

**SPEAKING
OUT**
for nursing.

**SPEAKING
OUT**
for health.

annual report 2018 – 2019



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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

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

A message from RNAO's CEO and President

Our mandate - ***Speaking out for nursing and speaking out for health*** - symbolizes who we are and how we approach our responsibilities as health professionals and as members of our communities. It's also the theme for this year's annual general meeting (AGM) and our annual report.

Speaking out for nursing means that we recognize the knowledge and skills that RNs and NPs possess, and how their expertise informs the changes and solutions needed to benefit those in our care.

Here are a few examples of how our advocacy is being heard.

In May 2018, joining forces with the Ontario Nurses' Association, we held [a media conference](#) to push provincial politicians to fund, and Ontario hospitals to post and fill more than 10,000 RN vacancies, a void that increases the risk to patients' health and the fiscal health of our system. We will continue our advocacy until Ontario's RN-to-population ratio is safe.

Thanks to our advocacy, we are also taking the final steps toward independent RN prescribing; allowing RNs to continue initiating psychotherapy services; and enabling the full scope of practice of NPs. Progress has been achieved and more work remains to realize the full benefit of RNs and NPs for all Ontarians.

Speaking out for health has long been part of RNAO's consciousness. And that's why the advice we provide to governments and to politicians of opposition parties extends to system changes we believe are necessary to create a truly person-centred system where care wraps around the people we serve.

It's also why we advocate that a health system can only meet the needs of people if primary care is the anchor of a strong, universal, publicly funded and not-for-profit system. When the government announced its restructuring plans this past February, we re-issued our call for a more integrated, responsive and timely system.

When it comes to staffing models that benefit patients, clients and residents, RNAO and its members will not waiver from our commitment to provide them with safe, dignified and quality care. We demonstrated this in spades with our urgent call and very active participation, including our [evidence-based recommendations](#), to the Long-Term Care Homes Public Inquiry led by Justice Eileen Gillese.

Speaking out for health also means speaking out for those whose voices are not always heard such as persons experiencing homelessness and struggling with addiction. RNAO did so by having a say during two coroner's inquests this past year. Grant Faulkner died trying to keep warm in a shelter. Brad Chapman was killed by an accidental overdose before he could overcome an addiction to opioids. Chapman often sought housing and help for his addiction. His death was preventable. The system failed him while he was incarcerated and after his release. The jury made very strong recommendations, including one for RNAO. We have been asked to develop a best practice guideline focused on people experiencing homelessness, including those with mental illness and addiction.

The opioid crisis affects people of all ages and from all walks of life, which is why RNAO and its members advocated tirelessly for a province-wide strategy grounded in harm reduction. We continued that advocacy with a newly elected government headed by Doug Ford, who as premier, announced he wanted to review the evidence. We met with Ontario health minister



ANGELA COOPER BRATHWAITE

RN, MN, PhD

President

Christine Elliott, issued action alerts, spoke with the media and sent an open letter to the government imploring it to support this essential health service. Our rationale was simple: Evidence shows these services save lives. Our voice was heard. And we credit the premier for respecting and acting on the health minister's recommendations to continue funding these life-savings services.

When it comes to the determinants of health, social and environmental, RNAO also made sure its voice was heard, calling on the government to increase the minimum wage to \$15/hour, restore carbon pricing, and honour targets to meet Ontario's greenhouse gas reduction commitments. Together with our partners, RNAO will continue to remind the government that these are healthy public policies that will keep people and Ontario's budget healthy.

Speaking out for nursing and ***Speaking out for health*** means that every program we drive and every activity we undertake strengthens nursing and the health of the people we serve. RNAO's Best Practice Guidelines program exemplifies just that. Every single BPG and our myriad of capacity-building programs enable nurses – RNs, NPs, RPNs – from novice to expert to speak out for nursing through evidence-based practice. Every single Best Practice Spotlight Organization (BPSO) – over 500 in Ontario – enables them to speak out for health by optimizing their clients' outcomes through nursing knowledge. The program continues to move forward with spectacular results. And we thank our government, thousands of nurses and other health professionals for contributing to its success and improving the lives and health outcomes of people at home and abroad.

Members and guests attending this year's AGM (April 11-13) will witness the fruit of hard work when we welcome 19 health organizations as newly designated BPSOs. These organizations have demonstrated their commitment to implementing, evaluating and sustaining best practices for the benefit of those in their care. Congratulations to each and all.

We can't talk about the health of those we care for without recognizing that we also have a duty to protect the health of nurses. That's why RNAO is proud of the partnership that began years ago with the College of Nurses of Ontario, the Ontario Nurses' Association and the Registered Practical Nurses Association of Ontario and that culminated in January with the launch of [the Nurses' Health Program](#). This voluntary program offers help and a voice for nurses experiencing mental health and/or substance use disorders.

RNAO's formidable achievements, this past year as in previous ones, are the result of an engaged membership, an active assembly, a stellar board of directors, our expert staff and multiple partners – all critical to our winning team. Yes, there is "RNAO fever" and "BPSO fever" and you will experience its contagious nature when you attend our AGM – in person or through our live stream.

Enjoy reading this 2018-2019 RNAO Annual Report – it's yours to cherish and to share with others. Let this "good fever" spread wild and fervently so that together, we continue to move from strength to ever greater strength speaking out for nursing and speaking out for health.

Take pride knowing that our collective influence and impact – 42,056 RNs, NPs and nursing students – make a difference for nursing and for Ontarians.

Speaking out with RNAO's powerful membership

42,056

RNs, NPs and nursing students

Our members give voice to our association and with our numbers reaching record levels, RNAO's influence and impact are rock solid.

This influence and impact comes from 42,056 registered nurses (RN), nurse practitioners (NP) and nursing students that power RNAO to grow the role of RNs and NPs, strengthen our health system, and improve outcomes for patients and communities.

Having members in every sector of the health system, means having the pulse on challenges and solutions, both for nurses and the public we serve.

The benefits between RNAO and its members flow two ways. Our association creates a community in which members learn and power one another. Our network of [chapters, regions](#) and [31 interest groups](#) provides endless ways to get involved, make a difference, and most importantly, forge a collective force.

RNAO membership by sector 2018





1

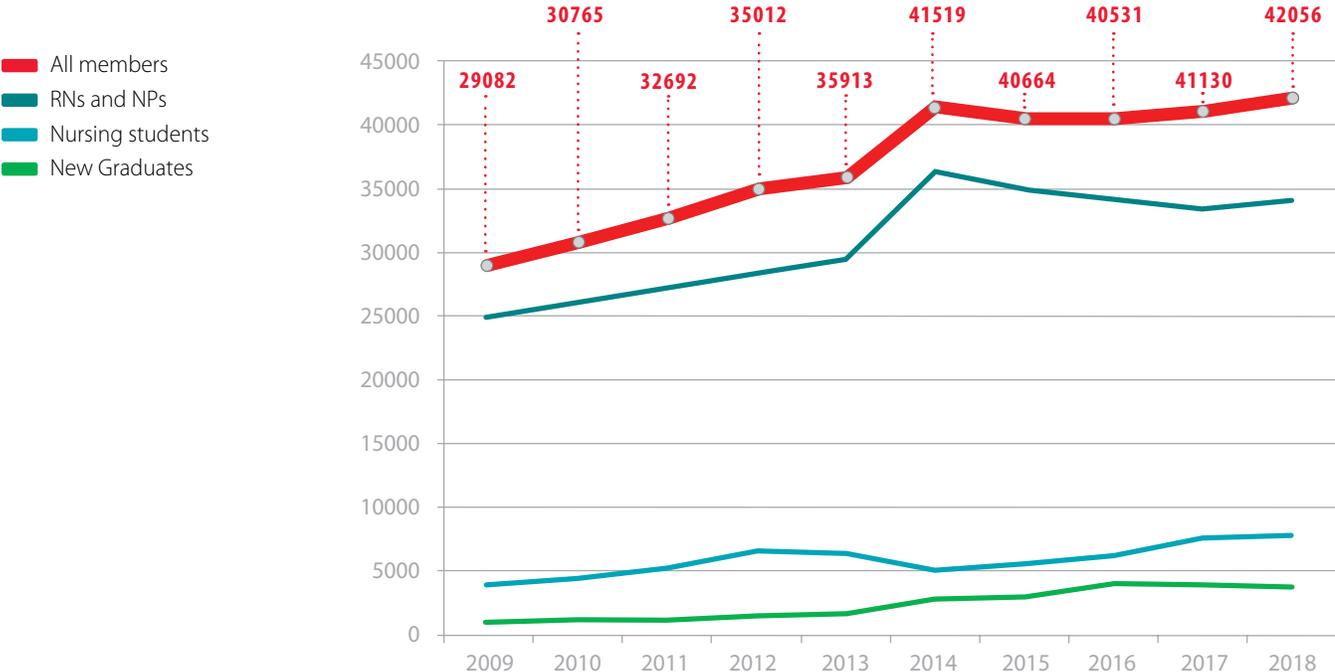
1 One of the benefits of being an RNAO nursing student is the opportunity to see the association's assembly and board of directors in action. Attending the fall 2018 student board placement are from left: Gillian Lam, Juliann Gueli, Susan Hu, Rebecca Carswell, NSO president and student RNAO board representative Lauren Allison and Yang Li. During the three-day session held Oct. 10-13 students learned how RNAO's leaders make decisions and determine the association's priorities.

The number of new graduate members is **3,802**

Undergraduate student membership in RNAO is at an all time high - **7,897**

RNAO membership has grown **45 per cent** over the past 10 years

RNAO membership 2009-2018





2 During her fall tour visit to various cities and towns in Region 1 in October 2018, RNAO CEO Doris Grinspun (fourth from the left) visited the Meadow Park long-term care home in Chatham. Also on hand for the visit from left to right: Betty Oldershaw, Region 1 board representative, Ashley Pierce, Grinspun, along with members of the home's management team and two of the home's residents Verna and Judy. Grinspun's tour also included visits to the Chatham Kent Health Alliance, Windsor Regional Hospital and Windsor-Essex County Health Unit.



3 Sudbury was one of several stops on RNAO president Angela Cooper Brathwaite's annual fall tour. Cooper Brathwaite (left) toured Laurentian University's nursing school with second year student Sarah Slack on Oct. 30, 2018. Among her stops in the city were a chapter meeting and visits to Health Sciences North and the Sudbury and District Public Health Unit.



4 RNAO president Angela Cooper Brathwaite with members of Durham Northumberland chapter at an event on Dec. 12, 2018 in Whitby. Next to Cooper Brathwaite (right) is Region 8 board representative Betsy Jackson.



5

5 Hilda Swirsky, board representative for Region 6 (centre), with two members of the local executive, Abigail Rodriguez (left) and Charmaine Hermans (right) at an assembly meeting held on October 13, 2018.



6

6 Nursing student Elizabeth Radey takes notes during a prep dinner for Queen's Park Day, along with her mother Jane Radey, a long-time Queen's Park Day attendee on Feb. 21, 2019.



7

7 NP Hoodo Ibrahim (left) and Rashmy Lobo (centre) of RNAO's Clinical Nurse Specialist Association of Ontario listen to Kerrie Pickering of the Ontario Nurses for the Environment Interest Group during an exercise at RNAO's assembly meeting on Feb. 22, 2019.



8



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8 Members of RNAO's Rainbow Nursing Interest Group and other RNAO members and guests marched in Toronto's Pride parade on June 24, 2018.

9 Nurses from Kingston, including members of RNAO's Kingston chapter, learned about the work behind RNAO's Best Practice Guidelines (BPG) program during a keynote by RNAO's CEO Doris Grinspun (kneeling right) on March 7, 2019.



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10 CEO Doris Grinspun (far right) hosted her annual HUB retreat on Nov. 13, 2018. RNAO's HUB fellowship offers each recipient the opportunity to shadow Grinspun for one week. Past winners come together each year to talk about their personal and professional growth. From left to right: Arlene Burla de la Rocha, Claudia Wong, Sue Grafe, Norma Nicholson, Cheryl Yost, and Anita Tsang-Sit.

11 Members from Windsor Essex gather during one of their regular chapter meetings. From left: Maria Spagnuolo, Jennifer Johnston, Dale Rajacich, Debbie Kane and Crystal Hepburn.

Speaking out with evidence-based policy and political action



RNAO's reputation for sound policy advice and political action is unparalleled.

Our advocacy is based on evidence and rooted in the belief that Ontarians deserve the best from health professionals and our health system.

Whether the issues in the media are public inquiries, hallway health care, improving long-term care, or what priorities should be included in the provincial budget, RNAO and its members offer solutions that put people and communities first.

Our advocacy drew 263 members and 109 politicians meeting face-to-face during our three signature events:

1 RNAO staff and its president met with Health Minister Christine Elliott at her Queen's Park office Dec. 5, 2018. From left: Joy Dawkins, policy analyst; Doris Grinspun, CEO; Minister Elliott; and Angela Cooper Brathwaite, president. Topics for discussion included: RN prescribing, NP compensation, and supervised injection services.

2 RNAO President Angela Cooper Brathwaite (left) responds to questions at a Queen's Park media conference May 7, 2018 - the start of Nursing Week. Joined by ONA President Vicki McKenna (centre) and RNAO CEO Doris Grinspun, the two organizations issued an urgent call to the government and hospital administrators to post and fill 10,000 RN vacancies in provincial hospitals



Take Your MPP to Work, Queen's Park on the Road, and Queen's Park Day. Added to this is the ongoing dialogue between RNAO's president and chief executive officer with top elected officials from all four parties and civil servants.

Our collective voice is heard in multiple ways. We issue action alerts, present before legislative committees, testify at inquests, and hold events and media conferences that mobilize the public and engage decision-makers.

These efforts are key to ensuring the voices of RNs, NPs and nursing students are heard to influence and shape policies that create healthier communities.

3 Health Minister Christine Elliott (second from left) met with RNAO and other members of the Ontario Primary Care Council (OPCC) in January 2019 to discuss strategies to improve primary care. From left: Allan Malek, Ontario Pharmacists Association; RNAO CEO Doris Grinspun; and Kate Mulligan, Alliance for Healthier Communities (AHC). Joining the meeting by phone was AHC CEO Adrianna Tetley. The meeting helped inform OPCC members of the government's priorities for the sector, as well as ways to partner.



4 RNAO CEO Doris Grinspun (left) attended a coroner's inquest into the death of Brad Chapman with RN Cori Chapman, his mother (centre) and sister Leigh, also an RN, in December 2018. Brad was 43 when he died in 2015. Among the jury's findings was a recommendation that RNAO develop a best practice guideline for people who experience homelessness, especially those with mental illness and addiction.



5 RNAO was the first organization to call for a public inquiry into the murders, attempted murders and aggravated assaults of residents at several nursing homes in southwestern Ontario. RNAO CEO Doris Grinspun (left) is seen here at a Jan. 24, 2019 meeting with the head of the inquiry, Justice Eileen Gillese, and Suman Iqbal (right), then senior manager of RNAO's Long-Term Care Best Practices program. Justice Gillese is scheduled to issue her report in July 2019.



During the past year, RNAO directed its advocacy at government, health providers and regulators to:

NURSING

- post and fill the 10,000 plus RN vacancies in hospitals
- require new hires in acute care to be RNs
- expand RN scope of practice to include independent prescribing and diagnosing within scope
- allow RNs to continue initiating psychotherapy services
- improve remuneration for NPs across all sectors
- remove practice barriers so NPs can perform point-of-care testing; act as most responsible providers in hospitals in more cases; sign mental health forms; be authorized to order additional forms of energy, specifically CT, MRI, nuclear medicine procedures, non-invasive EEGs, and ECGs in all situations; and be authorized to apply specified forms of energy (e.g., defibrillation)

HEALTH SYSTEM TRANSFORMATION

- strengthen our universal, not-for-profit health system
- champion reforms that make primary care the anchor of our health system
- re-locate to primary care the 4,500 RN care co-ordinators working in the LHINs
- ensure all first home care assessments are conducted by RNs
- improve resident care in long-term care homes by changing the funding model to account for acuity and quality outcomes; and change the staffing complement in each nursing home to no less than 20% RNs, 25% RPN and no more than 55% unregulated care providers. In addition, have on staff one NP per 120 residents.
- provide each Ontarian with a personal health record
- keep supervised injection sites open and support supervised consumption services and overdose prevention sites in all communities in need
- create comprehensive dental care for all seniors in Ontario
- support a national pharmacare program that covers all medically necessary drugs without means testing, user fees or co-payments

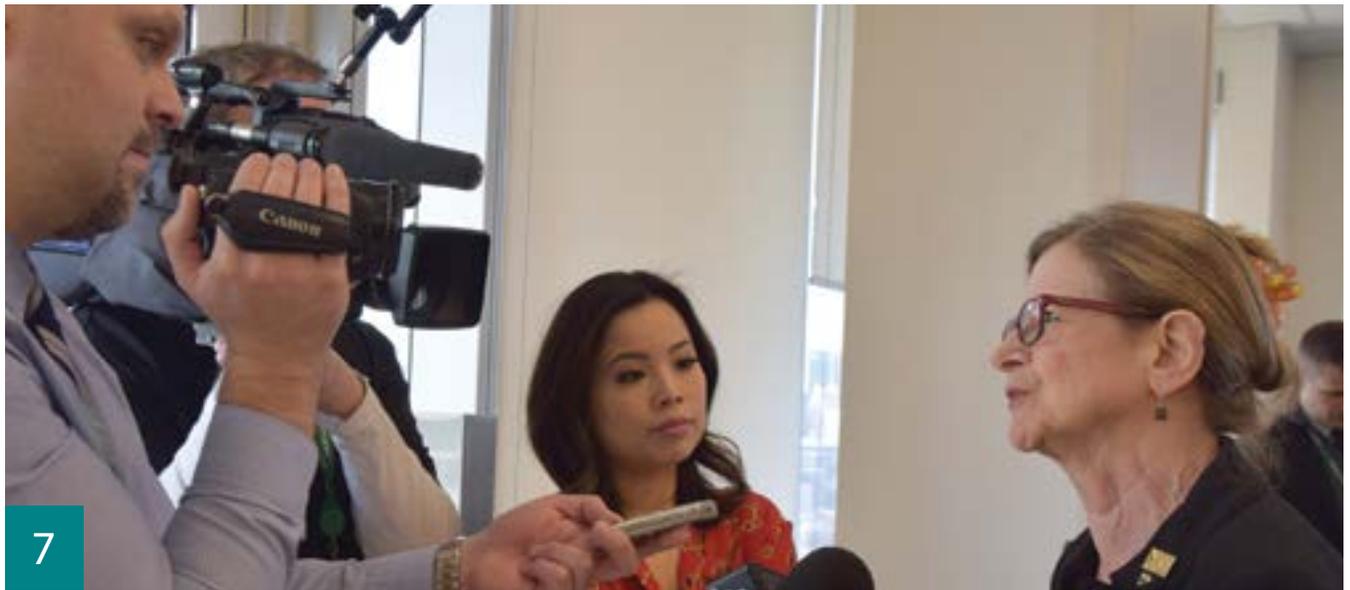
SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

- implement recommendations of the Truth and Reconciliation Commission of Canada and partner with Indigenous nations to urgently address suicide rates
- increase the minimum wage to \$15/hr
- demand that social assistance rates reflect the true cost of living
- invest in affordable and accessible housing
- urge Ontario to reduce its greenhouse gas emissions by more than the targets



6

6 RNAO president Angela Cooper Brathwaite makes a point during a meeting with NDP leader Andrea Horwath on Nov. 14, 2018. Looking on are RNAO CEO Doris Grinspun (second from left) and former RNAO policy analyst Sarah Boesveld (far right).



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7 RNAO's CEO Doris Grinspun speaks with reporters following the Feb. 26, 2019 media conference held by Health Minister Christine Elliott announcing a plan to re-structure the system. Grinspun told the media that reform is needed and said RNs and NPs must play key roles in the government's changes.



8 Following a presentation of its budget recommendations before the finance and economic affairs committee on Jan. 29, 2019, several committee members posed for photographs with RNAO's CEO Doris Grinspun (centre). From left to right: RNAO's senior economist Kim Jarvi, NDP MPP Sol Mamakwa, PC MPP and committee chair Stephen Crawford, and NDP MPP Sandy Shaw.

9 RNAO member and newly elected PC MPP Natalia Kusendova was sworn on July 10, 2018. On hand for the occasion from left: RNAO president Angela Cooper Brathwaite; RNAO CEO Doris Grinspun; and Premier Doug Ford. Before being elected as the MPP for Mississauga Centre, Kusendova was RNAO Peel chapter's policy and political action officer.



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10 NDP MPP Gilles Bisson met Porcupine chapter president Jennifer Bertrand (right) and Trina Austin in his constituency office as part of RNAO's Queen's Park on the Road during the fall 2018.

11 RNAO interest groups' board representative Rhonda Seidman-Carlson met with her MPP, Billy Pang of the PC party in his constituency office on Oct. 5, 2018, to discuss RNAO's policy priorities.



12 Green Party leader Mike Schreiner took part in his first ever Queen’s Park on the Road visit at his Guelph constituency office on Nov. 30, 2018 with RNAO members Hilary Sudar (left) and Rachel Mixer. Mr. Schreiner became the first elected member of the Green party to sit in the legislature following the June 2018 provincial election.

13 John Fraser, interim leader of the Liberal party, took part in RNAO’s annual Take Your Politician/MPP To Work initiative with a visit to St. Patrick’s Home in Ottawa on May, 4, 2018. He’s pictured with RNAO Long-Term Care best practices co-ordinator Stephanie Kim (far left) and staff at the home.

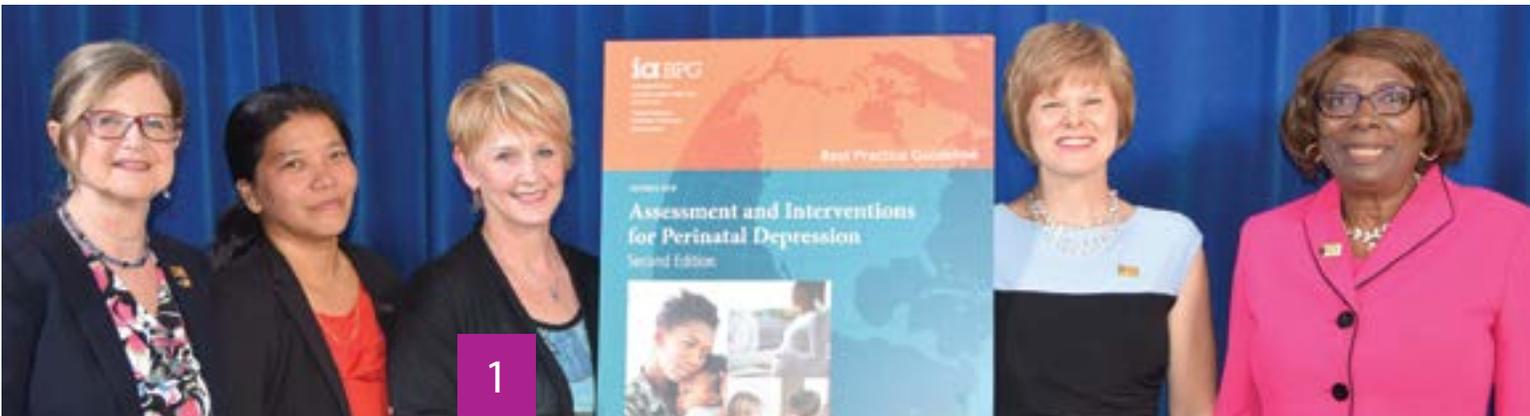


14

14 RNAO's inaugural NP Institute took place in Niagara-on-the-Lake on March 19-21, 2019. More than 100 nurse practitioners and health leaders attended, including Ontario deputy health minister Helen Angus seated in the front row (second from the left). Also in the front row, RNAO Nurse Practitioner Interest Group (NPIG) co-chair and NP Mae Katt (left), Angus, NP and RNAO policy analyst Andrea LeBlanc-Millar, and RNAO CEO Doris Grinspun (right). The institute covered policy issues relevant to the practice of NPs in all sectors, including presentations on scope of practice and health system reform.

Speaking out with evidence-based practice

1 RNAO's *Assessment and Interventions for Perinatal Depression* best practice guideline (second edition) was released at a media conference on Oct. 11, 2018. RNAO Region 7 board representative Lhamo Dolkar and BPG panel member Sue Bookey-Bassett (second and third from left, respectively) shared their experiences with perinatal depression. Also at the event were RNAO CEO Doris Grinspun; Katherine Wallace, the RNAO manager who led the development of the guideline; and RNAO President Angela Cooper Brathwaite.



One of the most effective ways that RNAO speaks out for nursing and speaks out for health is through its [best practice guidelines \(BPG\) program](#). Now entering its third decade of existence, the program is growing by leaps and bounds, inspiring and energizing nurses and other health professionals to put patients first and improve their health.

With 54 clinical and healthy work environment BPGs developed to date and more coming, the program is changing the way we think about and provide care.

BPGs are updated on a set schedule. This past year, RNAO issued its third edition of [Promoting and Supporting the Initiation, Exclusivity and Continuation of Breastfeeding for Newborns, Infants and Young Children](#). And, we issued the second edition of two other BPGs: [Supporting Adults Who Anticipate or Live with an Ostomy](#); as well as [Assessment and Interventions for Perinatal Depression](#).

Preventing and combating perinatal depression necessitates that we fight both the lack of knowledge and the stigma of mental illness. That's why RNAO invited two RNs – board member Lhamo Dolkar and BPG panel member Sue Bookey-Bassett – to share their own battles and compelling stories drawing tears and applause at a media conference to promote the BPG's release this past October. Recommendations centre on how to improve care during pregnancy and after birth and how best to speed up access to mental health services, when required. Panel co-chairs Dr. Angela Bowen from Saskatoon and Sudbury's Dr. Phyllis Montgomery believe the BPG will improve care in Ontario and elsewhere.

Looking ahead, RNAO is completing next editions of five additional BPGs. We are also developing three new BPGs: *A Palliative Approach to Care in the Last 12 Months of Life*; *Promoting Nicotine Free Health and Wellness with Indigenous Parents, Families and Communities*; and *Providing Care to Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Communities* (2SLGBTQI+).

The 2SLGBTQI+ (working title) BPG and the one focused on Indigenous parents and their families are important examples of RNAO's action to inspire inclusivity and to advance the social determinants of health. Both guidelines address systemic discrimination and equity. On the latter, RNAO is building on a 2016 agreement signed with the province's regional chief to work together to improve health services for Indigenous communities. With provincial support, we are now working with and learning from Indigenous communities – First Nations, Inuit and Métis – on how best to overcome barriers to good health brought on by decades of colonial rule, injustice and oppression. The BPG will be implemented by eight Indigenous communities that have joined [the Best Practice Spotlight Organizations' \(BPSO\)](#) knowledge movement.

2 Work is underway on a best practice guideline that aims to improve health services for people of all gender identities and sexual orientation. The expert panel developing the BPG is being lead by co-chairs Dr. Elizabeth Saewyc (left) and Sheena Howard, a primary care RN.



3 Amy Davigon of Baycrest Health Sciences, discusses her organization's approaches to successful BPG implementation during a session at RNAO's clinical institute in June 2018.



4 Representatives from eight Indigenous health and service organizations took part in a BPSO orientation launch meeting on March 18, 2019 organized by RNAO. They include: Anishnawbe Mushkiki, Chigamik Community Health Centre, De dwa da dehs nye>s Aboriginal Health Centre, Mamaway Wiidokdaadwin Indigenous Interprofessional Primary Care Team, Ontario Native Women's Association, Sandy Lake First Nation, Seventh Generation Midwives Toronto and Tungasuvvingat Inuit.



Our network of BPSOs sparks the growth of our program at home and abroad. With 500 health service and academic organizations in Ontario, including 51 long-term care homes, as well as over 300 in the rest of Canada and around the world – formally engaged in BPG implementation – we are transforming nursing through knowledge. Their efforts elevate the care of patients across all sectors, and because our guidelines are grounded in evidence, that improvement is sustained.

The program's success is driven by 50,000 champions, clinicians and others, who mentor colleagues and transform workplaces. And, to add to the champions' power, we also engage thousands of nurses and other health professionals in capacity-building. This past year, we once again responded enthusiastically to nurses' thirst for knowledge. We had a record high 7,500 nurses participating in institutes, workshops, webinars, communities of practice and RNAO's annual Career Expo.

To help BPSOs track their progress, RNAO provides free access to NQuIRE – the international data-system of quality indicators. It serves to monitor implementation, evaluate outcomes and provides data-rich reports that BPSOs use extensively. NQuIRE is quickly gaining praise at home and abroad for its capabilities and robustness.

5 RN Nicholas Luschynsky (right) listens to a resident at the Perley and Rideau Veterans' Health Centre during a May 2018 Nursing Week event held at the organization to celebrate the home's Best Practice Spotlight Organization (BPSO) status.



6 Jane Warner (left) of Kingston Health Sciences Centre, an RNAO BPSO, discusses evidence-based practice with Althea Stewart-Pyne, a member of RNAO's BPG team.



7 Grand River Hospital was one of five health organizations that held events to celebrate their status as an RNAO BPSO during Nursing Week in May 2018. From left: Kelly Cronin, RN; patient Justine Phillepe; Vice-President of Clinical Services and Chief Nursing Officer Judy Linton; Director of Integrated Professional Practice Patricia Blancher; and RNAO Waterloo chapter member Margaret Boyle.





RNAO's *Evidence Boosters* features the impact of evidence-based practice. These go-to profiles, available on our website, show how BPGs benefit patients, organizations and health systems. The range of boosters is wide and growing, now numbering 20 and covering topics such as falls, diabetic foot ulcers, self management of chronic conditions, and screening for delirium, dementia and depression in seniors. The boosters showcase outcomes of evidence-based practice driven by nurses using RNAO's BPGs.

To make it even easier to access BPGs, we have tapped into the digital tools that simplify life all around us, from banking to shopping. That's why we are proud that our BPG apps exceeded 8,300 downloads this past year. And why we have developed 74 BPG Order Sets to date that help organizations embed recommendations in electronic health records.



8 In September 2018, officials from Lanzhou University Second Hospital invited Heather McConnell, Associate Director of RNAO's Best Practice Guidelines program and May Tao, Health Promotion Specialist for Toronto Public Health, an RNAO BPSO (seated front row), to China for an orientation meeting. The hospital wants to become a BPSO Host and has committed to implementing several BPGs. More than 100 people took part in the opening ceremony.



9

9 Amalia Silva-Galleguillos (left), BPSO Host lead at Universidad de Chile and a certified BPSO trainer who has conducted training in Chile, Colombia and Portugal, visits with Denisse Torres, the BPSO lead for de Linares Hospital in Chile.



10

10 BPSO meetings in the Philippines during the summer of 2018 included from left: RNAO's Suman Iqbal, Silliman University Medical Center (SUMC) past deans Florenda Cabatit and Evalyn Abalos, RNAO President Angela Cooper Brathwaite, SUMC VP for nursing and patient services Ferdita Tan, SUMC interim dean Theresa Guinoo, and SUMC alumni Beatriz Jackson and RNAO Region 8 board representative, who led the efforts for the university to become a BPSO.

The publication of RNAO's book *Transforming Nursing Through Knowledge* marked an unprecedented milestone, few organizations can claim. The book chronicles the BPG program from its inception in 1998 to its evolution to date. It also provides the lived experiences of nurses in all roles and sectors, as well as faculty and students who are using BPGs to transform practice and improve patient care and outcomes. Released in May of 2018 and available in hard copy and e-book format, it is a bestseller that showcases a program that is reaching nurses and other health professionals in all corners of our province, our country and around the world. It is creating "BPSO fever", attracting more and more nurses and organizations as they see RNAO's BPG program as the way forward in the name of those we serve.



11

11 RNAO's book *Transforming Nursing Through Knowledge* was the focus of a book club event organized by SE Health (formerly Saint Elizabeth) in September 2018. From left: SE clinical solutions specialist Felicia Kontopidis; SE CEO Shirlee Sharkey; RNAO CEO Doris Grinspun; former IABPG directors Irmajean Bajnok and Tazim Virani, SE Global managing director.



12

12 Toronto's Humber River Hospital began work on its BPSO designation in 2018. From left are: President, CEO and RN Barbara Collins, Bhargavi Maruvada, Alisha Aggarwal, Comella Levers, BPSO lead and Senior Director for Evidence-Based Practice Integration Nataly Farshait, Joshua Moralejo, Rosemary Mulock, Shirley Goguen, Nisa Suthanthirakaran, Alicia Moonesar, and past president of RNAO and Chief Nursing Executive Vanessa Burkoski.

Report on resolutions from 2018 AGM

RESOLUTION: PATIENT FIRST TREATMENT FOR ONTARIANS WITH LYME

Submitted on behalf of Halton Chapter

Authors: Sue Faber, Catherine Kinsella, and Louela Manankil-Rankin

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) advocate, at all levels of government, for Lyme disease prevention programs and the rights of all patients with symptoms consistent with Lyme and/or co-infections to receive evidence-based patient-centred care for both acute and multi-systemic chronic presentations of the disease in Canada; emphasizing health-care provider education that acknowledges alternate modes of transmission, persistence of infection, and integration of a collaborative clinical model inclusive of ILADS guidelines in the treatment of this illness.

RNAO CEO Doris Grinspun put forward Sue Faber, RNAO member and co-founder of LymeHope, as the RNAO representative for the roundtable of Lyme disease stakeholders organized by the Public Health Agency of Canada. Sue Faber also continues to be the RNAO representative on the Canadian Association of Schools of Nursing (CASN) Climate Driven Infectious Disease Project Advisory Committee.

RNAO continues to provide ongoing support to Faber in her outstanding advocacy efforts around Lyme disease. This includes: letters to government, meetings, webinars and workshops, as well as traditional media and social media exposure. RNAO's CEO also organized a meeting with the Honourable Kelvin Ogilvie, former senator, Ralph Hawkins, an internal medicine specialist from Calgary, and Sue Faber to share expertise and plan next steps for advocacy.

RESOLUTION: SPIRITUAL DIMENSIONS OF CARE

Submitted on behalf of the Parish Nurse Interest Group (now known as the Faith Community Nursing Interest Group) and Waterloo Chapter

Author: Elsie Millerd

THEREFORE BE IT RESOLVED that Registered Nurses' Association of Ontario integrate the spiritual dimensions of care in the development of frameworks, practice guidelines and position statements related to client care.

The development of RNAO's new edition of the Best Practice Guideline on *A Palliative Approach to Care in the Last 12 Months of Life* integrates the spiritual dimensions of care and includes recommendations addressing this area. The new guideline currently under development, *Providing Care to the 2SLGBTQI+ Community* (working title), is being developed guided by the intersectionality framework, and this includes spirituality as a make-up of someone's identity.

RESOLUTION: CHILD AND YOUTH MENTAL HEALTH

Submitted on behalf of the Pediatric Nurses Interest Group with support from the Mental Health Nurses Interest Group

Authors: Sarah Portelli, Alissa DeJong and Chantal Singh

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario actively lobby the Ontario Ministries of Health and Long-Term Care, Children and Youth Services and Education to advocate for ongoing and collaborative community-based interventions to directly address the mental health challenges faced by Ontario children and youth to promote their future health and well-being.

Work on this resolution is ongoing. The CEOs of RNAO and Children's Mental Health Ontario (CMHO) met and developed a strategic partnership on this issue. A joint advocacy letter to the new provincial government was delivered and this resolution was integral to its content. RNAO and CMHO are planning future joint action, which will involve PedNIG and MHNIG.

As a result of this resolution, a number of RNAO members have contacted home office to share painful memories of loved ones who died by suicide. On Feb. 21, 2019, some of these members as well as MHNIG members represented RNAO at a media conference organized by NDP MPP, Bhutla Karpoche, to mark second reading of Bill 63, her private member's bill. *The Right to Timely Mental Health and Addiction Care for Children and Youth Act*, 2019, if passed, would require the Minister of Health and Long-Term Care to ensure that a person less than 26 years old, residing in Ontario, and deemed to require mental health or addiction services receive access to those services within 30 days of being deemed to require support.

RESOLUTION: CLINICAL NURSE SPECIALISTS

Submitted on behalf of the Staff Nurse Interest Group (SNIG) and the Clinical Nurse Specialist Association of Ontario (CNS-ON)

Author: Paul Andre Gauthier

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario recognize the value of the Clinical Nurse Specialist (CNS) and promotes the CNS role as part of the solution to assist in the management of complex care in the health-care system through the inclusion of the CNS in the staff mix being presented to long-term care organizations and hospitals (e.g.) and to the government of Ontario.

RNAO has included clinical nurse specialists (CNS) in our advocacy for staffing mix in the long-term care (LTC) sector. The "Transforming long-term care to keep residents healthy and safe" backgrounder was updated to include CNS in advance of RNAO's Queen's Park Day 2019. In addition, RNAO has been engaged in an initiative of the Ontario Palliative Care Network (OPCN) in developing an Ontario Palliative Care Competency Framework for health professionals and volunteers (see resolution 10). RNAO was successful in having the CNS role included in the nursing section of this document.

RESOLUTION: COST OF CARING

Author: Elizabeth Tkaczyszyn

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario advocates for development and implementation of recommendations to support nurse's psychological health and safety in work environmental across all sectors.

RNAO advocates for support of resources against workplace violence through participation on the Ontario Steering Committee for Workplace Violence Prevention, Phase 3. This initiative supports the development of province-wide tool-kits that focus on Violence Aggression Responsive Behaviour incorporating the concepts of healthy work environments to address workplace violence. RNAO's BPG on preventing and managing violence provides the foundation for our contributions to committees and related capacity-building activities.

RNAO presented on safe and healthy work environments at the 2018 International Conference on Violence. The RNAO 2019 Healthy Work Environment webinar series incorporates the principles of healthy work environments and offers education, tools, information and resources for nurses across all settings to support reduction of violent incidents and impact to nurses and other employees while providing direction towards building an effective workplace violence action plan. Included in this series are the sessions delivered by Rhonda Seidman-Carlson on managing violence and bullying in the workplace.

RESOLUTION: PSYCHOTHERAPY AND OHIP COVERAGE

Submitted on behalf of the Mental Health Nursing Interest Group of RNAO

Author: Kamini Kalia

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario advocate to the provincial government to extend OHIP coverage to be inclusive of RNs and NPs who will be authorized to perform the controlled act of psychotherapy.

RNAO and its MHNIG can take pride in mobilizing nurses to achieve changes at CNO to ensure RNs and NPs can continue to initiate and deliver psychotherapy. Once the government approves this, RNAO will begin dialogues with government regarding OHIP coverage.

RESOLUTION: SUPPORT FOR A NORTHERN, RURAL & REMOTE NURSING ORIENTATION PROGRAM

*Submitted on behalf of the Kenora Rainy-River Chapter
Author: Brandi Milko*

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario actively lobby the Ontario MOHLTC to establish a Northern, Rural & Remote Orientation program to provide any nurse who is newly hired, or returning to rural, remote and/or northern practice with an opportunity for an extended supernumerary orientation that includes mentorship and accessing prerequisite training/courses if needed.

RNAO has involved members of the Kenora Rainy-River chapter in advocating for the establishment of a Northern, Rural & Remote Orientation program. A letter was sent to the Minister of Health and Long-Term Care; the Minister of Training, Colleges and Universities; and the Minister of Energy, Northern Development and Mines in March 2019, outlining the need for nurses who are newly hired or returning to rural, remote and/or northern practice to be provided an opportunity for an extended supernumerary orientation that includes mentorship and accessing prerequisite training/courses, if needed.

RESOLUTION: PROACTIVE EDUCATION FOR DEALING WITH WORKPLACE VIOLENCE FOR NURSES

Author: Piroška Bata

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario advocate for training and education in basic Nursing education to be able to recognize verbal and physical threat cues, predict violence and aggressive behaviours, have the skills and knowledge and experience to deal with these situation in a safe manner verbally and physically. And let it be resolved to make the BPG actionable; recommend working with other professional regulatory bodies to attain this goal by setting specific guidelines for all nursing programs and employers to adhere to and educate/train nurses.

The best practice guideline (BPG), *Preventing Violence, Harassment and Bullying in Health Service Organizations* (2nd Edition) is scheduled for publication in May 2019. This BPG replaces the RNAO BPGs *Preventing and Managing Violence in the Workplace* (2009) and *Workplace Health, Safety and Well-being of the Nurse* (2008). It is to be used by nurses and other health workers, students, educators, administrators and executives, policy-makers, and researchers to enhance the safety of health service organizations and academic institutions through the use of evidence-based practices. Safe and healthy work environments are an enabler for nurses and other health workers to optimize clinical outcomes for those receiving care. Safe and healthy work environments also facilitate the optimization of teaching and learning in academic settings. Upon release of this BPG, it will be disseminated to all nursing schools and a meeting will be convened with COUPN and CAATS to discuss integration of the BPG into the undergraduate nursing curriculum.

RESOLUTION: PALLIATIVE CARE AS AN ISSUE OF THE PUBLIC'S HEALTH

Submitted on behalf of Palliative Care Nurses Interest Group

Authors: Mahoganie Hines, Kim Rogers, and Amy Archer

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) advocate and support the enhancement of the palliative care frameworks already in place to emphasize the clear need for quality trained professionals and lay persons, in all areas of care, to be able to provide and support palliative care within all areas of social determinants of health. These areas include but are not limited to community, primary care, education, hospices, hospital and long-term care. Basic palliative care needs to be an expected core skill from all university and college trained members of the health-care team.

BE IT FURTHER RESOLVED that the RNAO support and advocate that members from Palliative Care Nurses Interest Group (PCNIG) executive be part of representation of nursing with regard to palliative care in any policy and/or development changes the RNAO is part of in Ontario.

RNAO continues to involve members of the PCNIG executive in various ways, including consultations with our partners in the palliative care sector. PCNIG provided feedback that RNAO incorporated into our comments on the Ontario Palliative Care Network's (OPCN) draft Palliative Health Services Delivery Framework: Part 1: Adults receiving care at home in February 2018. Additionally, members of the PCNIG executive were strongly engaged in RNAO's feedback on the nursing section of the Ontario Palliative Care Competency Framework, led by OPCN, through much of 2018. OPCN is the final stages of approving and translating this document. When released, RNAO will be pleased to share this document with all members.

RESOLUTION: WOUND CARE RESOURCES

Author: Erin Rajhathy

Conflict of interest: Erin Rajhathy is currently a student in the Masters of Clinical Science (Wound Healing) program at the University of Western Ontario and is employed by Ontario Medical Supply as their Clinical Support Nurse and as a Registered Nurse by Saint Elizabeth Home Health in their visit nurse program.

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) in collaboration with SWRCWCP, Health Shared Services Ontario, as well as any existing organizations such as Wounds Canada, Ontario Wound Interest Group, Canadian Association for Enterostomal Therapy, and Wound Care Alliance Canada, further develop the point of care resource toolkit, which can be customized to individual LHIN regions.

BE IT FURTHER RESOLVED that the RNAO lobby the MOHLTC to provide funding to the 14 LHINs and their contracted nursing providers for access to programs, such as the SWRWCP, to increase access to wound care resources for novice nurses at point of care.

The annual RNAO Wound Care Institute has both a clinical and program planning stream to support evidence-based wound care programs across a range of sectors. This includes acute and chronic wound prevention, assessment and treatment, with opportunities for application through case studies and skills labs. The program planning stream includes a focus on provincial level issues, funding, and access

to services. Faculty include representatives from the Ministry of Health, HQO, Wounds Canada, and CAET. In addition, RNAO is a key stakeholder on the Wound ECHO program, recently funded by the Ministry of Health and Long-term Care, and will be participating on the curriculum and evaluation working groups.

The Long-Term Care Best Practices Toolkit, 2nd edition, is an online collection of resources/tools and provides caregiving staff, nurses, educators and leaders in LTC access to the best available evidence and credible resources/tools that support the use of BPGs and enhance program development, implementation and evaluation. The LTC Toolkit supports nursing homes in implementing BPGs, program planning and evaluation, integrating relevant provincial legislation, performance improvement and other health-care initiatives to enhance the quality of resident care and create a healthy work environment. A topic is devoted to resources and tools on the skin and wound care. It includes sub-topics as follows: Assessment and Management of diabetic foot ulcers; Skin tears: Prevention and management; Pressure injuries; and Ostomy: Care and management.

RESOLUTION: NURSING INFRASTRUCTURE AND PUBLIC-PRIVATE PARTNERSHIPS

Submitted on behalf Of Nipissing Chapter

Author: Kathryn Ewers

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario lobby the provincial government to discontinue the use of public-private partnerships to fund future health-care infrastructure.

In the fiscal capacity backgrounder for Queen's Park Day 2019, there is a discussion of the costs of public-private partnerships and the request to politicians to: "Place a moratorium on public-private partnerships in the procurement of public infrastructure." The policy department is in the process of writing a backgrounder on public-private partnerships, which would support further advocacy.

RESOLUTION: INITIATIVE TO SUPPORT THE DELIVERY OF A BScN PROGRAM AT SEVEN GENERATION EDUCATION INSTITUTE SERVING LEARNERS IN NORTHWESTERN ONTARIO

Author: Brigitte Loepky

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario advocate for sufficient governmental funding to be given to Seven Generation Education Institute for the delivery of a four year Bachelor of Science in Nursing Program at the Manidoo Baawaatig/Kenora Campus in the fall of 2019.

A proposal was developed and submitted by the resolution submitter for a quality and culturally inclusive degree nursing program to be delivered in Northwestern Ontario. A letter of support for this proposal was sent by CEO Doris Grinspun to former Minister of Training, Colleges and Universities and former Minister of Health and Long-Term Care. Given the change in government, it is necessary for the submitter to send the proposal to the now Minister of Training, Colleges and Universities and Minister of Health and Long-Term Care, alongside a formal letter urging for sufficient funding for the delivery of the four-year Bachelor of Science in Nursing Program. RNAO will then follow up with a support letter and request for a meeting to further discuss the necessity of such a program.

BYLAWS

Wendy Pearson, **Chair**

Stephanie Blaney, Assembly Representative

Veronique Boscart, RNAO Member

Marianne Cochrane, RNAO Member

Lhamo Dolkar, Board Representative

Lauren Allison, Student Representative

Charlotte Noesgaard, Parliamentarian

Angela Cooper Brathwaite, President, ex-officio

Doris Grinspun, Chief Executive Officer, ex-officio

Ifrah Ali, Board Affairs Co-ordinator

EDITORIAL ADVISORY

Larissa Gadsby, **Chair**

Desmond Devoy, Journalist, non-voting

Una Ferguson, Board Representative

Chad Johnson, RNAO Member

Yoyo Chen, NSO Representative

Joanne Laucius, Journalist, non-voting

Laryssa Vares, RNAO Member

Angela Cooper Brathwaite, President, ex-officio

Doris Grinspun, Chief Executive Officer, ex-officio

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

Kimberley Kearsey, Managing Editor, *Registered Nurse Journal*

Victoria Alarcon, Communications Specialist/Coordinator

Jonathan Sher, Senior Communications Officer & Writer

EXECUTIVE

Angela Cooper Brathwaite, **Chair** (President)

Carol Timmings, Immediate Past-President (until December 2018)

Vanessa Burkoski, Past President (effective January 2019)

Doris Grinspun, Chief Executive Officer

Ifrah Ali, Board Affairs Co-ordinator

INTEREST GROUPS

Una Ferguson, **Co-chair**

Rhonda Seidman-Carlson, **Co-chair**

Chair of each Provincial Interest Group,

Associated Interest Group, Pending Associated Interest Group,
and Affiliated Group (*or the Chair's designate*)

Angela Cooper Brathwaite, President, ex-officio

Doris Grinspun, Chief Executive Officer, ex-officio

Daniel W. Lau, Director, Membership and Services

Carrie Edwards, Senior Membership & Services Co-ordinator

LEGAL ASSISTANCE PROGRAM (LAP)

Rhonda Seidman-Carlson, **Chair** (until May 2018)
Betty Oldershaw, **Chair** (as of September 2018)
Stephanie Blaney, RNAO Member
Nathan Kelly, Board Representative
Cathy Olsiak, Nurse Lawyer, non-voting
Katherine Smith, RNAO Member
Angela Cooper Brathwaite, President, ex-officio
Doris Grinspun, Chief Executive Officer, ex-officio
Nancy Campbell, Director, Finance and Administration
Mara Haase, LAP Administrator

MEMBER RECOGNITION AWARDS

Jennifer Flood, **Chair**
Sally Dampier, RNAO Member
Kerian Duarte, RNAO Member
Paul-Andre Gauthier, RNAO Member
Beatriz Jackson, Board Representative
Sharon Nwamadis, NSO Representative
Catherine Walsh, RNAO Member
Angela Cooper Brathwaite, 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

PROVINCIAL NOMINATIONS

Alicia Moonesar, RNAO Member
Sharon Moore, RNAO Member
Lee-Ann Turner, RNAO Member
Angela Cooper Brathwaite, President, ex-officio
Doris Grinspun, Chief Executive Officer, ex-officio
Ifrah Ali, Board Affairs Co-ordinator

PROVINCIAL RESOLUTIONS

Janet Hunt, **Chair**
Claudette Holloway, RNAO Member
Rashmy Lobo, RNAO Member
Jennifer Yoon, RNAO Member
Charlotte Noesgaard, Parliamentarian
Doris Grinspun, Chief Executive Officer, ex-officio
Ifrah Ali, Board Affairs Co-ordinator

EXTERNAL REPRESENTATION

RNAO is represented on 70 committees, boards and working groups, locally, provincially and nationally.

BYLAWS

The committee met to review recommendations from RNAO's board of directors for the establishment of a selection process and qualifications for the role of RNAO President-Elect. The committee agreed that the recommendations should go forward to the membership for consultation via *One member, one vote* preceding the 2019 annual general meeting (AGM).

I would like to thank committee members for their participation in the business of the committee this year and RNAO home office staff for their support.

*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 fully 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 a much-needed perspective on the present-day issues facing the nursing profession and the health system. This past year the committee reviewed six published issues of *Registered Nurse Journal*.

In addition to featuring content on the need for more RNs and better access to supervised consumption services, there were stories on a member's resolution to promote greater awareness of Lyme disease and a look at the ground-breaking legislation that officially acknowledged the role of NPs across the province and their contribution to the health system. The July/August issue was dedicated to the 20th anniversary of the creation of RNAO's Best Practice Guidelines program.

Committee members were brought up to date on the work for the digital version of the journal and invited to view the development site.

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

*Larissa N. Gadsby, RN (EC), MScN,
NP-Pediatrics
Chair*

EXECUTIVE

The executive committee is comprised of the president, immediate past-president, chief executive officer, and board affairs co-ordinator as staff resource. The purpose of the committee is to ensure governance best practices for the association and committees of the board of directors. The committee met on three occasions this past year.

The committee is pleased to report on robust and sustainable financial results for the year end October 31, 2018. The association's six special-purpose funds, which provide a vast range of member benefits and services, educational opportunities, legal assistance, professional liability coverage and our internationally-acclaimed best practice guideline programs, continue to contribute positive results and all six funds reported a surplus in 2018.

At year end, KPMG, the association's external auditor, presented their unqualified opinion to the board of directors, and the board and governance committee are satisfied that the financial statements adequately disclose the scope of our activities.

I would like to thank the committee members, 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 October 2018 and February 2019. The Diabetes Nurses Interest Group (DNIG) and Nursing Research Interest Group (NRIG) presented at the October meeting and the Nursing Students of Ontario (NSO) presented in February. The profiling of individual IGs continues to be well received. Time was also set aside to help interest groups focus on collaboration and election strategies, which allows for better executive succession planning.

In September, interest groups were given a membership toolkit, which included the following materials:

- RNAO mission statement
- Home office ENO contact information
- Upcoming RNAO activities
- Budgeting information
- Members' voices reporting
- Six easy steps for interest group elections
- A photo and video release form
- Conflict of interest statement
- Code of conduct

The February meeting also featured a presentation by RNAO's

director of communications on the importance of branding and social media. After the presentation, interest groups took part in a networking activity to engage members in joint meetings and webinars.

*Una Ferguson,
RN, GNC (C) CPMHN (C)
Co-Chair*

*Rhonda Seidman-Carlson, RN, MN
Co-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 RNAO's publication *Registered Nurse Journal* on legal issues relevant to nursing practice.

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 support over the past year.

*Rhonda Seidman-Carlson, RN, MN
Chair*

MEMBER RECOGNITION AWARDS

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

Over this past year, in addition to judging the nominations, the committee reviewed and revised the Terms of Reference to better reflect the responsibilities of the committee. Part of the revision included a name change from

Membership Recruitment and Retention Committee to Member Recognition Awards Committee. The committee also reviewed the award categories and past submission numbers and made recommendations to combine some categories. These changes were approved by the board of directors. The committee is continuing its work in these areas, which will take effect during the 2019/2020 submission year.

Thank you to all committee members for their energy and time spent to support our profession and colleagues. Thanks as well to home office for its support.

*Jennifer Flood RN, BScN, MN
Chair*

PROVINCIAL RESOLUTIONS

The committee reviewed 13 member resolutions received by the deadline, 5 p.m. on Dec 10, 2018. The committee met on two occasions to discuss the resolutions. Based on the criteria for assessing and strengthening resolutions, it decided that 10 should be brought forward for discussion and decision at the annual general meeting (AGM). One resolution was withdrawn by its submitters.

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

Resolutions coming forward from a member of the association, as an additional new business item prior to the commencement of business at the AGM, will not be accepted. This meets the stipulations in RNAO Policy 6.07(5). Members are encouraged to meet the deadline for submission of resolutions to the AGM. The board of directors (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 work and dedication throughout the year.

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

Registered
Nurses'
Association
of Ontario

FINANCIAL
FS **tatements**

The year ended
October 31, 2018

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 and whose appointment was ratified at the annual meeting of members. The auditors have access to the Board of Directors, without management present, to discuss the results of their work.



Dr. Angela Cooper Brathwaite, RN, MN, PhD
President



Dr. Doris Grinspun, RN, MSN, PhD, LLD (hon), Dr(hc), FAAN, 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, 2018, 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, 2018, 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 25, 2019
Vaughan, Canada

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Financial Position

October 31, 2018, with comparative information for 2017

2018	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	ONPERE Fund	Special Projects	Total
Assets							
Current assets:							
Cash	\$ 4,392,004	\$ 54,275	\$ –	\$ 24,103	\$ 80,986	\$ 1,099,815	\$ 5,651,183
Accounts receivable and accrued interest	225,384	4,767	30,156	5,660	238,490	7,595	512,052
Due from MOHLTC (note 8)	–	–	–	–	–	735,042	735,042
Prepaid expenses	525,191	–	–	–	79,610	–	604,801
Short-term investments (note 2)	405,808	246,486	2,188,730	159,701	6,821,199	–	9,821,924
	5,548,387	305,528	2,218,886	189,464	7,220,285	1,842,452	17,325,002
Long-term investments (note 2)	1,175,364	405,342	5,418,904	920,616	25,740,119	–	33,660,345
Loans receivable	–	23,493	–	–	–	–	23,493
Loan receivable (payable) from General Fund (note 3)	(1,500,000)	–	1,500,000	–	–	–	–
Capital assets (note 4)	171,559	–	–	–	–	–	171,559
Asset held for sale (note 4)	7,083,821	–	2,147,462	–	–	–	9,231,283
	\$ 12,479,131	\$ 734,363	\$ 11,285,252	\$ 1,110,080	\$ 32,960,404	\$ 1,842,452	\$ 60,411,682
Liabilities and Fund Balances							
Current liabilities:							
Bank indebtedness	\$ –	\$ –	\$ 5,948	\$ –	\$ –	\$ –	\$ 5,948
Accounts payable and accrued liabilities (note 6)	1,080,007	–	70,396	–	–	41,818	1,192,221
Due to MOHLTC (note 8)	–	–	–	–	–	207,300	207,300
Due to Legal Assistance Fund	503,503	–	(503,503)	–	–	–	–
Deferred revenue (notes 5 and 7)	2,561,955	–	445,355	–	31,638,226	–	34,645,536
Deposit received (note 4)	1,000,000	–	–	–	–	–	1,000,000
Deferred revenue - grants (note 8)	–	–	–	–	–	1,593,334	1,593,334
	5,145,465	–	18,196	–	31,638,226	1,842,452	38,644,339
Fund balances (note 9)	7,333,666	734,363	11,267,056	1,110,080	1,322,178	–	21,767,343
Commitments (note 10)	–	–	–	–	–	–	–
Contingencies (note 11)	–	–	–	–	–	–	–
	\$ 12,479,131	\$ 734,363	\$ 11,285,252	\$ 1,110,080	\$ 32,960,404	\$ 1,842,452	\$ 60,411,682

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Financial Position (continued)

October 31, 2018, with comparative information for 2017

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

See accompanying notes to financial statements.

On behalf of the Board:



Dr. Angela Cooper Brathwaite, RN, MN, PhD President



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

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Operations

Year ended October 31, 2018, with comparative information for 2017

2018	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	ONPERE Fund	Special Projects	Total
Revenue:							
Memberships	\$ 5,389,394	\$ –	\$ 1,042,314	\$ –	\$ –	\$ –	\$ 6,431,708
iaBPG Centre (note 8)	867,060	–	–	–	–	–	867,060
Investment and other	688,008	4,348	121,599	24,258	583,824	–	1,422,037
Membership programs and services	64,026	–	–	–	–	–	64,026
Grants (note 8)	–	–	–	–	–	11,966,365	11,966,365
	7,008,488	4,348	1,163,913	24,258	583,824	11,966,365	20,751,196
Expenses:							
Staff costs	3,619,552	–	178,000	–	–	–	3,797,552
Membership programs and services	1,296,030	–	–	–	–	–	1,296,030
iaBPG Centre (note 8)	482,362	–	–	–	–	–	482,362
Occupancy and administration costs	631,739	404	275,696	60	40	–	907,939
Executive	256,591	–	–	–	–	–	256,591
Policy	174,112	–	–	–	–	–	174,112
Information management and technology	40,345	–	–	–	–	–	40,345
Professional fees	108,304	–	314,015	–	–	–	422,319
Nursing education and other initiatives (note 8)	–	–	–	–	–	11,966,365	11,966,365
	6,609,035	404	767,711	60	40	11,966,365	19,343,615
Excess of revenue over expenses before amortization	399,453	3,944	396,202	24,198	583,784	–	1,407,581
Amortization	61,088	–	–	–	–	–	61,088
Excess of revenue over expenses	\$ 338,365	\$ 3,944	\$ 396,202	\$ 24,198	\$ 583,784	\$ –	\$ 1,346,493

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Operations (continued)

Year ended October 31, 2018, with comparative information for 2017

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

See accompanying notes to financial statements.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Changes in Fund Balances

Year ended October 31, 2018, with comparative information for 2017

2018	General Fund (note 9)	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	ONPERE Fund	Special Projects	Total
Fund balances, beginning of year	\$ 6,995,301	\$ 730,419	\$ 10,870,854	\$ 1,085,882	\$ 738,394	\$ –	\$ 20,420,850
Excess of revenue over expenses	338,365	3,944	396,202	24,198	583,784	–	1,346,493
Fund balances, end of year	\$ 7,333,666	\$ 734,363	\$ 11,267,056	\$ 1,110,080	\$ 1,322,178	\$ –	\$ 21,767,343

2017	General Fund (note 9)	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	ONPERE Fund	Special Projects	Total
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

See accompanying notes to financial statements.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Cash Flows

Year ended October 31, 2018, with comparative information for 2017

2018	General Fund	Permanent Education Fund	Legal Assistance Fund	PhD Fellowships Fund	ONPERE Fund	Special Projects	Total
Excess of revenue over expenses	\$ 338,365	\$ 3,944	\$ 396,202	\$ 24,198	\$ 583,784	\$ –	\$ 1,346,493
Operating activities:							
Items not involving cash:							
Amortization	61,088	–	–	–	–	–	61,088
Unrealized losses (gains) on investments	8,089	8,426	42,792	(10,213)	27,102	–	76,196
Change in non-cash operating working capital:							
Decrease (increase) in accounts receivable and accrued interest	487,273	144	(469)	1,198	58,179	(451,234)	95,091
Increase (decrease) in due to Legal Assistance Fund/due to General Fund	(30,699)	–	30,699	–	–	–	–
Increase (decrease) in due to General Fund/ Due from ONPERE Fund	18,989	–	–	–	(18,989)	–	–
Decrease (increase) in prepaid expenses	(220,156)	–	–	–	(79,610)	2,882	(296,884)
Decrease in loans receivable	–	20,656	–	–	–	–	20,656
Increase (decrease) in accounts payable and accrued liabilities	(14,468)	–	(381,013)	–	–	41,761	(353,720)
Increase in due from MOHLTC	–	–	–	–	–	639,881	639,881
Decrease in due to MOHLTC	–	–	–	–	–	36,958	36,958
Increase in due to RPNAO	–	–	–	–	(2,937,292)	–	(2,937,292)
Increase in deferred revenue	78,583	–	(21,250)	–	–	–	57,333
Increase in deferred revenue - MOHLTC	–	–	–	–	–	172,392	172,392
Net cash generated from (used in) operating activities	388,699	29,226	(329,241)	(9,015)	(2,950,610)	442,640	(2,428,301)
Financing activities:							
Bank indebtedness	–	–	5,948	–	–	–	5,948
Investing activities:							
Purchase of capital assets	(30,948)	–	–	–	–	–	(30,948)
Decrease (increase) in cost of investments	(30,333)	(12,274)	(241,009)	(15,055)	2,447,812	–	2,149,141
Net cash generated from (used in) investing activities	(61,281)	(12,274)	(241,009)	(15,055)	2,447,812	–	2,118,193
Change in cash	665,783	20,896	(168,100)	128	80,986	442,640	1,042,333
Cash, beginning of year	3,726,221	33,379	168,100	23,975	–	657,175	4,608,850
Cash, end of year	\$ 4,392,004	\$ 54,275	\$ –	\$ 24,103	\$ 80,986	\$ 1,099,815	\$ 5,651,183

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Statement of Cash Flows (continued)

Year ended October 31, 2018, with comparative information for 2017

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 (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

See accompanying notes to financial statements.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements

Year ended October 31, 2018

The Registered Nurses' Association of Ontario (the "Association") is an independent, voluntary, professional association of registered nurses, nurse practitioners and nursing students 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, 2018, there were 24 loans outstanding (2017 - 29).

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, 2018

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, 2018

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, 2018

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, 2018

2. Investments:

	2018	2017
General Fund:		
Fixed income investments	\$ 1,424,908	\$ 1,388,227
Mutual funds	156,264	170,701
	<u>1,581,172</u>	<u>1,558,928</u>
Permanent Education Fund:		
Fixed income investments	511,288	497,163
Mutual funds	140,540	150,817
	<u>651,828</u>	<u>647,980</u>
Legal Assistance Fund:		
Fixed income investments	6,835,252	6,715,734
Mutual funds	772,382	693,682
	<u>7,607,634</u>	<u>7,409,416</u>
PhD Fellowships Fund:		
Fixed income investments	1,080,317	1,055,049
ONPERE Fund:		
Fixed income investments	32,561,318	35,036,232
	<u>43,482,269</u>	<u>45,707,605</u>
Less short-term investments	9,821,924	14,880,604
<u>Long-term investments</u>	<u>\$ 33,660,345</u>	<u>\$ 30,827,001</u>

Fixed income investments consist of bonds and term deposits bearing interest from 1.7% to 3.12% (2017 - 1.5% to 2.91%) per annum, with maturity dates ranging from 2018 to 2024 (2017 - 2018 to 2022).

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, 2018

4. Capital assets:

2018	Cost	Accumulated amortization	Net book value
Office furniture and equipment	\$ 655,567	\$ 548,737	\$ 106,830
Computer hardware	357,059	292,330	64,729
Computer software	194,208	194,208	—
	<u>\$ 1,206,834</u>	<u>\$ 1,035,275</u>	<u>\$ 171,559</u>

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
	<u>\$ 1,175,887</u>	<u>\$ 974,188</u>	<u>\$ 201,699</u>

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, 2018, 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 was expected to occur on January 15, 2019. However, subsequent to year-end the final closing date has been revised to July 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 including \$2,880,000 plus accrued interest payable to Registered Practical Nurses Association of Ontario ("RPNAO"). The 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, 2018

6. Accounts payable and accrued liabilities:

Included in accounts payable and accrued liabilities are government remittances payable of \$377,888 (2017 - \$397,860), which includes amounts payable for harmonized sales tax and payroll-related taxes.

7. Deferred revenue:

The Association's deferred revenue consists of the following:

	2018	2017
Membership fees received for the upcoming membership year	\$ 2,786,178	\$ 2,856,982
Deposits received for upcoming conferences	405	14,495
Deferred grants	220,727	78,500
Deferred contribution	31,638,226	31,638,226
	<hr/> \$ 34,645,536	<hr/> \$ 34,588,203

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, 2018

8. Special Projects (continued):

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

	2018	2017
Education Grants	\$ 4,178,320	\$ 3,521,321
Best Practice Guidelines - Clinical	2,227,033	2,277,682
Long-Term Care Best Practice Co-ordinators RNs	1,795,333	1,744,335
Advanced Clinical Practice Fellowships	660,043	432,951
Tobacco Intervention Initiative	417,962	513,767
Best Practice Guidelines - Healthy Work Environment	396,223	424,670
Recruitment and Retention	419,735	474,984
Long-Term Care Best Practice Co-ordinators Administration	538,415	519,242
Methadone Maintenance and Addictions Treatment	280,840	349,196
NQuIRE	475,541	547,261
Youth Mental Health and Addictions Champions	95,097	53,780
Best Practice Spotlight Organizations	481,823	532,568
Whiteboard Flu Video	—	47,500
	<u>\$ 11,966,365</u>	<u>\$ 11,439,257</u>

The above-noted MOHLTC program expenditures include the following amounts paid to the Association's General Fund: (i) \$412,929 (2017 - \$493,260) for estimated staff costs related to non-MOHLTC fund employees who work on MOHLTC programs during the year; (ii) \$126,000 (2017 - \$136,000) for the MOHLTC program's estimated share of office administration and overhead costs, such as office supplies, telephone and utilities; and (iii) \$90,000 (2017 - \$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 \$133,126 (2017 - \$136,080) 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 \$90,752 (2017 - \$94,489).

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2018

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:

	2018	2017
Balance, beginning of year	\$ 1,448,913	\$ 1,332,063
Funding received or receivable	12,110,786	11,556,185
Interest expensed on funds	—	(78)
Expenses incurred	(11,966,365)	(11,439,257)
Balance, end of year	\$ 1,593,334	\$ 1,448,913

Included in the balance of unspent funding due to MOHLTC as at October 31, 2018 is \$143,594 (2017 - \$138,813) 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, 2017	\$ 7,285,520	\$ (622,381)	\$ 332,162	\$ 6,995,301
Excess (deficiency) of revenue over expenses	(61,088)	403,443	(3,990)	338,365
Net investment in capital assets	30,948	(30,948)	—	—
Total excess (deficiency) of revenue over expenses	(30,140)	372,495	(3,990)	338,365
Balance, October 31, 2018	\$ 7,255,380	\$ (249,886)	\$ 328,172	\$ 7,333,666

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2018

10. Commitments:

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

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

11. Contingencies:

The Association purchases a professional liability insurance policy for Registered Nurses and Nurse Practitioners. The Association is involved in various legal actions on behalf of members. It is not possible to determine the amount of potential costs to which the Association may be exposed as a result of a pending or future claim. The maximum risk to the Association is limited to the policy deductible of \$1 million per claim.

12. 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.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Notes to Financial Statements (continued)

Year ended October 31, 2018

12. Financial risks and concentration of credit risk (continued):

(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 2017.

2018-2019 RNAO BOARD OF DIRECTORS



First row (left to right): Nathan Kelly, Region 3 representative; Allison Kern, Region 9 representative; Lhamo Dolkar, Region 7 representative; Angela Cooper Brathwaite, President; Beatriz Jackson, Region 8 representative; Jennifer Flood, Region 11 representative; Betty Oldershaw, Region 1 representative; Doris Grinspun, CEO; Hilda Swirsky, Region 6 representative

Second row (left to right): Morgan Hoffarth, Region 2 representative; Una Ferguson, Interest Groups representative; Rhonda Seidman-Carlson, Interest Groups representative; Sholom Glouberman, Public representative; Carol Timmings, former RNAO president

Absent: Larissa Gadsby, Region 4 representative; Maria Lozada, Region 5 representative; Wendy Pearson, Region 10 representative; Michelle Spadoni, Region 12 representative

Angela Cooper Brathwaite	President
Carol Timmings	Immediate Past President (until Dec. 2018)
Vanessa Burkoski	Past President (as of Jan. 2019)
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
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

INTEREST GROUPS REPRESENTATIVES

Una Ferguson
Rhonda Seidman-Carlson

STUDENT REPRESENTATIVE

Lauren Allison

PUBLIC REPRESENTATIVE

Sholom Glouberman



158 Pearl Street, Toronto Ontario M5H 1L3
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#RNAOAGM

APRIL 2019