RNAO

Registered Nurses' Association of Ontario

Association des infirmières et infirmiers autorisés de l'Ontario

LOOKING BACK WITH PRIDE
MOVING FORWARD WITH VISION

ANNUAL **report**

2011

2011 ANNUAL **report**

MESSAGE FROM RNAO's PRESIDENT AND CHIEF EXECUTIVE OFFICER

David McNeil

Doris Grinspun

The theme of this year's Annual General Meeting is *Looking back with pride. Moving Forward with Vision*. We can't think of a period in RNAO's history when this theme was more fitting.

As the professional association that represents registered nurses everywhere in the province, one of our primary goals is to continue to build on the strength of our profession. Nurses represent the largest workforce in health care and we are the greatest engine to ensure sustainability of our health system.

In the past year alone, RNAO's advocacy resulted in greater recognition of the roles nurse practitioners and registered nurses play in health care. Changes in legislation and regulation now enable NPs to admit, treat, transfer and discharge patients in in-patient settings. The number of NP-led clinics is growing every day with almost all of the promised 26 up and running. While these gains represent tremendous growth for the profession, it's patients who are the real winners. Other changes in legislation now formally recognize the important contributions nurse executive leaders are making, by appointing chief nurse executives to hospitals boards and quality care committees, and chief nursing officers mandatory in all public health units. We have much more to accomplish, however, and our work will continue until every RN is working to their full scope of practice.

This past year also saw us building on our knowledge base. RNAO's famed best practice guidelines program continues to achieve greater influence and reach. BPGs are now being used by more nurses in all jurisdictions in Canada. They've also been translated into multiple languages expanding their access to an ever increasing number of countries. We will continue to build on this program of nursing excellence so patients everywhere can benefit from evidenced-based nursing care.

The pride that registered nurses feel about their work and the work of RNAO is reflected in our numbers. At the end of October, we had 32,692 members, including 5,205 nursing students.

There is a simple equation that helps put what we have achieved in perspective: Strong membership = strong voice = healthy public policy and outstanding practice. This is where you come in. Each member of RNAO is critical in this equation. Your individual voice and practice is what gives our association's collective voice more power, more influence, and greater impact.

We will need this collective voice. There are challenging months ahead given the state of the province's economy and plans to reduce the deficit. There are also significant policy areas where we need to make sure our voice is not only heard but heeded. From ensuring we have enough registered nurses to care for our patients, to working to full scope, to our ongoing advocacy around health issues such as poverty, housing and the environment. Along the way, we must continue to guard the principles and spirit of our treasured publicly funded, not-for-profit health system to prevent its erosion.

Our ability to make a substantive and sustained difference to our patients, the communities in which we work and live, our profession and the health system is a function of our members' strength. Nursing excellence is all around us and it is our privilege to work with members who personify that excellence.

David McNeil, RN, BScN, MHA, CHE
PRESIDENT

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

YEAR IN REVIEW
LIST OF **ACHIEVEMENTS**

Strong Membership

RNAO reaches 32,692 members strong.

A record 51 MPPs participate in RNAO's annual Take Your MPP to Work event in May 2011.

A record 71 MPPs, including eight cabinet ministers, take part in RNAO's13th Annual Day at Queen's Park in March 2012.

Six chapters and regional groups organize provincial election events including debates and all-candidates' meetings in Essex, Hamilton, Kawartha-Victoria, Middlesex-Elgin, Wellington and Toronto in advance of Ontario's provincial election.

RNAO collaborates with the Canadian Nurses Association to provide input for the CNA's National Expert Commission on Transforming the Health-Care System.

RNAO provides over 700 person-to-person consultations specific to career and education guidance via telephone, email and face-to-face.

Strong Membership = Strong Voice

RNAO launches the Nurse Executive Governance and Leadership Program to support Chief Nurse Executives and Chief Nursing Officers to exchange information, and advance their expertise as they assume new powers on hospital boards, quality committees and in public health units as outlined in the *Excellent Care for All Act* and *Public Health Mandatory Requirements*.

RNAO's Best Practice Guidelines program is highlighted in three media conferences during Nursing Week 2011 promoting BPGs implemented at BPSOs at Toronto's St. Michael's Hospital, Fairview Mennonite Home in Cambridge, and the Thunder Bay District Health Unit.

RNAO issues an open letter to Prime Minister Stephen Harper and other party leaders reminding them to protect and enforce the principles of the *Canada Health Act* and to uphold our publicly funded, not-for-profit health-care system.

RNAO issues an open letter to Prime Minister Harper and Premier Dalton McGuinty about the deplorable conditions in Attawapiskat following revelations that many of its residents are living in tents and shacks without heating and plumbing.

RNAO is one of the organizations invited to provide expertise on a Long-Term Care Task Force on Resident Care and Safety, set up following media reports of instances of elder abuse and neglect in Ontario.

RNAO is invited to take part in a think tank with the Nishnawbe Aski Nation to develop a strategy on how to deal with high rates of addiction to opioids.

RNAO is among the first stakeholders invited to meet with Economist Don Drummond, tasked with looking at Ontario's spending priorities. The Drummond report adopts many of RNAO's recommendations related to health system integration, increasing the education and supply of nurses, and expanding their utilization and scope of practice.

RNAO releases a position statement on Client Centred Care in Home Health Care and in Long-Term Care.

Ontario Minister of Energy announces permanent closing of two additional coal-fired generators in partial response to an RNAO, Canadian Association of Physicians for the Environment and Ontario Clean Air Alliance campaign to close coal plants immediately. All major political parties agree to close the coal plants by 2014 as advocated by the RNAO platform, *Creating Vibrant Communities.*

RNAO and its members are quoted in 1,840 media stories. Our website reaches 792,304 visits and 2,607,076 page views.

Strong Voice = Strong Healthy Public Policy and Outstanding Practice

In a momentous decision, the Supreme Court of Canada rules that Insite, a supervised safe injection clinic in Vancouver, can stay open. RNAO initiated a coalition with the CNA and the Association of Registered Nurses of British Columbia to intervene to keep the clinic open.

21 of the 26 announced NP-led clinics are up and running, with the remaining five soon to follow.

RNAO launches the Nurse Practitioner Utilization Tool

kit to provide NPs and hospital administrators with resources that will assist hospital NPs as they admit, treat, transfer and discharge hospital in-patients as legislative and regulatory amendments allow.

RNAO launches a ground breaking Primary Care/Family Practice Nurses Task Force to recommend adjustments to the role of RNs and RPNs in primary care settings that would improve timely access to client- centred care and health outcomes.

Three new best practice guidelines make their debut: *End of Life Care During the Last Days and Hours; Promoting Safety: Alternative Approaches to the Use of Restraints;* and *Preventing and Mitigating Nurse Fatigue in Health Care.*

Five existing BPGs are updated: *Stroke Assessment Across the Continuum of Care; Prevention of Falls and Fall Injuries in the Older Adult; Prevention of Constipation in the Older Adult Population; Promoting Continence Using Prompted Voiding;* and *Risk Assessment and Prevention of Pressure Ulcers.*

RNAO partnership with *Safer Health Care Now!* continues to focus on how to sustain falls prevention practices with 43 interprofessional teams from across Canada.

RNAO leads a federally funded program with CNA to develop a curriculum aimed at preventing elder abuse. Ten long-term care facilities serve as Prevention of Elder Abuse Centres of Excellence (PEACE).

First-ever League of Excellence in Long-Term Care takes place to provide support for nursing homes and to help align best practice guidelines with the province's new LTC legislation.

10 public health agency project sites across Canada (B.C., Saskatchewan, Manitoba, Nunavut, Quebec, New Brunswick and Newfoundland) and seven public health units in Ontario take part in RNAO's Smoking Cessation program, expanding its reach even further.

RNAO signs BPSO agreements with two organizations in Chile; and Best Practice Spotlight Organization Host agreements with Spain (8 BPSOs), and Australia (3 BPSOs). An agreement is also signed with Brazil to translate BPGs to Portuguese. This growth complements the 70 BPSOs within Canada and the U.S.

RNAO partners with the Ontario government to establish Nursing Quality Indicators for Reporting & Evaluation (NQuIRE) - a central database of nursing-sensitive indicators for RNAO's clinical best practice guidelines (BPG). NQuIRE will play a critical role in understanding the impact of BPGs in our BPSOs.

The Nursing Best Practice Research Unit, co-led by RNAO and the University of Ottawa, continues to grow with 71 individual members, 27 organizational members, 170 research studies/projects, and 131 publications by NBPRU members in 2010-2011.

On August 5, 2011, Former RNAO President Dr. Joan Lesmond died after a brief battle with stomach cancer. As president from 2004-2006, Lesmond accomplished much for the association, including launching RNAO's Embracing Diversity Project. Colleagues praised her leadership style and commitment to speaking out on behalf of marginalized populations. Unaware of her illness at the time, she was fully involved in the 2011 annual general meeting, speaking at the student leadership luncheon and joining in the event's opening ceremonies.

Annual Day at Queen's Park

Right: RNAO board member Beatrice Mudge (left) and Rachel Schrijver (right) meet with NDP MPP Michael Prue in his office during RNAO's 13th Annual Day at Queen's Park.

Right: RNAO board member Una Ferguson (centre) and other Region 10 members Andrea Jewell (far right) and Cecile Diby (far left) meet with PC MPP Lisa MacLeod (second from right) in her Queen's Park office. RNAO staff members Monique Lloyd (second from the left) and Janet Chee were also in attendance.

TAKE YOUR MPP to WORK

Right: Health Minister Deb Matthews visits with two nurses at Toronto's Hospital for Sick Children (HSC) during a *Take Your MPP to Work* event in May 2011. Victoria Hunking (left) was once a patient at HSC and is now a new RN participating in Ontario's Nursing Graduate Guarantee program. Debbie Monck (right) is Hunking's mentor, and is participating in the Late-Career Initiative.

Politics& Pancakes

Below: Several RNAO chapters and regions without chapters invited politicians to events to discuss nursing and health-care issues in the lead-up to last fall's provincial election. In all, 22 MPPs participated in RNAO-hosted debates in Toronto, Hamilton, Guelph, Peterborough and Windsor. President David McNeil moderated the Windsor debate.

NURSES VOTE

Right: In advance of Ontario's provincial election last October, RNAO Policy Analyst Sara Clemens visited Guelph to share details of the association's election platform with members in that region.

INSITE

Right: RNAO, the Canadian Nurses Association (CNA), and the Association of Registered Nurses of British Columbia were granted intervener status before the Supreme Court of Canada when it heard arguments last May to keep Insite, a safe injection facility in Vancouver, open. In September, the high court ruled in favour of Insite's harm reduction program, allowing it to continue to help the vulnerable population in one of that city's poorest neighbourhoods. RNAO Chief Executive Officer Doris Grinspun (centre) and CNA CEO Rachel Bard attend the proceedings alongside the legal team of (L to R) Rahool Agarwal, John Picone and Michael Kotrly.

PEACE

Right: During 2011, RNAO partnered with the Canadian Nurses Association to launch the Prevention of Elder Abuse Centres of Excellence (PEACE) initiative. The project brought together 10 nursing homes from across the country committed to ending elder abuse. Oshawa RN Pamela Rowe was among dozens of nurses to take on the task of educating colleagues on elder abuse, and the responsibility of every nurse to address this issue.

Smoking Cessation

Right: RNAO's Smoking Cessation best practice guideline is now used by thousands of nurses who work in public health units and other community settings across the country. A group of nurses from Saskatchewan pose for a photo during a workshop led by RNAO's National Smoking Cessation Initiative team.

BPGs

Above: During Nursing Week 2011, RNAO hosted media conferences in Toronto, Thunder Bay and Cambridge to raise awareness of best practice guidelines (BPG) and the link between nursing excellence and quality patient care. In Toronto, RNs Ruby Gorospe (left) and Kerry Ann Caissie were invited to speak about how they use BPGs in their practice at Toronto's St. Michael's hospital.

Left: Irmajean Bajnok, Director of RNAO's Best Practice Guidelines (BPG) Program (centre), visited South Africa in December to facilitate Learning Institutes for almost 100 African nurses working in hospitals and community and academic settings.

BPSO

Right: In February, RNAO Chief Executive Officer Doris Grinspun (centre) visited Spain to formalize a BPSO partnership with the Hospital Universitario Vall D'hebron. Jaume Raventos (left) and Montserrat Artigas, CEO and director of nursing, respectively, were on hand to sign the official agreement. In addition to developing relationships with nursing organizations in a number of countries to become BPSOs, RNAO continues to translate its BPGs, which will soon be available in Portuguese. They are already available in French, Chinese, Italian, Japanese and Spanish.

Above: RNAO home office often hosts visitors from within Ontario, Canada and around the world who are interested in learning about the work of the association. Last June, nursing colleagues from Haiti visited to hear about political advocacy from Senior Policy Analyst Lynn Anne Mulrooney (right), and to learn about the clinical and healthy work environment BPGs from Program Managers Althea Stewart-Pyne and Janet Chee (left and fourth from left, respectively).

Right: RNAO members from Wellington chapter traded their stethoscopes for hammers and pink hard hats to help build a home in Guelph last summer for a single mother and her children. The nurses teamed up with colleagues from the Ontario Nurses Association to volunteer for Habitat for Humanity.

Below: Nurse practitioners Ruth Woodward (left, in yellow) and Terri MacDougall (centre) host a ribbon cutting ceremony in August 2011 to mark the official opening of the North Bay Nurse Practitioner-led clinic.

Above: Twenty-one of 26 Nurse Practitioner-led clinics have opened their doors thanks to the leadership of RNAO. In January, the NP-led clinic in Oro Station marked its official opening. Barb Sbrolla, NP and clinical director (left), celebrates with Anne Moller, president of the clinic's board of directors.

Below: Last fall, Lakehead University nursing students, including (L to R) Rebecca McEwen, Carie Leonzio and Kelsey Campbell, joined RNAO's Lakehead chapter to serve a meal to over 200 homeless people. The chapter volunteers at Thunder Bay's Shelter House on a regular basis.

THE BOARD OF DIRECTORS RECOMMENDED TO THE 2011 ANNUAL GENERAL MEETING, the purchase of 150 Pearl Street, Toronto, for 4 million dollars.

The building was purchased in September 2011.

THEREFORE BE IT RESOLVED that RNAO undertake a review of the RNAO's internal processes [for NEI] to identify an efficient, transparent process that provides a more timely response to nurses and employers and includes an evaluative component.

RNAO's IT department has been working steadily to review and improve the Nursing Education Initiative (NEI) process. The department is currently working with the Registered Practical Nurses Association of Ontario and the Ministry of Health and Long-Term Care (MOHLTC) to secure priorities and increased fairness in considering previous years' funding.

The new online form is now live, and the information on the website is much clearer on what the Ministry of Health priorities are, on what the process is, and on factors that influence the chances of being funded. Work continues to put the following in place:

Online applications:
• Immediate notification that the application has been received
• Within two business days, notification that the application has been processed and the resulting status (incomplete; ineligible; eligible and waiting for funding; eligible but will not be funded; eligible and may or may not be funded)
• Cheque issued within two weeks of funding from MOHLTC made available to the program

Mailed applications:
• Notification that the application has been received within two weeks of having been received
• Notification that the application has been processed and resulting status within three weeks of the receipt notification
• Cheque issued within two weeks of funding from MOHLTC made available to the program
For the evaluative component, a separate RNAO home office department will conduct an annual survey of participants to seek feedback on the program, and on the process.

THEREFORE BE IT RESOLVED that RNAO develop a five-year business plan outlining the key francophone services it will provide to meet the needs of French-speaking Registered Nurses.

Following the adoption of this resolution, RNAO home office began offering the following products/ services in French:

• A bilingual receptionist was hired
• A French version of the membership application was launched online
• A hard copy of the French membership application form is also available for downloading
• Three additional Best Practice Guidelines (BPGs) were published in French, bringing the total number of BPGs available in French to 19. Additional BPGs will be translated as funding from the Government of Canada becomes available.

During 2012, the Membership and Services and Communications departments will conduct a needs and resources assessment to determine what other services can be offered. A business plan outlining scope, purpose, objectives and goals, as well as budget, will be prepared for implementation covering years 2012 to 2016. The target date for a business plan is August 31, 2012.

THEREFORE BE IT RESOLVED that the RNAO advocate to the Ministry of Health and Long-Term Care for a comprehensive cross-sector interdisciplinary provincial wound care strategy, inclusive of sector-wide accountability for pressure ulcer prevention.

RNAO staff has worked closely with the Ontario Wound Care Interest Group (OntWIG) to propose a draft strategy. This draft framework was used as a preliminary guiding document to solicit feedback from OntWIG members at their annual fall symposium. A report was generated from the presentations and roundtable discussions at the symposium (it can be found at http://ontwig.rnao.ca/sites/ontwig/files/Proceedings_2011_Symposium.pdf), which addressed the key content for a comprehensive strategy as well as key process questions that would enable the strategy to take effect. RNAO policy staff presented at this symposium along with national and international speakers. OntWIG has hired a consultant to develop a proposal in collaboration with RNAO. The draft proposal will be presented at the OntWIG AGM on April 28. Recently, Accreditation Canada announced a Required Organizational Practice (ROP) for the prevention of pressure ulcers that goes beyond long-term care and now includes acute care and rehab settings. This is a significant win for OntWIG and an outcome of their involvement with key stakeholders in the development of this strategy.

THEREFORE BE IT RESOLVED that RNAO endorse policies of universal design and visitability in the creation of new homes, and lobby the provincial government to include this concept in building codes for new construction.

The RNAO member who initiated this resolution, Cheryl Forchuk, educated staff on the intersections between the built environment, social inclusion, health, and well-being. In 2011, RNAO made a submission to the Standing Committee on Justice Policy on Bill 140, *An Act to enact the Housing Services Act*, to repeal the *Social Housing Reform Act* and make complementary and other amendments to other *Acts*. RNAO joined its community allies in asking the provincial government to invest in a minimum of 10,000 affordable housing units each year for the next 10 years. RNAO urged that all new affordable housing units be designed and built using principles of universal access and accessibility. This was reinforced in RNAO's pre-budget submission, advocacy materials targeted to politicians and the public. RNAO drafted a letter to the Minister of Municipal Affairs and Housing urging necessary amendments to the *Ontario Building Code* so they reflect the principles of universal design and visitability. A letter was also sent to the Minister of Community and Social Services, urging the ministry to fully incorporate all Building Code amendments within the Built Environmental Accessibility Standard under the *Accessibility for Ontarians with Disabilities Act*.

THEREFORE BE IT RESOLVED that RNAO lobby the federal and provincial governments, national and provincial sports governing bodies, the Coaching Association of Canada, to address the issue of sports-related injuries by developing/enhancing injury prevention and skill building education programs, implementing concussion management protocols and mandatory awareness campaigns, and the establishment of a national injury surveillance system; and

BE IT FURTHER RESOLVED that RNAO collaborate with the Ontario Medical Association, the Ontario Public Health Association, the Ontario Neurotrauma Foundation, Think First Foundation, SmartRisk, public health units and injury prevention agencies, researchers and interested sports associations, coaches and parents, to advocate for safe sports practices thereby changing the culture and attitudes within sport that contribute to injuries.

The initiator of this resolution, Angela Cooper Braithwaite, educated staff on historical and current advocacy strategies with community allies related to this resolution, as well as the evidence grounding it. An environmental scan of pertinent elements related to sports-related injuries was conducted. RNAO will advocate for safe sports practices, enhancing injury prevention, and raising awareness about concussion management protocols by providing information on its website.

In October 2011, the Chief Coroner of Ontario announced a review of cycling deaths from 2006 to 2010. The Office of the Chief Coroner will identify common factors that may have played a role in the 15 to 20 annual deaths and, where possible, make recommendations to prevent similar deaths. RNAO will seek to work collaboratively with community partners to engage the public and decision-makers on these recommendations when the report is released in the Spring of 2012. On November 14, 2011, MP Olivia Chow introduced Private Member's Bill, C-344, *An Act to Amend the Motor Vehicle Safety Act*, which would prohibit the manufacture or importation of vehicles in higher weight categories that are not equipped with side guards. In February 2012, RNAO attended a town hall meeting to discuss the value of truck side guards for improved cycling safety and continues to receive updates on advocacy strategies.

In collaboration with community allies, RNAO will continue to advocate to the provincial government to amend current bicycle helmet legislation to include all age groups. RNAO will also work with the province to prohibit all-terrain vehicle (ATV) use by children and youth under 16 on both private and public lands. RNAO joins community partners in calling for mandatory helmet use on private as well as public land, as well as mandatory safety training. The association will recommend legislation to prohibit children and youth under 16 from operating snowmobiles, and make safety training and helmets mandatory in all situations. A resolution to the annual general meeting of the Canadian Nurses Association in support of the establishment of a national injury surveillance system is being explored.

THEREFORE BE IT RESOLVED that the RNAO take a strong leadership position for the development of a provincial strategy that addresses the prevention of childhood lead poisoning occurring from exposure to residential sources.

As part of an overall strategy to prevent childhood lead poisoning from residential sources, the Ontario Nurses for the Environment Interest Group (ONEIG) had the lead on a similar resolution submitted by RNAO at the 2011 Canadian Nurses Association (CNA) AGM[1]. The resolution reads:

BE IT RESOLVED THAT the Canadian Nurses Association takes a strong leadership role in advocating for the development of a national strategy addressing the prevention of childhood lead poisoning occurring from exposure to residential sources.

On September 24, 2011, ONEIG and ACORN Canada (Association of Community Organizations for Reform Now) filed a joint submission on two documents released by Health Canada in July, 2011: *A Proposed Risk Management Strategy for Lead* (RMS)[2] and *Draft Human Health State of the Science Report on Lead* (SOS).[3] The submission had extensive recommendations on primary, secondary and tertiary prevention. These recommendations were national in scope but are readily adapted to Ontario.

ONEIG also helped draft the September 23, 2011 CNA submission on the same documents.

Kelly O'Grady, who leads the lead agenda for ONEIG, is an active researcher on the health effects of lead and on the scope of the problem in Ontario and Canada. She closely follows developments in research and policy on the health effects of lead and maintains an up-to-date bibliography on the issue. In September, 2011, she forwarded to RNAO an implementation plan for a national and provincial strategy on lead, centred on circulation to decision-makers of the RNAO and CNA resolutions, and connecting with health and other organizations interested in the health effects of lead, such as the Learning Disabilities Association of Canada, the Ontario Public Health Association, the Canadian Public Health Association, the Canadian Environmental Law Association, and ACORN.

[1]Registered Nurse's Association of Ontario. (2011). The Prevention of Childhood Lead Poisoning in Canada Occurring from Exposure to Lead-Based Paint and Other Domestic Sources of Lead. Retrieved February 22, 2012 from http://www.rnao.org/Storage/82/7632_CNA_Resolution_10_Lead_Based_Paint.final.pdf.

[2]Retrieved February 22, 2012 from http://www.hc-sc.gc.ca/ewh-semt/alt_formats/hecs-sesc/pdf/pubs/contaminants/prms_lead-psgr_plomb/prms_lead-psgr_plomb-eng.pdf.

[3]Retrieved February 22, 2012 from http://www.hc-sc.gc.ca/ewh-semt/alt_formats/hecs-sesc/pdf/pubs/contaminants/dhhssrl-rpecscepsh/dhhssrl-rpecscepsh-eng.pdf.

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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.

An interim working group comprised of the Committee Chair and three representatives from home office, met over the course of several months to review the *Act*, determine the implications of the new *Act*, and resulting bylaw changes required. Kate Lazier, legal counsel at Miller Thompson, worked with the group to ensure the key components of the *Act*, affecting this association, have been addressed.

The committee met four times. In addition to the Bylaw Committee meetings, as the Committee Chair, I also met with the Board of Directors (BOD) on January 16, 2012 to provide the BOD with the opportunity to review the bylaw changes and provide feedback.

On behalf of the Bylaws Committee, I am pleased to report that the revised Bylaws and associated Policies are being submitted for discussion at the 2012 Annual General Meeting.

I would like to thank the committee members for their diligent attention to the business of the committee this year. It has been a very complex process requiring significant contributions of time and engagement by all. I am confident you will see the results of this in the materials generated, and the positive implications for all RNAO members.

Sara Lankshear, RN, PhD
Chair

EDITORIAL ADVISORY

This committee is charged with the task of reviewing each issue of the association's flagship publication, *Registered Nurse Journal*. The committee is comprised of RNAO board members, regular nursing members, a nursing student, as well as a journalist. The committee provides feedback after each edition of the magazine is completed. The committee functions as a check to ensure RNJ reflects the priorities and initiatives of the association. The variety of perspectives offered by each committee member ensures the communications team has a forum to discuss ideas for future topics and is able to reflect the unique range of opinions within the profession and across sectors of nursing. During the past year, the communications department began offering members a digital version of the magazine for those who prefer to read it online. Another source of pride is the magazine's second place standing in a nation-wide magazine competition sponsored by the Health Care Public Relations Association. I would like to thank the editorial team at home office for their hard work. I would also like to thank the many nurses who have shared their stories so RNAO members can enjoy reading about the experiences of their nursing colleagues.

Ruth Schofield, RN, MSc(T)
Chair

FINANCE

For the fiscal year ending October 31, 2011, the association reported a very modest surplus of $13,809 in the General Fund and a surplus of $818,381 in the LAP Fund. Total excess of revenues over expenses from all funds was $838,224 compared to $1,123,676 in 2010. General fund net revenue was lower in 2011 for a number of reasons. The Board authorized one-time expenses in relation to strategic planning and reviews as well as expenses related to the purchase of 150 Pearl Street. Total Centre Member revenue was higher in 2011, however most centre revenue related to special projects, notably national Smoking Cessation, national Elder Abuse and Peer 2 Peer, was offset by corresponding direct expenses. Project management revenue was lower than projected by $272,000. Higher costs in areas of staffing at home office and special project work, member services, most notably CNA and CNPS fees, and occupancy costs also negatively impacted this year's results. The LAP fund reported net revenue of $818,381 compared to $690,156 in 2010, attributable to higher LAP enrollment and investment returns on long-term bonds. The total surplus from all funds is $15,237,680 as of October 31, 2011. Of this surplus, $10 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 committee will be closely monitoring quarterly results and will make recommendations to the Board as they deem appropriate. At year-end, the committee reviewed the financial statements with the external auditors and is satisfied the statements adequately disclosed the scope of activities of the association. I would like to thank all Finance Committee members for their work and home office staff for their expert advice and support.

Linda MacLeod, RN, BScN, MHA
Chair

INTEREST GROUPS REPRESENTATIVE

As I reflect over the past year, the active engagement of Interest Group Chairs in our meetings has been exciting to observe. Interest Group Chairs held meetings on September 23, 2011 and March 1, 2012. Interest Group Chairs continue to eagerly volunteer for an opportunity to profile their IG. In September, Una Ferguson, Chair, Staff Nurse Interest Group (SNIG), shared the Interest Group activities. She described "who is the staff nurse today?", "is this a staff nurse?" and "we are all staff nurses." We look forward to hearing from other IGs in the future.

In the past year, the Interest Group Chairs and the Nursing Practice Committee have worked together on the Practice Profiles and Careers in Nursing website. To date, 10 Interest Groups have submitted their profiles and four have been posted online. They continue to work together on the format and process for the development and approval of Practice Profiles. The website was updated based on the IG chair feedback.

Network sharing has become a regular part of the IG chairs meeting, which results in lively discussions amongst the IG chairs and time to learn from one another. At the September 2011 meeting, IG chairs shared many of their activities, including: conference planning; educational work-

shops; resource development; membership communication strategies; lobbying; interest group formation; member engagement; development of mentorship data base; participation in BPG development; national affiliations; publishing; promotion of awards; and change in leadership roles. Key issues identified by IG chairs were lack of student placements, staff mix, and member disengagement.

IG chairs' collaboration with home office is strengthened with ongoing involvement of staff with the meetings. Rob Milling, Director Health and Nursing Policy and Lynn Anne Mulrooney, Senior Policy Analyst, joined us in September to discuss the RNAO provincial election. Rob reviewed the platform themes: strengthening social determinants; equity and healthy communities; building sustainable, green communities; enhancing Medicare; improving access to nursing services; building a nursing career in Ontario; embracing our democracy; and strengthening our public services. The principles that cross six themes were outlined: equity; dignity; accountability; transparency and democracy; upstream and visionary policies; fairness and respect for Aboriginal peoples; and health and health care for all. Rob thanked the IG chairs for their advocacy related to: responding to Action Alerts; participating in public events, rallies, and demos; visiting elected official or decision-makers; talking with family, friends, colleagues and neighbours about issues; and seizing on the teachable moment to help make connections. He highlighted the election resources available at www.rnao.org that include: the RNAO platform; platform comparisons; links to party platforms; charting current government; ways to get involved; where to vote and the Vibrant Communities website, http://creatingvibrantcommunities.ca

Overall, it has been a pleasure to represent Interest Groups on the RNAO Board.

Ruth Schofield, RN, MSc(T)
Chair

LEGAL ASSISTANCE PROGRAM (LAP)

Since its inception, the Legal Assistance Program has supported registered nurses in a variety of professional and employment issues. Wrongful Dismissal, Employment Matters, College Complaints, Appearance as a Witness and Constructive Dismissal continue to make up the majority of legal cases supported by LAP. The program also provides access to employment relations counseling. In 2011 more than 18,456 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

This committee oversees RNAO's recruitment and retention of members to our association to help reach our goal of "Every RN a Member."

We are reaching more RNs and nursing students every day. At the close of the membership year, RNAO had 32,692 members; a 6.3 per cent increase from last year.

The work of the committee includes choosing recognition award recipients. We are honoured to review the many nominations that celebrate the best the nursing community has to offer.

Thank you to all committee members for their contributions of insight and time.

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

NURSING EDUCATION

The purpose of the Nursing Education Committee (NEC) is to identify and monitor educational trends and/or initiatives within the context of the ever changing environment in keeping with the mission and ENDs of RNAO. The committee also has the opportunity to make recommendations to the RNAO Board on issues that impact nursing education. NEC convened for business in June, September and November 2011, as well as January and February 2012.

In the new year, RNAO members were encouraged to "Speak Out for a Made-in-Canada RN Entry Exam." Nurses, nursing students and the public were urged to sign the petition for a Made-In-Canada RN entry exam. The Nursing Education Committee strongly supports RN entry exams that promote, maintain and align with Canadian nursing schools' curriculum. RNAO sent a letter to the College of Nurses of Ontario re: RN Exam in December. To date, almost 8,000 signatures have been collected by the Canadian Nurses Association to support a Canadian company to promote Canadian health system principles and values.

The "Environmental Scan of Nursing Research in Ontario" is being finalized for dissemination in the spring of 2012. This is the collaborative RNAO Nursing Research/Education Report led by Dr. Nancy Purdy (Past MAL Nursing Research) and Kathleen White-Williams. Dr. Purdy and Kathleen would like to thank Dr. Rachel Meyer (MAL Nursing Research) and members of both committees who provided feedback on the various drafts. The collaborative RNAO Research/Education Report highlights current nursing research funding trends in Ontario. The report will be available electronically in the Spring 2012.

Key trends and issues in nursing education include: improving support in the area of preparation and preparedness of clinical teachers to facilitate student praxis in the

clinical practicum; opportunities and challenges that clinical teachers experience in their career trajectory; increased guidance and support for nursing students when transitioning to the nursing workforce; difficulty securing preceptor placement opportunities; more focused attention to gerontology/geriatric care in the nursing education curriculum; skill mix in many nursing sectors; overtime and fatigue reported as being a huge factor in registered nurses not seeking additional education external to place of work; and the impact and ethical implications of increased use of technology in educational and clinical practice.

NEC remains strongly committed to collaborating with members, student members, RNAO staff, and the larger community to develop ways to encourage and support nurses and nursing students along the continuum of their nursing careers.

Kathleen White-Williams, RN, BScN(Hons), MN, PhD(c)
Chair

NURSING PRACTICE

The focus of the Nursing Practice Committee (NPC) over the past year has been to highlight the various roles within nursing across various sectors by rebranding and building upon the former practice pages. By creating and publishing Nursing Practice Profiles, the NPC was able to depict a day-in-the-life of a nurse and provide career options to nurses at various stages in their career. Engaging the Interest Groups in creating evidence-based sector-specific Practice Profiles provides an experiential approach to nurses, nursing students and the public with a better understanding of the broad scope of nursing practice.

The NPC drafted a clear action plan for the creation and roll out of the new Practice Profiles. The collaborative effort of the committee and home office contributed to the creation of a formatted template and a decision tree to ensure a consistent approach and submission process from each Interest Group.

A pilot group of five Interest Groups took the lead in submitting their Practice Profiles, which were posted on the RNAO website, Careers in Nursing.

In review and discussion with the Interest Group reps at the September 2011 IG meeting, further changes were made to the process and additional practice profiles are in progress to be posted to the website: http://careersinnursing.ca/why-nursing/career-options/nursing-practice-profiles.

A tremendous amount of work has been put into streamlining the efforts of NPC, home office and the various Interest Groups to meet this initiative. It is the intent of the committee to post as many practice profiles as possible each year.

Sheryl Bernard, RN, BScN, MN, CHE
Chair

NURSING RESEARCH

The Nursing Research Committee is mandated 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 also works to better integrate nursing research within the infrastructure of health granting agencies in Ontario and Canada.

The Nursing Research Committee continues to monitor, identify and analyze key trends in nursing research funding. The committee engaged in dialogue with a guest speaker from the Canadian Health Clinician-Scientist Network. Health clinician-scientists are vital to: testing clinically-based treatments for pressing health issues; translating scientific discoveries into clinical practice change; influencing clinical and administrative decision-makers; and enabling patient access to leading treatments. Emerging issues for this role include declining funding and infrastructure support, unstable funding models, unclear role demands, the need for benchmarking and impact evaluation, as well as a call for institutional support and partnerships for role integration and mentorship.

Overall, key issues related to nursing research in Ontario as identified by the Nursing Research Committee included: challenges faced by staff and researchers on making knowledge translation and implementation a reality in the clinical setting; the need to integrate larger cohorts of nursing PhDs into the broader system, including support and opportunities for launching new research programs; the need to lobby for infrastructure across sectors and domains to support nursing research and evidence-based practice.

The Nursing Research Committee also provided policy recommendations and feedback in response to the collaborative research-education report entitled *Environmental Scan of Nursing Research in Ontario: A Foundation for Establishing Policy Directions*. The report, which is co-authored by Dr. Nancy Purdy (past MAL Nursing Research), Kathleen White-Williams (current MAL Nursing Education) and Dr. Raquel Meyer (current MAL Nursing Research), will be disseminated in the spring of 2012.

Thank you to committee members who so generously shared their time and expertise.

Raquel Meyer, RN, PhD
Chair

POLICY ANALYSIS AND DEVELOPMENT

The Policy Analysis and Development Committee monitors emerging policy issues and trends; provides recommendations on policy priority-setting; where feasible, reviews and makes recommendations on legislative, health, health care and nursing policy issues; and reviews and revises policy statements to ensure they are current and relevant.

The committee received an overwhelming response to its call for housing stories from across Ontario, and these stories continue to be the direction for the committee.

We continued our targeted advocacy efforts to strengthen social determinants of health, mental health and healthy housing during our meetings with over 70 MPPs at Queen's Park Day in March 2012.

In the upcoming year, the committee will evaluate the results of Queen's Park Day advocacy and plan next steps. We will also identify how we can advance RNAO's key policy from the 2012 *Advocating for Vibrant Communities* Briefing Notes. In the upcoming year, we will also work together with RNAO health and nursing policy placement students, political executive network officers and stakeholders to address issues affecting members/chapters across the province.

On November 22, 2011, RNAO was an endorser of National Housing Day as we know that safe, affordable housing is essential to good health. RNAO members and staff also participated in a National Housing Day Rally, organized by the Right to Housing Coalition at St. James Park. On November 23, 2011, an RNAO Action Alert was sent to Stephen Harper, Prime Minister of Canada; Nycole Turmel, Leader of the Official Opposition; Hon. Bob Rae, Leader of the Liberal Party of Canada; Louis Plamondon, Leader of the Bloc Québécois; Elizabeth May, Leader of the Green Party of Canada; Dalton McGuinty, Premier of Ontario; Tim Hudak, Leader of the Official Opposition; and Andrea Horwath, Leader of the New Democratic Party of Ontario to urge the federal and provincial governments to work together to immediately address the critical housing crisis in Attawapiskat, Ontario.

Maureen Cava, BScN, MN, FCCHSE
Chair

PROVINCIAL NOMINATIONS

See Ticket of Nominations (pg.22).

PROVINCIAL RESOLUTIONS

The Provincial Resolutions Committee met three times to discuss the 10 resolutions received from members by the deadline of 1700 hours (5:00pm) on December 19, 2011.

One resolution submitted by a member was unanimously rejected by the committee on the basis that it is not materially different from resolutions submitted in previous years, and moreover, contradicted human rights legislation.

The remaining resolutions, submitted by the deadline, are being brought forward for discussion and voting at the Annual General Meeting. The details of these resolutions appear in this booklet.

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.

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.

In addition, the committee recommended to the Board of Directors changes to the Terms of Reference to reflect RNAO bylaw 5.09.

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

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OF ONTARIO

AGM 2012 Business

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TICKET OF NOMINATIONS

CANDIDATES

PROPOSED RESOLUTIONS

PROPOSED BYLAWS

2012 **TICKET OF NOMINATIONS**

Following is the 2012 Ticket of Nominations as per RNAO Bylaw 5.07(3). The deadline for the first Call for Nominations was Monday, December 19, 2011 at 1700 hours (5:00pm) [Eastern]. The following nominations were received prior to the deadline:

INTEREST GROUPS REPRESENTATIVE

Marianne Cochrane, RN, BAS, MHSc(N) *
Steven Holbert, BA, MDiv, RN, CPMHN(C)

* (Results of a recent by-election to elect a new IG Representative to the RNAO Board of Directors showed that Marianne Cochrane is the newly-elected IG Rep, effective at the close of business at the RNAO Annual General Meeting, Friday, April 27, 2012)

MEMBER-AT-LARGE, Nursing Administration

Vanessa Burkoski, RN, BScN, PCNP, MScN, DHA
Carol Timmings, RN, BNSc, MEd(Admin)

MEMBER-AT-LARGE, Nursing Education

Cathy Graham, RN, MSc
Geraldine (Jody) Macdonald, BScN, RN, MEd, EdD
Hilda Swirsky, RN, BScN, MEd

MEMBER-AT-LARGE, Nursing Practice

Debra Churchill, RN, BScN, MHSN
Mary J. McAllister, RN(EC), BScN, MHSc, PhD
Sharon Ramagnano, RN, BScN(E), ENC(c), MSN, MHA

MEMBER-AT-LARGE, Nursing Research

Karen Bruton, RN, CETN(c), BScN
Tammy O'Rourke, BS, MS, PhD(c)

MEMBER-AT-LARGE, Socio-Political Affairs

Maureen Cava, BScN, MN, FCCHSL

MEMBER – BYLAWS COMMITTEE
(2 general member vacancies \ 1 UNS vacancy)

GENERAL MEMBER:
Shirley Kennedy, RN, BHScN

UNDERGRAD NURSING STUDENT (UNS):
Janny Lee

MEMBER – PROVINCIAL NOMINATIONS COMMITTEE
(1 vacancy)

Mary Ferguson-Paré, RN, PhD, CHE

No nominations were received prior to the deadline for:

MEMBER – PROVINCIAL RESOLUTIONS COMMITTEE
(1 vacancy)

Vacancies still exist on the following committees:

Member – Bylaws Committee (1 general member vacancy)

Member – Provincial Resolutions Committee (1 vacancy)

A second call for nominations to these two Board Committees was included in the March issue of *In the Loop,* RNAO's e-newsletter circulated to the whole membership. The deadline for this second call for nominations was Wednesday, April 4, 2012 at 1700 hours (5:00pm) [Eastern].

Respectfully submitted to the RNAO Board of Directors,

Wendy Fucile, RN, BScN, MPA, CHE
Chair, Provincial Nominations Committee

January 17, 2012

INTEREST GROUPS REPRESENTATIVE

MARIANNE COCHRANE, RN, BAS, MHSc(N)

Marianne graduated in 1975 with a diploma in nursing. She worked as a clinical nurse for twenty years in the NICU Oshawa General Hospital (now Lakeridge Health Corporation), followed by various leadership and management experiences from 1994 through 2001 including Clinical Leader and Interim Program Manager. She obtained her Bachelors of Administrative Studies and Masters in Health Science (Nursing) while working full time. She is a past RNAO Board Member serving as Region 8 Representative from 2001-2005, completed her first two-year term as Chair/President of the Provincial Nurse Educators Interest Group and is currently Chair since April 2011. She has served in various ENO positions on the Durham/Northumberland Chapter Executive. She has previously served on various RNAO committees including By-Laws, Resolutions, Nursing Education, Chaired LAP, and is a Panel Member for the BPG for Practice Education in Nursing. In 2001 she began teaching at Durham College, Oshawa and is full-time faculty member teaching in the Collaborative BScN Program with University of Ontario Institute of Technology. She completed a one year secondment as Interim Co-Director for the nursing program in August, 2011. Marianne believes nurses have the unique privilege of playing a key role in the lives of individuals, their families and their communities through establishing caring, interpersonal relationships; and what better way to influence this caring than by mentoring and teaching eager students the fine art and science of nursing.

STEVEN HOLBERT, RN, CPMHN(C)

After taking my Bachelor's degree from the University of Virginia in sociology and religious studies, I completed a Master's of Divinity degree from Crozer Theological Seminary, part of the Colgate Rochester Divinity Schools in Rochester, New York. Some time later, I worked as an orderly in a geriatric care facility. I entered Fanshawe College's diploma program after being encouraged to consider nursing as a career.
During my time working in pediatric/adolescent psychiatry, I undertook a fellowship in nursing research with the Pain Management Program at the Children's Hospital of Western Ontario. I then moved to adult psychiatric services at the St. Thomas Psychiatric Hospital, now the Regional Mental Health Care in St. Thomas, and worked with in-patient and out-patient programs. I retired after eighteen years and continued my work with the Mental Health Nursing Interest Group. I am now the Past President. I also maintain a private practice as a Capacity Assessor under the Substitute Decisions Act. My approach to nursing has been to work with my clients as a partner, to support their efforts to find a way to live their lives as they choose. It has been a learning experience as I moved from "service provider" to a recovery-based understanding of mental health nursing. I continue to participate in discussions about mental health nursing through my participation in the MHNIG and the Canadian Federation of Mental Health Nurses. I have maintained my certification in the specialty of Psychiatric/Mental Health Nursing since 1995.

MEMBER-AT-LARGE, Nursing Administration

VANESSA BURKOSKI, RN, BScN, PCNP, MScN, DHA

Dr. Vanessa Burkoski has been in the position of Vice President, Professional Practice and Chief Nursing Executive at the London Health Sciences Centre (LHSC) since January 2011. She is accountable for the overall leadership, strategic direction and management of professional practices at LHSC.

Vanessa was the longest-serving Provincial Chief Nursing Officer with the Ministry of Health and Long-Term Care, and has extensive experience providing executive leadership, strategic advice and nursing expertise on a wide range of nursing and health policies and programs.

Vanessa is passionate about evidence-based practice and the creation of an engaging, healthy, and scholarly practice environment in which health professionals can achieve maximum satisfaction in the delivery of care to patients.

Vanessa holds a Bachelor of Science Degree in Nursing, Primary Care Nurse Practitioner Certificate, Master of Science Degree in Nursing and Doctorate in Health Administration. She is an Adjunct Associate Professor at the University of Windsor and holds an Adjunct Academic Appointment in Nursing at the University of Western Ontario.

CAROL TIMMINGS, RN, BNSc, MEd(Admin)
Nomination withdrawn by submitter on February 1, 2012

MEMBER-AT-LARGE, Nursing Education

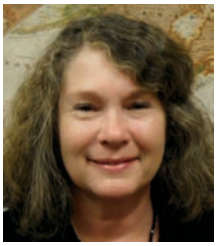
CATHY GRAHAM, RN, MSc

As a nurse educator for 25 years at the community college and university levels, I bring a wealth of knowledge and experience to this role. In helping to build and live nursing curricula that are grounded in principles of emancipatory action and social justice, my work with nursing students and colleagues is informed by relational practice processes and the impact of social determinants of health. I have lived the evolution of nursing education and practice through a commitment to life-long learning and to expanding my perspectives on the complexities of nursing practice.

In my undergraduate and graduate work, my interests have been in understanding peoples' experiences of health. Having been wooed to the streets in the context of women's productive rights, I seek to examine how power, influence and advocacy are fundamental to health and to informing the innovative and visionary role of nurses. Collaboration, professionalism and leadership are essential ingredients in any health-care context, and I am committed to developing and enhancing those attributes during a student's transformational journey in education.

As nurses will increasingly need to articulate the value of their work, both in economic and moral terms, I help learners to identify and develop a strong sense of identity so that these insights will translate into advocacy at multiple levels. As important as it is for nurses to defend what we "do," it is also essential to nurture and help to grow nurses who are very clear and committed to what/who we "are."

GERALDINE (JODY) MACDONALD, RN, BScN, MEd, EdD



It is an honour to be nominated to serve as a Member-at-Large, Nursing Education for the Registered Nurses' Association of Ontario. The RNAO advocates for the health of Ontarians, building upon the expertise of Registered Nurses. My nursing experience includes visiting nursing, public health nursing, home care co-ordination, and childbirth education positions. I am a Senior Lecturer at the Bloomberg Faculty of Nursing, University of Toronto. For the past twenty-five years I have enjoyed the challenges and rewards of facilitating the learning of undergraduate and graduate nursing students. Nursing students and faculty members need RNAO's support to ensure that students have the best possible learning experience to prepare them for current and future demands of a nursing career. Advocating for them is an important role for the RNAO Member-At-Large, Nursing Education.

During my career I developed a deep appreciation for the nursing values of social justice and equity. I look forward to supporting these values as an RNAO board member. I welcome your support and vote and invite telephone calls and/or e-mails to discuss any questions/ concerns.

Professional Associations

- CNO 1974 to present
- 25+ year RNAO Member and current member of two interest groups: PNEIG & CHNIG
- Member, RNAO's Best Practice Guideline development team, *Facilitating Client Centred Learning*
- 2009-2011 elected to executive of CNA's 'Canadian Nurses for Health and the Environment'

HILDA SWIRSKY, RN, BScN, MEd

Martin Luther King stated, "Our lives begin to end the day we become silent about things that matter." Profoundly concerned about the future of Canadian nursing education, Hilda seeks to contribute as RNAO's Member at Large, Nursing Education.

Passionate about RNAO and guiding students, Hilda believes that students are the lifeblood of our profession, and nurses, as trusted educators, must be inspiring mentors and role-modeling leaders.

A life-long learner, Hilda received her Diploma of Nursing from York Regional School of Nursing, her BScN from Ryerson University and, enthralled with learning, her Master of Education from the Ontario Institute for Studies in Education.

Hilda will be an asset to the Board providing her keen perception and expertise gained from clinical practice in a transforming health delivery system that will impact nursing students' education and their future practices: technology's effect, a changed focus to illness prevention and health promotion and interprofessional and patient collaboration.

A long-standing member of RNAO's Provincial Nurse Educators Interest Group, Hilda listens and coaches students including the work she completed on a subcommittee addressing *Bullying and Violence*. While teaching *Family Health* at George Brown College, she received George Brown College's *Living the Academic Strategy* for championing diversity in her life and classes.

She participated in CNA's teleconferences on proposed changes to the Canadian Registered Nurse Examination.

Currently, Hilda works in Mount Sinai Hospital's Women and Infants Health and Nursing area, where she welcomes, orientates and transfers skilled knowledge to students and new grads about hospital culture and evidence-based practices.

MEMBER-AT-LARGE, Nursing Practice

DEBRA CHURCHILL, RN, BScN, MHSN

Debra Churchill, throughout her career, has held progressive clinical and operational leadership positions in acute care and in tertiary mental health-care settings. Debra has a Masters of Health Science in Nursing and is cross appointed with University of Ontario Institute of Technology as a Faculty Advisor in Health Sciences – Nursing. Since 2006 she has held senior leadership roles as the Director of Professional Practice and Clinical Informatics at Ontario Shores and was the Interim Chief Nurse Executive and Leader, Professional Practice. Through these roles Debra has worked to establish, maintain and grow a collaborative practice environment by providing professional leadership and clinical expertise for the advancement of education, research, strategic planning, quality and safety. Key to supporting these successes is a passion for professional and clinical excellence and a focus on quality of care and patient outcomes.

MARY McALLISTER, RN(EC), BScN, MHSc, PhD

Mary has a passion for nursing and has been practising for 30 years. During her career, she has pursued professional opportunities that have allowed her to focus on advancing quality practice. Mary has practised as a clinical nurse in neonatology, as a Neonatal Nurse Practitioner and as a Clinical Nurse Specialist in paediatric critical care, all at the Hospital for Sick Children. She has been active in several RNAO interest groups, including the Nurse Practitioners' Association of Ontario, lobbying to achieve regulatory status for nurse practitioners. She has also been on the executive of the Clinical Nurse Specialist Interest Group, serving as Treasurer and Chair. Mary remains active in a number of provincial, national and international professional organizations.

Mary is committed to mentorship and building capacity in the profession. She has taught in undergraduate and graduate programs at Edith Cowan University, Perth, Western Australia, as well as at the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto and the Daphne Cockwell School of Nursing, Ryerson University. She continues to work with students at both the LSB Faculty of Nursing and the Daphne Cockwell School of Nursing.
Mary currently works as a Director, Professional Practice – Nursing, at Bridgepoint Health, a large rehabilitation and complex continuing care hospital in Toronto. In this role, she works collaboratively with clinical nurses, both RNs and RPNs, to advance the care of patients and families experiencing complex chronic illness, focusing on their rehabilitation journey.

SHARON RAMAGNANO, RN, BScN(E), ENC(c), MSN, MHA

Sharon has been an ED nurse since 1993 where she started her career at North York General Hospital. She has been at Sunnybrook in the ED for the last 14 years where she has functioned at various levels including staff nurse, Clinical Care Leader, Clinical Educator, Research Coordinator (ED and Stroke), and as Advanced Practice Nurse.
Sharon taught at the college level in the Emergency Nursing Certificate Program, Health Assessment, Critical Care Concepts and Distance Education as faculty for Triage. She has Clinically Instructed Years three and four at York University's RN program. She teaches ACLS at Sunnybrook and is a Course Director for the Emergency Nurses Association teaching TNCC and ENPC. Sharon is certified in Adult Teaching/Learning, Educator development and received a certificate in Middle Management Leadership Development at Rotman School of Business. Sharon has an adjunct appointment in the Faculty of Nursing, U of T.
Sharon has led many quality improvement projects and studies. She is the Clinical Educator Consultant for the SPARC Network for the Therapeutic Hypothermia Post Cardiac Study protocol for Ontario, and was a contact for 37 Ontario hospitals as they developed their own protocols.
Sharon has had experience with team-leading and consulting on several departmental and hospital-wide Lean Events, as well as flow and quality-related projects. Sharon's interests are in the field of Quality Practice, Knowledge Translation and Staff Empowerment and Development opportunities.

MEMBER-AT-LARGE, Nursing Research

KAREN BRUTON, RN, CETN(c), BScN

Karen is employed as Professional Practice Leader at Northumberland Hills Hospital, Cobourg, which includes inpatient Wound/ Ostomy consultations. On a casual basis, she contracts with the Non-Insured Health Branch, Native and Inuit Affairs, Health Canada, reviewing product requests. She also works frontline at St. Michael's Hospital on a casual basis, in Med-Surg ICU, Neuro-Trauma ICU, CV-ICU and Hemodialysis unit.
Karen is the President for the Canadian Association for Enterostomal Therapy, a non-profit organization interested in wounds, ostomies and continence care.
Recently, Karen completed the Bachelor of Science for Nursing at Ryerson University and plans to start her Masters of Nursing this year. Karen has been on the development panels for RNAO's Best Practice Guideline *Assessment and Management of Foot Ulcers for People with Diabetes* (2004) and *Ostomy Care* (2009). She has recently taken on another project with the Association for Advanced Wound Care, in developing guidelines for surgical site infections.

TAMMY O'ROURKE, PHC-NP, BS/MS, PhD(c)

I graduated 20 years ago from an Ontario Nursing Diploma Program. I practised as a Registered Nurse for 10 years, prior to returning to my academic pursuits, which led to a combined BS/MS degree from the State University of New York at Buffalo. My BS/MS degree equipped me for practice as a Family Nurse Practitioner in New York State. In 2001, I returned to Ontario and took a teaching position with Loyalist College and in 2005 I took a part-time position as a Nurse Practitioner in a rural community.
Over the past three years I lobbied for and was successful in receiving funding for the Belleville Nurse Practitioner-Led Clinic. I am in the final year of doctoral studies at the University of Ottawa in nursing. I completed a case study examination of stakeholder participation in primary care system change using the introduction of the Sudbury NP-led clinic as my case.
I value all areas of nursing - education, practice, research and policy. I believe these areas must be intertwined as we advance the recognition of nursing's potential to contribute to the sustainability of our health-care system in Ontario. It is important to actively engage decision-makers at both the community level and system level in knowledge-transfer activities. It is essential that nursing research continue to include decision-makers in the development of research projects that are applicable to current policy issues. This strategy is useful for improving decision-maker uptake of research, earlier in the process.

MEMBER-AT-LARGE, Socio-Political Affairs

MAUREEN CAVA, BScN, MN, FCCHSL

Maureen is the Manager, Professional Development and Education for Toronto Public Health. Her current responsibilities include professional practice, student education, information library services and professional development. Maureen is a member of the Registered Nurses Foundation of Ontario (RNFOO) Board of Directors, the Community Health Nurses Initiatives Group and the Canadian Council of Health Leaders. She also holds a cross-appointment to the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto. She was one in the first class of the EXTRA fellowship sponsored by the Canadian Health Services Research Foundation.
Maureen has been the Member-at-Large, Socio-Political Affairs for the past 2 years and, with the members of the Policy Analysis and Development Committee, has focused attention on the areas of housing and poverty.

MEMBER – BYLAWS COMMITTEE

GENERAL MEMBER:

SHIRLEY KENNEDY, RN, BHScN

With a passionate commitment to nursing and strong voice for the profession, Shirley values quality, evidence-based care, respect for patients, their families and the health-care team, accountability in the workplace, commitment to the profession and work-life balance. These values serve as a foundation for her philosophy in nursing; one of dedicated, deliberate and compassionate caring and the cultivation of nursing leadership in all nurses. Having had the opportunity to work for 19 years with many affected by the social determinants of health, Shirley believes that all nurses have a role to play in improving health, and in shaping and delivering health-care services for Ontarians. Shirley believes that by respecting human dignity and diversity, ensuring inclusivity and democracy and advocating for nursing and the health-care system, quality care for all can be achieved.

Shirley is a baccalaureate-prepared nurse, having begun her nursing career in 1979 with a diploma in nursing. Working as an occupational health nurse, a visiting nurse, a correctional nurse, a senior policy analyst with the Nursing Secretariat and as a past president of the College of Nurses of Ontario, Shirley has experience in direct practice, policy, regulation, administration and professional practice leadership. Her work-life balance comes from spending quality time with her husband, children and extended families; golfing as weather and time permit, and by captaining Annie's Angels, an award-winning CIBC Run for the Cure team.

UNDERGRAD NURSING STUDENT (UNS):

JANNY LEE

Janny is currently a third year nursing student in the University of New Brunswick-Humber College collaborative nursing program.

Currently, she is one of the Committee Coordinators for the Nursing Students of Ontario, and President of the Nursing Society at Humber College. Recently, she attended an RNAO Board of Directors meeting. Through her experiences and education, she has gained knowledge of policy development and implementation.

Personally, Janny believes that it is her social responsibility to be compassionate and to provide quality care through innovative practice.

Janny feels that this position will expand her understanding and awareness of RNAO's initiative to provide a healthy future for both nurses and the public.

MEMBER – PROVINCIAL NOMINATIONS COMMITTEE

MARY FERGUSON-PARÉ, RN, PhD, CHE

Dr. Ferguson-Paré recently retired as Vice-President, Professional Affairs and Chief Nurse Executive at University Health Network, which comprises Toronto General, Toronto Western and Princess Margaret Hospitals. She is an Adjunct Faculty member at York and Trent University Schools of Nursing. Her previous experience includes progressive senior nursing management and executive positions in both the acute care and long-term care sectors; nursing education; and institutional and community nursing experience in Psychiatry, Addictions Therapy, Victorian Order of Nurses, Family Practice and Student Health.

Dr. Ferguson-Paré has focused her professional and academic activities on organization and management development within health care and the development of leaders who promote autonomous professional practice and a client centred approach to service. During the SARS outbreak, Mary served as a member of the Clinical Advisory Team for the Ministry of Health and Long-Term Care. Later, she was appointed to the National Advisory Committee on SARS and Public Health. Recently, she tabled a report and recommendations on innovation in nursing service delivery, improving the patient experience and outcome measurement based on her sabbatical learning derived from a journey through Scandinavia, Europe, Ireland and the United Kingdom.

Dr. Ferguson-Paré is the recipient of the Distinguished Alumni Award, University of Toronto Faculty of Nursing, the Award of Excellence in Nursing Leadership, Ontario Hospital Association and the National Nursing Leadership Award, Canadian College of Healthcare Executives.

PROPOSED RESOLUTIONS

RESOLUTION #1

RNAO BOARD OF DIRECTORS' RESOLUTION: **Revisions to RNAO's Mission, Values, Tag Line and ENDs**
The RNAO Board of Directors recommends to the 2012 Annual General Meeting, the following:

PROPOSED BOD REVISIONS (DRAFT LANGUAGE)

DRAFT PROPOSED 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.

DRAFT PROPOSED 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.

DRAFT PROPOSED TAG LINE
Speaking out for nursing. Speaking out for health.

Following the broad consultation with RNAO's members and assembly of representatives, the BOD revised RNAO's ENDs to read as follows:

DRAFT PROPOSED ENDs FOLLOWING RESULTS OF THE CONSULTATION

- Engage with registered nurses and nursing students to stimulate membership and promote the value of belonging to their professional organization.
- Advance the role and image of nurses as members of a vital, knowledge-driven, caring profession, and as significant contributors to health.
- Speak out on emerging issues that impact on nurses and the nursing profession, health and health care.
- Influence healthy public policy to positively impact the determinants of health, supporting Medicare and strengthening a publicly funded, not-for-profit health-care system.

RESOLUTION #2

RNAO Basic Funding to Chapters and Regions without Chapters
Submitted by: Huron Chapter

WHEREAS the allocation of Basic Funding to Chapters and Regions without Chapters has not increased in over 35 years; and

WHEREAS the cost of holding meetings, paying mileage, paying speakers and other expenses has increased;

THEREFORE BE IT RESOLVED that RNAO increases the allocation of Basic Funding to Chapters and Regions without Chapters to $4.00 per member.

RESOLUTION #3

Addressing Need for Integrated Strategy to Address Fetal Alcohol Spectrum Disorder
Submitted by: Kathy Moreland Layte, RN and Mary Mueller, RN

WHEREAS Fetal Alcohol Spectrum Disorder (FASD) is the most common developmental disability in Canada affecting 1 per cent of the population and costing Canadians 5.3 billion dollars/year; and

WHEREAS Fetal Alcohol Spectrum Disorder (FASD) can be prevented by increasing awareness about the dangers of drinking in pregnancy, screening women for alcohol use in pregnancy and supporting women with appropriate services to eliminate alcohol use in pregnancy; and

WHEREAS individuals with FASD can function effectively in communities with adequately funded diagnostic services and evidence-based appropriate interventions, services and supports;

THEREFORE BE IT RESOLVED that RNAO join with FASD One and Public Health Agency of Canada and call 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.

RESOLUTION #4

Moratorium on Wind Power Generation Projects
Submitted by: Algoma Chapter

WHEREAS current, peer-reviewed medical evidence presented since 2009 indicates a "non-trivial percentage" of Ontarians exposed to the environmental noise produced by industrial wind power generators can be expected to experience adverse effects as an indirect result of "annoyance" or stress, such as sleep disturbance, headache, tinnitus, vertigo, nausea, and tachycardia associated with noise and infrasound, reduced quality of life, and other social and economic impacts when industrial wind turbines are sited in close proximity to schools and residential developments; and

WHEREAS Ontario's Auditor-General has recommended in his December 2011 report that the Ontario public be provided with "the results of objective research on the potential health effects" of industrial-scale wind power generation; and

WHEREAS the Chief Medical Officer of Health for Ontario recommended that sound measurements be taken in the field to assess actual noise levels produced by industrial-scale wind turbines, and that monitoring should be enacted to ensure compliance with regulated sound levels acknowledging that comprehensive noise testing protocols for the measurement of audible, low frequency noise and infrasound from industrial wind turbines is "a key data gap";

THEREFORE BE IT RESOLVED that the RNAO support the need for independent clinical and epidemiological research on the adverse health effects resulting from the environmental noise produced by industrial wind power generators to assist with determining authoritative guidelines for setbacks and appropriate noise levels for industrial wind power generators/turbines to protect health and safety for Ontario residents is complete; and

BE IT FURTHER RESOLVED that RNAO advocate for a moratorium on the construction of industrial-scale wind power generation projects until the clinical/epidemiological human health research is complete.

RESOLUTION #5

Extend the Nursing Graduate Guarantee to include Newly Registered Internationally Educated Nurses
Submitted by: Middlesex Elgin Chapter

WHEREAS the Nursing Graduate Guarantee is designed to support every new Ontario nursing graduate (RN and RPN) in finding full time employment immediately upon graduation to reduce nursing culture shock, improve their integration into the nursing workforce and their retention; and

WHEREAS this strategy was designed to build capacity within the health-care system for nursing workforce planning and management; and

WHEREAS there is a gap in funding support of newly registered internationally educated nurses who choose to make Ontario their home, who need full time employment to reduce international nursing shock, improve their integration and retention;

THEREFORE BE IT RESOLVED that the RNAO advocate to the Ministry of Health and Long-Term Care for an extension of the Nursing Graduate Guarantee for new graduate nurses inclusive of sector-wide employment matching and the funding model, to include internationally educated nurses who are newly registered in the general class with no conditions.

RESOLUTION #6

Barriers to Access to Health Care for Migrant Farm Workers
Submitted by: Mary Metcalf, RN on behalf of undergraduate nursing student, Erin McMahon, Level 3 Conestoga-McMaster Program

WHEREAS approximately 30,000 migrant farm workers come annually to work across Canada, and legally employed migrant farm workers have access to provincial and/or private health care; and

WHEREAS said migrant farm workers face numerous barriers which pose difficulties in attaining provincial and/or private health care; and

WHEREAS a just society must recognize access to health care, a well-known determinant of health, as a basic human right and ensure that none of its members are denied access to it;

THEREFORE BE IT RESOLVED that the 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 worker population.

RESOLUTION #7

Pollution Tax
Submitted by: Ontario Nurses for the Environment Interest Group (ONEIG)

WHEREAS the idling of vehicles in drive through line-ups produces unnecessary emissions of carbon dioxide, methane, carbon monoxide, nitrous oxide, hydrocarbons, volatile organic compounds (VOCs), and particulate matter; and

WHEREAS this pollution from vehicles' emissions contributes to a poor air quality index, which is linked to the following conditions:

- Increased incidence of asthma
- Exacerbation of obstructive pulmonary disease

- Increased incidence of otitis media
- Myocardial infarction in patients with risk factors for cardiovascular disease
- Exacerbation of heart failure
- Increased risk of cardiac arrhythmia

WHEREAS prevention of disease saves the individual and support persons significant pain, suffering and decreased quality of life, in addition to the use of resources in the Ontario health-care system,

THEREFORE BE IT RESOLVED that RNAO lobby the Ontario government to institute a surcharge to be paid by drivers who use drive through services, such as fast food and banking.

RESOLUTION #8

Air Quality in Indoor Ice Arenas and Children's Health

Submitted by: Ontario Nurses for the Environment Interest Group (ONEIG)

WHEREAS ice resurfacing vehicles, depending on the source of fuel, emit by-products of combustion, carbon monoxide (CO), nitrogen dioxide (NO2) and other byproducts, such as particulate matter, and dioxin. In the exposure setting, "Indoor air"[1], these substances have "well-established human and animal data of harm to pre-natal and or child health, with sufficient exposure"[1]; and

WHEREAS ice arenas are used by children of all ages, in different venues, from learning to skate programs, to figure skating training and competition, to pleasure skating and hockey games, for moderate and strenuous physical activity, which increases the breathing rate, and intake of oxygen by the participants, and exposure to contaminants of the indoor air; and

WHEREAS children have "greater exposure and vulnerability … to toxic substances as compared to adults: proportionality, behaviour, physiology and metabolism"[1] and "sensitive stages"[1] of growing and developing organs and systems"[1], called "windows of vulnerability"[1];

THEREFORE BE IT RESOLVED that RNAO advocate, to the appropriate government jurisdictions, for decreasing the risk of exposure to CO, NO2 and other combustion products, from ice re-surfacers in indoor ice arenas and facilities, by promoting effective monitoring of toxic air pollutants, and for increasing public awareness of the risks.

RESOLUTION #9

Ban the Mining, Production, Use and Export of Asbestos and Other Measures to Reduce Life Lost From Asbestos-Related Disease

Submitted by: Ontario Nurses for the Environment Interest Group (ONEIG)

WHEREAS all forms of asbestos were declared proven human carcinogens more than 20 years ago by the International Agency for Research on Cancer of the World Health Organization, the U.S. Environmental Protection Agency, and the U.S. National Toxicology Program and "there is no safe level of exposure to asbestos"; and

WHEREAS at least 90,000 people worldwide die each year from asbestos-related diseases from occupational exposure and currently there are over 22,000 Ontarians listed on the asbestos registry who have had over 2000 or more hours of on-the-job asbestos exposure; and

WHEREAS Canada opposed listing of chrysotile asbestos under the Rotterdam Convention on toxic substances and national and international interests are promoting the re-opening of Asbestos mines in Quebec;

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) directly, and in collaboration the Canadian Nurses Association and other stakeholders, advocate for the Governments of Ontario and Canada to promote a ban on the mining, processing, use and export of all forms of asbestos including chrysotile asbestos, and to promote implementation of a comprehensive national asbestos strategy.

Please refer to the separate materials consisting of a Briefing Note, which outlines the recommended changes to RNAO Bylaws, the proposed new RNAO Bylaws, and the proposed new RNAO Policies.

REGISTERED

NURSES'

ASSOCIATION

OF ONTARIO

FINANCIAL STATEMENTS

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October 31, 2011

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.

David McNeil, RN, BScN, MHA, CHE
President

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

KPMG LLP
Chartered Accountants
90 Allstate Parkway Suite 501
Markham ON L3R 6H3
Canada

Telephone (905) 479-1300
Fax (905) 479-1350
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, 2011, the statements of operations, changes in fund balances and cash flows for the year then ended, and 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 the auditor's 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, the auditor considers 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 the organization as at October 31, 2011 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

KPMG LLP

Markham, Ontario
March 3, 2012

Chartered Accountants
Licensed Public Accountants

REGISTERED NURSES' ASSOCIATION OF ONTARIO

STATEMENT OF FINANCIAL POSITION

AS AT OCTOBER 31, 2011

	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	MOHLTC Fund	Total 2011	Total 2010
ASSETS							
CURRENT ASSETS							
Cash	$ 3,243,263	$ 2,130	$ 101,695	$ 53,425	$ 1,001,537	$ 4,402,050	$ 3,940,849
Short-term investments (Note 3)	-	23,496	-	467,310	-	490,806	702,078
Accounts receivable and accrued interest	680,605	7,083	9,804	11,870	625,677	1,335,039	1,075,533
Prepaid expenses	221,798	-	-	-	1,962	223,760	212,025
	4,145,666	32,709	111,499	532,605	1,629,176	6,451,655	5,930,485
INVESTMENTS (Note 3)	870,517	481,376	3,224,125	474,406	-	5,050,424	8,216,714
LOANS RECEIVABLE	-	77,258	-	-	-	77,258	63,188
LOAN RECEIVABLE FROM GENERAL FUND (Note 4)	-	-	1,500,000	-	-	1,500,000	1,500,000
CAPITAL ASSETS (Note 5)	7,983,503	-	2,110,812	-	-	10,094,315	6,042,909
	$ 12,999,686	$ 591,343	$ 6,946,436	$ 1,007,011	$ 1,629,176	$ 23,173,652	$ 21,753,296
LIABILITIES AND FUND BALANCES							
CURRENT LIABILITIES							
Accounts payable and accrued charges	$ 1,473,179	$ -	$ 40,679	$ 13,766	$ 49,639	$ 1,577,263	$ 1,395,856
Deferred revenue (Note 6)	3,279,172	-	-	-	-	3,279,172	3,229,022
	4,752,351	-	40,679	13,766	49,639	4,856,435	4,624,878
DUE TO MINISTRY OF HEALTH AND LONG-TERM CARE (Note 7)	-	-	-	-	1,579,537	1,579,537	1,118,000
LOAN PAYABLE TO LEGAL ASSISTANCE FUND (Note 4)	1,500,000	-	-	-	-	1,500,000	1,500,000
	6,252,351	-	40,679	13,766	1,629,176	7,935,972	7,242,878
FUND BALANCES (Notes 8 and 9)	6,747,335	591,343	6,905,757	993,245	-	15,237,680	14,510,418
	$ 12,999,686	$ 591,343	$ 6,946,436	$ 1,007,011	$ 1,629,176	$ 23,173,652	$ 21,753,296

Commitments (Note 10) **Contingent Liability** (Note 11)

Approved by the Board:

David McNeil, RN, BScN, MHA, CHE
President

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

REGISTERED NURSES' ASSOCIATION OF ONTARIO

STATEMENT OF OPERATIONS

FOR THE YEAR ENDED OCTOBER 31, 2011

	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	MOHLTC Fund	Total 2011	(Note 14) Total 2010
REVENUES							
Memberships	$ 5,100,822	$ -	$ 1,056,456	$ -	$ -	$ 6,157,278	$ 5,926,586
Centre for Professional Nursing Excellence (Note 7)	1,858,352	-	-	-	-	1,858,352	1,487,662
Investment and other revenue	690,577	17,315	265,293	26,253	-	999,438	825,162
Membership programs and services	171,343	-	-	-	-	171,343	183,808
Grants (Note 7)	-	-	-	-	12,342,387	12,342,387	10,781,358
	7,821,094	17,315	1,321,749	26,253	12,342,387	21,528,798	19,204,576
EXPENSES							
Staff costs	2,878,738	-	140,000	-	-	3,018,738	2,703,034
Membership programs and services	2,230,792	-	-	37,500	-	2,268,292	2,091,793
Centre for Professional Nursing Excellence	1,201,534	-	-	-	-	1,201,534	681,025
Occupancy and administration costs	649,280	27	103,502	7	-	752,816	726,013
Executive	259,382	-	-	-	-	259,382	274,516
Policy	210,746	-	-	-	-	210,746	215,626
Information management and technology	55,517	-	-	-	-	55,517	60,899
Professional fees	60,554	-	259,866	-	-	320,420	286,585
Nursing education and other initiatives (Note 7)	-	-	-	-	12,342,387	12,342,387	10,781,358
	7,546,543	27	503,368	37,507	12,342,387	20,429,832	17,820,849
EXCESS OF REVENUES OVER EXPENSES BEFORE AMORTIZATION	274,551	17,288	818,381	(11,254)	-	1,098,966	1,383,727
AMORTIZATION	260,742	-	-	-	-	260,742	260,051
EXCESS OF REVENUES OVER EXPENSES	$ 13,809	$ 17,288	$ 818,381	$ (11,254)	$ -	$ 838,224	$ 1,123,676

REGISTERED NURSES' ASSOCIATION OF ONTARIO

STATEMENT OF CHANGES IN FUND BALANCES

FOR THE YEAR ENDED OCTOBER 31, 2011

	(Note 8) General Fund	Permanent Education Fund	(Note 9) Legal Assistance Fund	PhD Fellowships Fund	MOHLTC Fund	Total 2011	Total 2010
FUND BALANCES, beginning of the year	$ 6,698,877	$ 582,359	$ 6,094,283	$ 1,004,499	$ -	$ 14,380,018	$ 13,256,342
Excess (deficiency) of revenues over expenses	13,809	17,288	818,381	(11,254)	-	838,224	1,123,676
	6,712,686	599,647	6,912,664	993,245	-	15,218,242	14,380,018
Cumulative unrealized gains (losses) reported directly in the statement of changes in fund balances, beginning of year	67,004	(6,072)	69,468	-	-	130,400	110,873
Changes in unrealized gains (losses) on available-for-sale financial assets during the year	(32,355)	(2,232)	(76,375)	-	-	(110,962)	19,527
Cumulative unrealized gains (losses) reported directly in the statement of changes in fund balances, end of year	34,649	(8,304)	(6,907)	-	-	19,438	130,400
FUND BALANCES, end of the year	$ 6,747,335	$ 591,343	$ 6,905,757	$ 993,245	$ -	$ 15,237,680	$ 14,510,418

REGISTERED NURSES' ASSOCIATION OF ONTARIO

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED OCTOBER 31, 2011

	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	MOHLTC Fund	Total 2011	Total 2010
OPERATING ACTIVITIES							
Excess (deficiency) of revenues over expenses	$ 13,809	$ 17,288	$ 818,381	$ (11,254)	$ -	$ 838,224	$ 1,123,676
Charges to operations not involving cash:							
- amortization	260,742	-	-	-	-	260,742	260,051
	274,551	17,288	818,381	(11,254)	-	1,098,966	1,383,727
Change in non-cash working capital balance related to operations:							
Decrease (increase) in accounts receivable and accrued interest	(109,149)	377	25,474	1,899	(178,106)	(259,505)	(68,432)
Decrease (increase) in prepaid expenses	(9,773)	-	-	-	(1,962)	(11,735)	(40,016)
Decrease (increase) in loans receivable	-	(14,070)	-	-	-	(14,070)	(3,342)
Increase (decrease) in accounts payable and accrued charges	149,572	-	(5,104)	(1,399)	38,337	181,406	48,070
Increase (decrease) in deferred revenue	50,150	-	-	-	-	50,150	(191,111)
	80,800	(13,693)	20,370	500	(141,731)	(53,754)	(254,831)
Net cash generated from (used in) operating activities	355,351	3,595	838,751	(10,754)	(141,731)	1,045,212	1,128,896
INVESTING ACTIVITIES							
Decrease (increase) in cost of investments	2,063,668	(158,933)	935,901	214,693	-	3,055,329	378,694
Purchase of property and equipment	(2,201,336)	-	(2,110,812)	-	-	(4,312,148)	(69,795)
Net cash generated from (used in) investing activities	(137,668)	(158,933)	(1,174,911)	214,693	-	(1,256,819)	308,899
FINANCING ACTIVITIES							
Increase (decrease) in amounts due to the Ministry of Health and Long-Term Care	-	-	-	-	461,536	461,536	341,902
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS DURING THE YEAR	217,683	(155,338)	(336,160)	203,939	319,805	249,929	1,779,697
CASH AND CASH EQUIVALENTS, beginning of the year	3,025,580	180,964	437,855	316,796	681,732	4,642,927	2,863,230
CASH AND CASH EQUIVALENTS, end of the year	$ 3,243,263	$ 25,626	$ 101,695	$ 520,735	$ 1,001,537	$ 4,892,856	$ 4,642,927
CASH AND CASH EQUIVALENTS REPRESENTED BY:							
Cash	$ 3,243,263	$ 2,130	$ 101,695	$ 53,425	$ 1,001,537	$ 4,402,050	$ 3,940,849
Short-term investments	-	23,496	-	467,310	-	490,806	702,078
	$ 3,243,263	$ 25,626	$ 101,695	$ 520,735	$ 1,001,537	$ 4,892,856	$ 4,642,927

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 (the "Ministry"), administers a Nursing Education Initiative to fund education and training grants to eligible nurses and to encourage the development of training programs for nurses so that nurses' knowledge and skills will be increased to enhance the quality of care and services provided to patients (Note 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 tax.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Fund Accounting

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

Revenues and expenses relating to the activities of providing financial support by way of loans to members continuing their nursing studies are reported in the Permanent Education Fund. At October 31, 2011, there were 51 loans outstanding (43 at October 31, 2010).

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

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

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

Revenue Recognition

Membership fees relating to the current membership year are recorded as revenue in the accounts of the Association upon receipt. Membership fees received that correspond to the 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 revenues and recognized as income in the year the related expenses are incurred.

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

Revenue Recognition (cont'd...)

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

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

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

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

Capital Assets and Amortization

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

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

Amortization expense is reported in the General Fund.

Contributed Services

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

Cash and Cash Equivalents

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

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

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.

Use of Estimates

The presentation of financial statements in conformity with Canadian generally accepted accounting principles requires the Association to make estimates and assumptions which affect the reported amounts of assets and liabilities as at October 31, 2011, and the revenues 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 maturity that the Association has the positive intention and ability to hold to maturity are classified as held-to-maturity and are measured at their amortized cost. 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 (cont'd...)

The Association's investments consist of the following:

	2011		2010	
	Cost	Carrying Value	Cost	Carrying Value
General Fund				
Held-to-maturity	$ 770,000	$ 770,000	$ 1,700,000	$ 1,700,000
Available-for-sale	65,868	100,517	1,199,536	1,266,540
	835,868	870,517	2,899,536	2,966,540
Permanent Education Fund				
Held-to-maturity	419,119	419,119	395,490	395,490
Available-for-sale	94,057	85,753	100,229	94,157
	513,176	504,872	495,719	489,647
Legal Assistance Fund				
Held-to-maturity	2,971,186	2,962,926	4,142,794	4,142,794
Available-for-sale	259,845	261,199	299,279	368,747
	3,231,031	3,224,125	4,442,073	4,511,541
PhD Fellowships Fund				
Held-to-maturity	941,716	941,716	951,064	951,064
Available-for-sale	-	-	-	-
	941,716	941,716	951,064	951,064
	5,521,791	5,541,230	8,788,392	8,918,792
Less: held-to-maturity investments maturing in the next twelve months				
General Fund	-	-	-	-
Permanent Education Fund	23,496	23,496	164,972	164,972
Legal Assistance Fund	-	-	275,141	275,141
PhD Fellowships Fund	467,310	467,310	261,965	261,965
	490,806	490,806	702,078	702,078
	$ 5,030,985	$ 5,050,424	$ 8,086,314	$ 8,216,714

Held-to-maturity investments maturing in the next twelve months consist of bonds and term deposits maturing at various times within the next year. These investments bear effective interest rates from 2.60% to 5.06% (2010 - 2.8% to 5.8%) 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 2.67% to 4.51% (2010 - 2.6% to 5.06%) per annum, with maturity dates ranging from 2012 to 2016.

4. LOAN RECEIVABLE FROM GENERAL FUND

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

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

5. CAPITAL ASSETS

	2011			2010
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land				
General Fund	$ 4,385,262	$ -	$ 4,385,262	$ 2,274,450
Legal Assistance Fund	2,110,812	-	2,110,812	-
Building	4,422,428	1,097,754	3,324,674	3,444,215
Office furniture and equipment	507,076	280,279	226,797	276,020
Computer hardware	159,620	123,945	35,675	46,482
Computer software	174,271	163,176	11,095	1,742
	$ 11,759,469	$ 1,665,154	$ 10,094,315	$ 6,042,909

During the year, 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:

	2011	2010
Membership fees received for the upcoming membership year	$ 2,857,540	$ 2,789,577
Centre for Professional Nursing Excellence	208,960	212,729
Deposits received for upcoming conferences	212,672	226,716
	$ 3,279,172	$ 3,229,022

7. DUE TO MINISTRY OF HEALTH AND LONG-TERM CARE

The Association receives monies from the Ministry to fund the various programs within the Nursing Education Initiative and other programs. These monies are advanced in accordance with agreements between the Association and the Ministry. The Association has signed an Agreement with the Ministry of Health and Long-Term Care for the period April 1, 2009 to March 31, 2012 in relation to Clinical Best Practice Guidelines, Healthy Work Environment Best Practice Guidelines, Advanced Clinical Fellowships, Recruitment and Retention and Nursing Education Grants programs. In the event of termination of the Agreement, the Ministry of Health and Long-Term Care 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 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 patient care. Management believes the Ministry of Health and Long-Term Care is fully committed to these projects.

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

	2011	2010
Education Grants	$ 5,396,507	$ 4,159,643
Best Practice Guidelines	2,084,714	2,187,215
Long-Term Care Best Practice Co-ordinators RNs	1,841,429	834,032
Advanced Clinical Fellowships	662,113	570,292
Smoking Cessation	503,586	423,743
Best Practice Guidelines - Healthy Work Environment	429,477	431,708
Recruiting and Retention	409,422	474,017
Nurse e-Health	349,979	325,000
Nursing Retention Fund	226,373	313,789
Long-Term Care Best Practice Co-ordinators Administration	215,793	440,977
Methadone Maintenance	192,736	185,000
ECHO Mid-Life	30,258	-
Personal Digital Assistant Initiative	-	435,942
	$ 12,342,387	$ 10,781,358

The above-noted MOHLTC fund expenditures include the following amounts paid to the Association's General fund: $488,430 (2010 - $458,747) for estimated staff costs related to non-MOHLTC fund employees who work on MOHLTC fund programs during the year; $172,000 (2010 - $173,370) for the MOHLTC fund's estimated share of office administration and overhead costs such as office supplies, telephone, and utilities; $85,000 (2010 - $85,000) management fee. These costs are set forth in the agreements with the Ministry 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 $178,923 (2010 - $267,984) paid to the Association's Centre For Professional Nursing Excellence for providing MOHLTC-funded programs and services. These amounts are recorded as revenues of the Centre For Professional Nursing Excellence in the general fund.

7. DUE TO MINISTRY OF HEALTH AND LONG-TERM CARE (cont'd...)

Due to the timing differences in year-ends between the Association (October 31) and the Ministry (March 31) and in the receipt of funding from the Ministry 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 the Ministry at the conclusion of the program, subject to the Ministry's annual review of the individual programs. Any unspent funding on-hand is therefore shown as due to the Ministry of Health and Long-term Care. Subsequent to year-end, the Association has incurred expenditures out of this balance to deliver services in accordance with the annual agreements with the Ministry.

The balance due to the Ministry is summarized as follows:

	2011	2010
Balance, beginning of the year	$ 1,118,000	$ 776,098
Funding received	12,992,390	11,123,421
Interest earned on funds	3,663	175
Spending of BPG sales approved by the Ministry	(8,406)	-
Expenses incurred	(12,342,387)	(10,781,358)
Previous years' unspent funding returned to the Ministry	(183,723)	(336)
Balance, end of the year	$ 1,579,537	$ 1,118,000

Included in the balance of unspent funding due to the Ministry as at October 31, 2011 is $142,978 (2010 - $139,315) in accumulated interest income earned on funding received from the Ministry.

8. CHANGES IN GENERAL FUND BALANCE

	Invested in Capital Assets	Unrestricted	Best Practice Guideline Sales	Total Fund
Balance, October 31, 2010	$ 6,042,909	$ 655,968	$ -	$ 6,698,877
Excess (deficiency) of revenues over expense from operations	(260,742)	133,900	53,399	(73,443)
Transfer of funds	-	(32,815)	32,815	-
Investment income	-	87,252	-	87,252
Net investment in capital assets	2,201,336	(2,201,336)	-	-
Total excess (deficiency) of revenues over expenses	1,940,594	(2,012,999)	86,214	13,809
	7,983,503	(1,357,031)	86,214	6,712,686
Cumulative unrealized gains reported directly in the statement of changes in fund balances, beginning of year	-	67,004	-	67,004
Changes in unrealized loss on available-for-sale financial assets during the year	-	(32,355)	-	(32,355)
Cumulative unrealized gains reported directly in the statement of changes in fund balances, end of year	-	34,649	-	34,649
Balance, October 31, 2011	$ 7,983,503	$ (1,322,382)	$ 86,214	$ 6,747,335

9. CHANGES IN LEGAL ASSISTANCE FUND BALANCE

In a prior year, the Board internally restricted $250,000 of the unrestricted balance of the Legal Assistance Fund to be used in support of legal fees in cases related to pay equity. No legal fees were paid out of this appropriation during the current year for pay equity related cases. The total legal fees paid to October 31, 2011 from these internally restricted funds are $226,910, leaving a balance of $23,090 available for the future.

	Internally Restricted	Unrestricted	Total Fund
Balance, October 31, 2010	$ 23,090	$ 6,071,193	$ 6,094,283
Excess of revenues over expenses from operations	-	553,088	553,088
Investment income	-	265,293	265,293
Total excess of revenues over expenses	-	818,381	818,381
	23,090	6,889,574	6,912,664
Cumulative unrealized gains reported directly in the statement of changes in fund balances, beginning of year	-	69,468	69,468
Changes in unrealized gains on available-for-sale financial assets during the year	-	(76,375)	(76,375)
Cumulative unrealized gains reported directly in the statement of changes in fund balances, end of year	-	(6,907)	(6,907)
Balance, October 31, 2011	$ 23,090	$ 6,882,667	$ 6,905,757

10. COMMITMENTS

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

2012	$ 37,145
2013	$ 37,145
2014	$ 29,262

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 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
Accounts payable and accrued charges	Other financial liabilities	Amortized cost
Loan from 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 net assets until realized, at which time they are recognized in the statement of operations.

12. FINANCIAL INSTRUMENTS (cont'd...)

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.

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:

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.

The maximum exposure to credit risk at October 31, 2011 is as follows:

	2011	2010
Cash	$ 4,402,050	$ 3,940,849
Accounts receivable and accrued interest	1,335,039	1,075,533
Loans receivable	77,258	63,188
Fixed income investments	5,102,021	7,189,348
	$ 10,916,368	$ 12,268,918

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.

12. FINANCIAL INSTRUMENTS (cont'd...)

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.

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.

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, 2011 the Association has total cash balances of $6,903 (2010 - $55,340) denominated in U.S. dollars. The Association does not have any accounts receivable or investments denominated in U.S. dollars.

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.

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.

12. FINANCIAL INSTRUMENTS (cont'd...)

Interest Rate Risk (cont'd...)

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, 2011 the Association had $5,102,021 (2010 - $7,189,348) of investments exposed to interest rate risk. Accounts receivable are not exposed to interest rate risk.

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 risk).

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

At October 31, 2011 the Association had $5,541,230 (2010 - $8,918,792) 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.

$993,245 (2010 - $1,004,499) 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 also has $23,090 (2010 - $23,090) internally restricted in its Legal Assistance Program Fund.

14. COMPARATIVE FIGURES

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

15. FUTURE ACCOUNTING CHANGES

International Financial Reporting Standards

The Accounting Standards Board has announced that all Canadian reporting entities, subject to certain exceptions which include not-for-profit organizations, will adopt International Financial Reporting Standards (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 the new standard from the Canadian Institute of Chartered Accountants (CICA) for not-for-profit organizations commencing for the fiscal year beginning November 1, 2011.

NOTES

RNAO BOARD OF DIRECTORS 2011-2012

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Rhonda Seidman-Carlson	President-Elect
Doris Grinspun	Chief Executive Officer

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Cheryl Yost	Region 2 Representative
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Una Ferguson	Region 10 Representative
Paul-André Gauthier	Region 11 Representative
Kathleen Fitzgerald	Region 12 Representative

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Kathleen White-Williams	MAL Nursing Education
Sheryl Bernard	MAL Nursing Practice
Raquel Meyer	MAL Nursing Research
Maureen Cava	MAL Socio-Political Affairs

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