



Association of
Registered Nurses
of British Columbia



Annual Report

June 2015 - May 2016



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 and Executive Director

2015/2016 has been an exceptional year of growth for the Association of Registered Nurses of BC (ARNBC), as we continued to build on the strong foundation that has been laid since 2010, and focused on building programs and services that benefit all Registered Nurses and Nurse Practitioners in British Columbia.

This year saw a solidification of our staff team, with the first full year of leadership under Executive Director Joy Peacock. Although there have been some significant external challenges placed on the Association, we have been resilient and persistent, and have continued to move forward with flexibility, hard work and commitment. Our relatively small staff team has been able to work wonders and move significant policy and program initiatives forward.



We are particularly proud to have forged a strong, long-term relationship with our partner professional associations in nursing with the formation of the BC Coalition of Nursing Associations (BCCNA). The first organization of its kind in Canada, and possibly the world, which brings together equally the voices of RNs, NPs, LPNs, RPNs and educators in a forum where fairness, collaboration and synergy are the norm. Through the BCCNA, we have worked to advance the concept of one nursing regulatory college for the province, commented on the nursing regulations which were launched in December, and hosted two significant events – the July Policy Forum and our third Annual “Day at the Legislature”.

The Association has developed a strong policy voice in 2015/2016 with new position statements on Aboriginal Health, Models of Care, Seniors Health and perhaps most significantly, Medical Assistance in Dying. We have also strengthened the policy pages on our website, delving into topics that nurses have indicated are important to them – refugee health, harm reduction, rural health and others.

Our relationships with stakeholders – government, health authority CNOs, leadership teams, professional practice offices, educational institutes and other professional associations have continued to flourish as we actively seek to bring solutions to any problem we might see or raise. We continue to work closely with the Canadian Nurses Association (CNA) to advance the issues and concerns of nurses in B.C. at every level.

Most importantly, in 2015/2016 we have seen an enormous wave of interest and approval from RNs and NPs across B.C. as more and more nurses begin to recognize the value of having a professional association that can work alongside the regulatory body and the Union to advance the profession. We value the expertise and ideas you bring to our work and we will continue to seek every opportunity to connect with nurses in the workplace, at events, through webinars and forums, and as we move forward to work with government.

Thank you for your commitment and dedication to the ARNBC. We look forward to 2016/2017 with enthusiasm and a great deal of appreciation.

Sincerely,

Zak Matieschyn, BSN, MN, RN, NP (Family)
ARNBC President

Joy Peacock RN, MN
Executive Director



Introduction

2015/2016 has provided the Association of Registered Nurses of BC (ARNBC or “the Association”) with unprecedented opportunities to solidify our direction, goals and purpose. In the last 12 months we have successfully advocated for B.C. nurses to have access to the services and programs of the Canadian Nurses Protective Society (CNPS), continued to strengthen our relationship with the BC Coalition of Nursing Associations, transitioned more programs and services from the College of Registered Nurses of BC (CRNBC) to the ARNBC and most importantly, met with, talked to and shared in important discussion with thousands of nurses across British Columbia.

ARNBC continues to be an organization that is focused on resilience and long-term goals. Like most new organizations, we have faced our share of challenges but our staff and Board have made a commitment to pushing forward in order to provide RNs and NPs in British Columbia with the types of information, services and programs they want and deserve.

We are particularly proud of our relationship with the BC Coalition of Nursing Associations, which brings together RNs, NPs, LPNs and RPNs to share one voice on key areas that are of policy interest to the nursing profession. Our relationships with the Coalition strengthen the individual professional associations in the province while providing government, stakeholders, the media and others with one ‘go to’ place where they can access the entire nursing community. We celebrate and embrace the differences and similarities in the nursing profession, and look forward to a day when we are able to work closely with all nursing and health organizations in the province.

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, Anne Sutherland Boal, Dr. Karima Velji and Barb Shellian have 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.





Strategic Planning

The ARNBC Board of Directors reaffirmed the three-year strategic plan in September 2015. The three Strategic Goals were endorsed by the new board, and work was set to carry forward for the years 2014-2017. At the same time, the Board agreed that after four years of consultation with members, stakeholders, government and partners, the four original policy areas identified under Strategic Goal 2 (Policy), Objective 1, required a refresh to better reflect the current context of healthcare in British Columbia and the interests of our members:

- 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 • Community Health • Population Health and Wellness • Team-Based Care 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

Zak Matieschyn, NP
Tania Dick, RN
Linda Axen, RN
Wendy Bowles, NP
Lori Campbell, RN
Marcia Carr, RN
Laurie Dokis, RN
Maylene Fong, RN
Johanne Fort, RN
Melissa Nuttall, RN
Tanya Sanders, RN
Sally Thorne, RN

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

Staff Team

Joy Peacock, RN
Alix Arndt
Tiffany Barker, RN
Andrea Burton
Patrick Chiu, RN
Matthew Edelson
Mike Harrison
Shelby Thiessen
*Holly Gale

Executive Director
Director of Corporate Planning & Online Services
Nursing Practice Advisor
Director of Communications & Government Relations
Lead, Policy Initiatives
Executive Assistant
Web and Graphic Design
Accountant
Student Intern



Engagement and Communications

ARNBC's engagement and communication 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 in B.C. move forward.

Outreach

One of the most important roles for the board and staff team of ARNBC is to attend events, conferences, classrooms and meetings to talk about ARNBC, the role of the Association and the opportunities that a professional association provides to members. It is always our pleasure to visit with nurses and nursing students in their own environment and hear about the successes and barriers that nurses encounter on a daily basis.

Speaking Engagements

Engagement opportunities in 2015/2016 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

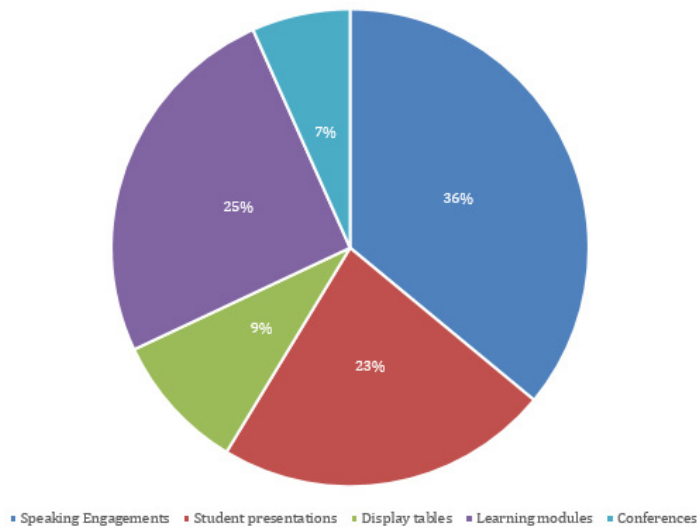
The number of speaking engagements ARNBC is invited to participate in increases each year. From spending time with classrooms of nursing students, to sitting down before shift with groups of nurses, or providing keynotes at nursing meetings, the Association continues to meet with nurses across the province. In 2015/2016 we visited with nursing students and nurses across British Columbia – from Prince George to Langley, Kamloops to Nanaimo. Highlights of the year included the opportunity for both Zak Matieschyn, ARNBC President and Tania Dick, ARNBC President-Elect, to speak at the Canadian Nursing Students' Association Western Region Conference.



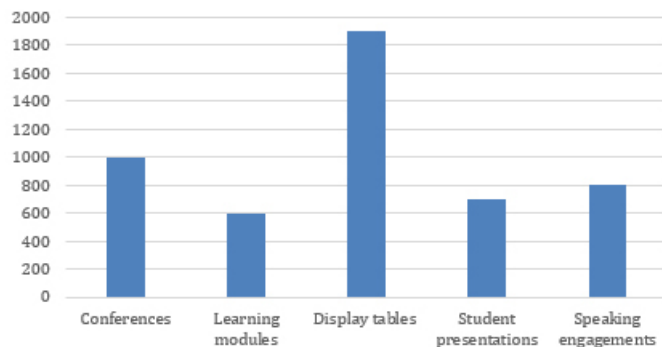


ARNBC Board members and staff participated in approximately 80 events reaching in excess of 5,000 stakeholders. These events included display tables, speaking engagements, learning modules, conference presentations, and presentations to student groups. Each of these opportunities provides a venue for ARNBC to communicate with its membership regarding key activities and programs and services offered by the Association. Additionally, these events allow ARNBC to hear from members and have dialogue on key concerns and areas of potential action.

Types of Engagement: June 2015 - May 2016



Stakeholders Reached





Regional Forums

In 2015, ARNBC hosted a series of regional forums across British Columbia, providing opportunities for Registered Nurses, Nurse Practitioners and Nursing Students to come together to discuss key issues and help ARNBC determine future directions in policy development.

Two forums were held in each city, and focused on a specific policy area or topic:

April 17, 2015	Regional Forum, Prince George <i>"Quality Work Environments"</i>
April 22, 2015	Regional Forum, Nanaimo <i>"Aboriginal Health"</i>
April 29, 2015	Regional Forum, Vancouver <i>"Health Promotion, Harm Reduction"</i>
April 30, 2015	Regional Forum, Fraser <i>"Social Determinants of Health"</i>
May 4, 2015	Regional Forum, Kelowna <i>"Seniors Health"</i>

Issues Workshops

ARNBC continues to build on the success of the Issues Module we developed in collaboration with Nursing Faculty from Kwantlen Polytechnic University. The Module can be adapted to run from two hours and provides opportunities for learners to understand how to address an issue from awareness through to action.

ARNBC has delivered the Module to nursing groups and nursing classes across B.C., in anticipation of launching a full marketing campaign in 2016/2017 to increase awareness and uptake of the Module. In 2015/2016, several hundred individuals participated in the Issues Module. Several students have gone on to use their learnings, and the Issues Note created during the workshop, to make lasting change within their school and workplace.



Network Leads Program

This year the Network Leads Program continued to meet on a monthly basis and held one face-to-face forum in January 2016. The group has provided excellent feedback for ARNBC, particularly in identifying issues and policy areas in which the Association is engaged. The January Forum was an excellent opportunity for the Network Leads and ARNBC to come together to discuss the successes and challenges of the programs, next steps forward and how to better integrate the Network Leads into the policy and program work of the ARNBC.

The Network Leads continue to be at the forefront of ARNBC activities and resources and we look forward to updating and rebranding the program in 2016/2017.

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.)



BC Network of Nursing Specialties and Communities of Practice

ARNBC continues to forge a strong relationship with B.C.'s Specialty Nursing Groups, including groups that are formally affiliated with the CNA as specialties, as well as other more localized specialty networks.

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 2015 and launched *The Specialist* – a newsletter that focuses specifically on the specialty network and provides opportunities for each of the chapters to share updates and upcoming events with one another.

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.



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. To this end, we continue to meet with the Nursing Education Council of BC (NECBC) with the intent of establishing long-term, lasting relationships and programs that meet the needs of our student nurses.

The Student Nurses in Action Program (S.N.A.P) is the student mentorship initiative that ARNBC delivers in partnership with NECBC. Through this initiative, nursing students can apply to experience a unique networking opportunity and have their expenses paid to join the ARNBC President and a board representative 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.

In 2015/2016 112 students entered the competition, and five 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, ways in which nurses can use social media effectively 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.

Social Determinants of Health Funding

Nurses have the potential to positively impact social determinants of health (SDOH) in their local communities and beyond. Raising awareness and/or facilitating change around SDOH in clinical, research, education and policy settings is critical to improving the health of British Columbians. Throughout 2015/16, ARNBC offered grants to fund nurse-lead projects aimed at impacting social determinants of health. Applicants were asked to submit written proposals and had to be either a Registered Nurse, Nurse Practitioner, or student in good standing enrolled in a B.C. school of nursing and supervised by an RN or NP faculty member. Applicants were allowed to use funds in many ways, for example to pay for meeting expenses to plan and coordinate the project, host an event to raise awareness about local SDOH or to facilitate networking and engagement to launch the project.

At present, two projects have been awarded funds.

Patient Advisory Council

ARNBC is committed to engagement with stakeholders, and we want to ensure that one of the strongest voices to guide our policy and program work comes from our patients themselves. As a result, in 2015 we teamed up with ImpactBC and the Patients as Partners | Patient Voices Network which is now the Patient Voices Network



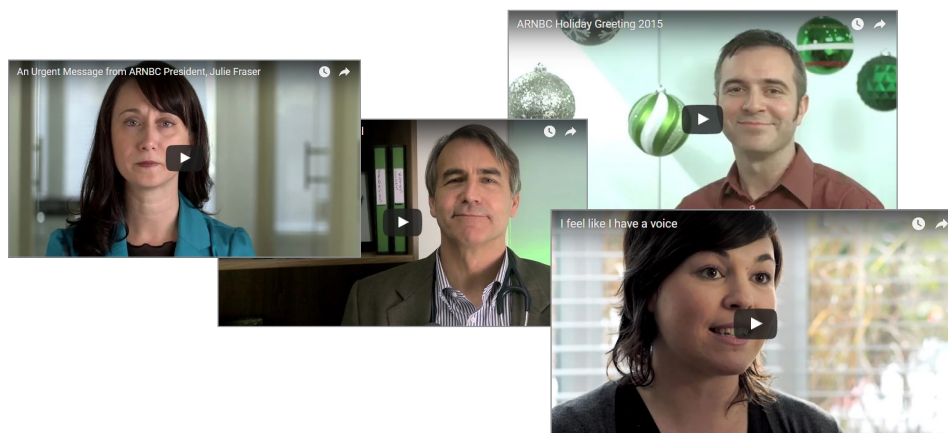
administered by the BC Patient Safety & Quality Council, to develop a Patient Advisory Committee. The Patient Advisory Committee informs ARNBC on aspects of our policy framework and development and makes regular contributions and recommendations to the ARNBC Board of Directors. ARNBC is committed to working closely with the committee to ask not “What’s the matter?” but “What matters to you?”

Communications Campaigns

ARNBC Videos

Following on the series of videos that were shot in December 2014 featuring registered nurses and nurse practitioners from around B.C., the Association continues to look for opportunities to advance its message and promote the important work of the nursing profession through video and other forms of multimedia. In 2015/2016, we released two videos in response to many questions from members, President Julie Fraser recorded a message outlining our current legal challenges and our hopes that these would ultimately be resolved in a collaborative and responsible way. The video received enormous support from RNs and NPs across B.C., and helped clear up some of the confusion that has resulted from the organizational decision to say as little as possible about our legal challenges and focus instead on the work that our members are asking us to do.

The second video was a short Christmas greeting and update on the activities of the Association, and was released at our November 2015 Awards Ceremony featuring President Zak Matieschyn and Executive Director Joy Peacock.



Nursing Knows

In collaboration with our partners and colleagues in the BCCNA, ARNBC has been using the hashtag #nursingknows on social media to demonstrate and highlight that the nursing community has incredible knowledge, expertise and experience that can elevate and strengthen any policy discussion. We encourage all nurses and nursing organizations to use this hashtag widely to remind the world that nursing brings a unique and needed perspective to our healthcare system.



Proud to Be 2016

On the heels of our successful “Proud to Be...” Campaigns in 2014 and 2015, ARNBC ran the annual campaign again in spring of 2016, with the final winning submission announced during National Nursing Week 2016. The campaign asks 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... 2016 Winner

I am proud to be a Registered Nurse because nursing demands excellence in both caring and commitment of me, I demand this of myself as well.

My empathy, training and experience will never be replaced by any machine or diagnostic test.

Nursing demands ongoing education, training and upgrading, this pushes me to be all that I can be, my skills are ever increasing.

I love the responsibility that nursing has given to me.

I have over 40 years of experience in a multitude of clinical settings, I have never been without a job and job offers have freely come to me. Nursing has given this to me.

When I volunteer in the community, I am eagerly accepted as I am a Registered Nurse.

Nursing has given me a broad base of experience as there are so many ways of being a nurse. I have experienced everything from birth to death. I have held my patient's hands, and we have shared our hearts. We have cried together and we have rejoiced together. We have shared happy and exciting times, as well as grief and sorrow.

I have made a difference in my patient's lives, as I cared for them physically, spiritually and emotionally. The dedicated and skilled nurses that preceded me were my role models.

Nursing is rich and rewarding, it is more than a job, it is the caring, compassionate and capable person that I have become.

I have always been proud to say “I am a Registered Nurse”.
Helen Laity



Online Services

ARNBC has always worked to ensure that we have a robust strategy to support online mediums and dispersed membership. Each of these platforms works synergistically to provide members with a fulsome complement of services with which to interact and hear from ARNBC. Below we highlight a few of our most active and popular platforms.

ARNBC Blog

The ARNBC blog continues to be a valued resource for individuals interested in sharing their own ideas about a policy initiative or current event that they feel strongly enough to write about. In 2015/2016 we had blogposts on topics ranging from shiftwork and how it affects the sleep patterns and health of nurses, to the need for nurses to understand and support those whose health is impacted by their economic situation, to a student's view on the future of the profession. Blogs are a unique opportunity to get involved and raise your voice about topics that are of interest to you. You can check out all of the blogposts at www.arnbc.ca/blog.

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 resources to support ARNBC initiatives, programs, campaigns and specialty groups. Throughout 2015 and into 2016 the website underwent its most substantial revamp since its launch. A new look and design was applied after careful analysis of current trends and website statistics. An environmental scan and assessment was done in combination with ARNBC's in-house usability expert to design a site that focuses on user needs and requirements. The ARNBC website is in a constant state of development as 'microsites' are developed for various initiatives and events, e.g. AGM and elections, Awards of Excellence, federal and provincial elections, etc. Additionally, a larger number of programs and services have been revamped to include online forms in order to simplify processes and reduce costs.

Month	Users	% New Users	Month	Users	% New Users
June 2015	3,828	52%	December 2015	4,477	61%
July 2015	3,326	49%	January 2016	2,452	53%
August 2015	3,075	49%	February 2016	2,652	49%
September 2015	3,386	48%	March 2016	3,038	51%
October 2015	4,265	52%	April 2016	4,916	58%
November 2015	4,402	50%	May 2016	3,789	58%



Social Media

ARNBC continues to take 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. ARNBC is also asked to consult regularly with other organizations on social media and its use in health and healthcare.

Throughout the year, ARNBC has not only participated in a number of online discussions but also continued 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 80,000 accounts reached. ARNBC has also participated in numerous online campaigns. This spring, ARNBC was a leader amongst healthcare organizations in promoting the implementation of Jordan’s Principle “Bring a Bear to Work Day” (#JordansPrinciple). Policy makers and nurses participated in an online campaign professing their support for the campaign.

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” and “Thought Leader”) has not dropped below 58 in the last year and hovers steadily around 60. This signifies ARNBC’s strong leadership role on social media and influence on nursing and health related topics. Of ARNBC’s roughly 3,200 Twitter followers, the Association is regarded as an expert on the topics of nursing and health policy. ARNBC’s Facebook page has become an even stronger discussion platform with engaged users and ‘Likes’ steadily increasing throughout the year with nearly 3,700 ‘Likes’ at present time.



Month	Klout Score	Month	Klout Score
June 2015	58	December 2015	59
July 2015	59	January 2016	60
August 2015	60	February 2016	60
September 2015	60	March 2016	61
October 2015	61	April 2016	58
November 2015	59	May 2016	59



Policy

One of the top priorities for ARNBC in 2015/2016 was to strengthen our policy program and begin to provide evidence-based, resourced materials to help nurses navigate key practice and policy issues. As the professional association representing all RNs and NPs in British Columbia, ARNBC is the link between nurses, policymakers and government. ARNBC provides opportunities for nurses to engage in policy development and advocacy around issues that impact the nursing profession and the health and well-being of British Columbians.

RNs and NPs have a wealth of knowledge and expertise in identifying and advancing key policy issues that impact their nursing practice, their patients, and their community. ARNBC is strongly committed to ensuring that nurses have opportunities to participate in the policy development and advocacy process through forums, consultations, surveys, email, social media and meetings.

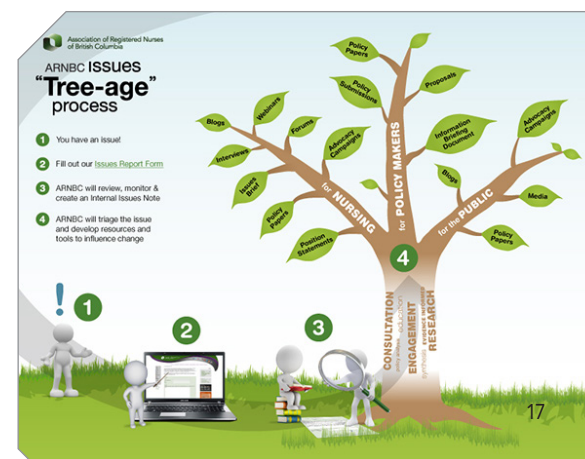
In December 2015, we revisited the policy areas that were originally identified by our Board in 2011, and updated them to reflect the current issues that nurses have asked us to develop in the next months and years. ARNBC's priority areas are: Aboriginal Health, Community Health, Population Health and Wellness, Seniors Health and Team-Based Care.

Policy Pages

Following on the heels of the announcement of our new policy areas, ARNBC launched a new approach to reviewing and updating our policy work, as well as including the work of our members. On our website, we set aside specific areas for each policy area, with obvious subheadings that provide readers with more information. Over time, these policy pages will continue to grow, as we categorize blogs under specific topics, have opportunity to interview nurses who are specialists in an area, or follow through with position statements or issues briefs. A great example of this is under [Community Health – Refugee Health](#), which to date includes interviews with nurses involved in refugee health and a blogpost. Check back regularly to see what the latest news and information is on each of these policy priority areas.

Issues Report Form

In early 2016 ARNBC introduced the ARNBC Issues “Tree-age” – a fun graphic that depicts how we move emerging issues through our policy development process. Following up on this, we launched the [Issues Report Form](#) (IRF), to support nurses in raising key policy issues they identify through their work in a simple and straightforward form that automatically submits to our policy department. The IRF has already been used by numerous nurses to raise issues that we continue to pursue as we develop policy and explore opportunities for nursing to be engaged in discussion on important health topics. Most importantly, the form allows nurses to indicate if they, or others they know, are experts in the area they have raised as an issue – allowing ARNBC to follow up with individuals to find out more about the issue and work with the impacted nurses or patients to seek reasonable, evidence-based solutions.





ARNBC Position Statements

ARNBC developed a number of position statements in 2015/2016, primarily focused on our priority policy areas. These position statements, all of which can be found on our website, include:

- Aboriginal Leadership Capacity and Engagement
- Establishing Models of Care Delivery that Promote Safe and Appropriate Care
- Nurses' Role in Promoting the Health and Well-Being of Seniors
- Nurses' and Nursing's Role in Promoting a Patient-Centred Approach to Physician Assisted Death

Each of these position statements was significant and provided opportunities for ARNBC to engage with nurses across the province – experts, interested parties and observers – to seek out opinions and ideas about the position the Association should take.

Aboriginal Health Nursing Community of Practice

Throughout 2015/2016 ARNBC continued to refine the Aboriginal Health Nursing Community of Practice. A revised layout, simplified structure and a monthly newsletter were established in order to maintain communication with the roughly 100 nurses who have joined this thriving community. Issues such as cultural safety and cultural competency were explored by the group in addition to a variety of educational opportunities. A dedicated Facebook page was also established to increase opportunities for connection and dialogue.

ARNBC also introduced the Strengthening Aboriginal Nursing Development, or STAND program, which is a program that provides opportunities for Aboriginal nurses to apply to attend conferences, such as the Canadian Indigenous Nurses Association (formerly Aboriginal Nurses Association of Canada) AGM and Conference. This year, two nurses participated in this opportunity, but the program allows for up to four participants in a year to attend these key events to help develop their leadership skills.

Government Relations

In 2015/2016 ARNBC continued with a robust government relations program based on our promise that we will “never come to government with a problem, unless we also come with a solution”. In this vein, we have always endeavoured to approach government in a positive and collaborative manner – whether it's the Minister or Ministry, the Chief Nursing Officers in the health authorities, First Nations Health Authority or members of the Official Opposition. We are interested in building strong non-partisan relationships that reflect the values of the Association and the recognition that nursing crosses all political boundaries.

We meet regularly with individuals from the Ministry of Health, and have regular communication with government between face-to-face meetings. We have had the privilege of meeting with Minister Terry Lake and Opposition Leader John Horgan. In 2015/2016 we sat down for a long-awaited meeting with leadership of the First Nations Health Authority and discussed ways we can collaborate closely in the future. We have a strong, positive relationship with the Chief Nursing Officers and continue to lean on their expertise, wisdom and knowledge as we grow.

Our relationship with government is important and significant, and we value the opportunities government has taken to meet with us, engage with us and support us as we move forward.



"Day at the Legislature"

Each year during Nursing Week, the BC Coalition of Nursing Associations hosts the annual "Day at the Legislature", welcoming RNs, RPNs, NPs and LPNs to spend a day with us meeting with government and haunting the halls of the Legislature. The day gets a bit bigger and more exciting each year. In 2016, during the third annual Day at the Legislature, attendees had the chance to participate in a variety of activities. These included: breakfast with the Minister, an opportunity to speak with John Horgan, Leader of the Official Opposition and Judy Darcy, Opposition Spokesperson for Health, a chance to listen to two member statements read about nurses, the opportunity to spend a few hours in the DeBeck lounge in an open house setting with all MLAs, and a wrap up and chat with the Minister.



Canada

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Stanton

Attorney General and Minister of Justice
(counter signature for the Great Seal)

Judith Schindler
Lieutenant Governor



Budget Lockup

ARNBC was invited to participate in its second Budget Lockup in February 2016. While this particular budget had limited funding for expanded health services, we appreciate the value placed on having the Association and Union both present for this important day. ARNBC was represented by President Zak Matieschyn and Director of Government Relations and Communications Andrea Burton. One of the most important aspects of the day was the opportunity to meet with colleagues and partners from across B.C.

Federal Election Webpage and Forum

In the leadup to the 2015 Federal Election, ARNBC was asked numerous times to dust off our Elections Website and provide information for nurses interested in gathering information about the platforms of various prospective MPs. This robust website (which will no doubt make an appearance as a provincial resource in the 2017 election here in B.C.), included a toolkit, information on the various health positions taken by each party, a calendar of events, a 'find your candidate' section and current high profile topics.





Practice Supports/Continuing Professional Development

Over the course of the past two years, ARNBC has given great consideration to how and if the Association should provide professional practice supports to nurses. Certainly when it comes to questions about insurance, ARNBC as manager of the policy purchased by CRNBC, was required to have individuals who could triage and disseminate calls to various sources.

ARNBC lobbied and succeeded in having the College switch from a commercial policy to the services of the Canadian Nurses Protective Society. This change occurred on March 1, 2016, and with this change, the need for professional practice supports within the Association diminished. Although we discussed the possibility of building this program from the ground up, we also have enormous respect for the work that is being done by our partners and colleagues. As a result, ARNBC decided to end this program and focus instead on developing resources that will support a nurse throughout their career.

The Continuing Professional Development page will launch in 2016/2017 and will provide a variety of easily accessible resources for the nursing community in B.C. We will happily triage calls and inquiries about those areas of professional practice that are better served elsewhere to the College, Union or health authorities, depending on what is appropriate.





Partnerships and Collaboration

BC Coalition of Nursing Associations

Our most important partnership throughout 2015/2016 has been with our fellow professional associations in British Columbia. We were pleased when the Association of Registered Psychiatric Nurses of BC (ARPNBC), registered under the Societies Act in December 2014, joining the BC Nurse Practitioner Association (BCNPA), the Licensed Practical Nurses Association of BC (LPNABC), the Nursing Education Council of BC (NECBC) and ourselves to formalize the BC Coalition of Nursing Associations.

The Coalition meets on a monthly basis, providing opportunities for nursing leadership from across the four professional groups, along with the educators, to meet to discuss important issues that impact across the nursing family, and work towards collaborative solutions. In 2015/2016 the Coalition focused on strategic planning and identified a number of opportunities to engage in important policy directives – this included strong support for B.C. to move to one nursing college, as well as a joint submission to government regarding the proposed regulations for nursing (approved in December 2015).

Along with Legislature Day, the Coalition also hosted the first intraprofessional nursing policy forum in July 2015. This was an opportunity for all nurses to spend a day discussing the Ministry of Health Policy Papers and determining how nursing could best influence and support the direction of the papers, while recommending changes and improvements from and by nurses. The forum was an enormous success, and was attended by Minister Terry Lake, who participated in the final two hours of discussion and recommendations. While we had to turn many nurses away due to space restrictions, we look forward to collaborating on a similar forum in summer 2016.





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.

The Registered Nurses Foundation of BC (RNFBC)

ARNBC has an agreement with RNFBC, 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.

Impact BC/Patients as Partners/BC Patient Safety Quality Council

In 2015, ARNBC teamed up with ImpactBC and the Patients as Partners | Patient Voices Network to develop a Patient Advisory Committee. The work of ImpactBC has since transferred to the BC Patient Safety Quality Council, but ARNBC continues to work with the Council to maintain and oversee our Patient Advisory Committee.

ARNBC was pleased to partner with the BC Patient Safety Quality Council in Change Day BC, October 15, 2015 and extended 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.

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 discount partner Perkopolis. At present, nearly 4,000 nurses have signed up for the perks program.





Committees

In 2015/2016, the Board of Directors, staff and ARNBC members contributed to specific activities through participation in committees and working groups. New committees were established in 2015/2016 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

- Zak Matieschyn, NP, Chair
- Tania Dick, RN
- Maylene Fong, RN
- Johanne Fort, 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

- Johanne Fort, RN, Chair
- Tania Dick, RN
- Maylene Fong, RN
- Melissa Nuttall, RN
- Zak Matieschyn, NP
- Shelby Thiessen, Accountant, Ex Officio
- Joy Peacock, RN, Executive Director, Ex Officio

The purpose of the Finance Committee is to ensure sound financial management of the ARNBC. The Committee's primary functions 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
- Zak Matieschyn, NP
- Tania Dick, RN
- Joy Peacock, RN, Executive Director, Ex Officio

The Government Relations Committee reviews 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 and the work of the Director of Government Relations.



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, Ex Officio
- Joy Peacock, RN, Executive Director, Ex Officio

The 2015/2016 Awards Committee was established in February 2015. This inaugural Awards Committee developed the process and criteria for the awards. The committee was also responsible for receiving nominations for ARNBC Recognition Awards and recommending these individuals to the ARNBC Board and 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 presented awards in the following categories (for full biographical information and pictures from the Gala Awards event, please visit <http://www.arnbc.ca/awards-and-recognition/awards/previous/2015-awards-recipient.php>):

Excellence in Nursing Administration

Penny Cooper
Catherine Heritage

Excellence in Advancing Nursing
Knowledge & Research

Marjorie MacDonald

Excellence in Nursing Advocacy

Joanne Maclaren, Victoria Power, Darcy Ross
Patricia Woods

Excellence in Nursing Education

Krista Lussier
Cheryl Anne Prescott

Innovation in Nursing

Mary Van Osch

Rising Star

Miranda Fehr

Excellence in Nursing Practice

Patricia Mary Agon
Karen Ruth Desormeau
Rosemary Hill



ARNBC will continue to work closely with the BC History of Nursing Society to honour deceased RNs and NPs through the Memorial Book, which is now housed on the ARNBC website at www.arnbc.ca/ebook.

In conjunction with our Patient Advisory Committee, ARNBC established the Quinn Fowlie Scholarship in 2015. The Scholarship will be awarded each year to a deserving young patient star. Recipients of the award have not only benefitted from the support and expert caring of registered nurses and nurse practitioners throughout their young life, but have provided inspiration and learning to the nurses who have had the privilege to work closely with them.

Quinn Fowlie,
Winner and Namesake of ARNBC's Scholarship Award

The namesake and inspiration for the Quinn Fowlie Scholarship is a bright and charming recent high school graduate from the Lower Mainland. Quinn was born lacking most of his esophagus, with the remaining part attached directly to his windpipe (known as Esophageal Atresia). Before his first birthday, he underwent dozens of surgeries, spending the first part of his life in intensive care. His condition requires a trach tube in his throat to keep his lungs clear. Quinn has been accompanied and befriended by nurses throughout his youth and shared his respect and appreciation for the profession at the 2015 ARNBC Awards Gala.



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

Nominations Committee

- Lori Campbell, RN, Co-Chair
- Maylene Fong, RN, Co-Chair
- Francine Gascoyne, RN
- Cathy Czechmeister, RN
- Jessy Dame, RN
- Julie Fraser, RN
- Leah Christoff, NP
- Alix Arndt, Director of Corporate Planning and Online Services, Ex Officio
- Joy Peacock, RN, Executive Director, Ex Officio



The 2015/2016 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 2015/2016 Committee was also responsible for establishing new processes, overseeing a new 'AGM/Elections' website, and managing candidate campaign practices and elections policy.

Promoting Professionalism Working Group

- Marcia Carr, RN, Chair
- Linda Axen, RN
- Tania Dick, RN
- Barb Reece, RN
- Joy Peacock, Executive Director, Ex-Officio

In 2015/2016, the Board struck a committee to look at professionalism in nursing, and make recommendations for how ARNBC might promote leadership and professionalism in all aspects of nursing. The committee worked with a group of Douglas College Nursing Students who used their final project to develop a literature review on the topic of professionalism, and helped implement a member survey. The results of the work of this group will be used to inform ARNBC's policy work around professionalism and leadership.





ARNBC's Engagement with the Canadian Nurses Association

ARNBC is proud to be the jurisdictional representative of the CNA. Our agreement with the national body ensures B.C. RNs and NPs have a legitimate and effective voice on national nursing and health issues.

ARNBC worked with CNA to host an Election Town Hall on October 7th in the riding of Vancouver-Granville. Participants included Barbara Shellian, moderator and CNA President-Elect, Michael Barkusky, Green Party of Canada candidate, Marcia Carr, Clinical Nurse Specialist and ARNBC board member at large, Nita Levy, Executive Director of Paul's Club, Josie McGee, National Director of Healthcare innovation at CBI Health Group, Mira Oreck, New Democratic Party of Canada candidate, and Jody Wilson-Raybould, Liberal Party of Canada candidate (now Attorney General for Canada). The event provided a great opportunity for nurses to ask questions and get involved in the political process.

The ARNBC President has held a position on the CNA Board of Directors for the last five years.

This year, in preparation for the CNA Biennial Convention to be held in Saint John, New Brunswick, ARNBC had opportunity to seek out delegates. In the late winter of 2016 a campaign was held through which interested nurses were able to share their perspectives on the mandates of ARNBC and CNA.

We're also very pleased that two of our abstracts were accepted for presentation at the Biennial - one on ARNBC's Aboriginal Work, and a panel presentation that was submitted jointly with the entire BC Coalition of Nursing Associations.

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 presented at 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

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. 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.



Financial Statements



Association of Registered Nurses
of British Columbia

**ASSOCIATION OF REGISTERED
NURSES OF BRITISH COLUMBIA**

**Financial Statements
December 31, 2015**

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INDEPENDENT AUDITORS' REPORT

TO THE MEMBERS OF ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA

Report on the Financial Statements

We have audited the accompanying financial statements of Association of Registered Nurses of British Columbia, which comprise the statement of financial position as at December 31, 2015 and the statements of operations, changes in net assets and cash flows for the nine-month fiscal period then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian 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 the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Association of Registered Nurses of British Columbia as at December 31, 2015, and the results of its operations and its cash flows for the nine-month fiscal period then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Comparative Information

Without modifying our opinion, we draw attention to note 2 to the financial statements, which describes that Association of Registered Nurses of British Columbia adopted Canadian accounting standards for not-for-profit organizations on April 1, 2015 with a transition date of April 1, 2014. These standards were applied retrospectively by management to the comparative information in these financial statements, including the statements of financial position as at March 31, 2015 and April 1, 2014, and the statements of operations, changes in net assets and cash flows for the year ended March 31, 2015 and related disclosures. We were not engaged to report on the restated comparative information, and as such, it is unaudited.

Report on Other Legal and Regulatory Requirements

As required by the *Society Act* (British Columbia), we report that, in our opinion, the principles in Canadian accounting standards for not-for-profit organizations have been applied, after giving retrospective effect to the adoption of the new standards in note 2 to the financial statements, on a basis consistent with that of the preceding year.

Smythe LLP

Chartered Professional Accountants

Vancouver, British Columbia
April 8, 2016

ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA
Statement of Financial Position

	December 31, 2015	March 31, 2015	April 1, 2014
Assets			
Current			
Cash	\$ 65,705	\$ 1,220,411	\$ 120,544
Term deposits	202,544	40,976	1,083,267
Accounts receivable	7,967	118,735	0
Prepaid expenses	13,951	49,416	0
	290,167	1,429,538	1,203,811
Capital Assets, net (note 5)	28,917	24,886	0
	\$ 319,084	\$ 1,454,424	\$ 1,203,811

Liabilities

Current			
Accounts payable and accrued liabilities (note 8)	\$ 59,823	\$ 73,831	\$ 61,757
Due to Canadian Nurses Association (note 10)	81,198	0	0
Deferred revenue (note 7)	230,251	1,319,520	0
	371,272	1,393,351	61,757

Net Assets

Invested in Capital Assets	28,917	24,886	0
Unrestricted	(81,105)	36,187	1,142,054
	(52,188)	61,073	1,142,054
	\$ 319,084	\$ 1,454,424	\$ 1,203,811

Commitment and Contingent
 Liabilities (notes 6 and 11)

Approved by the Board:


 _____ Director


 _____ Director

See notes to financial statements.

ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA
Statement of Operations

	Nine-Month Fiscal Period Ended December 31, 2015	Year Ended March 31, 2015
	(note 12)	(note 12)
Revenues		
Membership dues	\$ 1,081,398	\$ 232,957
Insurance management fees	67,500	7,500
Sponsorship and other	22,008	4,467
Rental and administration	10,114	6,466
Interest	3,261	16,870
	1,184,281	268,260
Expenses		
Staffing	510,813	619,660
Engagement	119,745	123,978
Occupancy	115,836	111,935
Insurance, litigation and legal support	101,230	185,100
Governance	97,599	73,504
Annual General Meeting	79,496	0
Communications	60,363	62,374
Office	55,825	51,449
Human resources	35,878	52,248
National and international relations	28,653	27,045
Awards	26,651	0
Professional practice support	26,303	0
Information systems	20,428	19,128
Financial administration	14,983	18,620
Government relations	3,739	4,200
	1,297,542	1,349,241
Excess of Expenses over Revenues for Period	\$ (113,261)	\$ (1,080,981)

ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA
Statement of Changes in Net Assets

	Invested in Capital Assets	Unrestricted	December 31, 2015	March 31, 2015	April 1, 2014
Balance, Beginning of Period	\$ 24,886	\$ 36,187	\$ 61,073	\$ 1,142,054	\$ 1,142,054
Excess of expenses over revenues for period	0	(113,261)	(113,261)	(1,080,981)	0
Capital asset additions	14,596	(14,596)	0	0	0
Amortization of capital assets	(10,565)	10,565	0	0	0
	4,031	(117,292)	(113,261)	(1,080,981)	0
Balance, End of Period	\$ 28,917	\$ (81,105)	\$ (52,188)	\$ 61,073	\$ 1,142,054

ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA
Statement of Cash Flows

	Nine-Month Fiscal Period Ended December 31, 2015	Year Ended March 31, 2015
	(note 12)	(note 12)
Operating Activities		
Excess of expenses over revenues	\$ (113,261)	\$ (1,080,981)
Item not involving cash		
Amortization	10,565	8,538
	(102,696)	(1,072,443)
Changes in non-cash working capital		
Accounts receivable	110,768	(118,735)
Prepaid expenses	35,465	(49,416)
Accounts payable and accrued liabilities	67,190	12,073
Deferred revenue	(1,089,269)	1,319,520
	(875,846)	1,163,442
Cash Provided by (Used in) Operating Activities	(978,542)	90,999
Investing Activity		
Purchase of capital assets	(14,596)	(33,423)
Inflow (Outflow) of Cash	(993,138)	57,576
Cash, Beginning of Period	1,261,387	1,203,811
Cash, End of Period	\$ 268,249	\$ 1,261,387
Represented by:		
Cash	\$ 65,705	\$ 1,220,411
Term deposit	202,544	40,976
	\$ 268,249	\$ 1,261,387

ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA
Notes to Financial Statements
Nine-Month Fiscal Period Ended December 31, 2015

1. OPERATIONS

The Association of Registered Nurses of British Columbia (the "Association") is a not-for-profit organization representing Registered Nurses and Nurse Practitioners in British Columbia. The Association was incorporated under the *Society Act* (British Columbia) in July 2010. The Association was launched in May 2010 and began collecting membership dues in January 2015.

The Association is exempt from income tax under the provisions of the *Income Tax Act*.

2. IMPACT OF THE CHANGE IN THE BASIS OF ACCOUNTING

These financial statements are the first financial statements for which the Association applied Canadian accounting standards for not-for-profit organizations ("ASNPO"). First-time adoption of this new basis of accounting had no impact on the Association's excess of expenses over revenues for the nine-month fiscal period ended December 31, 2015 or on net assets as at April 1, 2014, the date of transition.

3. SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Association were prepared in accordance with ASNPO and include the following significant accounting policies.

(a) Fund accounting

(i) Unrestricted funds

The unrestricted fund reports the general operations of the Association, including general revenue, general operating expenditures and all assets and liabilities relating to operations.

(ii) Invested in capital assets

Net assets invested in capital assets reports the assets and transactions related to the Association's capital assets.

(b) Revenue recognition

Membership dues and insurance management fees are recognized as revenue in the fiscal year to which they relate. Fees received in advance have been recorded as deferred revenue. Membership dues are collected for the period March to February each year.

Rental revenue, sponsorship and other revenue are recognized in the period to which they relate.

Interest income is recognized as it is earned.

ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA
Notes to Financial Statements
Nine-Month Fiscal Period Ended December 31, 2015

3. SIGNIFICANT ACCOUNTING POLICIES (Continued)

(c) Amortization

Property and equipment are amortized using the straight-line method at the following annual rates:

Furniture and fixtures	- 5 years
Computer equipment	- 3 years

Additions during the year are amortized at one-half the annual rates.

(d) Impairment of long-lived assets

A long-lived asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. An impairment loss is recognized when the carrying amount of the asset exceeds the sum of the undiscounted cash flows resulting from its use and eventual disposition. The impairment loss is measured as the amount by which the carrying amount of the long-lived asset exceeds its fair value.

(e) Financial instruments

The Association initially measures its financial assets and liabilities at fair value, except for certain non-arm's length transactions. The Association subsequently measures all its financial assets and financial liabilities at amortized cost.

Financial assets measured at cost are tested for impairment when there are indicators of impairment. The amount of the write-down is recognized in the statement of operations. In the event a previously recognized impairment loss should be reversed, the amount of the reversal is recognized in the statement of operations provided it is not greater than the original amount prior to write-down.

For any financial instrument that is measured at amortized cost, the instrument's cost is adjusted by the transaction costs that are directly attributable to their origination, issuance or assumption. These transaction costs are amortized into income on a straight-line basis over the term of the instrument. All other transaction costs are recognized in the statement of operations in the period incurred.

(f) Use of estimates

The preparation of these financial statements in conformity with ASNPO requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Significant estimates include the rates of amortization, accrued liabilities, deferred revenue and contingent liabilities. While management believes these estimates are reasonable, actual results could differ from the estimates and could impact future results of operations and cash flows.

ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA
Notes to Financial Statements
Nine-Month Fiscal Period Ended December 31, 2015

4. FINANCIAL INSTRUMENTS

(a) Liquidity risk

Liquidity risk is the risk that the Association will encounter difficulty in meeting obligations associated with financial liabilities.

The Association is exposed to this risk mainly in respect of its accounts payable. Cash flow from operations is budgeted to provide satisfactory resources to meet the Association's cash requirements.

(b) Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation.

The Association is exposed to credit risk with respect to its cash and term deposits. The Association has mitigated this risk by holding these instruments with a major financial institution.

5. CAPITAL ASSETS

	Cost	Accumulated Amortization	December 31, 2015	March 31, 2015
Furniture and equipment	\$ 23,381	\$ 7,800	\$ 15,581	\$ 15,621
Computer equipment	24,637	11,301	13,336	9,265
	\$ 48,018	\$ 19,101	\$ 28,917	\$ 24,886

Included in office is amortization of \$10,565 (March 31, 2015 - \$8,538).

6. COMMITMENT

The Association is committed to rent payments for premises under a lease expiring in 2020 as follows:

2016	\$ 197,747
2017	204,498
2018	204,498
2019	204,498
2020	17,042
	\$ 828,283

7. DEFERRED REVENUE

	Balance, March 31, 2015	Deposits Received	Recognized as Revenue	Balance, December 31, 2015
Deferred revenue	\$ 1,319,520	\$ 73,569	\$ 1,162,838	\$ 230,251

ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA
Notes to Financial Statements
Nine-Month Fiscal Period Ended December 31, 2015

8. GOVERNMENT REMITTANCES

At December 31, 2015, government remittances payable of \$270 (March 31, 2015 - \$4,690) were included in accounts payable and accrued liabilities.

9. ALLOCATION OF EXPENSES

The Association reports its expenses by function and allocates salaries and benefits among the various functions proportionately on the basis of time spent by each employee on each of the functions.

10. DUE TO CANADIAN NURSES ASSOCIATION

The amount due to the Canadian Nurses Association represents fees collected on behalf of the Canadian Nurses Association. These amounts are unsecured and non-interest-bearing.

11. CONTINGENT LIABILITIES

In 2013, the BC Nurses' Union initiated a civil claim against the Association challenging the College of Registered Nurses of BC's authority to have made a \$1,500,000 grant to the Association. This matter is ongoing and is at an early stage and the outcome and an estimate of loss, if any, is not determinable.

The Association has also received a petition from two members alleging the Association acted contrary to its bylaws. This matter is at a preliminary stage and the outcome and an estimate of loss, if any, is not determinable.

12. CHANGE IN YEAR-END

During the period, the Association changed its fiscal year-end from March 31 to December 31 to better reflect the operations of the Association. The change in year-end resulted in a nine-month fiscal period ended December 31, 2015.