



Association of Registered Nurses
of British Columbia



Annual Report

April 2014 - March 2015



ARNBC Core Values

Professionalism

We will act with respect, integrity, responsibility and accountability, utilizing an ethically based, evidence informed approach.

Leadership

We will provide inspirational, visionary, bold and innovative leadership with and for the nurses of British Columbia.

Equity

In all our organizational and policy work we will attend to fairness and justice by considering the unique circumstances of people's lives.

Engagement

We will demonstrate engagement by practising meaningful, diverse participation in a collaborative fashion.

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A Message from ARNBC's President



January 1, 2015 saw the beginning of a new day for nursing in British Columbia. Under an historic agreement with the College of Registered Nurses of BC (CRNBC), the Association of Registered Nurses of BC (ARNBC) began receiving fees through a fee collection agreement. ARNBC is now fully funded by Registered Nurses (RNs) and Nurse Practitioners (NPs), and we are accountable to each and every one of you. This is a privilege and a responsibility, and we are committed to working hand-in-hand with all B.C. nurses to move the Association forward.

The transition to a membership organization means that all RNs and NPs in the province can access the Association's programs and services. Universal membership in the provincial nursing association has been a tradition in B.C. since 1918, ensuring health advocacy and professional practice supports are key aspects that define nursing in the province. When CRNBC's mandate became solely to protect the public, RNs and NPs began anticipating the transition of programs and services that would now be offered by the Association. We are pleased to have made great strides this year in providing these programs and services.

During this important chapter in the Association's relatively new history, key governance and organizational developments have been created to ensure quality and accountability. In the fall of 2014, the ARNBC Board of Directors adopted three broad strategic directions to guide our work between 2014 and 2017:

1. Engage effectively with RNs and NPs in B.C.
2. Advocate for evidence informed policies to promote the health and healthcare of British Columbians.
3. Develop and sustain professional practice support structures and services for all RNs and NPs in B.C.

Engagement with RNs and NPs across the province has been the highlight of this year. From consultation with the BC Network of Nursing Specialties on our Strategic Planning, to our ten Regional Forums on current health and nursing policy topics, new and experienced RNs and NPs were given a range of opportunities to explore the policy priorities and strategies that will impact and transform the healthcare system. We have been proud to support nursing students and RNs to attend Canadian Nurses Association (CNA) Board Meetings, engage in lobbying activities on federal health issues and make informed decisions on new voting processes at CNA's Annual General Meeting.

I am profoundly thankful for the privilege of having been President of ARNBC. I have had opportunities for amazing personal growth as part of a committed group of individuals who shared a common vision. The volunteer Board of Directors, ARNBC staff team and Joy Peacock, Executive Director are commitment and courage exemplified. All roads have bumps and detours, and although there has been unexpected challenges in my journey with the ARNBC, the many gifts through the experience have greatly outweigh these challenges. – Julie Fraser

ARNBC's success has been a result of partnership and collaboration. The support and resources from the CRNBC and the CNA have been pivotal in growing and developing the Association. The leaders in these organizations: Cynthia Johansen, Rachel Bard, Dr. Barb Mildon, Anne Southerland Boal and Dr. Karima Velji provided integral guidance and support towards our development. The BC Coalition of Nursing Associations

has demonstrated the power of partnership and has made history by having the courage to work together to strengthen nursing and improve the health of British Columbians.



BC Coalition of Nursing Associations Leadership: Zak Matieschyn, NP (ARNBC), Anne Lai, LPN (LPNABC), Joy Peacock, RN (ARNBC), Julie Fraser, RN (ARNBC), Tonia Cherris, RPN (ARPNBC), Minister Terry Lake, Kathleen Fyvie, NP (BCNPA), Stan Marchuk, NP (BCNPA), Teresa McFadyen, LPN (LPNABC), Jacqollyne Keath, RPN/RN (ARPNBC), Tania Dick, RN (ARNBC), Associate Deputy Minister Lynn Stevenson, Assistant Deputy Minister Ted Patterson

This year more than ever the Association has relied on Registered Nurses and Nurse Practitioners to share their ideas, provide feedback, participate in committees and act as champions. We are grateful for your ongoing engagement in building ARNBC and look forward to your continued commitment to this important work.

Our confidence in nursing and B.C. RNs and NPs remains strong. It is our hope that all B.C. nurses will seize nursing leadership opportunities that will advance our profession. May we recognize the power for good that exists in all nursing organizations.

Your voice is our strength.

Sincerely,

Julie Fraser, RN, MN
President



A Message from ARNBC's Executive Director



Each year, the preparation of the Annual report provides staff and Board with an opportunity to look back at the accomplishments and challenges of the past year and reflect on how we can use these lessons to strengthen our opportunities in the future. This Annual Report is my first for ARNBC, and I am impressed by how far the Association has come in the past year under the direction of our Board, staff and my predecessor, Heather MacKay, who moved ARNBC forward over the first part of the year.

The Association accomplished a significant number of milestones in 2014/2015. We have solidified our staff team with a number of key positions and individuals who have the skills and expertise to move the work of the Association forward.

We have strengthened our working relationships and partnerships with the College of Registered Nurses of BC, the Canadian Nurses Association, the Registered Nurses Foundation of BC, the BC Coalition of Nursing Associations, Impact BC, Government, the CNOs and more. We have expanded the programs and services available to B.C. Registered Nurses and Nurse Practitioners to include priorities such as practice supports, an affinity program, workshops and modules and a community of practice. At the same time we've continued to grow our successful existing programs such as our Student Nurses in Action Program (SNAP), Network Leads, Specialty Groups, engagement and outreach. We have hosted a number of successful events in 2014/2015 including Regional Forums, Tweetchats, Legislature Day, and InterAgency Forums in conjunction with CRNBC. In March 2015 we also took on management of professional liability insurance for all B.C. RNs and NPs.

I am delighted to have been chosen to lead the ARNBC in the next phase of its evolution to a full Association focused on meeting the needs of the Registered Nurses and Nurse Practitioners we serve. This is an exciting time for nursing in British Columbia, and we are seeing the revitalization of that important third voice that speaks on behalf of the profession.
– Joy Peacock

As we look forward to 2015/2016, we anticipate further growth as Registered Nurses and Nurse Practitioners become more engaged in the work of the Association.

It is a great honour and a great responsibility to be the first permanent Executive Director of the Association and I look forward to the challenges and opportunities that are ahead as we continue to embrace the values of our RNs and NPs who are looking for ARNBC to provide a strong, balanced, professional voice for nursing – one that supports the best possible care for British Columbians.

Sincerely,

Joy Peacock, RN, MN
Executive Director

Introduction

2014/2015 has been a transformative year for the Association of Registered Nurse of BC (ARNBC or “the Association”). Over the course of the last 12 months we have become a fully membership-driven organization, hired a permanent Executive Director and a number of key staff, launched our professional practice support program, taken over management of professional liability insurance for Registered Nurses and Nurse Practitioners, launched a series of regional forums to engage nurses in the development of our policy framework, established new relationships and partnerships and expanded our government relations program.

Over the past year, engagement has been a key goal of the Association with our Network Leads and Specialty Groups initiatives taking a front seat in reaching nurses from every geographic region of the province. We are frequently invited to attend speaking engagements at conferences, colleges and universities – and we welcome all of these opportunities to hear from members and future members about the direction of the Association. In 2014/2015 we piloted an innovative “Issues Workshop” with Kwantlen Polytechnic University, which engaged latter year students in an exploration of broad system issues and how to articulate and resolve a policy or practice issue as they move into their careers.

In the winter of 2015 we conducted a routine review of our Bylaws and realized we needed to make some amendments – all of which were passed at an extraordinary meeting held in Kamloops in late February. We were especially pleased to host this meeting, and the associated leadership forum, outside of the Lower Mainland and we have heard from many nurses that they look forward to us visiting their city or town in future. To that end, early in our next fiscal year, nurses across B.C. will have opportunity to welcome ARNBC into their practice settings as we set off on a series of road trips that will see us visit small towns and cities from Castlegar to Smithers to Powell River to Fort St. John to Port Alberni. Keep an eye on our website and be sure to say hello when you see us in your hometown.



Throughout 2014/2015, we developed and nurtured relationships that will help us to build collaboration. We continue to work closely with CRNBC to transition programs and services that no longer fall within the College mandate, and to discuss new ways nursing can advance within our healthcare system. We have strong relationships with the newly formed Association of Registered Psychiatric Nurses of BC (ARNPBC), as well as the BC Nurse Practitioner Association (BCNPA), the Licensed Practical Nurses Association of BC (LPNABC) and the Nursing Education Council of BC (NECBC). And although the lawsuit launched by BC Nurses’ Union (BCNU) against both CRNBC and ARNBC continues to be actively pursued by the BCNU, we will always be hopeful



Association of Registered Nurses of British Columbia

that there will be opportunities for us to work closely with BCNU on important issues that overlap between our organizations. There are many opportunities for the voice of nursing to be strong and at the forefront of healthy public policy in British Columbia. We are all working to improve the health and well-being of those we care for, and we look forward to continuing and building strong relationships with our partners and colleagues.

In 2014/2015, ARNBC became a permanent, sustainable and progressive organization that now has the opportunity to become a leader in healthcare in B.C. We look forward to the future with optimism and excitement, even as we take this opportunity to highlight the achievements, successes and ongoing work that has taken place over the last 12 months.



Strategic Planning

The ARNBC Board of Directors embarked on a strategic planning process in October 2014. Three strategic goals were chosen to guide the Association for the years 2014-2017:

1. **Engagement:** Engage effectively with RNs and NPs in B.C.
2. **Policy:** Advocate for evidence informed policies to promote the health and healthcare of British Columbians.
3. **Practice Supports:** Develop and sustain professional practice support structures and services for all RNs and NPs in B.C.

| Strategic Goal | Objectives |
|---|--|
| <p>1. Engagement: Engage effectively with RNs and NPs in B.C.</p> | <ol style="list-style-type: none"> 1. Establish and sustain a presence in the media to illustrate the importance of the role of RNs and NPs. 2. Provide multimodal means of connectivity between nurses and groups. 3. Establish and maintain mechanisms to communicate with all RNs and NPs. |
| <p>2. Policy: Advocate for evidence informed policies to promote the health and healthcare of British Columbians.</p> | <ol style="list-style-type: none"> 1. Take a leadership role in the development, monitoring and refinement of policies in: <ul style="list-style-type: none"> • Aboriginal Health Nursing • Seniors Health and Healthcare • Primary Health Care • Models of Care Delivery 2. Foster collaborative relationships with Government, Health Authorities and other bodies to enable efficacious responses to evolving and immediate policy issues. |
| <p>3. Practice Supports: Develop and sustain professional practice support structures and services for all RNs and NPs in B.C.</p> | <ol style="list-style-type: none"> 1. Implement a multimodal communications structure for timely access for professional practice support. 2. Develop a formal structure through which specialty nursing, network leads and student groups are enabled to support nursing practice. 3. Provide initiatives in collaboration with CNA and ICN and other professional practice groups. |



2014/2015 Governance and Staff Team

Board of Directors

Julie Fraser, RN
Zak Matieschyn, NP
Linda Axen, RN
Wendy Bowles, NP
Pam Burton, RN
Marcia Carr, RN
Tania Dick, RN
Maylene Fong, RN
Melissa Nuttall, RN
Paddy Rodney, RN
Tanya Sanders, RN

President
President - Elect
Northern Region Representative
Fraser Region Representative
Member-at-Large
Member-at-Large
Member-at-Large
Vancouver Coastal Representative
Vancouver Island Representative
Member-at-Large
Interior Region Representative

Staff Team

Joy Peacock, RN
Alix Arndt
Andrea Burton
Matthew Edelson
Mike Harrison
Barb Reece, RN
Kathryn Seely

Executive Director
Director of Corporate Planning and Online Services
Director of Communications and Government Relations
Executive Assistant
Web and Graphic Design
Director of Network Leads, Practice Support and Engagement
Director of Health and Nursing Policy

With Thanks to Former ARNBC Staff:

Elmira Jasarevic

Heather MacKay

Nora Whyte, RN

Office Manager

Interim Executive Director

Interim Director of Policy and Practice





Engagement and Communications

ARNBC's engagement and communications activities are inextricably linked together as we continue to reach out to Registered Nurses and Nurse Practitioners to share the work we are doing and to seek their advice and suggestions on how the nurses of B.C. want to see ARNBC and nursing move forward.

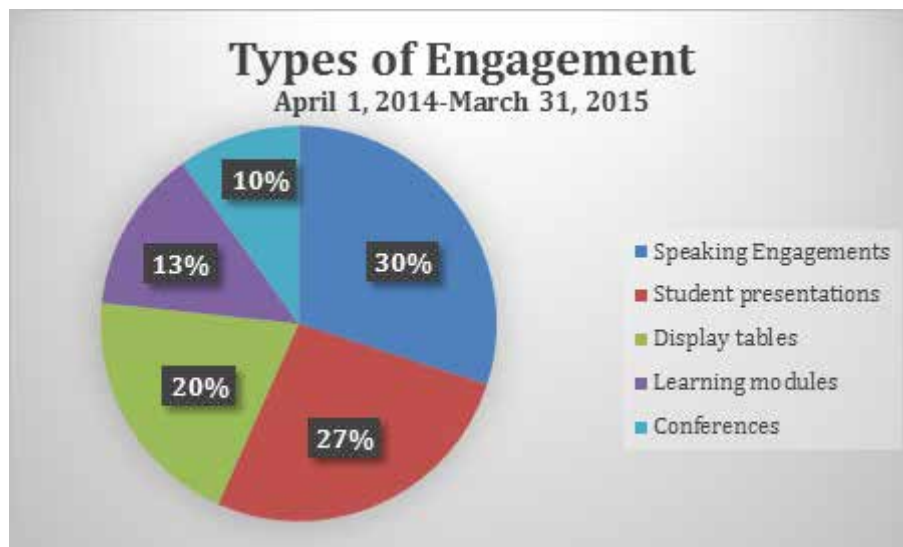
1. Outreach

Speaking Engagements

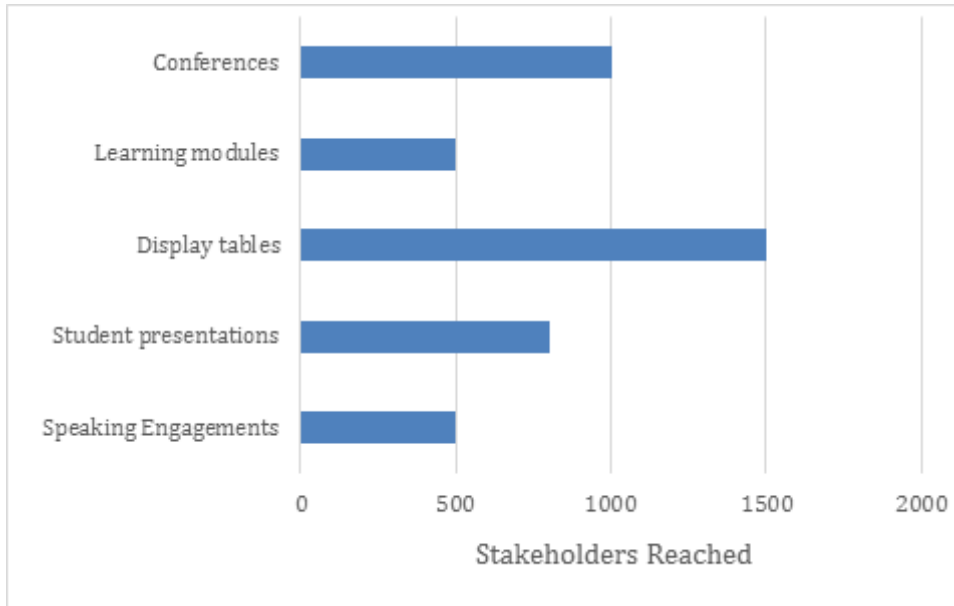
ARNBC welcomes and accepts every opportunity to connect directly to nurses or nursing students. Engagement opportunities in 2014/2015 included exhibits at provincial and national conferences, guest lectures in nursing schools, speaking to groups of nurses in the community and connecting with members of other professions at interprofessional events.

ARNBC Board members and staff participated in 60 events reaching in excess of 4,000 stakeholders. These events included display tables, speaking engagements, learning modules, conference presentations and presentations to student groups. Each of these opportunities provides an opportunity for ARNBC to communicate with its membership regarding key activities, programs and services offered by the Association. Additionally, these events provide ARNBC with an opportunity to hear from members and have dialogue on key concerns and areas of potential action.

"Participating in ARNBC's Issues Workshop was rated as one of the best learning activities by Kwantlen BSN Nursing students enrolled in the Nurses Influencing Change theory course. The workshop designed to "help nurses identify an event or condition that poses a possible threat or opportunity that may require intervention (ARNBC 2014), clearly identifies "how to" advocate for change. I recommend this powerful workshop for students and nurses alike!"
- Joyce MacKenzie, Faculty



Number of stakeholders reached:



Issues Workshops

In 2014/2015, the ARNBC staff team developed and piloted an Issues Workshop with Kwantlen Polytechnic University School of Nursing. The workshop has subsequently been delivered in various incarnations to nursing groups and schools around B.C., with anticipation that it will continue to generate interest and engagement in the months and years to come. Whether a two-hour session with nurses or a full day workshop with students, the workshop has provided opportunities for individuals to understand what an issue is, how and when to escalate an issue, and how to write an issues or briefing note. Evaluations of the workshop are consistently positive and ARNBC looks forward to delivering the workshop numerous times in 2015/2016. We are also beginning the development of a follow-up workshop which will focus on the public relations work that often results when an issue such as this is raised. The aim of these workshops is to build nursing leadership capacity to influence health issues at the local level.

2. Network Leads Program

This year the Network Leads Program celebrated its first anniversary and grew from 60 to more than 90 engaged individuals. An annual program evaluation was completed over the summer of 2014 which generated positive and helpful feedback from the Network Leads and will be used to continually improve the program and inform future growth and direction. ARNBC is grateful to the nurses who have volunteered as Network Leads and will continue to seek input and direction as we continue to grow and develop the program.

"For those who were active in RNABC before, or with CRNBC programs such as workplace reps, good to find a professional voice for nursing again in B.C. Many students are enthusiastic about having a place for the voice of professional nursing. The advocacy role is greatly appreciated, since it has been missing for some years in B.C." – Network Lead



As a group, the Network Leads continue to demonstrate that they can:

- Act as ambassadors for the Association, serving as knowledgeable delegates in a variety of settings.
- Help to identify and/or establish practical, relevant, accessible nursing networks in B.C. that facilitate two-way communication between ARNBC and its members.
- Lead ARNBC-related discussion groups in local settings, supported by the Association.
- Enable rapid feedback to and from the Board of Directors around urgent, time-sensitive issues when they arise.
- Provide advice for how the Network Leads role is evolving and help to evaluate the program over time.

Nurses who volunteer as Network Leads:

- Gain leadership experience as the 'go to' information resources within their own organizations, communities and specialty nursing groups.
- Develop a stronger nursing policy and practice 'voice' capable of speaking to local nursing and healthcare issues and experiences, e.g. the Comox Valley Nursing Network's political action group.
- Have opportunities to get involved in nursing professional work provincially and nationally (e.g. serve as B.C. delegates to the Canadian Nursing Association's AGM.)



Outcomes for this year included:

- Enhanced the Network Leads webpage, including a current list of Network Leads, by region, with contact information.
- Continued strategic recruitment of Network Leads via website and word-of-mouth, and targeted recruitment for under-represented practice areas or geographic regions.
- Developed a work plan, budget and routine processes for ongoing operation of the program.
- Delivered monthly webinars and e-blast updates.
- Updated and maintained the Network Leads website/webpage information.

3. BC Network of Nursing Specialties and Communities of Practice

ARNBC continues to strengthen its relationship with the Specialty Nursing Groups operating in B.C., both those that are formally affiliated with the Canadian Nurses Association as specialties, as well as others.

The events and connections that occur among this provincial network provide nurses with unique opportunities to share information and promising practices between leaders, forge relationships and share successful strategies to support these groups to flourish in B.C. The Association hosted one dinner meeting this year, in the fall of 2014, which helped inform the development of the ARNBC strategic plan. In 2015/2016, ARNBC will launch an e-newsletter to foster networking within and across the specialty nursing groups.

"I am so impressed with the effort ARNBC puts to advancing specialty nursing practice within the province. They have developed a supportive system that mirrors the Canadian Network of Nursing Specialties (CNNS) --- a group closely aligned with the Canadian Nurses Association (CNA). Each provincial specialty group is connected to CNA through their national associations and this reciprocal, collaborative relationship contributes to a strong provincial and national professional nursing voice. Together we all contribute to ensuring that specialized nursing knowledge and practice are recognized as vital components within today's healthcare environment." - Jocelyn Reimer-Kent, RN

The Association continues to support several emerging specialty nursing groups/communities of nursing practice. Some of these are completely new, and some are existing groups seeking re-vitalization. They include: nurse managers, rheumatology nurses, nurses working in reproductive health, Aboriginal nurses and nurses interested in the social determinants of health. Staff provide varying levels of support to sustain these networks that nourish individual nurses' professional practice.

4. Student Engagement

Student engagement has been a key focus for ARNBC since the inception of the Association. This year ARNBC began to look more closely at the number and types of interactions it has with nursing students with the aim of shaping future relationships with all students, with the schools of nursing in B.C. and with new nurses at the start of their careers, understanding this connection is critical to advancing the profession in B.C.

The Student Nurses in Action Program (SNAP) was launched this year to foster student engagement. An important initiative within SNAP is the student mentorship initiative started last year as a pilot project. ARNBC has decided to offer this opportunity on an ongoing basis, and has partnered again this year with the Nursing Education Council of BC (NECBC) to fund it. Through this initiative, nursing students can apply to experience a unique networking opportunity and have their expenses paid to join the ARNBC President or Director at a CNA Board Meeting. Here they experience first-hand the role the Association plays on the CNA Board, and the role CNA plays to advance the profession and support health at a national level.





Since March 2014, more than 120 students have entered the competition, and five have won the opportunity to travel.

ARNBC appreciates receiving repeat invitations from nursing schools requesting ARNBC representatives speak to policy and leadership classes. This provides an excellent opportunity to recruit student Network Leads who have established school-based ARNBC groups. Every connection with students and

faculty also encourages engagement through the Association's social media channels and increases awareness about ARNBC. Staff and Board members from ARNBC have also supervised several innovative projects with senior students on topics such as ending homelessness in rural communities and understanding how university students make decisions about immunization. These experiences are an excellent reminder that students have as much to teach us as they have to learn. An archive of student projects has been created on the ARNBC Students webpage as a resource.

Between 2005 and 2010, many nursing students who graduated in B.C. had no exposure to the benefits of belonging to a professional association. For this reason, student engagement remains one of the top priorities for ARNBC

*"Some things cannot be taught in a classroom and belonging to an association of nurses, with all of its limitless potential, is certainly one of those things...the opportunity to meet some extraordinary nurse leaders and being inspired to join them on their path of advocacy and action."
– Julia 4th year nursing student.*

5. Communications Campaigns

ARNBC Videos

In December 2014, the Association invited more than 30 nurses to our offices in False Creek to participate in a day-long video shoot. As a result of this day, ARNBC has posted numerous video clips to help nurses better understand the work of the Association and our intentions going forward. We continue to build on our video archive from this day, and we will continue to integrate video into our communications planning over the next year. One of the best outcomes of the video shoot day was both unexpected and appreciated – Registered Nurses and Nurse Practitioners from all over B.C., many of whom had never met before, were able to network with one another and engage in discussions on nursing unity and the future of nursing in B.C. Many participants, when reflecting on this event, stressed how much they enjoyed this informal opportunity to connect with colleagues to share experiences and ideas.

"Between video shoots it was absolutely incredible to have the opportunity to come together and talk about the core passions and hopes we had. It was a profound experience to sit around a table with a wide range of nurses and remember why we went into nursing in the first place." -- Tania Dick

ARNBC Survey

In December 2014, ARNBC contracted with Rushbrook Communications to distribute a survey to B.C. nurses that would provide us with baseline information on awareness of the Association, areas that nurses would like ARNBC to focus on, as well as general statistics regarding registered nurse and nurse practitioner satisfaction with their work. The results of this survey have been used to help develop our policy direction for 2015/2016 and guide us in determining what some of our most common practice support questions will be.

Proud to Be 2015

On the heels of the successful "Proud to Be..." Campaign in 2014, ARNBC ran the campaign again in spring of 2015, with the final winning submission announced during nursing week 2015. The campaign asked RNs and NPs to submit stories, poems, essays, pictures, drawings, photos, videos or any other creative medium, expressing why they are proud to be an RN or NP. This campaign responds to the repeated requests from nurses that ARNBC take an active role to support the celebration and promotion of the key role of RNs and NPs in healthcare.

Proud to Be... 2015 Contest Winner Tina Jesso "Who Knew a Sandwich Could Mean So Much?"

It was at the very end of a very long deployment to Afghanistan, almost 9 months as a matter of fact and I was waiting to go home. I had served in the capacity of a General Duty Nursing Officer (GDNO) on the Acute Care Ward (ACW) at the ROLE 3 Multi-National hospital in Kandahar and I was having a mixture of feelings. I think I was in a trance like state as internally I was evaluating my performance and I had hoped that I had done a good job. I also remember feeling fatigue from the tour itself and I couldn't believe that after all the months of work-up training in preparation to deploy and the long deployment itself, it was really coming to an end. I was also having ambivalent feelings about leaving as strange as it may sound. While I was happy to be going home to see my family, I was also sad to be leaving. I knew that I was never again going to experience what I just had and I was also feeling very honoured and privileged to be a part of it all.

The ROLE 3 hospital which was located directly next to a busy runway was made of plywood and canvas often held together by duct tape in various places. But that ought not to cause anyone to think any less of its capabilities for beyond the plywood and canvas walls which were surrounded by slabs of concrete barriers to protect from the incoming rockets, many lives of all ages, gender and nationalities were saved. Inside those "walls" of plywood and canvas we had surgical capability (3 operating rooms actually) with the finest of surgeons and operating room nurses, an Intensive Care Unit and an ACW with skilled Critical Care Nursing Officers and GDNO's, Mental Health support with compassionate Mental Health Nursing Officers and also diagnostic (including a CAT scanner), dental, pharmacy, lab and physiotherapy services. As one of the many nurses who served at the ROLE 3 Multi-National Hospital in Kandahar, we had seen injuries far beyond what our wildest imaginations could conjure even with all the training we had done before deploying. These injuries included a broad spectrum of both physical and mental wounds that only war could produce and during my time there we had had over 500 patients admitted through the ACW.

While I was sitting in Canada House waiting for my long flight home, my trance was broken by one of them. "Excuse me...excuse me Ma'am" said a quiet unassuming voice. "I think you were my nurse. Do you remember me?" Oh God. Do I? Could I with over 500 admissions? I paused and took a long look at him. My brain began frantically searching trying to remember his face as I so desperately wanted to and I noticed he wanted me to as well. The member noticed I was having some difficulty and he seemed disappointed that I was unable to immediately recall him. He said "I know, you must have seen hundreds of faces". He started to turn away and I asked him to wait and to help me jog my memory. He began to tell me his diagnosis and thanked me for the sandwich that I gave him that night. I immediately remembered him. I recalled this member had arrived very late in the night, was very sick and I had to sneak that sandwich out of the fridge from outside of the OR (as we weren't supposed to take food out of there). I was willing to risk the repercussions however. I thought it was funny that of all the medical intervention that we had done, he remembered that sandwich the most. I chuckled, "Ah yes. I do remember you. You were in bed 20, in the isolation room. You were pretty sick. I am so glad to see you looking so well".

We chatted for a while and before parting, I cautiously said to the member that I had hoped that I had taken good care of him as I knew at that time I was beginning to experience some fatigue myself, both physical and mental. "If you hadn't taken good care of me" noted the member "I wouldn't have come over and spoke to you". My tour could not have ended any more perfect. I got on the plane with the feeling that I had accomplished what I was supposed to, giving the best care I could to the patients in my care despite the conditions or personal fatigue I was feeling. I think all nurses everywhere hope for that very same sense of accomplishment at the end of the day no matter where we are providing care.



6. Online Services

ARNBC Blog

The ARNBC Blog continues to be an important source of information and discussion where B.C. Registered Nurses and Nurse Practitioners are invited to engage in nursing and health policy discussions as guest authors, readers or commenters. The authorship of blogs by RNs and NPs provides a unique professional development opportunity for all RNs and NPs and often ties in closely with the Association's policy program. The blog continues to draw a large audience and is one of the most frequently viewed sections of the ARNBC website. Topics in 2014/2015 ranged from Self-Care in Nursing to Homelessness to the Effectiveness of the Mandatory Flu Shot Policy.

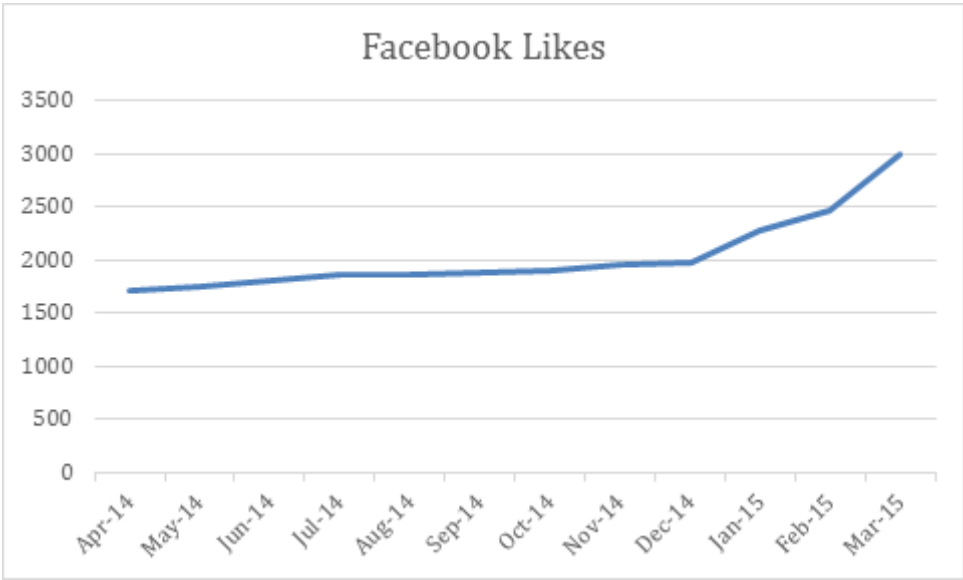
Social Media

ARNBC has taken a leading role in its use of social media as a cost effective and innovative way to connect with nurses across the province. ARNBC's social media channels not only flourish but have grown to include Google + and Instagram and continue to connect Registered Nurses, Nurse Practitioners, students, partner organizations, government and patients through a focus on nursing and health issues.

Throughout the year, ARNBC has not only participated in a number of online discussions but has also implemented its own "Tweetchat" which began in November 2014. This online, Twitter discussion, referred to as #ARNBCchat, has grown steadily since it started with just over 50,000 accounts reached. The ARNBC Klout score (Klout measures an individual or organization's influence on social media on a scale from 1 – 100 with any score over 50 considered to represent a "Leading Organization") has not dropped below 58 since October and has remained steady at 60 in the first five months of 2015. This signifies ARNBC's strong leadership role on social media and influence on nursing and health related topics. ARNBC's Facebook page has also become an even stronger discussion platform with engaged users and 'Likes' having more than doubled in the past year.

| Month | Twitter Followers | Klout Score |
|-------------------|-------------------|-------------|
| January 31, 2014 | 1,586 | 53 |
| February 28, 2014 | 1,650 | 55 |
| March 31, 2014 | 1,720 | 56 |
| April 30, 2014 | 1,773 | 57 |
| May 31, 2014 | 1,835 | 57 |
| June 30, 2014 | 1,906 | 58 |
| July 31, 2014 | 1,958 | 55 |
| August 31, 2014 | 1,992 | 56 |

| | | |
|--------------------|-------|----|
| September 30, 2014 | 2,071 | 54 |
| October 31, 2014 | 2,148 | 60 |
| November 30, 2014 | 2,207 | 58 |
| December 31, 2014 | 2,244 | 59 |
| January 31, 2015 | 2,277 | 60 |
| February 28, 2015 | 2,344 | 60 |
| March 31, 2015 | 2,468 | 60 |





Website

The ARNBC website remains the cornerstone of the Association's online activities and has the potential to connect RNs and NPs from every geographic region of the province. The website is a critical resource which includes a historical record of key news events, check it out items and hot topics, ARNBC publications, perks, practice support, insurance information and contact information for ARNBC initiatives, programs and specialty groups. Throughout 2014 and into 2015 the website underwent numerous updates to ensure information can be easily located.

| Month | Unique Visitors | Percentage of new users |
|----------------|-----------------|-------------------------|
| March 2014 | 1,286 | 53.6 |
| April 2014 | 1,311 | 48.6 |
| May 2014 | 2,245 | 51.4 |
| June 2014 | 1,012 | 45.6 |
| July 2014 | 965 | 60 |
| August 2014 | 1,025 | 58 |
| September 2014 | 1,102 | 53.2 |
| October 2014 | 1,579 | 57.8 |
| November 2014 | 1,625 | 50.1 |
| December 2014 | 1,682 | 61.7 |
| January 2015 | 1,742 | 53.4 |
| February 2015 | 2,273 | 57.9 |
| March 2015 | 3,147 | 58.2 |

In addition to maintaining a website, ARNBC launched a Community of Practice website in the fall of 2014. This site was developed in order to help emerging or existing groups and networks establish an online presence. The site is maintained by ARNBC staff, but each community is run independently by Administrators. ARNBC has two established communities at present, Aboriginal Health Nursing and the BC Contraceptive Management Community. Two additional new communities are working on content for their websites.

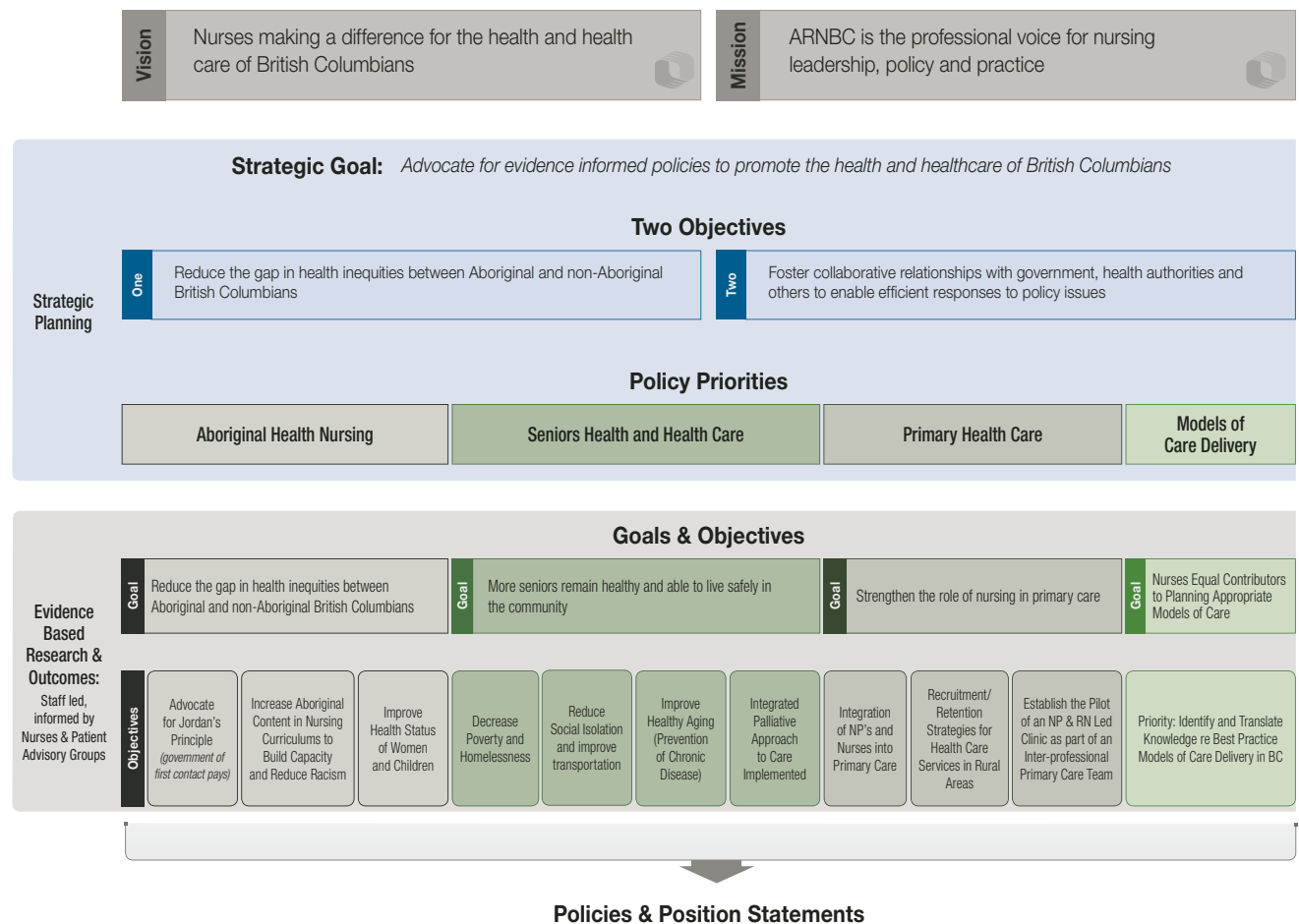
Policy

In 2014/2015, ARNBC focused on moving ahead with the policy priorities set by the Board of Directors in 2013: seniors health, Aboriginal health, primary health care and nursing models of care delivery. At the same time, through the ARNBC blog, interactions with the media, and the development of issues notes and campaigns, ARNBC also focuses on emerging and hot issues that may arise and require the Association’s attention.

Developing and sustaining a policy platform is an important part of the mandate of the Association, which is regularly sought out by government, health authorities and nurses who are interested in learning about current issues and ways the Association can bring forward the ideas and innovations of the profession to help transform healthcare.

As part of our growing and developing policy division, the ARNBC Policy Program Framework was updated to reflect the current goals and strategies of the Association:

Policy Framework





ARNBC Position Statement on Mandatory Flu Policy

ARNBC has begun to develop a series of position statements on key policy topics that are relevant to nursing. Prior to establishing a position, it is important to the Association that we gather the opinions, feedback and recommendations of nurses, to ensure any position taken suits the ideology of the majority of members. New position statements will be developed in the 2015/16 year, and will highlight the four policy areas and some of the specific initiatives and recommendations that have come forward from our research, consultations and considerations.

Nursing Practice and Patient Advisory Groups

In addition to the policy advice and recommendations made by our Board of Directors (who are all RNs and NPs), ARNBC is committed to engaging as many Registered Nurses and Nurse Practitioners as possible in developing our policy framework, position statements and other policy initiatives. ARNBC established the Nursing Practice Advisory Group in early 2015, which is made up of a cross-section of clinical RNs and NPs representing a variety of demographics and geographical areas. This group will have opportunity to advance our policy positions by providing expert advice and experiential anecdotes that will inform our work.

In keeping with the nature of nursing, and our goal to be consultative in approach, ARNBC teamed up with ImpactBC and the Patients as Partners | Patient Voices Network to develop a Patient Advisory Committee.

The Patient Advisory Committee will inform ARNBC on aspects of our policy framework and development and will make regular contributions and recommendations to the ARNBC Board of Directors. The committee met for the first time in February 2015, and will continue to meet regularly throughout 2015, both virtually and in person.

Our patient partners will play an important role in advising us on areas where nursing can adopt policy that supports patients. We are committed to working closely with the committee to ask not “What’s the matter?” but “What matters to you?”



Aboriginal Health Nursing Community of Practice

The Aboriginal Health Nursing Community of Practice was launched in November 2014 and has grown to nearly 100 members in just a few months. The community is flourishing and is regularly updated with content. This community will be pivotal in helping to inform our policy development in Aboriginal Health Nursing, and will also provide ARNBC with opportunities to build leadership capacity within the Aboriginal Health Nursing community.

Government Lobbying

One of the key areas of focus for ARNBC is to ensure the ideas and innovations of RNs and NPs are heard at every level of government, through engagement with the policymaking process, submissions and responses to government publications and regular, monthly meetings with senior leadership within the Ministry of Health. As a result, there are a number of initiatives underway at any given time, designed to create space for ARNBC leadership to meet and influence various levels of government on behalf of the nursing profession.

a. **Select Standing Committee Submission**

In December 2014, ARNBC submitted a lengthy document to the Select Standing Committee on Health, addressing all four of the questions raised by Standing Committee on behalf of the nursing profession. The submission covered recommendations around primary and community care, end-of-life/palliative care, addictions and rehabilitation services, and interprofessional/multidisciplinary teams. The submission reflected recommendations from the public, RNs and NPs, nursing specialty groups and literature on the various topics. ARNBC was invited to present to the Standing Committee on the topic of end-of-life care at the end of May and we anticipate having further opportunities to appear before the Select Standing Committee to present recommendations and ideas related to the submission.

b. **Recurring meetings with the Ministry of Health and with CNOs**

ARNBC meets with senior Ministry officials responsible for health workforce planning on a monthly basis, providing opportunity to discuss current issues in nursing, recommendations for healthcare transformation and updates on advances or changes in nursing regulation. ARNBC also meets with the Chief Nursing Officers of the Health Authorities on a quarterly basis to ensure synergy and collaboration wherever possible with the leadership of the health authorities. These meetings not only provide updates on key information, they also ensure ongoing connections and relationship building with the provincial nursing leadership.

c. **Meetings with Minister Terry Lake and Official NDP Spokesperson for Health Judy Darcy**

Over the course of the year, ARNBC has had several meetings with elected officials from both sides of the Legislature, and has participated in events and opportunities with a number of MLAs. In particular, we have met with Minister Terry Lake several times to discuss advances the Association has made and have also met with Opposition Spokesperson for Health Judy Darcy. These meetings with decision-makers are an important aspect of ARNBC's advocacy work, particularly when it comes to key issues such as ebola awareness, Nurse Practitioner Integration and understanding the implications of health system changes. The relationships enable support for ARNBC activities within practice settings.

d. **Nursing Week "Day at the Legislature"**

On May 13 2015, ARNBC hosted the second annual "Day at the Legislature" which brings together nurses from each of the four nursing groups and the educators for a day of lobbying and networking. This year, nearly 60 nurses participated in a range of events – breakfast with the Minister, a panel discussion with Ministry of Health Officials, an Open House with MLAs in the Legislature and an evening meeting with Official Spokesperson for Health Judy Darcy. Nurses and student nurses expressed their professional pride that all five groups have come together to collaborate and noted the eloquence with which nurses are now bringing recommendations forward to government. This opportunity is a capacity building experience for nursing in B.C. and we look forward to another successful Legislature Day to celebrate Nursing Week in 2016.



"Being a part of the Legislature Day with the BC Coalition of Nursing Associations was a major highlight of Nursing Week 2015 for me. Actually I would say it was a major thrill! I always wanted to attend the sitting of government in person. It was wonderful to have Judy Darcy announce Nursing Week and welcome our group to the Legislature and have that echoed by other MLAs. Being part of the open house for the MLAs was also an excellent networking session. It was a day I will always remember!! What a wonderful way to spend Nursing Week! - Bernice Budz, NP, NECBC

e. **Budget Lockup**

ARNBC was proud to be invited to its first ever Budget Lockup – the gathering of media and stakeholders that government engages on the day the Minister of Finance announces the budget. Despite this being a new experience for ARNBC, the day was an important opportunity for the profession to comment on the impact of the budget on health and social determinants of health. The lessons learned from attending will serve the Association well in future.

f. **Request to provide information on key topics** (e.g., regulatory framework for care aides, one college, telehealth)

This year, ARNBC has become a 'go to' source for government, other associations and professional bodies, health authorities and health system planners when it comes to gathering and sharing information and ideas from RNs and NPs. We have had opportunity to provide expert advice on topics ranging from telehealth to developing a regulatory framework for care aides to healthy vaccination policies. Our collaboration with government and stakeholders continues to increase, and within that collaboration, the recognition that we are listening to RNs and NPs and providing opportunities for them to become part of the conversation with health decision-makers. ARNBC looks forward to continuing to engage NPs and RNs in assisting in our responses to these requests.

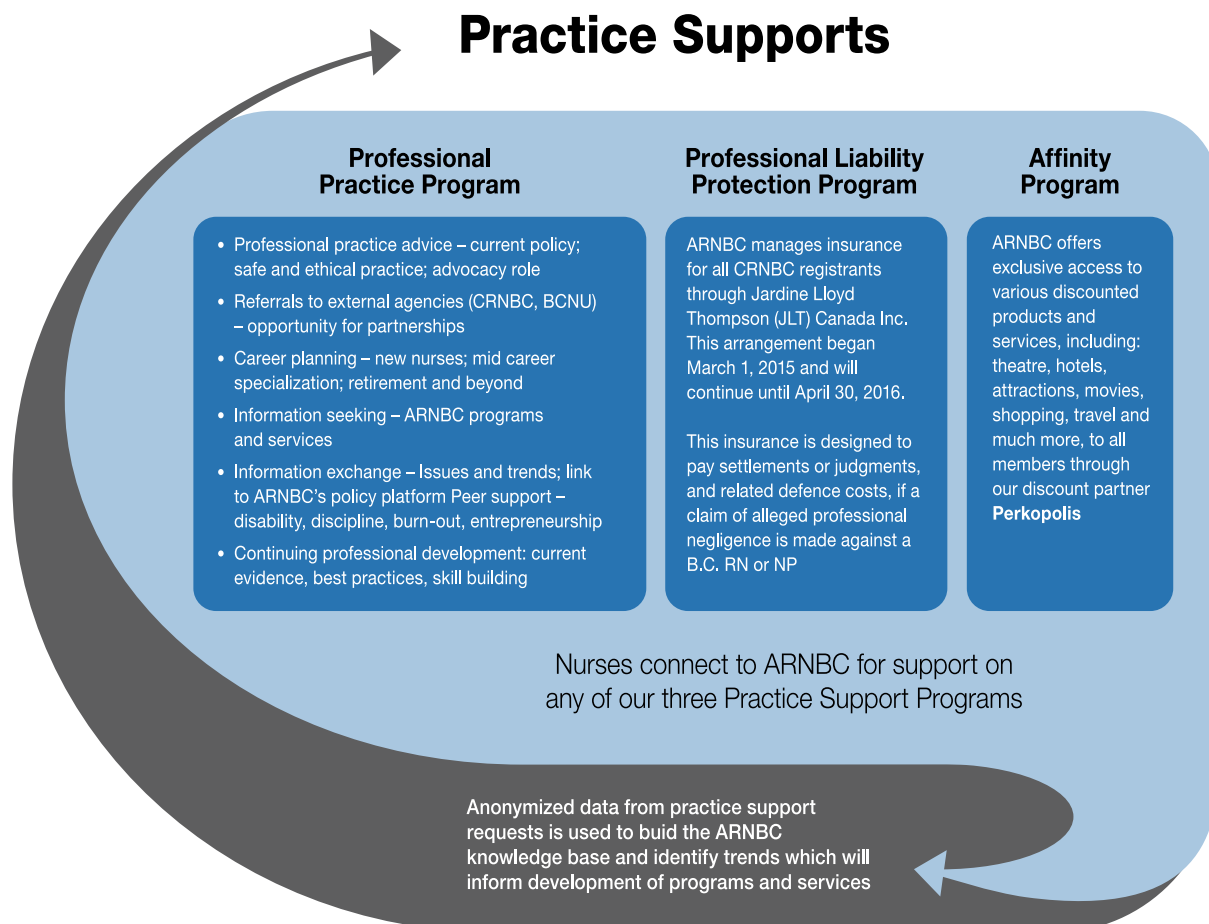
Practice Supports

As part of the transition of programs and services from CRNBC to ARNBC, the Association has committed to offering the types of practice supports members need and want, in conjunction with practice supports that will continue to be offered by the College, and those that are already offered through the BCNU and Health Authorities. Developing and implementing a practice support program was a strategic priority for ARNBC, with the launch occurring in early 2015. Three broad objectives were targeted towards achieving this goal including:

1. Implement a multimodal communications structure for timely access for professional practice support
2. Develop a formal structure through which specialty nursing, Network Leads and student groups are enabled to support nursing practice
3. Provide initiatives in collaboration with CNA and International Council of Nurses (ICN) and other professional practice groups.

Based on past experience with nursing associations in B.C. (i.e. Registered Nurses Association of BC), practice supports offered by nursing associations in different Canadian jurisdictions and the recent research conducted by CRNBC, practice supports provided by ARNBC should support the Association to:

- **Transfer knowledge** related to current nursing practice and/or policy
- **Monitor trends and issues** related to advancing the professions (e.g. evolving nursing's scope of practice; identifying leadership opportunities etc.)
- Facilitate **information exchange** between members and the Association (about available programs and services)
- Make appropriate **referrals** to external agencies
- Provide **learning opportunities** for members' continued professional development
- **Enable** specialty nursing groups, student groups, and nursing networks to support nursing professional practice locally





Partnerships and Collaboration

1. BC Coalition of Nursing Associations

The ARNBC continues to build and strengthen relationships with other health professional associations, particularly within the nursing community. We are proud to be part of the newly formed BC Coalition of Nursing Associations, which for the first time in any jurisdiction in Canada, brings together four professional nursing associations and educators to meet regularly and work together to lobby for the advancement of the nursing profession at the highest levels of government and strategic planning. Along with ARNBC, the Coalition includes the Association of Registered Psychiatric Nurses of BC (ARNPBC), the BC Nurse Practitioner Association (BCNPA), the Licensed Practical Nurses Association of BC (LPNABC) and the Nursing Education Council of BC (NECBC).

2. College of Registered Nurses of BC (CRNBC)

Our relationship with CRNBC continues to evolve as ARNBC takes on more of the advocacy and professional practice programs that the College is no longer mandated to deliver. CRNBC and ARNBC meet on a regular basis to discuss the transition of services from CRNBC to ARNBC, as well as other key nursing issues. Additional meetings between staff and boards occur regularly.

3. The Registered Nurses Foundation of BC (RNFBC)

The mission of the RNFBC is supporting better health care for today and tomorrow. The organization raises funds to support B.C. nurses to strengthen their skills through the pursuit of basic and advanced education and enhance the quality of nursing care provided to British Columbians.

This year, ARNBC signed a resource sharing agreement with RNF, which provides them with some staff support and office space in order to advance their work as a provider of bursaries to support nursing students as they progress through their education. ARNBC is a strong supporter of the work that RNFBC does, and will continue to seek opportunities to collaborate with the Foundation.

4. Chief Nursing Officers (CNOs)

B.C.'s Chief Nursing Officers represent nursing and professional practice in each health authority. ARNBC has a regular quarterly meeting scheduled with the CNOs to discuss issues pivotal to health and nursing policy, as well as areas where ARNBC and the CNOs can collaborate.

5. Impact BC/Patients as Partners

In 2015, ARNBC teamed up with *ImpactBC* and the *Patients as Partners | Patient Voices Network* to develop a Patient Advisory Committee.

The Patient Advisory Committee will inform ARNBC on aspects of our policy framework and development and will make regular contributions and recommendations to the ARNBC Board of Directors. ARNBC is committed to working closely with the committee to ask not "What's the matter?" but "What matters to you?"

6. BC Patient Safety Council/Change Day BC

ARNBC is excited to be partnering in Change Day BC, October 15, 2015 and extends a challenge to all B.C. RNs and NPs to commit to making a change or trying something new to indicate their commitment to changing care for the better.

7. Perkopolis

ARNBC is proud to offer exclusive access to various discounted products and services, including: theatre, hotels, attractions, movies, shopping, travel and much more, to all members through our new discount partner **Perkopolis**.

Committees

In 2014/2015, the Board of Directors, staff and ARNBC members contributed to specific activities through participation in committees and working groups. New committees were established in 2014/2015 to reflect current priorities, the need to solidify the ARNBC's organizational structure and the ongoing transition of programs and services from CRNBC to ARNBC.

Executive Committee

- Julie Fraser, RN, Chair
- Zak Matieschyn, NP
- Tania Dick, RN
- Maylene Fong, RN
- Joy Peacock, RN, Executive Director, Ex Officio

The purpose of the Executive Committee is to make decisions on behalf of the Board of Directors on issues that arise between regularly scheduled board meetings and to set the annual meeting schedule.

Finance Committee

- Maylene Fong, RN, Chair
- Melissa Nutall, RN
- Zak Matieschyn, NP
- Julie Fraser, RN
- Mahmoud Virani, Accountant
- Joy Peacock, RN, Executive Director, Ex Officio
- Elmira Jasarevic, Office Manager



The purpose of the Finance Committee is to ensure sound financial management of the ARNBC. The Committee developed Terms of Reference to specify its primary functions which are to establish, maintain, review and revise the fiscal policies, guidelines and practices of ARNBC.

Government Relations

- Andrea Burton, Director of Communications and Government Relations, Chair
- Julie Fraser, RN
- Zak Matieschyn, NP
- Joy Peacock, RN, Executive Director, Ex Officio

The Government Relations Committee meets on a monthly basis to review recent occurrences in government, updates on personnel, staffing and government priorities, and to discuss and advance ARNBC's government relations strategy. The Committee is responsible for overseeing the government relations strategy.

Awards Committee

- Tanya Sanders, RN, Chair
- Johanne Fort, RN
- Mandeep Garha, RN
- Manshinder Kang, RN
- Carl Meadows, RN
- Zak Matieschyn, NP
- Alix Arndt, Director of Corporate Planning and Online Services
- Joy Peacock, RN, Executive Director, Ex Officio

In September 2014, ARNBC had the honour of co-presenting the then CRNBC Award of Advocacy to Elizabeth Poag. ARNBC staff worked closely with the CRNBC team not only with respect to the Award of Advocacy, but also in order to understand and ascertain best practices around the entire awards process.

The 2015/2016 Awards Committee was established in February 2015. This inaugural Awards Committee developed the process and criteria for the awards. The committee is also responsible for receiving nominations for ARNBC Recognition Awards and recommending these individuals to the ARNBC Board. This Committee is also responsible for recommending nominations for the ARNBC and Canadian Nurses Association Memorial Books and external awards. Additionally, the Committee establishes the nomination procedures and provides recommendations to the Board pertaining to Award/Nomination policies.

In 2015 ARNBC will be giving away awards in eight categories. These include: Lifetime Achievement, Excellence in Nursing Administration, Excellence in Advancing Nursing Knowledge and Research, Excellence in Nursing Advocacy, Excellence in Nursing Education, Excellence in Nursing Practice, Innovation in Nursing and Rising Star.

ARNBC will also work closely with the BC History of Nursing Society to enter deceased RNs and NPs into the Memorial Book which is now housed on the ARNBC website.

The ARNBC Awards Committee is looking forward to celebrating nursing excellence in B.C. through the Awards program.

Nominations Committee

- Linda Axen, RN, Chair
- Leah Christoff, NP
- Susan Duncan, RN
- Zak Matieschyn, NP
- Alix Arndt, Director of Corporate Planning and Online Services
- Joy Peacock, RN, Executive Director, Ex Officio

The 2015 Nominations Committee held its meetings from February to May by teleconference to review criteria for Board positions, determine vacancies, set the timeline for the election process and issue the call for nominations. The committee worked to ensure that there was at least one candidate for each vacant position and to oversee a nominations process that was fair and equitable. The 2015 Committee was also responsible for the establishment of new processes, the oversight of a new 'AGM/Elections' website, and the oversight of candidate campaign practices and elections policy.

Executive Director Search Committee

- Julie Fraser, RN, Chair
- Maylene Fong, RN
- Tania Dick, RN
- Sally Thorne, RN
- Donna Kurtz, RN

The Search Committee was formed in the final quarter of 2013/2014 to oversee the recruitment of a permanent Executive Director for the Association. Committee members developed selection criteria, worked with an executive search firm on national promotion strategies, reviewed applications submitted to the search firm and conducted interviews with candidates. The Committee concluded its work with the recommendation to the Board of a candidate who was accepted and hired in August 2014.



ARNBC's Engagement with the Canadian Nurses Association

This year ARNBC signed a memorandum of understanding with the Canadian Nurses Association formalizing ARNBC as the B.C. jurisdictional representative of the CNA. This agreement re-established B.C. RNs and NPs as a legitimate and effective voice on national nursing and health issues. The ARNBC President has held a position on the CNA Board of Directors for the last four years. This year, as a result of a consultative process, the CNA developed a new strategic plan which states: "CNA will lead a shift in the healthcare system to a greater focus on primary healthcare (PHC). Recognizing the existing nursing expertise in PHC, CNA will accomplish this by:

- advancing policy and advocacy efforts through public and nurse engagement
- building capacity by advancing competencies throughout the nursing community / system
- leading a system shift towards an integration of PHC principles and practices across the continuum of care." (CNA, 2015).



Critical issues explored and addressed by the CNA this year include harm reduction, medically assisted death, medical marijuana, ebola and Aboriginal health. Through its work on the CNA Board, ARNBC represented B.C. nurses in advocacy of health policy at a federal level in a variety of ways:

- five nurses (which included a nursing student) from B.C. who were part of the Canadian Nurses Association annual "day on the hill" lobby opportunity on November 25th, 2014. The three recommendations made to Members of Parliament promoted the theme of "home is health":
 - 1) Establish standards across Canada for home healthcare to ensure all Canadians equitable access to care services that support them in healthy aging.
 - 2) Increase supports to Canadians who provide care for aging relatives by making the existing Family Caregiver Tax Credit refundable.
 - 3) Expand the New Horizons for Seniors Program by incorporating a new objective to support healthy and active aging)
- submission to the federal advisory panel on innovation

Fourteen B.C. Registered Nurses and Nurse Practitioners continued the legacy of national nursing leadership at the June 2014 AGM through their remarks to the AGM assembly, the moving and seconding of motions and their commitment as a voting delegate. The outcomes of the June 2014 CNA AGM were:

- Compliance of the CNA bylaws with the Canada Not-for-profit Corporations Act and ability for CNA to file for continuance.

- Passing of resolutions which articulated the need to address racism and discrimination and improve the equity and access to healthcare for Aboriginal people; as well as a commitment to ensure that Aboriginal histories and cultural safety competencies are represented in nursing programs, exams and program review processes.
- Retired nurses can join CNA through the emeritus membership category.
- Election of the new CNA President Elect Barb Shellian.



B.C. RNs and NPs participated in the development of the Clinical Nurse Specialist competencies, the RN advertising campaign and the RN prescribing framework which have been powerful engagement tools to advance and promote the critical role of Registered Nurses and Nurse Practitioners. B.C. is helping to achieve the CNA vision – RNs and NPs are leaders and partners working to advance nursing and health.

ARNBC's Engagement with the International Council of Nurses

“The International Council of Nurses (ICN) is a federation of more than 130 national nurses associations (NNAs), representing the more than 16 million nurses worldwide. ICN works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce” (ICN, 2015). B.C. Registered Nurses and Nurse Practitioners are connected to the International Council of Nurses (ICN) through ARNBC's membership in CNA. ARNBC has a presentation accepted for a concurrent session at the 2015 ICN conference Global Citizen, Global Nursing called *Developing Nurse Leaders: An Important Role for Professional Nursing Associations*. ARNBC continues to highlight ICN initiatives and programs to B.C. RNs and NPs through our social media and website.

Conclusion

The ARNBC is committed to nursing excellence, to providing a strong and influential voice for B.C. Registered Nurses and Nurse Practitioners, to developing infrastructure, programs and policies that support evidence-informed nursing practice and to ensuring that the voice of our members – all B.C. Registered Nurses and Nurse Practitioners – is heard at every level of the healthcare system. The ARNBC is focused on providing supports and solutions that result in better health outcomes for all British Columbians.

Thank you for joining us on this path to success. Your voice is truly our strength.



Association of Registered Nurses
of British Columbia

Financial Statements

ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA

FINANCIAL STATEMENTS

March 31 2015

Unaudited See Notice to Reader

mahmoud virani inc



mahmoud virani inc
chartered accountant

Notice to Reader

On the basis of information provided by management, I have compiled the statement of financial position of the Association of Registered Nurses of British Columbia as at March 31 2015 and the statements of operations and changes in net assets for the year then ended.

I have not performed an audit or a review engagement in respect of these financial statements and, accordingly, I express no assurance thereon.

Readers are cautioned these statements may not be appropriate for their purposes.

mahmoud virani inc
chartered accountant

Vancouver
May 6 2015



| ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA | | | |
|--|-------|-----------|-----------|
| STATEMENT OF FINANCIAL POSITION | | | |
| March 31 | | 2015 | 2014 |
| | notes | \$ | \$ |
| Assets | | | |
| Current | | | |
| Cash & cash equivalents | | 1,261,387 | 1,203,811 |
| Accounts receivable | | 97,172 | - |
| Prepaid expenses | 2 | 1,573,608 | - |
| | | 2,932,167 | 1,203,811 |
| Capital assets | 3 | 24,886 | - |
| | | 2,957,053 | 1,203,811 |
| Liabilities | | | |
| Current | | | |
| Accounts payable & accrued liabilities | | 69,141 | 61,757 |
| Deferred revenue | 2 | 2,693,003 | - |
| GST payable | | 4,690 | - |
| | | 2,766,834 | 61,757 |
| Net assets | | | |
| Invested in capital assets | | 24,886 | - |
| Unrestricted | | 165,333 | 1,142,054 |
| | | 190,219 | 1,142,054 |
| | | 2,957,053 | 1,203,811 |

Approved by the Board

J. Fraser

M. Dwyer

ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA

STATEMENT OF CHANGES IN NET ASSETS

For the year ended March 31

| | <u>Invested in capital assets</u> | <u>Unrestricted</u> | <u>Total</u> |
|-------------------------------------|---------------------------------------|---------------------|--------------|
| | \$ | \$ | \$ |
| 2015 | | | |
| Balance beginning of year | - | 1,142,054 | 1,142,054 |
| Capital assets | 33,423 | (33,423) | - |
| Deficiency of revenue over expenses | (8,537) | (943,298) | (951,835) |
| Balance end of year | 24,886 | 165,333 | 190,219 |
| 2014 | | | |
| Balance beginning of year | - | 183,010 | 183,010 |
| Excess of revenue over expenses | - | 959,044 | 959,044 |
| Balance end of year | - | 1,142,054 | 1,142,054 |

Unaudited See Notice to Reader

mahmoud virani inc



| ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA | | | |
|---|-------|------------------|------------------|
| STATEMENT OF OPERATIONS | | | |
| For the year ended March 31 | | 2015 | 2014 |
| | notes | \$ | \$ |
| Revenue | | | |
| Membership dues | 2 | 362,104 | - |
| CNA fees | 2 | 508,064 | - |
| Insurance management fee | | 7,500 | - |
| Rent & administrative support | | 6,466 | - |
| Interest | | 16,870 | 1,004 |
| Cost recoveries | | 3,512 | 7,925 |
| Miscellaneous | | 500 | - |
| Donations | | 455 | 5,575 |
| Grants | | - | 1,750,000 |
| | | <u>905,471</u> | <u>1,764,504</u> |
| Expenses | | | |
| Accounting | | 17,791 | 21,223 |
| Advertising & promotion | | 19,204 | 21,435 |
| Amortization | | 8,537 | - |
| Consultants | | 357,045 | 211,636 |
| Human resources | | 370,545 | 25,705 |
| Insurance, licences & dues | | 10,572 | 8,771 |
| Interest & bank charges | | 829 | 107 |
| IT costs & support | | 17,293 | 18,706 |
| Legal fees | | 146,749 | 67,188 |
| Media | | 58,406 | 144,683 |
| Meetings | | 40,450 | 82,622 |
| Network Leads program | | - | 23,767 |
| Office | | 13,263 | 2,727 |
| Project consultants | | 27,300 | 126,925 |
| Rent | | 110,095 | 24,150 |
| Supplies | | 21,707 | 23,805 |
| Telephone & internet | | 8,012 | 1,407 |
| Travel & meals | | 121,444 | 603 |
| Total operating expenses | | <u>1,349,242</u> | <u>805,460</u> |
| Membership dues CNA | | 508,064 | - |
| Total expenses | | <u>1,857,306</u> | <u>805,460</u> |
| Excess/(deficiency) of revenue over expenses | | <u>(951,835)</u> | <u>959,044</u> |

Unaudited See Notice to Reader

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ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA

NOTES TO THE FINANCIAL STATEMENTS

March 31 2015

1. Purpose of the organization

The Association of Registered Nurses of British Columbia (ARNBC) was founded in 2010. The Association provides a unified voice for registered nurses in the development of health, nursing and public policy to advance the health of British Columbians.

Vision

Nurses making a difference for the health and health care of British Columbians.

Mission

ARNBC is the professional voice for nurse leadership, policy and practice.

2. Accounting policies

Revenue recognition

The Society follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred.

Unrestricted contributions are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured.

Membership dues

The Association receives annual dues from the College of Registered Nurses of British Columbia (CRNBC) under the Health Professionals Act for each Registered Nurse effective January 2015. A portion of these dues is forwarded to the Canadian Nurses Association (CNA). These dues are paid on a calendar year basis commencing January 2015. The Association has recognized the revenue for the three month period ended March 31 2015 and the balance has been set up as deferred revenue.

CNA fees

In accordance with the fee collection agreement with CRNBC, the Association is required to remit to the Canadian Nurses Association (CNA) its portion of the dues. These dues are also based on a calendar year basis. The Association has expensed the dues relating to the period ended March 31 2015 and has set up the balance as prepaid dues which will be expensed in the subsequent fiscal year.

Capital assets

Capital assets are recorded at cost and amortized over the life of the assets.

Computer equipment is amortized over 3 years on a straight line basis.

Furniture & equipment is amortized over 5 years on a straight line basis.

Unaudited See Notice to Reader

mahmoud virani inc



ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA

NOTES TO THE FINANCIAL STATEMENTS

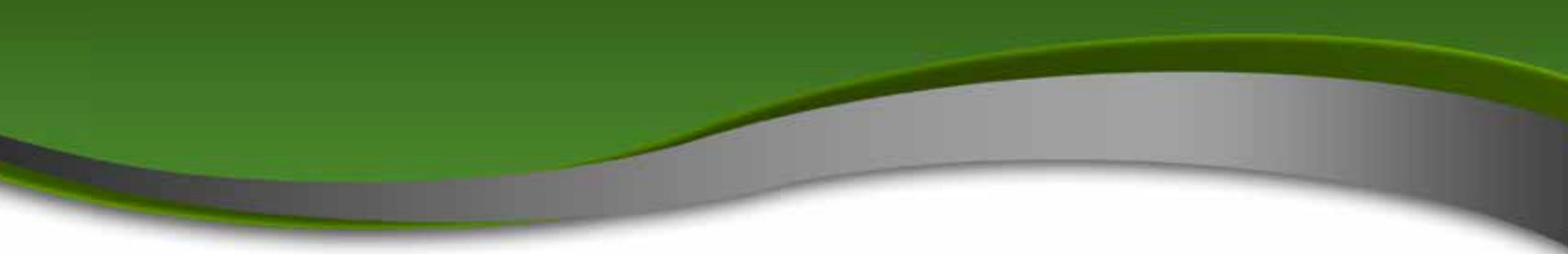
March 31 2015

3. Capital assets

| | Cost | Accumulated amortization | Net book value |
|-----------------------|--------|-----------------------------|-------------------|
| | \$ | \$ | \$ |
| 2015 | | | |
| Computer equipment | 13,897 | 4,632 | 9,265 |
| Furniture & equipment | 19,526 | 3,905 | 15,621 |
| | <hr/> | <hr/> | <hr/> |
| | 33,423 | 8,537 | 24,886 |

4. Comparative figures

The prior year's financial statements were prepared by another firm of accountants. Some of the figures have been restated to conform to the current year's presentation.



arnbc.ca