



ADVANCE

R E P O R T 2017-2018

**POWERING
NURSING
to ADVANCE
HEALTH**





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NURSING
to ADVANCE
HEALTH**

ANNUAL
REPORT
2017-2018

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RNAO's Mission

We are the professional body representing registered nurses, nurse practitioners and nursing students in Ontario. We advocate for healthy public policy, promote excellence in nursing practice, and empower nurses to actively influence and shape decisions that affect the profession and the public they serve.

RNAO's Values

We believe health is a resource for everyday living and health care is a universal human right. We respect human dignity and are committed to diversity, inclusivity, equity, social justice, and democracy. We believe the leadership of every nurse advances individual and collective health.



Doris Grinspun



Carol Timmings

A message from RNAO's President and our CEO

“There is no magic in the word association... We must never forget that the ‘individual’ makes the association. What the association is depends on its members. A nurses’ association can never be a substitute for the individual nurse. It is she, who must, each in her own measure, give life to the association, while the association helps her.”

Florence Nightingale, 1859

The theme for this year’s annual general meeting (AGM) – Powering nursing to advance health – illustrates how we, as a collective, advance RNAO’s work by powering our members to strengthen nursing, health, and health care.

On the policy and political action front, you are powered by being a member of a professional association that is always ahead of the curve and that always has your back. RNAO powers members by providing evidence-based tools and advocacy training. Members – 41,130 powered RNs, NPs and nursing students – display their values-driven, evidence-based and courageous leadership in multiple ways. In meetings with members of provincial parliament (MPPs) during our annual Queen’s Park on the Road, Take Your MPP To Work and Queen’s Park Day political events. By responding to action alerts, speaking with the media, and more. As members, you give life to RNAO’s backgrounders and other evidence-based materials and impress MPPs on the urgency of the issues discussed. And, it is you who can take pleasure in the long-term impact of your well established relationships with MPPs when following your meetings, they bring RNAO and your issues to the legislature for debate. Not all members can get equally involved. Family commitments and work demands allow each member to have periods of heightened engagement and periods of reprieve. To them we say: You are equally important, and by simply being a member, you add power to our voice.

On the nursing practice front, you are powered by being a member of a professional association – RNAO – that is a world renowned leader in best practice guidelines (BPG) development, implementation, and evaluation. An association that is powering nurses – NPs, RNs, RPNs, and LPNs – as well as other regulated and unregulated health professionals, to have at their fingertips, evidence-knowledge tools and the “know how” to use these and evaluate their impact. As an association we hear you say over

and over that you feel proud to belong because as individuals and as a collective, we are generous and share broadly. All we expect in return is excellence in clinical practice and the creation of healthy work environments for all.

Members and guests at this year's AGM will also witness our capacity of powering health-care and academic organizations as we celebrate 14 new designated Best Practice Spotlight Organizations (BPSO). Their commitment to sustained implementation of BPGs illustrates their desire to provide evidence-based care for their patients, clients, residents, and communities. And, you will also see another formidable contribution of RNAO's expertise in powering hundreds of thousands at home and abroad, as we release our new book *Transforming Nursing Through Knowledge: Best Practices for Guideline Development, Implementation Science, and Evaluation*. From its conceptual and programmatic underpinnings to lived experiences of faculty, students, nurse executives, and direct care nurses the book – in its transparency – leaves no stone unturned, allowing readers to gain a full understanding of a nurse's role in developing, using, and evaluating the impact of knowledge tools in health care. Authors Doris Grinspun and Irmajean Bajnok, designed this text to be a practical, go-to book for health-care organizations, policy makers, executives, clinicians, faculty, students, and others learning how to create an evidence-based culture, how to get started, move forward, and achieve practice and policy results. At this AGM, we will celebrate 20 years of our best practice guidelines program. Happy birthday BPG program, this book is your awesome gift!

The pages of this annual report tell the story of our accomplishments together, and the contributions we have made over the past year to our profession, the health of Ontarians and the health-care system. Pages four to nine show the gains in membership. Pages 10 to 19 highlight our gains in policy. And pages 20 to 25 highlight the gains in our BPG program. Through these pages you will marvel at your contagious energy and engagement, knowing that for us - the sky is the limit.

The knowledge, dedication and compassion of our members make us immensely proud to lead this organization. And for that, we want to thank each of our 41,130 RNs, NPs and nursing students who proudly call this "my professional association."

On behalf of your board and home office staff, we thank you for owning RNAO and harnessing the power to speak out for nursing and speak out for health. Your values-anchored leadership, informed by evidence, and fueled with courage, power you and all of us as a collective to do what's best for Ontarians. And we know that what's best for Ontarians is also best for RNs, NPs and nursing students. This is why our membership continues to thrive. We have grown substantially and will continue to grow thanks to the power of each and every one of you.

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

Carol Timmings, RN, BScN, MEd (Admin.)
PRESIDENT

POWERING NURSING

with RNAO's dynamic membership

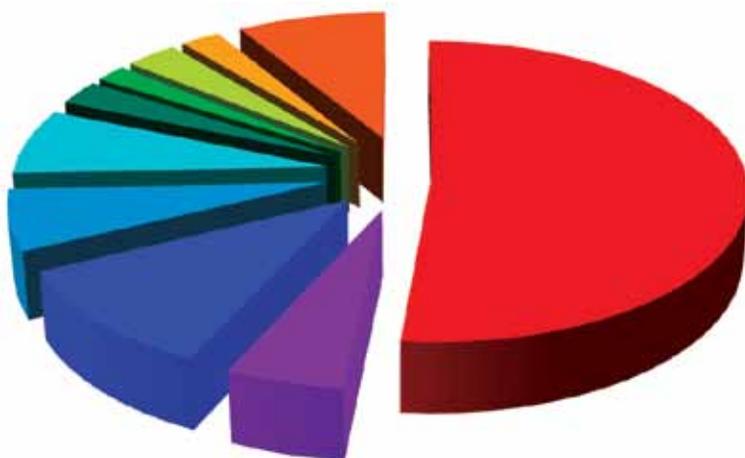
They say there is 'strength in numbers.' That is certainly true of RNAO's growing, engaged, and dynamic membership.

41,130 RNs, NPs and nursing students fuel RNAO's energy and together, we advance health for all: Individuals and

communities - in Ontario, Canada and abroad.

We thank our members for powering RNAO's board of directors, assembly and staff. The annual fall tour was one of those moments where members powered RNAO in communities in southwestern, northern and central Ontario. We heard about the need for more NPs and how RN replacement affects the ability to deliver the best care for patients. Health disparities in the north, access to mental health and addiction services, and the career prospects that await nursing students were also top of mind. These are issues RNAO has concentrated on with laser-like focus and we will continue to advance.

Whether our members are meeting with an MPP or local councillor, calling for an urgent health policy change, helping to develop and/or implement BPGs, collaborating with fellow health professionals, advocating for a patient or a community, making the case for practice changes in workplaces and places of study, conducting evidence-based research, managing health services, or educating the RNs and NPs of tomorrow, their power with RNAO counts!



RNAO membership by sector 2017

- HOSPITAL CARE **52%**
- PUBLIC HEALTH **5%**
- PRIMARY CARE **11%**
- HOME HEALTH CARE **6%**
- LONG-TERM CARE **7%**
- UNIVERSITY **3%**
- COMMUNITY COLLEGE **2%**
- GOVERNMENT **3%**
- SELF-EMPLOYED **2%**
- OTHER **9%**

41,130 RNs, NPs and nursing students



Above: Kerrie Pickering, president of RNAO's Ontario Nurses for the Environment Interest Group (ONEIG) (far left) discussed the health risks associated with nuclear power at a media conference on May 18, 2017 at Queen's Park. Pickering joined two other speakers urging the province to adopt a better nuclear preparedness plan given the close proximity of nuclear reactors to the Great Lakes.



Above: Primary care NP Mae Katt (left) and Larissa Gadsby, an NP who works in pediatrics, co-hosted RNAO's 4th annual NP Knowledge Exchange Forum in November 2017. The pair also share duties as co-chairs of RNAO's Nurse Practitioner Interest Group (NPIG).

RNAO membership 2008-2017



Below: During her annual fall tour visit to the Brant Haldimand Norfolk chapter on Oct. 4, 2017, RNAO CEO Doris Grinspun (second from the right) visited the New Mississaugas of the New Credit First Nation health centre. Also on hand from left to right are: Kimberley Meier, chapter president, councillor Cathie Jamison, Pat Mandy, former CEO for the Hamilton Niagara Haldimand Brant Local Health Integration Network, and community health nurse Maggie Copeland.



Below: Kenora was one of the fall tour stops for President Carol Timmings (centre). She toured Lake of the Woods District Hospital with Kathleen Fitzgerald, co-president of the Kenora Rainy River chapter and a former RNAO board member (left) on Oct. 6, 2017. Also on hand for the visit was Chief Nursing Executive Donna Makowsky.



in the news

The Star
Jan. 17, 2018

Councillors ask city to approve review of shelter services

The motion asks council to approve a review of the potential creation of at least 1,000 new shelter beds, as well as examine existing shelter and winter respite services, including how those services are funded by the city.

Above: Cathy Crowe, a Toronto street nurse and a 2017 recipient of the Order of Canada, discussed the need for more shelter beds with Toronto MP Adam Vaughan during a Jan. 9, 2018 ceremony to commemorate the number of people who have died while living on the street.



Left: Several members of Region 6 took part in the Great Lakes Water Walk Sept. 24, 2017 to raise awareness of the importance of clean water. Board representative Hilda Swirsky (left) and Kamala Persad-Ford, assembly representative (right) stopped near Toronto's waterfront with Lucy Cummings, executive director Faith and the Common Good, a group that helps faith communities make the connection between their beliefs and the environment.



Left: Pride 2017 festivities coincided with RNAO's Rainbow Nursing Interest Group's 10th anniversary. On hand for the parade were RNAO CEO Doris Grinpsun (bottom left) with Johnathon Martin, RNIG co-chair (bottom right). RNIG members Linda Holm and Jenelle Brecevic (top left and centre) are joined by Kimberly Gouldstone, an RN who said she waited 50 years to come out as a transgender woman.



Left: Durham Northumberland chapter set up an information booth at Southlake Regional Hospital during Nursing Week 2017 to talk about the benefits of RNAO membership. Chapter volunteers spoke to more than 200 RNs and NPs at the hospital's four different sites. Chapter executive member Tuberly Zaheeruddin (left) posed with Jennifer Killin, an administrative assistant at the hospital.



Left: Parish nurse Lanadee Lampman (right) with Kathy Biasi, a drop-in coordinator at Toronto's St. James Cathedral pose next to a sharps drop box Lampman arranged to get on church property to ensure safe disposal of used needles.



Left: A large and enthusiastic contingent of nursing students took part in RNAO's February 2018 assembly meeting. Seated in front is Akuah Frempong, recent BScN graduate who is back at school working on her masters in nursing.



Above: A group of RNs and nursing students set up a booth at the Ontario Universities' Fair in Toronto in September 2017. From left to right are: RNAO senior research associate Yonda Lai, nursing students Isabelle Roberge and Tasha Hill, and nursing grad Eric Johnson.



Above: Nursing students who attended RNAO's September 2017 assembly and board meetings pose outside home office. From left to right are: Membership Project Co-ordinator David McChesney, Sheila Ti-Diaz, Sam Perikala, Safia Mossi and Burton Mohan.

POWERING NURSING

with **policy analysis** and political advocacy

When it comes to policy and political action, RNAO powers its members with the latest evidence in the form of backgrounders, submissions and reports; as well as action alerts and other advocacy tools so members are well prepared to press for organizational and health system change.

Patients and members of the public also have an important voice at RNAO. In fact, we have long argued that a

well-run health system is only possible if patients are its centrepiece. This core belief is integral to our work with the Patient and Public Engagement Council (PPEC). This past year, we marked another milestone when Sholom Glouberman, PPEC co-chair, joined RNAO's board of directors, and Janet Roberts, PPEC co-chair, joined the NQuIRE advisory council. The PPEC bring a vital lens to discussions and debates about nursing, health and health-care policy and practice.



Above: RNAO's Patient and Public Engagement initiative continued during the past year with the formation of a council to guide its work. From left to right are: Michael Creek, Natalie Hamilton-Martin, Tami Sukhdeo, Janet Roberts (co-chair), Susan Gapka, Sholom Glouberman (co-chair), Brian Clark, Brenda Tan, Lisa Levin, Mark O'Gorman, Valerie Grdisa (RNAO staff support), and Sarah Boesveld (RNAO staff lead). The council also includes Mae Katt and Sol Mamakwa.

That patient and public lens is also present in the election platform we unveiled at Queen's Park Day in February, 2018. The mandate of the current government is coming to an end and voters go to the polls on June 7. As we reflect on the policy gains we have achieved over the past year, we must also set our sights

on the priorities ahead. They are detailed in *Improving Health For All*, RNAO's policy platform and technical backgrounders for the 2018 provincial election. With this evidence in hand, members will continue to be powered to press for the policy improvements that must be made.



Above: Knowing that health will be a key focus of this year's provincial election, RNAO released its policy platform *Improving Health For All* during Queen's Park Day. President Carol Timmings (left) and CEO Doris Grinspun listed the platform's five areas and recommendations at a media conference on Feb. 22. They include access to nursing care, health system transformation, living standards, the environment and the government's fiscal capacity.

Here is a review of the past year:

Nursing Human Resources and Practice Scope

Powered RNs, NPs, and nursing students – members of RNAO – supported by home office, secured progress on several RN and NP priority matters. For RNs, this includes: RN prescribing; adding nurses to the list of first responders who can access benefits for post traumatic stress disorder; and authorizing RNs to fill out all parts of the Ontario Disability Support Program (ODSP) forms. Together with Aaron Clark, chair of our Mental Health Nursing Interest Group and his executive team, we successfully insisted that RNs continue to be able to initiate the controlled act of psychotherapy, and we have the minister's support for that. Now, it is up to the CNO to lift its requirement that qualified RNs must obtain an order to initiate psychotherapy, and outline the appropriate guidelines and standards for RNs to continue to independently initiate treatment.

This year, we mark 20 years since Bill 127 was proclaimed into law, making Ontario the first Canadian jurisdiction to legally recognize the role of NPs. Huge progress has been made since then and it is chronicled in a feature story in the March/April 2018 issue of *Registered Nurse Journal*. For NPs, this past year, advocacy and progress includes: ensuring NPs are able to prescribe all controlled substances. And, eligible NPs can register through RNAO to qualify through the Palliative Care Facilitated Access (PCFA) program,

to provide high-strength and long-acting opioids for palliative and end-of-life care. Another gain was eliminating some of the outstanding NP scope of practice gaps, including authority to order and perform ultrasounds and order all x-rays as of April 1, 2018. In addition, the government announced \$22.2 million in funding for 2017, and \$31.7 million in 2018 and 2019, to retain and attract non-physician health-care professionals in primary care, including NPs and RNs.

There is one critical area where we have not reached the finish line and that is ending RN replacement. We ramped up our pressure on this issue with the May 2017 release of the largest and most comprehensive publicly available database ever produced on *RN Effectiveness*. Spanning 70 years of research, 95 per cent of the 626 research studies included in the database show RNs improve outcomes for patients, organizations, and the health system

Windsor Star
May 7, 2017

Ontario nursing head alarmed over decrease in number of RNs working in the province

The head of the Registered Nurses' Association of Ontario is ringing an alarm bell that the province must halt the slide in the percentage of registered nurses working in Ontario.

CBC News
Feb.21, 2018

Easing suffering: Ontario nurse practitioners given authority to prescribe high-dose painkillers

Nurse practitioners had to consult with a PCFA physician before their patients had access to those high-strength drugs, the Registered Nurses' Association of Ontario (RNAO) explained in news release earlier this month.

Below: RNAO kicked off Nursing Week 2017 with the release of the largest and most comprehensive publicly available database of evidence into RN effectiveness. RNAO's Zainab Lulat (left), CEO Doris Grinspun (centre) and President Carol Timmings, presented the association's research findings at a media conference at Queen's Park. Ninety-five per cent of the database's 626 research studies demonstrate the positive impact RNs have on patients, organizations and health systems.



as a whole. RNs decrease mortality, decrease morbidity caused by ulcers, infections and other complications, increase quality of care and patient satisfaction and result in lower financial costs. Anyone can access this data and see for themselves that RNs keep patients safer, deliver higher health and clinical outcomes, and cost health organizations and the health system less. More than 25,000 RNs, NPs, nursing students and members of the public responded to RNAO's action

alerts demanding that government intervene and stop RN replacement. Unfortunately, nothing has happened. And, as we highlighted in the 2016 *Mind the Safety Gap* report, the share of RNs in Ontario's nursing workforce has been steadily declining for years and continues to drop. Shamefully, Ontario has the lowest RN-to-population ratio in Canada. This underscores the need to step up our actions, adding pressure during the election period to ensure we put a stop RN replacement.

When former RN Elizabeth Wettlaufer was sentenced in June 2017 to life in prison after pleading guilty to eight counts of first-degree murder, four counts of attempted murder, and two counts of aggravated assault, RNAO was the first to call for a full public inquiry that we demanded be broad-based. We welcomed the announcement of Justice Eileen Gillese and urged her to investigate and make recommendations in two areas. First, anything and everything that may

have contributed to the horrific loss of lives Wettlaufer caused. Second, the failings in our long-term care (LTC) system that challenge the delivery of care, including the archaic funding and staffing models that do not match current residents' needs or a home's performance. We insist on a staffing model of at least 20 per cent RNs, 25 per cent RPNs, and no more than 55 per cent PSWs, as well as one NP for every 120 residents in all

nursing homes across Ontario. Currently, the vast majority of care in Ontario LTC homes is provided by unregulated staff; only nine per cent is RNs and 17 per cent is RPNs. With RNAO's evidence-based staffing and our powered members, we will demand positive change – during the inquiry and during the election campaign – to ensure seniors live with dignity and their needs are met.



Left: Ontario's new health minister Helena Jaczek (centre) is no stranger to the health file or to RNAO. The physician began her new duties on Feb. 26, 2018. Last fall, she met with RNAO's president-elect Angela Cooper Brathwaite (right) and Philicia Joseph, finance officer for the association's International Nursing Interest Group (INIG) during a Queen's Park on the Road (QPOR) visit in Jaczek's constituency office in Markham.



Left: Aaron Clark (left), president of RNAO's Mental Health Nursing Interest Group and Janet Hunt, policy and political action officer for the Middlesex-Elgin chapter (right), met with PC Health Critic Jeff Yurek at his London office as part of a Queen's Park on the Road (QPOR) MPP visit in October 2017. A total of 51 MPPs took part in local constituency meetings with RNAO members.

Health system transformation

Anchoring the health system in primary care has always been a policy priority of RNAO. That is why our members were pleased that following RNAO and the Ontario Primary Care Council's pressure, then minister of health Dr. Eric Hoskins issued directives to the LHINs to develop plans and report on the percentage of RN care co-ordinators they would locate

in primary care settings. RNAO will continue to pursue this policy agenda because the hallmark of a high performing health system is a robust primary care sector that includes care co-ordinators.

Thanks to RNAO's and its powered members' advocacy, people who suffer from diabetic foot ulcers received welcome



Left: PC MPP Vic Fedeli (left) met with RNAO members over breakfast on Queen's Park Day (Feb. 22). From left to right are: Fedeli, region six assembly representative Kamala Persad-Ford, Susan Gapka, a member of the association's Patient and Public Engagement Council, Sanja Visekruna, policy and political action representative for the Diabetes Nursing Interest Group, and Anne Marie Mohler, president of the Parish Nursing Interest Group (PNIG).



Above: Mahoganie Hines, policy and political action representative for Niagara chapter sat down with her local MPP Wayne Gates (NDP) during Queen's Park Day. RNAO members met with 45 MPPs over breakfast.



Above: Members of Sudbury and district chapter met with their local representative during Queen's Park Day. Maria Casas, policy and political action representative and chapter president David Giroux discussed health issues with NDP Health Critic France Gélinas (middle).

news from the province. In November, the government announced \$8 million in funding (over three years) to cover the cost of offloading devices, which are designed to relieve pressure. People with diabetes often lose sensation in their feet, which can result in bumps, bruises and cuts going unnoticed. If pressure is not relieved, such wounds can deteriorate to the point where amputation is the only option. Figures from Diabetes Canada show that 27,600 Ontarians were diagnosed with a diabetic foot ulcer in 2015. Each year, more than 2,000 people endure painful and costly amputations as a result of their condition. The fact that more than 85 per cent of these amputations are preventable underscores the scope of the problem and the praise the funding received from patients and health professionals. RNAO led the powerful advocacy, along with Wounds Canada, that resulted in the funding announcement.

Evidence propelled RNAO's advocacy on another critical issue: Supervised Injection Services (SIS). Many RNs and NPs are working on the front lines of the opioid crisis, saving lives and promoting a harm reduction approach to drug use. In Ottawa and Toronto, where incidents of overdose reached a crisis during the past year, RNAO members Marilou Gagnon and Leigh Chapman took centre stage helping launch pop-up overdose prevention services to support people at risk for overdose. While these courageous members led the charge, they knew RNAO as a collective had their backs. Members signed action alerts and RNAO's CEO took every opportunity to press politicians to open planned SIS sites in Toronto and urge that services in other communities be also opened. On Jan. 11, 2018, the health ministry addressed an ongoing concern of RNAO's when it announced an expedited process to apply for provincial approval and funding for overdose prevention sites.

Over the past year, Shirley Kennedy, president of the Ontario Correctional Nurses' Interest Group (OCNIG), worked side-by-side with RNAO home office in advocating for critical changes to the provincial correctional system. This includes helping shape the recommendations of Howard Sapers who led an independent review of Ontario's corrections system including prohibiting the use of segregation of vulnerable populations, such as those with mental illness at risk for suicide, as well as direction for comprehensive reform. RNAO's ongoing advocacy will be needed to ensure passage of Bill 6, *Correctional Services Transformation Act, 2018*, as well as moving responsibility for health services from the Ministry of Community Safety and Correctional Services to the Ministry of Health and Long-Term Care (MOHLTC).



Left: Liberal MPP Bob Delaney (third from left) met with nursing staff at Mississauga's Credit Valley Hospital as part of RNAO's Take Your MPP To Work event during Nursing Week 2017. From left to right are: Jackie Rodericks, Lauren Edwards, Delaney, Alison George, RNAO member Tammie Roy, Cynthia Farrell, RNAO member Liz Tkaczyszyn, RNAO member John Raposo, RNAO member Janet Cadigan. RNAO member Cheryl DeLugt is kneeling.

Below: Premier Kathleen Wynne joined members at Toronto's Sunnybrook Hospital as part of a Take Your MPP To Work visit organized by RNAO. During her visit, she learned about the benefits of having NPs on staff. Pictured here are: Lhamo Dolkar, region 7 board representative (left), NP Jo Watson (centre) and Premier Kathleen Wynne.



Left: RNAO's CEO Doris Grinspun addressed the media following the release of a report on the state of corrections in Ontario on May 4, 2017. Grinspun applauded the review, which reinforced RNAO's recommendation that responsibility for inmate health be transferred from the Ministry of Community Safety and Correctional Services to the Ministry of Health and Long-Term Care.

Right: RNAO CEO Doris Grinspun stopped to talk to Shane Choinard after speaking at a media conference at Toronto's City Hall about solutions to the problem of homelessness on Jan. 9, 2018.



Social Determinants of Health

RNAO members know that living in poverty is a major determinant of ill health. This is why RNs, NPs and nursing students, powered by our policy backgrounders and by the courage of their convictions, pressured the government and both opposition parties to increase the minimum wage to \$14 per hour. This significant increase from \$11.60 per hour came into effect on Jan. 1, 2018, along with other necessary changes to labour laws to ensure equal pay for temporary, casual and part-time work, more vacation days, and 10 job-protected personal emergency leave days. We will continue our advocacy to ensure the parties that hope to form the next government raise the minimum wage to \$15 per hour on Jan. 1, 2019 to help lift working Ontarians out of poverty. Improving Ontario's social assistance system continues to be a key priority to improve the health of all Ontarians. The summer and fall of 2017 marked the enrolment of community members in Hamilton, Thunder Bay, and Lindsay into Ontario's Basic Income Pilot (which was the focus of RNAO's 2016 resolution). Also, as of Jan. 15, 2018, RNs are now authorized to complete all sections of the Ontario Disability Support Program (ODSP) forms used to determine eligibility as well as medical review forms. RNAO welcomed the release of the Income Security Reform Working Group report, *Income Security: A Roadmap for Change*, and together with our

members, and community allies, we will continue to urge for its swift and full implementation.

Housing and shelters are also key issues for RNAO. Winter's icy grip made life even more challenging for those who live on the street. The sustained cold temperatures experienced in December and January exposed the urgent need for action to improve their lives, not only in big cities but across the province. On any given night, 12,000 people across the province seek shelter services. Yet, while RNAO's call to improve and provide adequate shelter space will continue, we know that shelters are only a temporary answer. That's why in addition to increasing shelter capacity of high quality and inclusive of health services, RNAO is also urging targeted funding of one per cent (\$1.5 billion) of Ontario's overall budget to build new units of affordable and accessible housing and fix the backlog of existing units needing repair.

Environmental Determinants of Health

Florence Nightingale always said that the environment matters. The nursing icon spoke about patients needing clean and fresh air. Ms. Nightingale would be thrilled to hear RNAO members consider environmental issues as a key determinant of health. And, when we say that members power RNAO it is because they do. It was a member who drew our attention to the

province's lack of preparedness in the event of the nuclear disaster. Kerrie Pickering, president of the Ontario Nurses for the Environment Interest Group (ONEIG) powered the public when she represented RNAO at a media conference last May, alongside other environmental advocates, and urged the province to develop an emergency plan given the risks of having nuclear plants near the Great Lakes. Citing risks such as food and water contamination and radiation, Pickering used the 2011 Fukushima nuclear disaster in Japan as an example of lessons that need to be learned. Further advocacy in the fall of 2017 by groups including RNAO, persuaded Toronto City Council and its executive committee to call on Ontario to take a strong precautionary approach to nuclear disaster preparedness. When it comes to climate change and clean air, RNAO has been a staunch advocate of carbon pricing, which Ontario implemented through its cap-and-trade program in 2017. Powered by members, we need to ensure that the province's carbon pricing system allows it to meet our greenhouse gas emission targets, including making polluters pay for the full cost of the pollution they create. And, we are also demanding that Ontario work with federal and municipal governments to obtain dedicated funds for transit expansion and active transportation, to avoid privatizing public assets.

Fiscal Responsibility

As a powerful and powered collective, RNAO knows it costs money to deliver programs. Political parties will say there is only so much money to go around. The fact is Ontario spends less on programs than other provinces as a share of gross domestic product. That must change if we are to secure the province's fiscal capacity to deliver

more programs that will improve health for all.

We count on our members – 41,130 RNs, NPs, and nursing students – guided by common values and powered by evidence-based resources and advocacy “know-how,” to continue being courageous to make a profound difference for nursing, health and health care.

in the news

Toronto Star
May 23, 2017

Pressure builds on city hall to fund climate plan

More than three dozen non-profits, unions, businesses and others are urging Mayor John Tory to fully adopt and implement city staff's ambitious plan to slash Toronto's greenhouse gas emissions.

Signatories include leaders of the Registered Nurses' Association of Ontario, Building Owners and Managers Association of Greater Toronto Area, CivicAction, CEE Centre for Young Black Professionals, Unifor, Ontario Clean Alliance, the director of the U of T's School of the Environment and former mayor David Crombie.

in the news

blackburnnews.com
Oct. 5, 2017

RNAO Says Money Shouldn't Drive Health Decisions

Carol Timmings says budgets should not drive health care decisions because they usually lead to job cuts and don't help patient outcomes.

Timmings says Ontario is currently seeing a dangerous trend when it comes to staffing.

POWERING NURSING

with **evidence-based practice**

The theme for this year's AGM and this annual report embodies RNAO's best practice guidelines (BPG) program. From the development of BPGs, to our rich knowledge transfer methodologies and our robust NQuIRE data system for monitoring and evaluation, the program powers nurses and other health professionals to deliver excellence in patient care and advance health.

Since RNAO CEO Dr. Doris Grinspun first envisioned the program in 1998, and guided its purposeful evolution into an evidence-based practice social movement to transform nursing through knowledge, the program has delivered like no other in the world. Each director from Dr. Tazim Virani (1998-2007) to Dr. Irmajean Bajnok (2007-2016) and Dr. Valerie Grdisa (2016-to date), powered by their own expertise and that of their outstanding staff have furthered the program to be the best it must be.

To date the program has produced 54 rigorously developed BPGs. As always,

topics address emerging practice needs. For example, alarmed by the toll the opioid crisis is taking on people's lives, RNAO accepted a request in 2016, from Dr. David McKeown, then Toronto's medical officer of health, to develop a guideline on supervised injection services (SIS). An ardent supporter of harm reduction, he was aware of RNAO's advocacy for SIS and the association's expertise in BPGs. Co-chaired by McKeown and Marjory Ditmars, an RN at Vancouver's Insite (the first legal SIS site in North America), an expert panel comprised of nurses, other health professionals and persons with lived experience, released the first ever BPG on SIS this past February. It offers recommendations that will help ensure these life-saving services are delivered effectively and provide support for people who inject drugs. Its release is particularly timely given recent figures that show 1,053 Ontarians died of opioid-related causes in the first 10 months 2017. This guideline will support staff and users providing SIS services in Ontario, Canada and elsewhere.

in the news

Toronto.com
March 12, 2018

Ontario's nurses launch guidelines for supervised-injection services

New resource released at
Leslieville safe-injection
program

Below: *Implementing supervised injection services*, a best practice guideline aimed at helping those on the frontline of the opioid crisis was released at a media conference on Feb. 28, 2018. From left to right are: Lucia Costantini, RNAO associate director for guideline development, research and evaluation; Laura Legere, research associate; Tasha Penney, lead project manager; IABPG director Valerie Grdisa; David McKeown, former Toronto medical officer of health and the guideline's co-chair; Nafsin Nizum, BPG research associate; Glynis Gittens, BPG project co-ordinator; Jason Altenberg, program director of South Riverdale Community Health Centre; Lynne Raskin, executive director of South Riverdale Community Health Centre; RNAO President Carol Timmings; and RNAO President-Elect Angela Cooper Brathwaite. Amy Wright (left), a Toronto Public Health harm reduction worker and RNAO CEO Doris Grinspun are kneeling.



Critical to our work is ensuring BPGs reflect current evidence. This past year, we updated four guidelines: *Integrating Tobacco Interventions into Daily Practice* (3rd edition), *Preventing Falls and Reducing Injury from Falls* (3rd edition), *Adult Asthma Care: Promoting Control of Asthma* (2nd edition), and *Crisis Intervention for Adults Using A Trauma - Informed Approach: Initial Four Weeks of Management* (3rd edition).

Powering nurses means arming them with BPGs and with the “know-how” to use these in practice and/or education. RNAO’s expertise on implementation science, combined with our social movement approach, ensures our BPGs are adopted by health-care organizations and academic institutions through the Best Practice Spotlight Organization (BPSO) designation program. BPSOs and their champions, trained by RNAO, commit to a three-year process to implement BPGs and evaluate their impact. It is a systematic, yet dynamic program of knowledge transfer that has reached every corner of our province and five continents around the world. In Ontario and beyond our borders, seven BPSO hosts and 125 direct BPSOs representing more than 550 health organizations and academic institutions are formally using RNAO’s BPGs to make a difference for their patients, clients, residents, and nursing students. The national regulatory body in Peru and the national Ministry of

Health of Chile, each signed BPSO host agreements with RNAO during this past year. They join other existing BPSO Hosts in Australia, Canada, Chile, Italy, and Spain in mentoring and supporting numerous organizations in their jurisdictions to implement and evaluate the impact of BPGs.

At our 93rd annual general meeting (AGM) in April, we will celebrate the graduation of 14 health-care organizations and academic institutions that have earned their official designation as a BPSO. And that same month, a new group of 20 health-care organizations in Ontario, including long-term care homes, will begin the three-year program to become BPSOs.

The BPSO designation is a key knowledge transfer program that results in successful uptake and sustainability of multiple BPGs. Its efforts are supplemented by other programs, including more than 50,000 best practice champions in Ontario alone, who help transform their workplaces using BPGs. Champions receive training from BPSO leaders and act as change agents and evidence-based practice ambassadors. In addition, this past year the IABPG team delivered 85 BPG related events including institutes, workshops and webinars, reaching more than 8,000 nurses and other health professionals.



Above: Nursing students from Canadore College and Nipissing University in North Bay took part in a workshop about RNAO's Tobacco Intervention initiative. During the March 13, 2018 session, students received information about the health consequences of tobacco and nicotine products and resources to help people quit smoking.



Left: RNAO's Advanced Clinical Practice Fellowship program provides funding for RNs and NPs to develop clinical, leadership or best practice guideline implementation expertise. At a forum held on March 6, 2018, fellows had a chance to share information about their various research projects with mentors and other program participants. From left to right are: RNAO member Romney Pierog, RNAO member Denise McLaughlin, Andrea Keller-Robinson, and Jennifer Newton.

New additions to this incredible program strengthen its monitoring and evaluation capacity. A data quality framework was developed and the NQuIRE measurement indicators were sharpened. The creation of *Evidence Boosters* brings the impact of results right into the hands of clinicians, executives and policy makers. They demonstrate the direct link between BPG utilization and health system outcomes, showing how BPGs can reduce rates of pressure injuries, falls, use of restraints, and pain symptoms – to mention a few. They also reveal how BPGs improve organizational outcomes and costing analysis. To date, 13 evidence boosters have been developed.

At this AGM, the BPG program is marking an important milestone: Its 20th birthday. To celebrate the significance of this special occasion, RNAO is releasing a book titled *Transforming Nursing Through Knowledge: Best Practices for Guideline Development, Implementation Science, and Evaluation*. The book chronicles the steps RNAO has travelled to build its program of excellence and reveals how nurses have used the power of RNAO's evidence-based tools and the best of knowledge transfer to fundamentally change the profession and the care they provide to patients at home and abroad.

Right: A book that explores the incredible journey of RNAO's Best Practice Guidelines program will be released at RNAO's 2018 AGM. Titled *Transforming Nursing Through Knowledge: Best Practices for Guideline Development, Implementation Science, and Evaluation*, it reveals how nurses have used the power of RNAO's evidence-based tools to fundamentally change their profession and the care they provide for patients everywhere.

TRANSFORMING NURSING THROUGH KNOWLEDGE

Best Practices for Guideline Development,
Implementation Science, and Evaluation



Doris Grinspun & Irmajean Bajnok



Above: Chile's ministry of health signed an agreement to become a BPSO Host in December 2017. The agreement signed by that country's national health minister Carmen Castillo Taucher (centre) and RNAO's CEO Doris Grinspun (right) was broadcast live. Also on hand for the signing was deputy health minister Gisela Alarcon Rojas (left).

Below: The Latvian Nursing Association invited Valerie Grdisa, director of RNAO's IABPG program, to Riga, Latvia in September 2017. Grdisa (far right) met with representatives of Riga Stradins University, the Canadian Latvian Relief Society, government officials, and a representative of the World Health Organization. Discussions centred around Latvian nurses joining RNAO's BPSO program.



Below: Valerie Grdisa, director of RNAO's Best Practice Guidelines program (second from the right) was invited to help Trillium Health Partners' mark its official designation as a BPSO during Nursing Week 2017. From left to right are: Ileen Gladding, Mary-Lynn Peters, Charmaine Lynden, BPSO lead Patricia Naval, Grdisa, and Cheryl Hoare, manager of professional practice.

Below: Members of Hamilton chapter attended Nursing Week 2017 celebrations to promote St. Peter's Residence status as a BPSO. From left to right are: President Irene Molenaar, Bahar Karimi, then director of resident of services at St. Peter's and Lisa De Panfilis, chapter vice president and communications officer.



Report on resolutions from 2017 AGM

Report on resolution #1

Funded transportation services for seniors

Submitted by Megan Kitchen, RN, Lambton Chapter

THEREFORE BE IT RESOLVED that RNAO advocate to municipal, provincial and federal governments, for more funding for transportation services for seniors.

With input and feedback from the resolution submitter, RNAO's policy department prepared a backgrounder on increasing funding for transportation services aimed at seniors. This backgrounder outlines why transportation is vital for seniors' independence and well being, what kinds of transportation options seniors need, and why more funding is required to meet these needs. The policy department also prepared an accompanying document on advocacy at the municipal level. The backgrounder and municipal advocacy documents were presented to members of RNAO's policy committee, and RNAO's policy and political action executive network officers. The association has also drafted letters to the federal ministers of transportation, infrastructure, and health, as well as provincial ministers of seniors affairs, transportation, and health, calling for support and funding from their respective ministries for transportation services for seniors.

Report on resolution #2

Initiative to support NEI in northern Ontario

Submitted by: George Fieber on behalf of Lakehead Chapter

THEREFORE BE IT RESOLVED that the RNAO actively lobby the Ontario Ministry of Health and Long-Term Care and/or Ministry of Training, Colleges and Universities to establish a rural, remote and/or northern education initiative to provide reimbursement for travel and accommodation costs associated with pursuing clinical nursing education placements in those parts of the province.

Work on this resolution is ongoing. The submitter of this resolution and RNAO's policy department drafted a letter urging the Minister of Health to address the needs of nursing students who are doing placements in northern Ontario. This is an important first step in strengthening recruitment and retention efforts in the north.

Health in all policies

Submitted by: Maria Harrison, Sandrina Ntamwemezi and Iona Gheorghiu, Peel Chapter

THEREFORE BE IT RESOLVED that RNAO advocate for a health in all policies approach to be implemented within Ontario to promote population health and ameliorate growing health inequalities.

Over the past decade, RNAO has approached its advocacy for improving population health and health equity using the World Health Organization's framework on the social determinants of health, the Rio Political Declaration on Social Determinants of Health, and a Health in All Policies (HiAP) approach. Since this resolution was passed at the April 2017 annual general meeting, RNAO has continued to advocate for a HiAP lens through its submission to the Ministry of Health and Long-Term Care on needed revisions to the Standards for Public Health and Programs, and in its 2018 pre-budget submission to the provincial Standing Committee on Finance and Economic Affairs. RNAO has also continued to provide robust feedback to government on how to improve health and health equity via its submissions, letters, and action alerts on: raising the minimum wage via *Bill 148, Fair Workplaces, Better Jobs Act*; transforming the provincial correctional system to improve health and human rights; improving emergency shelter supports and investing in affordable, supporting housing; and improving income security by increasing dangerously low social assistance rates and reforming the social assistance system.

In order to improve understanding and build political will for a HiAP approach within nursing, government, and the broader public, the authors of the resolution are working with RNAO home office staff on a number of initiatives. These include developing HiAP resources for RNAO's website and planning a HiAP panel discussion scheduled for September 2018 to coincide with a new academic year.

BYLAWS

Wendy Pearson, **Chair**

Stephanie Blaney, Assembly Representative

Veronique Boscart, RNAO Member

Marianne Cochrane, RNAO Member

Lhamo Dolkar, Board Representative

Olaperi Oladitan, NSO Representative

Charlotte Noesgaard, Parliamentarian

Carol Timmings, President, ex-officio

Doris Grinspun, Chief Executive Officer, ex-officio

Sarah Pendlebury, Board Affairs Co-ordinator

EDITORIAL ADVISORY

Maria Rugg, **Chair**

Desmond Devoy, Journalist, non-voting

Una Ferguson, Board Representative

Larissa Gadsby, Board Representative

Chad Johnson, RNAO Member

Elizabeth Kerr, NSO Representative

Joanne Laucius, Journalist, non-voting

Laryssa Vares, RNAO Member

Carol Timmings, President, ex-officio

Doris Grinspun, Chief Executive Officer, ex-officio

Marion Zych, Publisher, *Registered Nurse Journal* and Director of Communications

Kimberley Kearsy, Managing Editor, *Registered Nurse Journal*

Victoria Alarcon, Editorial Assistant

Daniel Punch, Communications Officer/Writer (until March 23, 2018)

Alicia Saunders, Communications Assistant

FINANCE

Julia Roitenberg, **Chair**

Angela Cooper-Brathwaite, President-Elect

Sandra Easson-Bruno, RNAO Member

Maria Lozada, Board Representative

Rhonda Seidman-Carlson, LAP Chair

Carol Timmings, President, ex-officio

Doris Grinspun, Chief Executive Officer, ex-officio

Nancy Campbell, Director, Finance and Administration

Kumudhini Thavaraj, Administrative Assistant

GOVERNANCE

Angela Cooper Brathwaite, **Chair** (President-Elect)
Carol Timmings, President
Beatriz Jackson, Board Representative
Debbie Kane, Board Representative
Doris Grinspun, Chief Executive Officer, ex-officio
Sarah Pendlebury, Board Affairs Co-ordinator

INTEREST GROUPS

Una Ferguson, **Chair**
Chair of each Provincial Interest Group, Associated Interest Group,
Pending Associated Interest Group, and
Affiliated Group (*or the Chair's designate*)
Carol Timmings, President, ex-officio
Doris Grinspun, Chief Executive Officer, ex-officio
Daniel W. Lau, Director, Membership and Services
Carrie Edwards, Membership and Services Co-ordinator

LEGAL ASSISTANCE PROGRAM (LAP)

Rhonda Seidman-Carlson, **Chair**
Stephanie Blaney, RNAO Member
Nathan Kelly, Board Representative
Betty Oldershaw, Board Representative
Cathy Olsiak, Nurse Lawyer, non-voting
Katherine Smith, RNAO Member
Carol Timmings, President, ex-officio
Doris Grinspun, Chief Executive Officer, ex-officio
Nancy Campbell, Director, Finance and Administration
Mara Haase, LAP Administrator

MEMBERSHIP RECRUITMENT AND RETENTION

Jennifer Flood, **Chair**
Sally Dampier, RNAO Member
Paul-Andre Gauthier, RNAO Member
Beatriz Jackson, Board Representative
David Qahraman, NSO Representative
Aric Rankin, RNAO Member
Catherine Walsh, RNAO Member
Carol Timmings, President, ex-officio
Doris Grinspun, Chief Executive Officer, ex-officio
Daniel W. Lau, Director, Membership and Services
Patricia Hogg, Membership and Services Project Co-ordinator

NURSING EDUCATION

Tammie McParland, **Chair**

Maureen Barry, RNAO Member representing COUPN

Sally Dampier, PNEIG Co-Chair, Academic

George Fieber, RNAO Member

Una Ferguson, SNIG Representative

Priya Herne, PNEIG Co-Chair, Service

Melanie Kelly, GNAO Representative

Kellie Kitchen, NLN.ON Representative

Olaperi Oladitan, NSO President

Gail Orr, RNAO Member representing CAAT

Michelle Spadoni, Board Representative

Matt Wong, CHNIG Representative

Carol Timmings, President, ex-officio

Doris Grinspun, Chief Executive Officer, ex-officio

Lynn Anne Mulrooney, Senior Policy Analyst

NURSING PRACTICE

Maria Rugg, **Chair**

Alissa DeJong, PedNIG Representative

Una Ferguson, Board Representative

Paul-Andre Gauthier, CNS-ON Representative

Kelly Holt, MHNIG Representative

Simone Stothers, NSO Representative

Evelyn Wilson, OCNIG Representative

Carol Timmings, President, ex-officio

Doris Grinspun, Chief Executive Officer, ex-officio

Cheryl Laronde-Ogilvie, Nursing Policy Analyst (*until March 29, 2018*)

NURSING RESEARCH

Deborah Kane, **Chair**

Shelly Archibald, Active Practice Role/Community College

Barbara Chyzy, NRIIG Representative

Morgan Hoffarth, Board Representative

Allison Kern, Board Representative

Laura Killam, Nursing Research Community Representative #1

Olaperi Oladitan, Student Member

Michelle Spadoni, Board Representative

Eric Staples, Nursing Research Community Representative #2

Maria Timofeeva, Graduate Student Member

Carol Timmings, President, ex-officio

Doris Grinspun, Chief Executive Officer, ex-officio

Sarah Boesveld, Nursing Policy Analyst

Kim Jarvi, Senior Economist

POLICY ANALYSIS AND DEVELOPMENT

Rhonda Seidman-Carlson, **Chair**
Ioana Gheorghiu, RNAO Member
Mandy Lindsay, RNAO Member
Amanda Sissions, RNAO Member
Hilda Swirsky, Board Representative
Carol Timmings, President, ex-officio
Doris Grinspun, Chief Executive Officer, ex-officio
Sarah Boesveld, Nursing Policy Analyst
Peta-Gay Batten, Nursing & Health Policy Coordinator

PROVINCIAL NOMINATIONS

Vanessa Burkoski, **Chair** (Past-President)
Alicia Moonesar, RNAO Member
Sharon Moore, RNAO Member
Lee-Ann Turner, RNAO Member
Carol Timmings, President, ex-officio
Doris Grinspun, Chief Executive Officer, ex-officio
Sarah Pendlebury, Board Affairs Co-ordinator

PROVINCIAL RESOLUTIONS

Claudette Holloway, **Chair**
Janet Hunt, RNAO Member
Rashmy Lobo, RNAO Member
Eleanor Miller, RNAO Member
Charlotte Noesgaard, Parliamentarian
Vanessa Burkoski, Past-President, ex-officio
Doris Grinspun, Chief Executive Officer, ex-officio
Sarah Pendlebury, Board Affairs Co-ordinator

EXTERNAL REPRESENTATION

RNAO is represented on 74 committees, boards and working groups, locally, provincially and nationally.

BYLAWS

Given the review of RNAO's bylaws and the extensive consultation with members to amend the bylaws related to the association's board structure during 2016 and 2017, the committee did not have any additional business to consider during the past year.

*Wendy Pearson, RN
Chair*

EDITORIAL ADVISORY

The committee is comprised of RNAO board members, general nursing members, a nursing student and two journalists. Its main role is to review the association's award-winning publication *Registered Nurse Journal* by providing feedback on each published issue and ensuring the priorities and initiatives of the association are reflected. Each member offers a valid and distinct perspective based on their unique role. Working in collaboration with the communications team at home office, the committee members offer ideas for future issues and provide information and context on issues facing the nursing profession, the health system and the health of Ontarians. During the past

year, the committee reviewed six published issues.

In addition to writing about the association's policy priorities such as stopping RN replacement and the push for more NPs, RNs and RPNs in long-term care, there were stories focused on trans health, supervised injection services and harm reduction, and the role RNs and NPs are playing in helping victims of human trafficking. Committee members were also updated on the plans to launch an enhanced digital version of the journal.

I would like to thank all committee members for their commitment and contributions during this past year, as well as the expert and dedicated editorial team at home office.

*Maria Rugg, RN,
BScN, MN, CHPCN(C)
Chair*

FINANCE

The association's wide scope and depth of activities are reflected in robust membership services and benefits including: policy and political action; development and dissemination of best practice

guidelines on a global scale, and evaluation of their impact on patients and organizational outcomes; educational offerings; research; and legal services. This spectrum of activities has contributed to another year of financial success.

General member revenue from all sources is comprised of 72 per cent from membership, six per cent from the International Affairs and Best Practice Guidelines Centre, and 22 per cent from other programs and investments. Revenue and resource allocation in the general fund is monitored throughout the year and for 2017, as in prior years, a surplus from general operations was recorded. The association's five special purpose funds also recorded 2017 surplus balances. The total excess of revenue over expenses is \$1.1 million on assets of \$62 million. Association investments are held in high-quality fixed income investments, cash and the home office property.

At year end, KPMG, the association's external auditors, presented their unqualified opinion to the board of directors, and the association is satisfied that the financial statements adequately disclose the scope of

activities and financial transactions of the association.

I would like to thank all committee members for their work and home office staff for their expert advice and support.

Julia Roitenberg, RN, BA, MN
Chair

GOVERNANCE

The committee did not receive items or recommendations from the bylaws committee or RNAO's board of directors for consideration at the 2018 annual general meeting (AGM). The committee will continue its work with RNAO home office staff regarding the transition of the board structure as voted on by members in 2016 and 2017.

I would like to thank the committee, the board of directors, and staff for their thoughtful contributions and support in the business of the committee this year.

Angela Cooper Braithwaite, RN, MN, PhD
Chair

INTEREST GROUPS

The committee met in September 2017 and February 2018. The September 2017 meeting was a joint meeting with chapter presidents to discuss the new interest group and chapter email system and guidelines that set out how chapters, regions without chapters and interest groups govern themselves.

At the February meeting, RNAO home office staff gave presentations on social media, the new email system for interest group and chapter communications, and the integration of the interest groups websites. The association's two newest interest groups – the Retired Nurses' Interest Group (RetNIG) and Nurse Practitioner Interest Group (NPIG) – presented the vision of their respective interest groups.

I would like to thank the interest group chairs for their dedication to their individual groups as well as this committee and to RNAO staff for their support.

Una Ferguson, RN, CPMHN(C)
Chair

LEGAL ASSISTANCE PROGRAM (LAP)

Since its inception, the Legal Assistance Program (LAP) has supported registered nurses and nurse practitioners in a variety of professional and employment matters. Complaints to the College of Nurses of Ontario, termination from employment (including wrongful and constructive dismissal), return to work accommodation, human rights tribunal, and WSIB matters make up the majority of legal cases supported by LAP. The program also provides access to employment relations counseling, as well as educational presentations, local and regional events, webinars, and articles in *Registered Nurse Journal* on legal issues relevant to nursing practice, such as documentation, privacy and confidentiality, medical assistance in dying, and working with unregulated care providers.

The committee meets monthly to consider and approve requests (all files are presented anonymously), and to monitor trends to inform and make recommendations to the board. Committee representatives are always pleased to speak on matters of interest to chapters, regions without chapters, or interest

groups, and welcome feedback about trends observed in the profession. I would like to thank committee members and staff for their work and expert support over the past year.

*Rhonda Seidman-Carlson, RN, MN
Chair*

MEMBERSHIP RECRUITMENT AND RETENTION

The committee has the honour of selecting the recipients for the annual recognition awards. Reviewing and awarding the best in nursing across sectors, roles, and at all career stages is inspiring. Winners will receive their awards during RNAO's annual general meeting (AGM) in April.

Over the past year, in addition to judging the nominations, the committee created a feedback survey for those completing the nomination process, to better serve members. As well, the committee developed a video to promote and celebrate these awards. The video is available on RNAO's website and was shared in *In The Loop*, the association's e-newsletter, and the workplace liaison's newsletter, as well as *Registered Nurse Journal*.

Thank you to all committee members for their energy and time spent to support our profession and colleagues, and to home office for their terrific support.

*Jennifer Flood, RN, BScN, MN
Chair*

NURSING EDUCATION

Over the past year, the committee monitored issues such as funding to support nursing clinical placements in rural, northern, and remote areas of the province, improvements to NCLEX exam pass rates, implications of delayed NCLEX results on hiring, the impact of independent RN prescribing on nursing education, student poverty and the degree to which best practice guidelines are being adopted by nursing schools. The committee also monitored the five-week faculty strike at 24 Ontario colleges. With feedback from members, the committee helped inform an action alert calling for a fair and swift settlement. Another emerging issue for which the committee provided valuable input was the challenge some nursing students face gaining essential experience administering controlled drugs during their clinical placements.

The membership of the education committee represents both academic and clinical practice environments, as well as representatives from the Council of Ontario University Programs (COUPN), Colleges of Applied Arts and Technology (CAATS), and RNAO interest groups. During this past year, the committee was strengthened by the addition of representatives from the Community Health Nurses' Initiatives Group (CHNIG) and the Gerontological Nursing Association Ontario (GNAO), as well as a general member and several RNAO board members.

The chair would like to thank committee members for their engagement, commitment and responsiveness to issues raised in our meetings, and home office staff for their support.

*Tammie R. McParland, RN, PhD, CCNE
Chair*

NURSING PRACTICE

The committee's work focused on several initiatives including:

- the quality of clinical practice when registered nurses (RN) and nurse practitioners (NP) have students working with them

- advising the College of Nurses of Ontario (CNO) of the need to reinstate its clinical practice telephone support line
- drawing RNAO's attention to low pass rates for the French language version of the NCLEX exam
- ongoing advocacy and support for RNs and NPs around RN prescribing, scope of practice, and initiation of psychotherapy

The bulk of the committee's work focused on feedback received from several members concerning the lack of formal and informal supports for RNs and NPs who act as mentors and preceptors within clinical practice environments. In order to gain perspective on ongoing practice issues and inform the development of resources for RNAO to support clinical RNs and NPs working with students, the committee developed a survey to gather information on the RN and NP role as mentors/preceptors. The survey was released through RNAO's *In the Loop* newsletter in November. The results of the survey will be analyzed and brought forward to the committee and RNAO's board of directors to examine how RNs, NPs and students can be best supported by our association.

Finally, I would like to thank the committee members and home office staff who were instrumental in moving the activities of the committee forward.

*Maria Rugg, RN, BScN, MN,
CHPCN(C)
Chair*

NURSING RESEARCH

The committee met on three occasions during the past year. It organized an educational webinar for RNAO members led by Dr. Maher El-Masri from the University of Windsor. He presented *Preparing a Successful Nursing Research Publication: Tips from an Editor*, on December 4, 2017. More than 60 members took part in the webinar, which is archived on RNAO's website. A second webinar is being planned for later this spring on how to publish nursing research.

The committee also continued its collaboration with RNAO's Nursing Research Interest Group (NRIG) by exploring the development of a list of funding opportunities for nurse researchers.

Thank you to all committee members for their commitment

and hard work in supporting nurses and nurse researchers, and home office staff for their support.

*Deborah Kane, RN, PhD
Chair*

POLICY ANALYSIS AND DEVELOPMENT

The committee met a total of six times over the past year. During the course of our discussions, members brought forward issues of relevance from their practice experience such as staffing shortages in long-term care and other sectors, over-capacity in acute care, as well as the government's plan to legalize cannabis. The work of the committee helped inform and support RNAO's advocacy work in these areas.

Thanks to all.

*Rhonda Seidman-Carlson,
RN, MN
Chair*

PROVINCIAL RESOLUTIONS

The committee reviewed 17 member resolutions received by the deadline, 5 p.m. on Dec. 18, 2017. The committee met on three occasions to discuss the

resolutions. Based on the criteria for assessing resolutions, the committee decided that 13 should be brought forward for discussion and decision at the annual general meeting (AGM). Three resolutions were withdrawn by their submitters. One resolution did not move forward because it concerned a matter that had already been dealt with by the association.

Members are reminded that resolutions can be submitted at any time during the year up to the deadline date. If resolutions are submitted ahead of the deadline, the committee will review submissions by email and provide feedback to the submitters. This provides submitters with more time to have their resolution well prepared prior to the deadline.

Resolutions coming forward from a member of the association, as an additional new business item prior to the commencement

of business at the AGM, will not be accepted. This meets the stipulations in RNAO Policy 6.07(5). Members are encouraged to meet the deadline for submission of resolutions to the AGM. The board of directors (BOD) has the right to submit a resolution at any time up to the date of the AGM.

I would like to thank members of the association for their thoughtful development of the resolutions as well as the members of the committee for their hard work and dedication throughout the year.

*Claudette Holloway, RN
Chair*

Registered
Nurses'
Association
of Ontario

FINANCIAL
FS **tatements**

The year ended
October 31, 2017

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 "Association"). The financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations and have been approved by the Board of Directors.

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

The 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.



Carol Timmings, RN, BScN, MEd (Admin.)
President



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



KPMG LLP
Vaughan Metropolitan Centre
100 New Park Place, Suite 1400
Vaughan ON L4K 0J3
Canada
Tel 905-265-5900
Fax 905-265-6390

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, 2017, the statements of operations, changes in fund balances and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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



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Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Registered Nurses' Association of Ontario as at October 31, 2017, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

KPMG LLP

Chartered Professional Accountants, Licensed Public Accountants

March 12, 2018
Vaughan, Canada

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Financial Position

October 31, 2017, with comparative information for 2016

2017	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	ONPERE Fund	Special Projects	Total
Assets							
Current assets:							
Cash	\$ 3,726,221	\$ 33,379	\$ 168,100	\$ 23,975	\$ –	\$ 657,175	\$ 4,608,850
Accounts receivable and accrued interest	712,657	4,911	29,687	6,858	296,669	12,311	1,063,093
Due from MOHLTC (note 8)	–	–	–	–	–	918,973	918,973
Prepaid expenses	305,035	–	–	–	–	2,882	307,917
Short-term investments (note 2)	–	64,630	647,409	168,565	14,000,000	–	14,880,604
	4,743,913	102,920	845,196	199,398	14,296,669	1,591,341	21,779,437
Long-term investments (note 2)	1,558,928	583,350	6,762,007	886,484	21,036,232	–	30,827,001
Loans receivable	–	44,149	–	–	–	–	44,149
Loan receivable (payable) from General Fund (note 3)	(1,500,000)	–	1,500,000	–	–	–	–
Capital assets (note 4)	201,699	–	–	–	–	–	201,699
Asset held for sale (note 4)	7,083,821	–	2,147,462	–	–	–	9,231,283
	\$ 12,088,361	\$ 730,419	\$ 11,254,665	\$ 1,085,882	\$ 35,332,901	\$ 1,591,341	\$ 62,083,569
Liabilities and Fund Balances							
Current liabilities:							
Accounts payable and accrued liabilities (note 6)	\$ 1,094,475	\$ –	\$ 451,408	\$ –	\$ –	\$ 57	\$ 1,545,940
Due to General Fund	(18,989)	–	–	–	18,989	–	–
Due to MOHLTC (note 8)	–	–	–	–	–	142,371	142,371
Due to Legal Assistance Fund	534,202	–	(534,202)	–	–	–	–
Due to RPNAO (note 5)	–	–	–	–	2,937,292	–	2,937,292
Deferred revenue (notes 5 and 7)	2,483,372	–	466,605	–	31,638,226	–	34,588,203
Deposit received (note 4)	1,000,000	–	–	–	–	–	1,000,000
Deferred revenue - grants (note 8)	–	–	–	–	–	1,448,913	1,448,913
	5,093,060	–	383,811	–	34,594,507	1,591,341	41,662,719
Fund balances (note 9)	6,995,301	730,419	10,870,854	1,085,882	738,394	–	20,420,850
Commitments (note 10)	–	–	–	–	–	–	–
	\$ 12,088,361	\$ 730,419	\$ 11,254,665	\$ 1,085,882	\$ 35,332,901	\$ 1,591,341	\$ 62,083,569

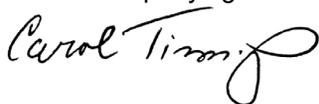
REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Financial Position (continued)

October 31, 2017, with comparative information for 2016

2016	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	ONPERE Fund	Special Projects	Total
Assets							
Current assets:							
Cash	\$ 4,329,452	\$ 28,885	\$ –	\$ 1,513	\$ –	\$ 661,976	\$ 5,021,826
Accounts receivable and accrued interest	469,482	4,887	30,653	8,209	322,395	22,341	857,967
Due from MOHLTC (note 8)	–	–	–	–	–	855,679	855,679
Prepaid expenses	255,411	–	–	–	–	7,145	262,556
Short-term investments (note 2)	24,607	35,522	589,863	456,238	13,453,296	–	14,559,526
	5,078,952	69,294	620,516	465,960	13,775,691	1,547,141	21,557,554
Long-term investments (note 2)	1,484,304	582,219	6,096,516	599,380	21,000,000	–	29,762,419
Loans receivable	–	48,633	–	–	–	–	48,633
Loan receivable (payable) from General Fund (note 3)	(1,500,000)	–	1,500,000	–	–	–	–
Capital assets (note 4)	207,066	–	–	–	–	–	207,066
Asset held for sale (note 4)	7,083,821	–	2,147,462	–	–	–	9,231,283
	\$ 12,354,143	\$ 700,146	\$ 10,364,494	\$ 1,065,340	\$ 34,775,691	\$ 1,547,141	\$ 60,806,955
Liabilities and Fund Balances							
Current liabilities:							
Bank indebtedness	\$ –	\$ –	\$ 21,952	\$ –	\$ –	\$ –	\$ 21,952
Accounts payable and accrued liabilities (note 6)	1,630,547	–	74,373	–	–	57	1,704,977
Due to MOHLTC (note 8)	–	–	–	–	–	215,021	215,021
Due to Legal Assistance Fund	508,015	–	(508,015)	–	–	–	–
Due to RPNAO (note 5)	–	–	–	–	2,880,000	–	2,880,000
Deferred revenue (notes 5 and 7)	2,299,908	–	446,667	–	31,552,188	–	34,298,763
Deposit received (note 4)	1,000,000	–	–	–	–	–	1,000,000
Deferred revenue - grants (note 8)	–	–	–	–	–	1,332,063	1,332,063
	5,438,470	–	34,977	–	34,432,188	1,547,141	41,452,776
Fund balances (note 9)	6,915,673	700,146	10,329,517	1,065,340	343,503	–	19,354,179
Commitments (note 10)	–	–	–	–	–	–	–
	\$ 12,354,143	\$ 700,146	\$ 10,364,494	\$ 1,065,340	\$ 34,775,691	\$ 1,547,141	\$ 60,806,955

See accompanying notes to financial statements. On behalf of the Board:



Carol Timmings, RN, BNSc, MEd (Admin)
President



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

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Operations

Year ended October 31, 2017, with comparative information for 2016

2017	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	ONPERE Fund	Special Projects	Total
Revenue:							
Memberships	\$ 5,328,314	\$ –	\$ 1,028,656	\$ –	\$ –	\$ –	\$ 6,356,970
iaBPG Centre (note 8)	716,260	–	–	–	–	–	716,260
Investment and other	581,428	30,526	221,130	23,102	499,918	–	1,356,104
Membership programs and services	74,234	–	–	–	–	–	74,234
Grants (note 8)	–	–	–	–	–	11,439,257	11,439,257
	6,700,236	30,526	1,249,786	23,102	499,918	11,439,257	19,942,825
Expenses:							
Staff costs	3,574,653	–	161,500	–	–	–	3,736,153
Membership programs and services	1,353,413	–	–	2,500	105,027	–	1,460,940
iaBPG Centre (note 8)	492,414	253	–	–	–	–	492,667
Occupancy and administration costs	568,658	–	235,140	60	–	–	803,858
Executive	266,562	–	–	–	–	–	266,562
Policy	178,079	–	–	–	–	–	178,079
Information management and technology	35,805	–	–	–	–	–	35,805
Professional fees	84,025	–	311,809	–	–	–	395,834
Nursing education and other initiatives (note 8)	–	–	–	–	–	11,439,257	11,439,257
	6,553,609	253	708,449	2,560	105,027	11,439,257	18,809,155
Excess of revenue over expenses before amortization	146,627	30,273	541,337	20,542	394,891	–	1,133,670
Amortization	66,999	–	–	–	–	–	66,999
Excess of revenue over expenses	\$ 79,628	\$ 30,273	\$ 541,337	\$ 20,542	\$ 394,891	\$ –	\$ 1,066,671

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Operations (continued)

Year ended October 31, 2017, with comparative information for 2016

2016	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	ONPERE Fund	Special Projects	Total
Revenue:							
Memberships	\$ 5,378,869	\$ –	\$ 1,052,389	\$ –	\$ –	\$ –	\$ 6,431,258
iaBPG Centre (note 8)	1,367,626	–	–	–	–	–	1,367,626
Investment and other	768,516	17,270	173,248	25,914	343,503	–	1,328,451
Membership programs and services	513,933	–	–	–	–	–	513,933
Grants (note 8)	–	–	–	–	–	13,501,244	13,501,244
	8,028,944	17,270	1,225,637	25,914	343,503	13,501,244	23,142,512
Expenses:							
Staff costs	3,665,290	–	157,000	–	–	–	3,822,290
Membership programs and services	2,058,240	325	–	–	–	–	2,058,565
iaBPG Centre (note 8)	891,753	–	–	–	–	–	891,753
Occupancy and administration costs	658,828	253	218,882	60	–	–	878,023
Executive	266,452	–	–	–	–	–	266,452
Policy	173,346	–	–	–	–	–	173,346
Information management and technology	41,959	–	–	–	–	–	41,959
Professional fees	194,845	–	268,783	–	–	–	463,628
Nursing education and other initiatives (note 8)	–	–	–	–	–	13,501,244	13,501,244
	7,950,713	578	644,665	60	–	13,501,244	22,097,260
Excess of revenue over expenses before amortization	78,231	16,692	580,972	25,854	343,503	–	1,045,252
Amortization	54,653	–	–	–	–	–	54,653
Excess of revenue over expenses	\$ 23,578	\$ 16,692	\$ 580,972	\$ 25,854	\$ 343,503	\$ –	\$ 990,599

See accompanying notes to financial statements.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Changes in Fund Balances

Year ended October 31, 2017, with comparative information for 2016

	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	ONPERE Fund	Special Projects	Total
2017	(note 9)						
Fund balances, beginning of year	\$ 6,915,673	\$ 700,146	\$ 10,329,517	\$ 1,065,340	\$ 343,503	\$ –	\$ 19,354,179
Excess of revenue over expenses	79,628	30,273	541,337	20,542	394,891	–	1,066,671
Fund balances, end of year	\$ 6,995,301	\$ 730,419	\$ 10,870,854	\$ 1,085,882	\$ 738,394	\$ –	\$ 20,420,850
2016	(note 9)						
Fund balances, beginning of year	\$ 6,892,095	\$ 683,454	\$ 9,748,545	\$ 1,039,486	\$ –	\$ –	\$ 18,363,580
Excess of revenue over expenses	23,578	16,692	580,972	25,854	343,503	–	990,599
Fund balances, end of year	\$ 6,915,673	\$ 700,146	\$ 10,329,517	\$ 1,065,340	\$ 343,503	\$ –	\$ 19,354,179

See accompanying notes to financial statements.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Cash Flows

Year ended October 31, 2017, with comparative information for 2016

2017	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	ONPERE Fund	Special Projects	Total
Excess of revenue over expenses	\$ 79,628	\$ 30,273	\$ 541,337	\$ 20,542	\$ 394,891	\$ -	\$ 1,066,671
Operating activities:							
Items not involving cash:							
Amortization	66,999	-	-	-	-	-	66,999
Unrealized losses (gains) on investments	(20,693)	(17,540)	35,853	-	-	-	(2,380)
Change in non-cash operating working capital:							
Decrease (increase) in accounts receivable and accrued interest	(243,175)	(24)	966	1,351	25,726	10,030	(205,126)
Increase in due from Special Projects Fund/ due to General Fund	-	-	-	-	-	-	-
Increase (decrease) in due to Legal Assistance Fund/ due to General Fund	26,187	-	(26,187)	-	-	-	-
Increase (decrease) in due to General Fund/ Due from ONPERE Fund	(18,989)	-	-	-	18,989	-	-
Decrease (increase) in prepaid expenses	(49,624)	-	-	-	-	4,263	(45,361)
Decrease in loans receivable	-	4,484	-	-	-	-	4,484
Increase (decrease) in accounts payable and accrued liabilities	(536,072)	-	377,035	-	-	-	(159,037)
Increase in due from MOHLTC	-	-	-	-	-	(63,294)	(63,294)
Decrease in due to MOHLTC	-	-	-	-	-	(72,650)	(72,650)
Increase in due to RPNAO	-	-	-	-	57,292	-	57,292
Increase in deferred revenue	183,464	-	19,938	-	86,038	-	289,440
Increase in deferred revenue - MOHLTC	-	-	-	-	-	116,850	116,850
Net cash generated from (used in) operating activities	(591,903)	(13,080)	407,605	1,351	188,045	(4,801)	(12,783)
Financing activities:							
Bank indebtedness	-	-	(21,952)	-	-	-	(21,952)
Investing activities:							
Purchase of capital assets	(61,632)	-	-	-	-	-	(61,632)
Decrease (increase) in cost of investments	(29,324)	(12,699)	(758,890)	569	(582,936)	-	(1,383,280)
Net cash generated from (used in) investing activities	(90,956)	(12,699)	(758,890)	569	(582,936)	-	(1,444,912)
Change in cash	(603,231)	4,494	168,100	22,462	-	(4,801)	(412,976)
Cash, beginning of year	4,329,452	28,885	-	1,513	-	661,976	5,021,826
Cash, end of year	\$ 3,726,221	\$ 33,379	\$ 168,100	\$ 23,975	\$ -	\$ 657,175	\$ 4,608,850

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Cash Flows (continued)

Year ended October 31, 2017, with comparative information for 2016

2016	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	ONPERE Fund	Special Projects	Total
Excess of revenue over expenses	\$ 23,578	\$ 16,692	\$ 580,972	\$ 25,854	\$ 343,503	\$ -	\$ 990,599
Operating activities:							
Items not involving cash:							
Amortization	54,653	-	-	-	-	-	54,653
Unrealized losses (gains) on investments	5,830	(3,184)	(36,647)	-	(21,108)	-	(55,109)
Change in non-cash operating working capital:							
Decrease (increase) in accounts receivable and accrued interest	200,966	472	(21,728)	479	(322,395)	(1,504)	(143,710)
Increase in due from Special Projects Fund/ due to General Fund	2,011,434	-	-	-	-	(2,011,434)	-
Increase (decrease) in due to Legal Assistance Fund/ due to General Fund	(1,139,543)	-	1,139,543	-	-	-	-
Decrease in prepaid expenses	1,629	-	-	-	-	10,372	12,001
Decrease in loans receivable	-	6,718	-	-	-	-	6,718
Increase (decrease) in accounts payable and accrued liabilities	120,389	-	(24,361)	-	-	(184,696)	(88,668)
Decrease in due from MOHLTC	-	-	-	-	-	1,993,134	1,993,134
Decrease in due to MOHLTC	-	-	-	-	-	(120,620)	(120,620)
Increase (decrease) in deferred revenue	567,276	-	(30,913)	-	34,432,188	-	34,968,551
Increase in deferred revenue - MOHLTC	-	-	-	-	-	688,016	688,016
Net cash generated from operating activities	1,822,634	4,006	1,025,894	479	34,088,685	373,268	37,314,966
Financing activities:							
Bank indebtedness	-	-	21,952	-	-	-	21,952
Investing activities:							
Purchase of capital assets	(145,999)	-	-	-	-	-	(145,999)
Increase in cost of investments	(1,010,071)	(14,253)	(1,716,938)	(26,392)	(34,432,188)	-	(37,199,842)
Net cash used in investing activities	(1,156,070)	(14,253)	(1,716,938)	(26,392)	(34,432,188)	-	(37,345,841)
Change in cash	690,142	6,445	(88,120)	(59)	-	373,268	981,676
Cash, beginning of year	3,639,310	22,440	88,120	1,572	-	288,708	4,040,150
Cash, end of year	\$ 4,329,452	\$ 28,885	\$ -	\$ 1,513	\$ -	\$ 661,976	\$ 5,021,826

See accompanying notes to financial statements.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements

Year ended October 31, 2017

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

The Association, in conjunction with the Ministry of Health and Long-Term Care ("MOHLTC"), administers a Nursing Education Initiative ("NEI") to fund education and training grants to eligible nurses and to encourage the development of training programs for nurses so that nurses' knowledge and skills will be increased to enhance the quality of care and services provided to patients (note 8).

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

1. Significant accounting policies:

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

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

(a) Fund accounting:

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

Revenue and expenses relating to the activities of providing financial support, by way of loans to members continuing their nursing studies, are reported in the Permanent Education Fund. At October 31, 2017, there were 29 loans outstanding (2016 - 30).

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

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2017

1. Significant accounting policies (continued):

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

Revenue and expenses relating to the activities of providing nursing education reimbursements are reported in the Ontario Nursing Practice, Education and Research Endowment Fund ("ONPERE").

Revenue and expenses relating to the activities of programs under NEI are reported in the Special Projects fund.

(b) Revenue recognition:

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

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

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

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

Investment income consists of dividends and interest income and realized and unrealized investment gains and losses and are recognized as revenue of the appropriate fund when earned in the statement of operations.

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

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2017

1. Significant accounting policies (continued):

(c) Capital assets:

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

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

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

(d) Impairment:

Capital assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of the asset may not be recoverable. An impairment charge is recognized for the amount by which the carrying amount of the asset exceeds the fair value of the asset. Recoverability is measured by a comparison of the carrying amount of the estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated undiscounted future cash flows, it is considered impaired. Fair value is determined based on quoted market prices, when available, external appraisals or otherwise on the discounted cash flows over the estimated useful life of the asset.

(e) Contributed services:

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

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2017

1. Significant accounting policies (continued):

(f) Use of estimates:

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

(g) Allocation of expenses:

The Association receives grant funding for several programs (note 8). The Association identifies the related general support expenses to be charged to each program. Staffing is allocated to the program based on hours for personnel and estimated usage for premises and other expenses. This basis is applied consistently each year.

(h) Financial instruments:

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

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

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

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2017

2. Investments:

	2017	2016
General Fund:		
Fixed income investments	\$ 1,388,227	\$ 1,360,520
Mutual funds	170,701	148,391
	<u>1,558,928</u>	<u>1,508,911</u>
Permanent Education Fund:		
Fixed income investments	497,163	488,623
Mutual funds	150,817	129,118
	<u>647,980</u>	<u>617,741</u>
Legal Assistance Fund:		
Fixed income investments	6,715,734	6,076,432
Mutual funds	693,682	609,947
	<u>7,409,416</u>	<u>6,686,379</u>
PhD Fellowships Fund:		
Fixed income investments	1,055,049	1,055,618
ONPERE Fund:		
Fixed income investments	35,036,232	34,453,296
	<u>45,707,605</u>	<u>44,321,945</u>
Less short-term investments	14,880,604	14,559,526
<u>Long-term investments</u>	<u>\$ 30,827,001</u>	<u>\$ 29,762,419</u>

Fixed income investments consist of bonds and term deposits bearing interest from 1.5% to 2.91% (2016 - 1.25% to 2.91%) per annum, with maturity dates ranging from 2018 to 2022 (2016 - 2016 to 2021).

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

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

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

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2017

4. Capital assets:

2017	Cost	Accumulated amortization	Net book value
Office furniture and equipment	\$ 634,163	\$ 529,220	\$ 104,943
Computer hardware	347,516	255,755	91,761
Computer software	194,208	189,213	4,995
	\$ 1,175,887	\$ 974,188	\$ 201,699

2016	Cost	Accumulated amortization	Net book value
Office furniture and equipment	\$ 625,544	\$ 509,769	\$ 115,775
Computer hardware	304,493	218,176	86,317
Computer software	184,218	179,244	4,974
	\$ 1,114,255	\$ 907,189	\$ 207,066

During 2011, the Association purchased a parcel of land. The land purchase was split evenly between the General Fund and the Legal Assistance Fund for a total purchase price of \$4,221,624. In 2015, management approved to put the land and building owned by the Association on sale and, as a result, the entire asset has been reclassified as asset held for sale on the statement of financial position.

As at October 31, 2017, the property is under contract to be sold. The current purchase and sale agreement is contingent on the satisfactory completion of conditions. A non-refundable deposit in final amount of \$1,000,000 has been received under the agreement. Final closing of the sale is expected no later than January 15, 2019.

5. Contribution:

In 2016, the Association received a contribution in the amount of \$34,432,188 from the MOHLTC. The amount received was the Association's share of the balance remaining in the Nursing Retention Fund which wound up on March 31, 2016 as well as \$2,880,000 plus accrued interest payable to Registered Practical Nurses Association of Ontario ("RPNAO"). Per the agreement, the disbursed balance is restricted to nursing education reimbursement purposes. The Association has created a separate fund called the ONPERE to manage these funds.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2017

6. Accounts payable and accrued liabilities:

Included in accounts payable and accrued liabilities are government remittances payable of \$397,860 (2016 - \$378,696), which includes amounts payable for harmonized sales tax and payroll-related taxes.

7. Deferred revenue:

The Association's deferred revenue consists of the following:

	2017	2016
Membership fees received for the upcoming membership year	\$ 2,856,982	\$ 2,726,239
Deposits received for upcoming conferences	14,495	20,336
Deferred grants	78,500	—
Deferred contribution	31,638,226	31,552,188
	<u>\$ 34,588,203</u>	<u>\$ 34,298,763</u>

8. Special Projects:

The Association received monies from MOHLTC to fund various programs related to nursing practice and education and patient care. The monies are advanced in accordance with agreements between the Association and the funding agencies.

The Association signed an agreement with MOHLTC for the period from April 1, 2015 to March 31, 2020 in relation to Clinical Best Practice Guidelines, Healthy Work Environment Best Practice Guidelines, Advanced Clinical Practice Fellowships, Recruitment and Retention, Nursing Education Grants, Nursing Quality Indicators for Reporting and Evaluation ("NQuIRE") and Best Practice Spotlight Organizations Support. In the event of termination of the agreement, MOHLTC has agreed to the provision of funds reasonably necessary to wind down the programs, notwithstanding that pursuant to the provisions of the Financial Administration Act (Ontario), if the Province of Ontario (the "Province") does not receive the necessary appropriation from the Ontario Legislature, the Province shall not be obligated to make any additional payments exceeding the remaining funds under the control of the Association. Similar wind-down provisions are included in annual agreements for other programs related to nursing practice and education and patient care. Management believes that MOHLTC is fully committed to these projects.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2017

8. Special Projects (continued):

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

	2017	2016
Education Grants	\$ 3,521,321	\$ 5,672,889
Best Practice Guidelines - Clinical	2,277,682	2,107,263
Long-Term Care Best Practice Co-ordinators RNs	1,744,335	1,584,488
Advanced Clinical Practice Fellowships	432,951	547,048
Tobacco Intervention Initiative	513,767	533,877
Best Practice Guidelines - Healthy Work Environment	424,670	456,846
Recruitment and Retention	474,984	380,357
Nursing Retention Fund		60,696
Long-Term Care Best Practice Co-ordinators Administration	519,242	671,989
Methadone Maintenance and Addictions Treatment	349,196	371,803
NQuIRE	547,261	483,594
Youth Mental Health and Addictions Champions	53,780	-
Best Practice Spotlight Organizations	532,568	592,894
Whiteboard Flu Video	47,500	37,500
	\$ 11,439,257	\$ 13,501,244

The above-noted MOHLTC program expenditures include the following amounts paid to the Association's General Fund: (i) \$493,260 (2016 - \$343,278) for estimated staff costs related to non-MOHLTC fund employees who work on MOHLTC programs during the year; (ii) \$136,000 (2016 - \$142,250) for the MOHLTC program's estimated share of office administration and overhead costs, such as office supplies, telephone and utilities; and (iii) \$90,000 (2016 - \$90,000) management fee. These costs are set forth in the agreements with MOHLTC and represent General Fund cost recoveries. As such, they are netted against the underlying General Fund expense.

Also included in the above-noted MOHLTC fund expenditures are registration and other fees totaling \$136,080 (2016 - \$179,782) paid to the Association's iaBPG Centre for providing MOHLTC-funded programs and services. These amounts are recorded as revenue of the iaBPG Centre in the General Fund and are supported by the Association staffing costs totalling \$94,489 (2016 - \$92,365).

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2017

8. Special Projects (continued):

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

The deferred revenue - grants is summarized as follows:

	2017	2016
Balance, beginning of year	\$ 1,332,063	\$ 644,047
Funding received or receivable	11,556,185	14,193,383
Interest expensed on funds	(78)	(4,123)
Expenses incurred	(11,439,257)	(13,501,244)
Balance, end of year	\$ 1,448,913	\$ 1,332,063

Included in the balance of unspent funding due to MOHLTC as at October 31, 2017 is \$138,813 (2016 - \$139,588) in accumulated interest income earned on funding received from MOHLTC.

9. Changes in General Fund balance:

	Invested in capital assets	Unrestricted	Best practice guideline sales	Total
Balance, October 31, 2016	\$ 7,290,887	\$ (699,426)	\$ 324,212	\$ 6,915,673
Excess (deficiency) of revenue over expenses	(66,999)	138,677	7,950	79,628
Net investment in capital assets	61,632	(61,632)	-	-
Total excess (deficiency) of revenue over expenses	(5,367)	77,045	7,950	79,628
Balance, October 31, 2017	\$ 7,285,520	\$ (622,381)	\$ 332,162	\$ 6,995,301

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2017

10. Commitments:

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

2018	\$ 48,234
2019	48,234
2020	31,293
2021	19,835

11. Financial risks and concentration of credit risk:

(a) Liquidity risk:

Liquidity risk is the risk that the Association will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Association manages its liquidity risk by monitoring its operating requirements. The Association prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations. Additionally, the Association believes it is not exposed to significant liquidity risk as all investments are held in instruments that are highly liquid and can be disposed of to settle commitments.

(b) Credit risk:

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

(c) Interest rate risk:

The Association is to interest rate risk on its fixed interest rate financial instruments. The value of fixed income will generally rise if interest rate rise and decrease if interest fall. Changes in interest may also affect the value of equity securities. The interest rate exposure is managed through the Board of Directors approved policy of allocation of investable assets.

There has been no change to the risk exposures from 2016.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2017

12. Comparative information:

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

2017-2018 RNAO BOARD OF DIRECTORS

Carol Timmings	President
Angela Cooper Brathwaite	President-Elect
Doris Grinspun	Chief Executive Officer

REGIONAL REPRESENTATIVES

Betty Oldershaw	Region 1 Representative
Morgan Hoffarth	Region 2 Representative
Nathan Kelly	Region 3 Representative
Larissa Gadsby	Region 4 Representative
Maria Lozada	Region 5 Representative
Hilda Swirsky	Region 6 Representative
Lhamo Dolkar	Region 7 Representative
Beatriz (Betsy) Jackson	Region 8 Representative
Allison Kern	Region 9 Representative
Wendy Pearson	Region 10 Representative
Jennifer Flood	Region 11 Representative
Michelle Spadoni	Region 12 Representative

MEMBERS-AT-LARGE

Julia Roitenberg	MAL Nursing Administration
Tammie McParland	MAL Nursing Education
Maria Rugg	MAL Nursing Practice
Debbie Kane	MAL Nursing Research
Rhonda Seidman-Carlson	MAL Socio-Political Affairs

INTEREST GROUPS REPRESENTATIVE

Una Ferguson

STUDENT REPRESENTATIVE

Olaperi Oladitan

PUBLIC REPRESENTATIVE

Sholom Glouberman



158 Pearl Street, Toronto Ontario M5H 1L3 Tel: (416) 599-1925 RNAO.ca

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APRIL 2018