX-RN exams. The main concern of nurse educators and nursing students in Ontario remains the shift to the 2015 NCLEX-RN exam. NEC focused on identifying new information, sharing it with colleagues, and alerting colleagues to action opportunities such as the opportunity for nurse educators to volunteer to be test item writers for the NCLEX-RN exam. We have alerted nurse educators that the NCLEX-RN exam operates on a three-year cycle. In 2015, our students will write within the 2013 to 2016 NCLEX-RN cycle. This will mean that they will write the same exam as their American counterparts. NEC encourages nurse educators to volunteer to be test item writers by completing the online application, linked through the CNO website. If successful, nurse educators would become part of the available pool of volunteer test item writers. Only a small number of volunteers will actually be asked to participate in the test item writing.

Ongoing concerns that NEC members have identified include the availability of test-writing centres, access to test-writing appointments, and most importantly, the responsibility of faculty to prepare students to write the NCLEX–RN exam. NEC plans to continue to identify concerns and

opportunities and share these with our colleagues.

Nurse educators who would like additional information can visit www.casn.ca

Geraldine (Jody) Macdonald, RN, BScN, MEd, EdD
Chair

NURSING PRACTICE

The focus for the Nursing Practice Committee (NPC) this past year has been to consolidate and transition the nursing practice profile development process to home office. There are currently five practice profiles that offer a glimpse into a 'day in the life' of nurses working in a variety of practice areas. While the nursing practice profile process has been driven by the committee in the past, members agreed that the process is now well established, with a clear algorithm to guide development, approval and publishing, allowing the committee to play more of an advisory role. As the profiles are developed by members of RNAO, usually from the interest groups, an update on this initiative was provided to the interest group meeting at the January 2013 assembly meeting. The new process was well-received and there was great enthusiasm for continuing with this initiative that profiles the diversity of professional opportunities available within nursing. We are working with home office to co-ordinate the call for the next round of practice profiles for development. Practice profiles can be viewed online at www.careersinnursing.ca.

A second priority for the committee was the recruitment of new members. This year, outreach extended to the general membership, the Maternal Child Nurses' Interest Group and the Diabetes Nursing Interest Group. We received many enthusiastic and qualified applicants for the three committee vacancies, providing evidence that there are many committed and motivated nurses who are interested in contributing to the work of the NPC and RNAO as we speak out for nursing and speak out for health.

We are also exploring the development of an NPC speakers' bureau. We regularly receive requests for speakers, often in relation to nursing student interests. This year, one of our NPC members, Marianne Cochrane, was able to respond to a request and met with a group of students. Her discussion was very well-received. There may be an opportunity to formalize this process and have a bureau of speakers available to meet the demands of students and members alike.

Finally, in collaboration with home office, we have developed a matrix tool that we intend to use to identify priority practice issues that are emerging across the province. We will be establishing a process for contacting chapter and interest group members to arrange discussions about relevant practice issues, allowing us to establish our priorities and develop relevant action plans.

Mary McAllister, RN(EC), PhD
Chair

NURSING RESEARCH

The mandate of the Nursing Research Committee is to identify and address research issues, to support research activities, and to promote the visibility of nursing research on behalf of the association. The committee ensures the voice of nursing researchers in Ontario reaches the RNAO Board of Directors and decision-makers at the provincial government level, and granting bodies who fund health-care research. The committee meets three times annually and includes nurses with varied expertise and interest in advancing the art and science of nursing through research.

One of the main issues facing the advancement of nursing knowledge is a lack of appropriate funding for research activities. Other contributing factors are related to human resource capacity and infrastructure. The nursing research committee is committed to moving the policy recommendations and feedback from academia, clinical practice areas, and prospective graduate students included in the report entitled *Environmental Scan of Nursing Research in Ontario: A Foundation for Establishing Policy Directions* forward to the RNAO Board of Directors and key decision-makers.

As transformation in our health-care system takes centre stage in Ontario and across the country, nursing research on the activities and engagement of the nursing profession during this critical time will provide vital contributions to the knowledge we develop about our health system.

I would like to thank committee members who share their time, expertise and passion for nursing research.

NP Tammy O'Rourke, BS/MS, PhD(c)
Chair

POLICY ANALYSIS AND DEVELOPMENT

This committee supports the political advocacy of RNAO. During the past year, the committee met to discuss issues affecting the members with respect to the social determinants of health. The committee recognizes the diverse needs of the populations its members serve across the province, and the committee has representatives from all corners of the province.

The committee promotes RNAO's calls to action, which focus on the issues of poverty, environment, nursing care and Medicare. The committee supports Queen's Park on the Road, and encourages members to meet and educate all political party members to be familiar with our policy priorities.

In the past year, the committee has reached out to members to help build a toolkit for advocacy for chapters. Many chapter members have developed and utilized different approaches to political action from which others can benefit. Development of a toolkit will aid this process.

The committee will continue to support the work of RNAO with respect to political advocacy. We will continue to offer support to the chapters as they request it. The main focus of the committee has been in the

area of housing, and the committee will strive to make efforts in all areas to focus on this issue.

The continued focus on the determinants of health will mean increased collaboration and networking across sectors and professions to capitalize on meeting the needs of all Ontarians.

Maureen Cava, BScN, MN, FCCHSE
Chair

PROVINCIAL RESOLUTIONS

The Provincial Resolutions Committee met three times to discuss the six resolutions received from members by the deadline of 1700 hours (5:00 p.m.) on December 10, 2012.

A total of five resolutions, submitted by the deadline, are being brought forward for discussion and decision at the Annual General Meeting, during the afternoon consultation session. A sixth resolution was withdrawn by the submitters.

Members are reminded that resolutions can be submitted at ANY point during a year, up to the deadline date. If resolutions are submitted well ahead of the deadline date, the committee will review submissions and respond to submitters by email. This gives submitters more time to have their resolution well-prepared prior to the deadline.

At its meeting on January 31, 2013, the RNAO Board of Directors approved an amendment to the committee Terms of Reference (ToR), wherein "a resolution 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. The submitter of such a resolution will be encouraged to meet the deadline for submission of resolutions to the next AGM." This change now meets the stipulations in RNAO Policy 6.07(5).

I would like to recognize my fellow committee members for their commitment to the work of this committee, and the guidance and counsel of RNAO home office, all of whom work on behalf of all members to give them a voice through their resolution. Finally, I would like to acknowledge and thank the members of the association who developed and submitted these important resolutions for consideration.

Marilyn Parsons, RN (Ret), BNSc, MHSc
Chair

REGISTERED

NURSES'

ASSOCIATION

OF ONTARIO

FINANCIAL STATEMENTS

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Year ended October 31, 2012

MANAGEMENT RESPONSIBILITY FOR FINANCIAL REPORTING

The accompanying financial statements and all other information contained in this annual report are the responsibility of the management of the Registered Nurses' Association of Ontario. The financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles 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.

Rhonda Seidman-Carlson, RN, MN
President

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

KPMG LLP
Chartered Accountants
Yonge Corporate Centre
4100 Yonge Street Suite 200
Toronto ON M2P 2H3
Canada

Telephone (416) 228-7000
Fax (416) 228-7123
Internet 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, 2012, 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 generally accepted accounting principles 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, 2012 and its results of operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

KPMG LLP

Chartered Accountants, Licensed Public Accountants

January 30, 2013
Toronto, Canada

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Financial Position

October 31, 2012, with comparative figures for 2011

	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	Special Projects	2012 Total	2011 Total
Assets							
Current assets:							
Cash	$ 3,619,301	$ 20,468	$ 182,301	$ 39,184	$ 1,592,594	$ 5,453,848	$ 4,402,050
Short-term investments (note 3)	–	53,000	–	140,300	–	193,300	490,806
Accounts receivable and accrued interest	274,222	6,861	547,920	9,309	488,466	1,326,778	1,335,039
Prepaid expenses	238,787	–	–	–	–	238,787	223,760
	4,132,310	80,329	730,221	188,793	2,081,060	7,212,713	6,451,655
Investments (note 3)	899,001	472,612	3,842,045	820,647	–	6,034,305	5,050,424
Loans receivable	–	56,612	–	–	–	56,612	77,258
Loan receivable from General Fund (note 4)	–	–	1,500,000	–	–	1,500,000	1,500,000
Capital assets (note 5)	7,784,498	–	2,110,812	–	–	9,895,310	10,094,315
	$ 12,815,809	$ 609,553	$ 8,183,078	$ 1,009,440	$ 2,081,060	$ 24,698,940	$ 23,173,652
Liabilities and Fund Balances							
Current liabilities:							
Accounts payable and accrued charges	$ 2,240,653	$ –	$ 93,942	$ –	$ 245,051	$ 2,579,646	$ 1,970,032
Deferred revenue (note 6)	2,423,860	–	474,105	–	82,721	2,980,686	2,886,403
	4,664,513	–	568,047	–	327,772	5,560,332	4,856,435
Due to Ministry of Health and Long-Term Care (note 7)	–	–	–	–	1,753,288	1,753,288	1,579,537
Loan payable to Legal Assistance Fund (note 4)	1,500,000	–	–	–	–	1,500,000	1,500,000
Fund balances (notes 8 and 9)	6,651,296	609,553	7,615,031	1,009,440	–	15,885,320	15,237,680
Commitments (note 10)							
Contingent liability (note 11)							
	$ 12,815,809	$ 609,553	$ 8,183,078	$ 1,009,440	$ 2,081,060	$ 24,698,940	$ 23,173,652

See accompanying notes to financial statements.

On behalf of the Board:

Rhonda Seidman-Carlson, RN, MN
PRESIDENT

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

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Operations

Year ended October 31, 2012, with comparative figures for 2011

	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	Special Projects	2012 Total	2011 Total
Revenue:							
Memberships	$ 5,246,232	$ –	$ 1,091,675	$ –	$ –	$ 6,337,907	$ 6,157,278
iaBPG Centre (note 7)	1,164,568	–	–	–	–	1,164,568	1,243,201
Investment and other revenue	667,336	16,761	93,798	29,120	–	807,015	974,438
Membership programs and services	175,639	–	–	–	–	175,639	171,343
Grants (note 7)	–	–	–	–	13,286,573	13,286,573	13,291,441
	7,253,775	16,761	1,185,473	29,120	13,286,573	21,771,702	21,837,701
Expenses:							
Staff costs	2,862,721	–	142,000	–	–	3,004,721	3,018,738
Membership programs and services	2,406,896	2,467	–	12,500	–	2,421,863	2,268,292
iaBPG Centre	591,857	–	–	–	–	591,857	583,098
Occupancy and administration costs	600,311	172	129,987	425	–	730,895	727,816
Executive	288,147	–	–	–	–	288,147	259,382
Policy	205,121	–	–	–	–	205,121	210,746
Information management and technology	69,278	–	–	–	–	69,278	55,517
Professional fees	72,397	–	229,289	–	–	301,686	320,420
Nursing education and other initiatives (note 7)	–	–	–	–	13,286,573	13,286,573	13,294,726
	7,096,728	2,639	501,276	12,925	13,286,573	20,900,141	20,738,735
Excess of revenue over expenses before amortization	157,047	14,122	684,197	16,195	–	871,561	1,098,966
Amortization	255,736	–	–	–	–	255,736	260,742
Excess (deficiency) of revenue over expenses	$ (98,689)	$ 14,122	$ 684,197	$ 16,195	$ –	$ 615,825	$ 838,224

See accompanying notes to financial statements.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Changes in Fund Balances

Year ended October 31, 2012, with comparative figures for 2011

	General Fund (note 8)	Permanent Education Fund	Legal Assistance Fund (note 9)	PhD Fellowships Fund	Special Projects	2012 Total	2011 Total
Fund balances, beginning of year	$ 6,747,335	$ 591,343	$ 6,905,757	$ 993,245	$ –	$ 15,237,680	$ 14,510,418
Excess (deficiency) of revenue over expenses	(98,689)	14,122	684,197	16,195	–	615,825	838,224
	6,648,646	605,465	7,589,954	1,009,440	–	15,853,505	15,348,642
Cumulative unrealized gains (losses) reported directly in the statement of changes in fund balances, end of year	37,299	(4,216)	18,170	–	–	51,253	19,438
Cumulative unrealized gains (losses) reported directly in the statement of changes in fund balances, beginning of year	34,649	(8,304)	(6,907)	–	–	19,438	130,400
Changes in unrealized gains (losses) on available-for-sale financial assets during the year	2,650	4,088	25,077	–	–	31,815	(110,962)
Fund balances, end of year	$ 6,651,296	$ 609,553	$ 7,615,031	$ 1,009,440	$ –	$ 15,885,320	$ 15,237,680

See accompanying notes to financial statements.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Cash Flows

Year ended October 31, 2012, with comparative figures for 2011

	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	Special Projects	2012 Total	2011 Total
Operating activities:							
Excess (deficiency) of revenue over expenses	$ (98,689)	$ 14,122	$ 684,197	$ 16,195	$ –	$ 615,825	$ 838,224
Amortization which does not involve cash	255,736	–	–	–	–	255,736	260,742
	157,047	14,122	684,197	16,195	–	871,561	1,098,966
Change in non-cash working capital balance related to operations:							
Decrease (increase) in accounts receivable and accrued interest	406,383	222	(538,116)	2,561	137,211	8,261	(259,505)
Decrease (increase) in prepaid expenses	(16,989)	–	–	–	1,962	(15,027)	(11,735)
Decrease (increase) in loans receivable	–	20,646	–	–	–	20,646	(14,070)
Increase (decrease) in accounts payable and accrued charges	374,705	–	53,263	(13,766)	195,412	609,614	181,406
Increase (decrease) in deferred revenue	(462,543)	–	474,105	–	82,721	94,283	50,150
	301,556	20,868	(10,748)	(11,205)	417,306	717,777	(53,754)
Net cash generated from operating activities	458,603	34,990	673,449	4,990	417,306	1,589,338	1,045,212
Financing activities:							
Increase in amounts due to Ministry of Health and Long-Term Care	–	–	–	–	173,751	173,751	461,537
Investing activities:							
Purchase of capital assets	(56,731)	–	–	–	–	(56,731)	(4,312,148)
Decrease (increase) in cost of investments	(25,834)	(16,652)	(592,843)	(19,231)	–	(654,560)	3,266,600
Net cash used in investing activities	(82,565)	(16,652)	(592,843)	(19,231)	–	(711,291)	(1,045,548)
Increase (decrease) in cash	376,038	18,338	80,606	(14,241)	591,057	1,051,798	461,201
Cash, beginning of year	3,243,263	2,130	101,695	53,425	1,001,537	4,402,050	3,940,849
Cash, end of year	$ 3,619,301	$ 20,468	$ 182,301	$ 39,184	$ 1,592,594	$ 5,453,848	$ 4,402,050

See accompanying notes to financial statements.

1. Nature of Association:

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

The Association, in conjunction with the Ontario Ministry of Health and Long-Term Care ("MOHLTC"), administers a Nursing Education Initiative to fund education and training grants to eligible nurses and to encourage the development of training programs for nurses so that nurses' knowledge and skills will be increased to enhance the quality of care and services provided to patients (note 7).

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

2. Significant accounting policies:

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, 2012, there were 40 loans outstanding (2011 - 51).

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.

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

2. 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.

(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 income in the following year.

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

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

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

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

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

2. Significant accounting policies (continued):

(c) Capital assets and amortization:

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

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

Amortization expense is reported in the General Fund.

(d) Contributed services:

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

(e) Impairment of long-lived assets:

The Association monitors the recoverability of long-lived assets, including capital assets, whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. The Association reviews factors such as current market value, future asset utilization and business climate and, when such indicators exist, compares the carrying value of the assets to the future undiscounted cash flows expected to result from the use of the related asset. If such cash flows are less than the carrying value, the impairment charge to be recognized equals the amount by which the carrying amount of the asset exceeds the fair value of the asset. Fair value is generally measured equal to the estimated future discounted net cash flows from the asset or assets.

2. Significant accounting policies (continued):

(f) Use of estimates:

The preparation of financial statements requires the Association to make estimates and assumptions which affect the reported amounts of assets and liabilities as at October 31, 2012, and the revenue and expenses for the year then ended. Actual results may differ from these estimates. Estimated life of capital assets is the most significant item that involves the use of estimates.

3. Investments:

The Association has invested funds in cash, guaranteed investment certificates, segregated funds, bonds and mutual funds, all of which are traded on a public stock exchange.

Investments with fixed or determinable payments and fixed maturities that the Association has the positive intention and ability to hold to maturity are classified as held-to-maturity and are measured at their amortized cost. Fixed income investments maturing within twelve months from the year-end date are classified as current.

All other investments are classified as available-for-sale and are recorded at fair value. It is not management's intention to generate trading profits from short-term fluctuations in price.

3. Investments (continued):

The Association's investments consist of the following:

	2012		2011	
	Cost	Carrying value	Cost	Carrying value
General Fund:				
Held-to-maturity	$ 793,995	$ 793,995	$ 770,000	$ 770,000
Available-for-sale	67,707	105,006	65,868	100,517
	861,702	899,001	835,868	870,517
Permanent Education Fund:				
Held-to-maturity	431,145	431,145	419,119	419,119
Available-for-sale	98,683	94,467	94,057	85,753
	529,828	525,612	513,176	504,872
Legal Assistance Fund:				
Held-to-maturity	3,561,049	3,561,049	2,971,186	2,962,926
Available-for-sale	262,826	280,996	259,845	261,199
	3,823,875	3,842,045	3,231,031	3,224,125
PhD Fellowships Fund:				
Held-to-maturity	960,947	960,947	941,716	941,716
Available-for-sale	–	–	–	–
	960,947	960,947	941,716	941,716
	6,176,352	6,227,605	5,521,791	5,541,230
Less held-to-maturity investments maturing in the next twelve months:				
General Fund	–	–	–	–
Permanent Education Fund	53,000	53,000	23,496	23,496
Legal Assistance Fund	–	–	–	–
PhD Fellowships Fund	140,300	140,300	467,310	467,310
	193,300	193,300	490,806	490,806
	$ 5,983,052	$ 6,034,305	$ 5,030,985	$ 5,050,424

Held-to-maturity investments maturing in the next twelve months consist of bonds and term deposits maturing at various times within the next year. These investments bear effective interest rates from 1.04% to 4.87% (2011 - 2.60% to 5.06%) per annum.

Held-to-maturity investments with maturity dates beyond the next twelve months consist of bonds, term deposits and mutual funds bearing interest from 2.45% to 5.06% (2011 - 2.67% to 4.51%) per annum, with maturity dates ranging from 2013 to 2018.

4. 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 Program ("LAP") as an investor in the Pearl Street property. LAP is entitled to its proportionate share of any future capital gains from the sale of the property.

5. Capital assets:

	Cost	Accumulated amortization	2012 Net book value	2011 Net book value
Land:				
General Fund	$ 4,385,262	$ –	$ 4,385,262	$ 4,385,262
Legal Assistance Fund	2,110,812	–	2,110,812	2,110,812
Building	4,475,789	1,276,785	3,199,004	3,324,674
Office furniture and equipment	510,446	331,324	179,122	226,797
Computer hardware	159,620	138,510	21,110	35,675
Computer software	174,271	174,271	–	11,095
	$ 11,816,200	$ 1,920,890	$ 9,895,310	$ 10,094,315

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.

6. Deferred revenue:

The Association's deferred revenue consists of the following:

	2012	2011
Membership fees received for the upcoming membership year	$ 2,731,354	$ 2,464,771
Centre for Professional Nursing Excellence	153,377	208,960
Deposits received for upcoming conferences	13,234	212,672
Special projects	82,721	–
	$ 2,980,686	$ 2,886,403

7. Special projects:

The Association received monies from Human Resources Skills Development Canada, Health Canada 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 Skills Development Canada:

The Association has signed an agreement with Human Resources Skills Development Canada ("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.

(b) Health Canada:

The Association signed an agreement with Health Canada for the period from January 5, 2012 to March 31, 2012 in relation to a Federal Tobacco Control Strategy.

7. Special projects (continued):

(c) 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 ("NQuIRE"). 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.

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

	2012	2011
Education Grants	$ 5,229,801	$ 5,396,507
Best Practice Guidelines	2,132,485	2,084,714
Long-Term Care Best Practice Co-ordinators RNs	1,694,583	1,841,429
Advanced Clinical Fellowships	451,428	662,113
Smoking Cessation	582,036	503,586
Best Practice Guidelines - Healthy Work Environment	437,034	429,477
Recruitment and Retention	383,410	409,422
Nursing Retention Fund	316,907	226,373
Long-Term Care Best Practice Co-ordinators Administration	479,151	215,793
Methadone Maintenance	517,042	192,736
Nursing Quality Indicators for Reporting and Evaluation	62,168	–
ECHO Mid-Life	12,288	30,258
	$ 12,298,333	$ 11,992,408

7. Special projects (continued):

The above-noted MOHLTC Program expenditures include the following amounts paid to the Association's General Fund: (a) $513,655 (2011 - $488,430) for estimated staff costs related to non-MOHLTC Fund employees who work on MOHLTC programs during the year; (b) $188,875 (2011 - $172,000) for the MOHLTC program's estimated share of office administration and overhead costs such as office supplies, telephone and utilities; and (c) $85,000 (2011 - $85,000) 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 $72,170 (2011 - $178,923) 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 with staffing costs.

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 funding that is unspent at the completion of the program, together with all interest income, is payable to MOHLTC at the conclusion of the program, subject to MOHLTC annual review of the individual programs. Any unspent funding on-hand is therefore shown as due to 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.

7. Special projects (continued):

The balance due to MOHLTC is summarized as follows:

	2012	2011
Balance, beginning of year	$ 1,579,537	$ 1,118,000
Funding received	12,863,382	12,992,390
Interest earned on funds	3,492	3,663
Spending of iaBPG sales approved by MOHLTC	–	(8,406)
Expenses incurred	(12,298,333)	(12,342,387)
Previous years' unspent funding returned to MOHLTC	(235,827)	(183,723)
Adjustment to prior year accrual	(158,963)	–
Balance, end of year	$ 1,753,288	$ 1,579,537

Included in the balance of unspent funding due to MOHLTC as at October 31, 2012 is $145,559 (2011 - $142,978) in accumulated interest income earned on funding received from MOHLTC.

8. Changes in General Fund balance:

	Invested in capital assets	Unrestricted	Best practice guideline sales	Total
Balance, October 31, 2011	$ 7,983,503	$ (1,322,382)	$ 86,214	$ 6,747,335
Excess (deficiency) of revenue over expenses from operations	(255,736)	157,047	–	(98,689)
Net investment in capital assets	56,731	(56,731)	–	–
Total excess (deficiency) of revenue over expenses	(199,005)	100,316	–	(98,689)
	7,784,498	(1,222,066)	86,214	6,648,646
Cumulative unrealized gains reported directly in the statement of changes in fund balances, end of year	–	37,299	–	37,299
Cumulative unrealized gains reported directly in the statement of changes in fund balances, beginning of year	–	34,649	–	34,649
Changes in unrealized gains on available-for-sale financial assets during the year	–	2,650	–	2,650
Balance, October 31, 2012	$ 7,784,498	$ (1,219,416)	$ 86,214	$ 6,651,296

9. Changes in Legal Assistance Fund balance:

In a prior year, the Board of Directors internally restricted $250,000 of the unrestricted balance of the Legal Assistance Fund to be used in support of legal fees in cases related to pay equity. No legal fees were paid out of this appropriation during the current year for pay equity related cases. The total legal fees paid to October 31, 2012 from these internally restricted funds are $226,910, leaving a balance of $23,090. The Board of Directors approved a motion to release the balance of internally restricted funds to unrestricted funds.

9. Changes in Legal Assistance Fund balance (continued):

	Internally restricted	Unrestricted	Total
Balance, October 31, 2011	$ 23,090	$ 6,882,667	$ 6,905,757
Excess of revenue over expenses from operations	–	590,399	590,399
Investment income	–	93,798	93,798
Total excess of revenue over expenses	–	684,197	684,197
	23,090	7,566,864	7,589,954
Transfer of funds	(23,090)	23,090	–
Cumulative unrealized gains reported directly in the statement of changes in fund balances, end of year	–	18,170	18,170
Cumulative unrealized losses reported directly in the statement of changes in fund balances, beginning of year	–	(6,907)	(6,907)
Changes in unrealized gains on available-for-sale financial assets during the year	–	25,077	25,077
Balance, October 31, 2012	$ –	$ 7,615,031	$ 7,615,031

10. Commitments:

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

2013	$ 62,300
2014	51,700
2015	23,000
2016	21,300
2017	21,300
Thereafter	7,100

11. 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.

12. Financial instruments:

In accordance with The Canadian Institute of Chartered Accountants' Handbook Section 3855, Financial Instruments - Recognition and Measurement, financial instruments are classified into one of the following five categories: held-for-trading, held-to-maturity, loans and receivables, available-for-sale, or other financial liabilities. The classification determines the accounting treatment of the instrument. The classification is determined by the Association when the financial instrument is initially recorded, based on the underlying purpose of the instrument.

The financial assets and financial liabilities of the Association are classified and measured as follows:

Financial asset/liability	Category	Measurement
Cash	Available-for-sale	Fair value
Accounts receivable and accrued interest	Loans and receivables	Amortized cost
Fixed income investments	Held-to-maturity	Amortized cost
Mutual funds	Available-for-sale	Fair value
Loans receivable	Loans and receivables	Amortized cost
Loan receivable from General Fund	Loans and receivables	Amortized cost
Accounts payable and accrued charges	Other financial liabilities	Amortized cost
Loan payable to Legal Assistance Fund	Other financial liabilities	Amortized cost
Due to Ministry of Health and Long-Term Care	Other financial liabilities	Amortized cost

Financial instruments measured at amortized cost are initially recognized at fair value and then subsequently at amortized cost with gains and losses recognized in the statement of operations in the period in which the gain or loss occurs. Changes in the fair value of financial instruments classified as available-for-sale are recognized in the statement of changes in fund balances until realized, at which time they are recognized in the statement of operations.

12. Financial instruments (continued):

(a) Fair value of financial instruments:

The fair value of a financial instrument is the estimated amount that the Association would receive or pay to settle a financial asset or financial liability as at the reporting date.

The fair values of cash, accounts receivable and accrued interest and accounts payable and accrued charges approximate their carrying values due to their nature or capacity for prompt liquidation.

The fair values of investments are determined by reference to published bid price quotations in an active market at year end for equity and fixed income investments and by reference to transaction net asset value for mutual funds.

(b) Risk management:

The Association manages its exposure to the risks associated with financial instruments that have the potential to affect its operating and financial performance in accordance with its risk management policy. The objective of the policy is to reduce volatility in cash flow and earnings and to preserve capital for strategic objectives. The Board of Directors monitors compliance with risk management policies and procedures and reviews these policies and procedures on an annual basis. The Association does not use derivative financial instruments to manage its risks.

The Association is exposed to the following risks associated with its financial instruments:

(i) Credit risk:

The Association is exposed to credit risk resulting from the possibility that third parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party or if there is a concentration of financial obligations which have similar economic characteristics such that they could be similarly affected by changes in economic conditions. The Association does not directly hold any collateral as security for financial obligations.

12. Financial instruments (continued):

The maximum exposure to credit risk at October 31 is as follows:

	2012	2011
Cash	$ 5,453,848	$ 4,402,050
Accounts receivable and accrued interest	1,326,778	1,335,039
Loans receivable	56,612	77,258
Fixed income investments	5,747,136	5,093,761
	$ 12,584,374	$ 10,908,108

Cash and fixed income investments: credit risk is minimized substantially by ensuring that these assets are invested in financial obligations of: governments; major financial institutions that have been accorded investment grade ratings by a primary rating agency; and/or other creditworthy parties. An ongoing review is performed to evaluate changes in the status of the issuers of securities authorized for investment under the Association's investment policy.

Accounts receivable and accrued interest and loans receivable: credit risk is minimized due to the large number and diversity of individuals and organizations owing monies to the Association.

(ii) Liquidity risk:

Liquidity risk is the risk that the Association will not be able to meet a demand for cash or fund its obligations as they come due. Liquidity risk also includes the risk of the Association not being able to liquidate assets in a timely manner at a reasonable price.

The Association meets its liquidity requirements by preparing and monitoring detailed forecasts of cash flows from operations and anticipated investing and financing activities and holding assets that can be readily converted into cash.

(iii) Market risk:

The Association is exposed to market risk through the fluctuation in financial instrument fair values due to changes in market prices. The significant market risks to which the Association is exposed are currency risk, interest rate risk, and other price risk.

12. Financial instruments (continued):

(iv) Currency risk:

Currency risk is the risk that the fair value of financial instruments or future cash flows from the instruments will fluctuate relative to the Canadian dollar due to changes in foreign exchange rates.

The functional currency of the Association is the Canadian dollar. The Association infrequently transacts in U.S. dollars due to certain revenues and operating costs being denominated in U.S. dollars.

The Association does not use foreign exchange forward contracts to manage foreign exchange transaction exposures.

At October 31, 2012, the Association has total cash balances of $2,973 (2011 - $6,903) denominated in U.S. dollars. The Association does not have any accounts receivable or investments denominated in U.S. dollars.

(v) Interest rate risk:

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates.

The interest rate exposure of the Association arises from its interest bearing investments.

The Association's cash includes amounts on deposit with financial institutions that earn interest at market rates.

The Association manages its exposure to interest rate risk of its cash by maximizing the interest income earned on excess funds while maintaining the minimum liquidity necessary to conduct operations on a day-to-day basis. Fluctuations in market rates of interest on cash do not have a significant impact on the Association's results of operations.

12. Financial instruments (continued):

The primary objective of the Association with respect to its investments in fixed income investments is to ensure the security of principal amounts invested and provide for a high degree of liquidity, while achieving a satisfactory investment return.

The Association manages the interest rate risk exposure by using a laddered portfolio with varying terms to maturity. The laddered structure of maturities helps to enhance the average portfolio yield while reducing the sensitivity of the portfolio to the impact of interest rate fluctuations.

At October 31, 2012, the Association had $5,757,136 (2011 - $5,102,021) of investments exposed to interest rate risk. Accounts receivable are not exposed to interest rate risk.

(vi) Other price risk:

Other price risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate because of changes in market prices (other than those arising from currency or interest rate risks).

The Association is exposed to securities price risk due to its investments in fixed income investments and mutual funds.

At October 31, 2012, the Association had $6,227,605 (2011 - $5,541,230) of investments exposed to other price risk.

13. Capital disclosures:

The Association's sole objective when managing capital is to ensure ongoing financial stability that will allow the Association to continue as a going concern and support its non-profit Mission; Speaking out for Health, Speaking out for Nursing. The Board of Directors and senior management develop a capital strategy and oversee management of capital assets. Short-term capital is invested with the objective of providing a reasonable rate of return while preserving integrity of capital in a balanced portfolio of fixed term investments and equities, ensuring adequate liquidity as well as congruence with the Association's non-profit Mission and values. Long-term capital is invested with the objective of strengthening and ensuring future sustainability of the Association. The Association seeks to maintain financial resources sufficient to withstand negative unexpected events which may have significant financial consequences for the Association's non-profit activities and to maintain up to one year's operating requirements in reserve.

The Association considers its capital to be the balances maintained in its unrestricted assets.

$1,009,440 (2011 - $993,245) of the Association's capital is externally restricted and must be maintained exclusively for the purpose of supporting the Association's PhD Fellowship Program. The Association has been in compliance with all external restrictions throughout the year. The Association has nil amount (2011 - $23,090) internally restricted in its Legal Assistance Program Fund (note 9).

14. Future accounting changes:

International Financial Reporting Standards ("IFRS"):

The Accounting Standards Board has announced that all Canadian reporting entities, subject to certain exceptions which include not-for-profit organizations, will adopt IFRS as Canadian generally accepted accounting principles for fiscal years beginning on or after January 1, 2011. The Association, at its option, may adopt IFRS if it so chooses. The Association has determined that it will not adopt IFRS and will adopt Accounting Standards For Not-For-Profit Organizations commencing for the fiscal year beginning November 1, 2012, with a transition date of November 1, 2011.

15. Comparative figures:

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

NOTES

NOTES

NOTES

BOARD OF DIRECTORS

OFFICERS

Rhonda Seidman-Carlson	President
David McNeil	Immediate Past President
Doris Grinspun	Chief Executive Officer

REGIONAL REPRESENTATIVES

Jacquie Stephens	Region 1 Representative
Cheryl Yost	Region 2 Representative
Donna Rothwell	Region 3 Representative
Norma Nicholson	Region 4 Representative *(resigned November, 2012)*
Sara Lankshear	Region 5 Representative
Paula Manuel	Region 6 Representative
Beatrice Mudge	Region 7 Representative
Jill Staples	Region 8 Representative
Michele Bellows	Region 9 Representative
Una Ferguson	Region 10 Representative
Paul-André Gauthier	Region 11 Representative
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