



Association of  
Registered Nurses  
of British Columbia



## Annual Report

June 2016 - June 2017



## 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 meaningful, diverse participation in a collaborative fashion.





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## A Message from ARNBC's President & Executive Director

The Association of Registered Nurses of BC (ARNBC) has continued a strong tradition of excellence and momentum over the course of 2016/2017, and has continued to focus on building the programs and services that Registered Nurses and Nurse Practitioners in the province have been asking for. We are excited with the direction of the Association and are proud to share our achievements from the past 12 months.

ARNBC's programs and services continue to expand under the direction of our strong staff team. We are particularly proud to have developed a student and new graduate program (IGNITE), which is supported by a full-time staff person. Focusing on students and new grads is an important consideration for all nursing organizations as we recognize the need to increase and sustain the workforce while developing and mentoring the strong leaders of the future.

We continue to work closely with our partner professional associations as the BC Coalition of Nursing Associations. BCCNA continues to solidify its presence as a strong and united voice for nursing in the province and, as the first organization of its kind in Canada, 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 supported the concept of one nursing regulatory college for the province, launched a number of new programs (regional networks, Continuing Education Funding for Nurse Practitioners) and hosted a number of forums and events. Collaboration is the future of nursing and we are inspired by the synergy and shared ideology of BCCNA's five member organizations (LPNABC, BCNPA, ARPNBC, NECBC, ARNBC).

The Association has emerged as a strong policy voice in 2016/2017 with a number of new issues briefs and updates on harm reduction, seniors health, nursing leadership and more. Our Rural and Remote policy table delves deeply into issues impacting nursing and communities outside of the major centres, while our Nursing Practice Advisory Council has been working on key policy issues such as new grad transition and home support services and our Patient Advisory Council ensures we place the patient at the centre of all policy discussions.

One of our proudest achievements in 2016/2017, has been our engagement and advocacy work regarding the opioid crisis in British Columbia. From our initial forum, to ongoing work with various nursing and health groups in the Downtown Eastside and throughout the province, to our engagement with government and invitations to attend key policy forums, ARNBC has been involved in supporting nurses, users, first-line responders and government in every way possible, and we will continue to take a strong leadership role in helping to resolve this public health crisis.

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. and across Canada.





In May 2017, former Executive Director Joy Peacock moved on to a new role outside of the province. We thank her for her work in helping to establish much of the ARNBC infrastructure and look forward to welcoming a new Executive Director in the summer of 2017.

Most importantly, in 2016/2017 we have worked hard to engage with as many nurses as possible, through ARNBC committees, speaking engagements, delivery of issues or briefing note modules, events and 'tours'. We value the expertise and ideas you bring to our work and we will continue to seek every opportunity to connect with nurses as we continue to grow and expand.

Thank you for your commitment and dedication to the ARNBC. We look forward to 2017/2018 with enthusiasm and a great deal of appreciation.

Sincerely,

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

Andrea Burton  
Interim Executive Director





## Introduction

2016/2017 has been an exciting year of change and growth for the Association of Registered Nurses of BC (ARNBC or “the Association”). Whether implementing new programs, providing policy advice to government organizations, partnering in new and innovative ways or seeking consultation and advice from the Registered Nurses and Nurse Practitioners who comprise our strong and thriving membership, ARNBC has had an exceptional year of engagement and collaboration with individuals and organizations across the province.

ARNBC has taken some bold steps into policy areas that truly reflect the direction and nature of a professional association. In some instances, we are working directly with nurses who have raised issues or challenges they are experiencing, and feel that their best course of action is through the professional association. In other cases, we have reflected on how social determinants of health or current affairs have impacted British Columbians – and had an unexpected or unforeseen impact on the health and well-being of the population. In all instances, ARNBC is proud to have the opportunity to take a step back, research the issue in depth, consult with our members and experts and take a non-partisan, unbiased approach to providing a strategic and relevant position. We are grateful to all of the members, unpaid consultants, subject matter experts and individuals who contribute to our broad knowledge and information base on every subject imaginable.

The Opioid Crisis has hit British Columbia particularly hard over the past 12 months, and ARNBC has been proud to take a strong and leading role in supporting nurses, front-line workers and others as we all collectively try to develop plans and actions that will help us to manage and ultimately end this crisis. ARNBC has had the unique ability to not only sit at the policy table for high level discussion and decision making with government, health authority, city and healthcare decision-makers, we have also been inspired to spend time with nurse volunteers and others on the Downtown East Side, developing further partnerships and collaborations and getting to know the individual nurses and substance users who are looking for support and advocacy.

Our relationship with the BC Coalition of Nursing Associations, which brings together RNs, NPs, LPNs, RPNs and educators to share one voice on key areas that are of policy interest to the nursing profession has continued to evolve. After signing an MOU in May 2016, the Coalition’s presence as a strong voice for nursing has solidified and we continue to build on the principles of collaboration. The Coalition celebrates and embraces the differences and similarities in the nursing community, and looks ahead to the future of nursing with enthusiasm. We believe that the future of nursing in B.C. hinges on the ability of the entire nursing community to work together towards shared goals.

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.

ARNBC has added a host of new programs and services over the past twelve months, and we look forward to continuing and even increasing our pace of adding new and innovative opportunities for engagement, participation and excellence over the coming months. Thank you for being part of our journey!



## Strategic Planning

ARNBC is nearing the end of its 2014-2017 Strategic Plan, which has served us well and been reaffirmed by the Board of Directors in each of the past three years. Over the past year, we have focused on moving forward with this plan, while keeping our thoughts open to how the strategic plan may be revised in the fall of 2017.

For the 2016/2017 year, our planning included:

- 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.

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



## 2016/2017 Governance & Staff Team

### Board of Directors

Zak Matieschyn, NP  
Tania Dick, RN  
Damen DeLeenheer, RN  
Lori Campbell, RN  
Marcia Carr, RN  
Julie Cinel, RN  
Laurie Dokis, RN  
Maylene Fong, RN  
Johanne Fort, RN  
Sherri Kensall, RN  
Mark Schultz, NP  
Sally Thorne, RN

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

### Staff Team

Andrea Burton  
Tiffany Barker, RN  
Patrick Chiu, RN  
Matthew Edelson  
Mike Harrison  
Shelby Thiessen  
Dawn Tisdale, RN  
  
\*Joy Peacock

Interim Executive Director  
Nursing Research Advisor  
Lead, Policy Initiatives  
Executive Assistant  
Web and Graphic Design  
Accountant  
Lead, Professional Development & IGNITE  
Former Executive Director



## Engagement

ARNBC has a longstanding commitment to reach out to as many Registered Nurses and Nurse Practitioners as possible, 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. While we are sometimes limited by funds, and want to ensure we spend our dollars in a responsible way, we have learned that there are also numerous innovative ways to reach out to nurses in various communities, and it is our hope that we will be able to provide a connection to as many nurses we can.

### 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.

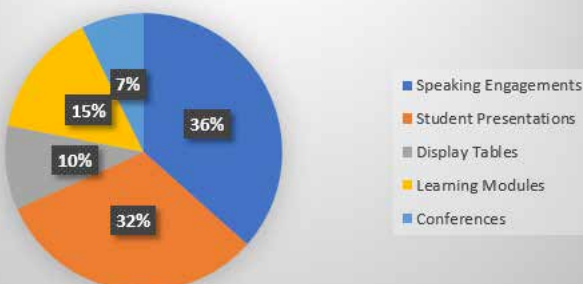
### Speaking Engagements

Engagement opportunities in 2016/2017 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.

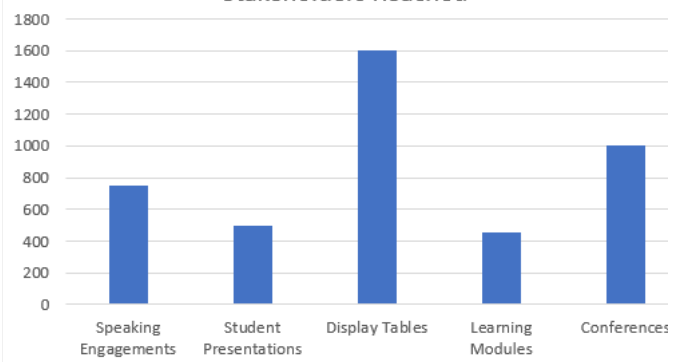
The number of speaking engagements ARNBC is invited to participate in increases each year. From spending time with classrooms of nursing students, to sitting down before shift with groups of nurses, or providing keynotes at nursing meetings, the Association continues to meet with nurses across the province. In 2016/2017 we visited with nursing students and nurses across British Columbia – from Prince George to Langley, Kamloops to Nanaimo.

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, 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 2016-May 2017



Stakeholders Reached





## Issues & Briefing Note Workshops

ARNBC continues to build on the success of the Issues Workshop we developed in collaboration with Nursing Faculty from Kwantlen Polytechnic University. This year, we expanded the opportunity to include workshops on how to develop Briefing Notes. Workshops run from two to eight hours, and provide opportunities for learners to understand how to tackle an issue from awareness through to action. Both Workshops have been delivered to nursing groups and nursing classes across B.C., with more and more schools and individual nursing groups requesting opportunities to have the workshop delivered in their local area or to specific classes. In 2015/2016, several hundred individuals participated in these workshops.

## Northern, Island & Interior 'Tours'

In 2016/2017, ARNBC had the opportunity to embark on a number of tours, designed to provide nurses with information about the Association and often in conjunction with work being done by a local nursing group or school.

In the early fall two ARNBC consultants (both new RNs within two years of graduation), had an opportunity to visit a number of nursing schools on Vancouver Island, to talk with students about the need to develop a long-term plan for students and new graduates. Jessy Dame, RN and Dawn Tisdale, RN visited:

School	Date
University of Victoria	October 27
Camosun College	October 27
Vancouver Island University	October 27
North Island College	October 28



University  
of Victoria



VANCOUVER ISLAND  
UNIVERSITY



CAMOSUN  
COLLEGE

NORTH ISLAND COLLEGE



In February, Interim Executive Director Andrea Burton had an opportunity to visit with nurses in Kelowna and Kamloops to speak informally about the Association and answer questions. This was followed by a similar opportunity in Penticton and Oliver in April, where nurses were given a chance to drop by, sample some coffee and Timbits, and engage in conversation about the types of opportunities provided by the Association – and to give some advice on what activities and programs the Association should consider in the future.

Lastly, ARNBC Lead of Professional Development and IGNITE toured Northern B.C. to promote the work of the association, connect with nurses and demonstrate ARNBC resources and professional development opportunities.

Hospitals and Health Clinics were visited were visited in the following communities:

- Prince George
- Houston
- Burns Lake
- Vander hoof
- Smithers
- Terrace
- Fraser Lake
- Hazelton
- Quesnel



The nurses in northern B.C. were appreciative and tremendously welcoming of ARNBC visiting their workplace to provide information and resources in person. We are excited with the feedback we received that indicated the importance of having an in-person connection to provide context and an opportunity to ask questions. ARNBC looks forward to continuing with this type of engagement in the future.

## Pinning Ceremonies

One of the most fun programs which has now transitioned from CRNBC to ARNBC, is the opportunity to provide a student leadership award to one student per BSCN graduating cohort who shows exceptional skills in leadership and advocacy throughout their undergraduate or graduate education. ARNBC has been thrilled to develop a certificate program, which is accompanied by a special pin, for these future nurse leaders, and to attend many of the ceremonies in which the students receive their pins and awards. This honours the nursing profession's longstanding tradition of pinning new nurses.



School	Recipient		
Douglas- Coquitlam Campus	Kati Harris Ellamie Macagba	UNBC	Kayla Kilba
KPU- Langley	Michael Carnate Neda Ozel Ireen Paradis	UFV	Jodi Allan Laurel Kingma Breanna Martin
Langara	Greg Kliewer	UNBC MN program	Jill Finney
Selkirk	George Grey	UNBC Terrace	Michael O'Neil
TRU	Jana McKenzie	UNBC Quesnel	Lexi Sparrow
TWU	Angelique Van der Linde	UVIC	Kara Butz
UBC	Jeffrey Sing Hon Yu		





## Network Leads

While 2016 saw the end of our Network Leads Program, we are proud to be working with our BCCNA colleagues on the development of Regional Networks that will broaden to include nursing expertise from all nursing designations as well as patients and community stakeholders. Stay tuned in 2017 as we continue to develop this program in collaboration with the BCCNA.

## 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 2016 with special guest speaker Dr. David Byres (Chief Nurse Executive).

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, occupational health nurses, foot care nurses, home care nurses, nurses focused on informatics, Indigenous 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.

## International Outreach

Through 2016/2017 ARNBC was proud to host groups of visitors from China, Japan, the UK and other key destinations. These visits provide an opportunity for ARNBC to share its knowledge of the Canadian healthcare system, with a specific focus on providing the nursing perspective. Visitors have enjoyed office tours, presentations and discussions, not to mention local food and opportunities to network.





## 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, in 2016, ARNBC hired a consulting team to explore the possibilities for developing a strong student/new grad program in British Columbia and conducted a survey of student and new graduates to better understand what they experience as they transition into the profession. The results led ARNBC to hire a full-time Lead to build and expand our student and new grad program (IGNITE). The following are the highlights of this new program which launched in September 2017:

- Launch of IGNITE's Student and New Grad Resource binder which provides students and new grads with a comprehensive guide to nursing in B.C., the role of the association and the resources available to them.
- Launch of ARNBC's Student & New Graduate Community of Practice which provides a forum for the IGNITE community to network, share resources and engage in conversation with peers from across the province.
- SNAP: In addition to our successful CNA SNAP opportunities we expanded the program to include eligibility for students and new graduates to attend select Canadian Nursing Students' Association conferences and BOD meetings.
- Launch of ARNBC's Student Representative Program to support student leadership in B.C.'s schools of nursing and to build awareness of the association's policy and advocacy work.
- School engagement: issues and briefing note workshops, graduate resources and IGNITE program promotion.
- Practicum opportunities for students across the province.
- ARNBC Leadership Awards awarded to 13 BScN and MSN graduating students in 2017 highlighting one outstanding student leader from each graduating cohort.





- New Grad Survey conducted to identify current gaps and potential supports for new graduate transition. The substantial and engaged responses has identified common themes and creative ideas to assist in the development of programs and policy improvement.
- Partnered with key stakeholders to address new grad transition including B.C.'s Chief Nurse Officer, Health Authorities, Nursing Associations and educators.

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 2016/2017 six SNAP opportunities were offered province wide. 194 students entered the competition and eight won the opportunity to travel.

## Student Placements

2016/2017 saw the first students come through ARNBC's doors, eager for a learning experience during their final preceptorship or community placement. ARNBC has welcomed numerous students from Vancouver Community College, Vancouver Island University, Kwantlen Polytechnic Institute, Langara College, the University of Northern British Columbia and the University of Victoria. All of our students have contributed to policy development, research, programming and oversight. We are proud of our student's accomplishments, and look forward to ongoing and continued engagement with schools and students in the future.

## Councils

ARNBC has established a number of key councils and committees which help oversee specific policy areas, provide an important perspective on a specific topic area such as rural and remote health or remind us of the importance of including the patient voice in every aspect of our work. We look forward to adding a number of key policy committees over the next few months as the requests for establishing these high level working committees continue to increase.

### *Nursing Practice Advisory Council*

2016/2017 marks the first full year that the Nursing Practice Advisory Council (NPAC) has been in place. Consisting of 10 direct care RNs and NPs from across B.C., the group has been working on a variety of policy issues to guide the Association's policy and advocacy initiatives. Topics range from student and new graduate retention, integration, support and education to community health, mental health/addiction stigma, care transitions and more.

Committee members include:

Charlie Louie, RN (Chair)	Holly Gale, RN	Melissa Nuttall, RN
Ginny Burns, NP	Pauline James, RN	Jen Siemens, RN
Laura Colley, RN	Janine Lennox, RN	Ruby Tatlock, RN
Eunice Finch, NP		



### *Patient Advisory Council*

Although ARNBC first established the Patient Advisory Council in 2015, the Council was reinvented 2016/2017 and is now a strong and thriving group of patients and caregivers who provide ARNBC with ongoing advice and policy direction. The Council has been instrumental in bringing forward the patient/caregiver voice in all of ARNBC's policy and advocacy initiatives as well as programs and services.

The PAC has supported the development of key resources including:

- Advance care planning resources launched on National Advance Care Planning Day (April 16th).
- #ListeningtoLearn – an initiative which utilizes patient and caregiver stories as a way to inform policy and practice. Accompanied with a toolkit, this initiative is meant to act as a teaching and learning tool for nurses, other health care providers, and individuals involved in health care service delivery to improve patient-centred care.
- Quinn Fowlie Scholarship- In partnership with the Patient Advisory Committee, Justin Johal was awarded the 2016 Quinn Fowlie Scholarship at the Nursing Awards of Excellence last fall.

Members:

Edwina Nearhood (Chair)	Betty Murray	Eva Wadolna
Kix Citton	Anni Rychtera	Sandra Waarne
Teri McGrath		

### **Rural and Remote Policy Table**

In 2016/2017, ARNBC formed the Rural and Remote Policy Table at the request of government. The policy table's mandate is to collaborate with government to identify key rural and remote health issues from a nursing perspective, and discuss and provide solutions. The table also provides government with a mechanism to communicate with rural and remote nurses to identify policy issues and solutions that impact nursing and the health of patients in rural and remote B.C.

In its first year, the policy table has begun building relationships with key rural and remote organizations. The table is looking at issues around scope, education preparation, health human resource planning and is working on a discussion paper to provide policy directions to improve patient centred care through enhancing nursing practice in rural and remote B.C.

Members:

Michael Sandler, RN (Chair)	Martha McLeod, RN	Jen Siemens, RN
Juliet Bullock, RN	Zak Matieschyn, NP	Sarra Smeaton, RN
Damen DeLeenHeer, RN		



## Professional Development

ARNBC supports a number of professional development opportunities for RNs and NPs, and will continue to build this segment of the Association. We are focused on developing the programs and services that nurses want and need, within the context of a professional nursing association, and believe that the professional development programming ARNBC has established fits well with the professional development programs offered by health authorities, the union and others.

### Online Career Resources

ARNBC's online career resources page provides a variety of resources including career advancement information, links to job postings, career assistance, information on specialty nursing, scholarships, bursaries and grants and more. It continues to be a valuable resource for nursing students, practicing nurses, and those considering a career in nursing. This page continues to be updated routinely.

### Webinars:

ARNBC works collaboratively with nurses across the province to develop webinars that speak to the issues and questions our members are interested in. Over the past year, we have held webinars on everything from harm reduction, to LGBTQ2S+ friendly practice, to how to obtain a mortgage, to nursing specialties. Suggestions for webinar topics can be communicated on the ARNBC website and all webinars are archived and available on the website and on the YouTube channel for those who wish to review them after the fact.



### ARNBC Nursing Wiki

2016/17 saw the continued development of ARNBC's Nursing Wiki. The Wiki is an open platform accessible to everyone which provides an opportunity for nurses, patients and other health professionals to engage with and learn from each other. To date there are close to 200 pages of content available and the association will continue to promote this unique resource, develop content and encourage active participation from members and others.



### Liability Protection and Services

2016-2017 saw the first full year of members receiving their professional liability protection through the Canadian Nurses Protective Society (CNPS). Through feedback from nurses across the province, CNPS has provided high-quality liability protection and services ranging from legal advice, assistance with legal proceedings and risk management and education. With increasingly complex and changing practice environments that require legal assistance and advice, such as the introduction of medical assistance in dying, nurses continue to benefit greatly from the services of CNPS.



### Volunteering

To continue to provide opportunities for nurses to engage with ARNBC, we have launched a webpage dedicated to building a database of interested nurses who wish to participate in internal or external volunteer opportunities.



## BCCNA Continuing Education Fund for Nurse Practitioners

In 2016/2017, ARNBC received funding from government to support a continuing education fund for nurse practitioners. The fund has been accessed by numerous NPs in the first two allocations, and individuals have been funded for programs and opportunities ranging from the DNP program to certified medical conferences and ongoing learning opportunities. The fund continues to gain support from NPs across the province, and will continue to be administered as long as funding is available.

The BC Continuing Education Committee currently consists of four NPs appointed by ARNBC and BCNPA:

Justina Doerksen

Nicholas Fitterer

Michelle Sims

Tatijana Dunat





## Policy

ARNBC continues to focus on its five policy priorities which include Aboriginal Health, Community Health, Population Health & Wellness, Seniors Health and Team-Based Care. Under each of these priorities, there are numerous sub-categories which include the key policy initiatives and areas that ARNBC is working on. Content continues to be added to our policy pages, keeping up-to-date with current information and events. Policy briefs, blogs, position statements and other policy resources cover a wide range of topics from mental health and substance use, home health, environmental health to Medical Assistance in Dying and much more. These interactive policy pages provide nurses with the opportunity to provide feedback and shape the Association's policy and advocacy initiatives.

ARNBC continues to stay up-to-date on key issues through our Issues Report Form, forums, one on one interactions with nurses across the province and through a robust media monitoring system.

### Aboriginal Health Statement of Commitment

In 2016/2017 ARNBC developed an Aboriginal Health Statement of Commitment to communicate the ARNBC's intent to continue to reflect on, develop, and refine the approaches we take as a profession, including the resources allocated towards acknowledging and addressing our own cultural humility so that we can effectively contribute to addressing and changing health inequities within British Columbia.

### Collaborations with BCCNA on Policy Priorities

ARNBC is a proud member of the BCCNA, and in collaboration with the four other member organizations, continues to work on policy priorities that impact all nursing designations and all British Columbians. At the top of this list is the current Opioid Crisis.

On December 14th 2016, the BC Coalition of Nursing Associations brought together the nursing profession, other health care providers, policy makers, government, first responders and the community for a morning of dialogue, discussion and planning around the current B.C. opioid crisis. The forum provided numerous actions that can be implemented with the support of B.C.'s nursing organizations. BCCNA continues to work collaboratively with stakeholders on these actions.





On the same day, ARNBC worked with partners, outreach nurses and others to facilitate learning tours, bringing nurses and MLAs to various harm reduction sites in the DTES to learn more about what we could do to support healthcare providers and substance users. We have continued to be engaged with our coffee program, which provides free coffee to individuals working on the DTES.

### Providing a Nursing Perspective

As the professional voice for nursing leadership, policy and practice, ARNBC continues to receive routine requests for consultation. Stakeholders continue to consult ARNBC on a variety of policy and advocacy initiatives. In 2016/2017, ARNBC provided a nursing perspective on documents from various stakeholders such as Doctors of B.C., the College of Pharmacists of B.C., health authorities, community organizations, etc.

### Prison Needle Syringe Program Nursing Coalition

In 2016/2017, ARNBC became part of the PNSP Coalition, which includes the Canadian Association of Nurses in HIV/AIDS Care (CANAC), the Canadian Nurses Association (CNA), and the Registered Nurses' Association of Ontario (RNAO). The Coalition was granted intervener status in an application before the Superior Court of Justice of Ontario for clean needles and syringes to be made available in prisons.





## Communications

### ARNBC Videos

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 2016/2017, we released an update video outlining our current legal challenges and our hopes that these would ultimately be resolved in a collaborative and responsible way.

In the fall, we released a general update video featuring President Zak Matieschyn, and former Executive Director Joy Peacock, along with our usual Christmas greeting. We also were very pleased to have Trish Neufeld of Storybox Movies, agree to fully record and post our December 2016 Opioid Forum. During Nursing Week, Zak Matieschyn (President) and Tania Dick (President-elect) released a fun “Top ten things nurses learn” video to celebrate all nurses in the province.



### Nursing Knows

In collaboration with our partners and colleagues in the BC Coalition of Nursing Associations, 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.





## Public Campaigns

In 2016/2017, ARNBC has focused a great deal of time on building solid relationships with stakeholders and supporting key advocacy campaigns that are mutually important. For example, we endorsed CMHA-BC's B4stage4 platform and have signed on as key supporters in the campaign. We are proud to sit on the B4stage4 advisory committee and contribute to the annual conference which highlights the need for mental health to be considered equally important to primary and acute care.

### *Indigenous Nurses Day*

May 11th, 2017 marked Indigenous Nurses Day celebrating the contributions of Indigenous nurses and traditional knowledge to the health and well-being of Canadians. ARNBC created a page highlighting the day, a letter from the Canadian Indigenous Nurses Association (CINA)'s president to Indigenous Nurses across the country and a statement from our First Nation's Director Laurie Dokis highlighting the long history and contribution of Indigenous Nurses in B.C. In celebration of the day ARNBC also ran a STAND opportunity and featured a passionate Indigenous nurse, Terrace Desnomie, in our "Meet B.C.'s Nurses" campaign.

### *National Aboriginal Day*

ARNBC joined the 2017 National Aboriginal Day festivities by celebrating the rich First Nation's cultures throughout the province. ARNBC created an events page to provide BC nurses with information on festivities occurring across the province, resources to learn more about the communities we live, play and nurse in, and opportunities to build cultural competency as nurses. On the day itself ARNBC staff, students and colleagues attended celebrations on the unceded Musqueam Territory where the ARNBC office is located. We also expanded our coffee program to health and community resource centres that support Indigenous health promotion across Vancouver to thank them for their work and wish everyone a Happy Aboriginal Day!

### *What Matters to You? Day*

In 2016/2017, ARNBC partnered with the BC Patient Safety and Quality Council for the second year in a row – this year on their "What Matters to You?" Day. Our Patient Advisory Committee has been particularly supportive of this campaign that focuses on encouraging meaningful conversations between patients, caregivers, and families and their healthcare providers.



### National Advance Care Planning Day

ARNBC, in collaboration with our Patient Advisory Committee, developed a set of tools for National Advance Care Planning Day on April 16th. This was an opportunity for ARNBC to support patients, families and caregivers in better understanding how to manage the complicated questions that often arise around advance care planning.

### VPD Safe Place

In 2016/2017, ARNBC became a VPD “Safe Place”. This is a program run by the Vancouver Police Department, which identifies businesses within the city that are LGBTQ2S+ friendly and can provide a safe harbor for anyone from this community who feels bullied or endangered and needs a refuge or help. We are proud to be part of this program, and are hoping to work with the VPD to encourage the spread of “Safe Place” to all communities across the province.



## Abstracts and Presentations

The BC Coalition of Nursing Associations, in partnership with B.C.’s three regulatory nursing bodies, was proud to have an abstract accepted to this year’s ICN Congress in Barcelona Spain. Our poster demonstrated the journey that the regulatory bodies are on as they make inroads to becoming One Nursing Regulator in BC. This journey is similarly reflected by the Associations as we have established and moved forward with the BCCNA.

ARNBC also participated in the Canadian Nursing Students Association Western Regional Conference by facilitating a break-out session: Rising Stars; Exploring Innovations in Student and New Graduate Nursing Leadership. The session highlighted existing opportunities for nursing students, explored current barriers and facilitated an innovation think tank to inspire new ways of approaching nursing leadership for students and new grads. The information gathered was shared with other nursing associations, educators and students across the country.

P279wb

## B.C. Associations & Regulators: Working Together for Nurses & Patients

Andrea Barber • Bianca Bull • Cathie Hanson • Corinne Johnson • Kyoung Kim • Zaki Moinichev

### Challenges

- Disproportional numbers in each designation:
  - RNs = 40,000
  - LPNs = 13,000
  - RPNs = 2,500
  - NPs = 400
- Sites and hierarchies in nursing
- Loss of nursing leadership
- Lack of consultation with patients
- Confusing for the Public

### Opportunities

- Board representative of all nursing designations
- One united voice for nursing
- Provide input for policy development
- Seek, engage patient consultation

### The Future

- Solidify One Association
- Professional Association for nursing in B.C.
- Key network with government and stakeholders
- Key influencer in transforming patient care
- Rebuilding nursing leadership
- Strong partnerships and collaboration
- One Nursing Association
- One Nursing Regulator

### THE ROAD TO COLLABORATION

BC Coalition of Nursing Associations



## Website & Social Media

### Website Highlights:

Online mediums are not new, but have continued to increase in importance as people rely on various online platforms not only to facilitate interactions, but for news and information as well. ARNBC has always worked to ensure that we have a robust strategy to support online mediums and dispersed membership. In fact, reaching and engaging with members via these mediums allows us to reach in excess of 50,000 nurses and stakeholders each year. 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.

### Meet BC's Nurses

Many nurses have indicated their interest in learning about their nursing colleagues across the province from all domains of practice, and from every stage of their career. ARNBC continues to profile just some of B.C.'s fantastic nurses each month. We welcome feedback, suggestions and recommendations of nurses who should be featured and even questions you may like us to ask.

### Election Webpage

Our election site contains a comprehensive toolkit developed to help nurses, patients and the public make informed decisions about how to select a candidate that aligns with their nursing values. We encourage all nurses across the province to become active whenever we are facing an election – either federal or provincial – because we recognize that nursing is a political act! The page consists of policy briefs of key issues, questions for candidates, nursing positions, tips for engaging with MLAs, calendar of events, lists of candidates, platforms, etc.





## Interactive Platforms:

### *Communities of Practice*

In 2016/2017, ARNBC's communities of practice increased from two to seven, with the most recent being established in June. Our communities of practice are open to individuals who are interested in discussion and information on a specific topic. Some are specific to RNs and NPs, others welcome anyone who has an interest. ARNBC provides structure and support for each of these communities, but the community itself, and the pages and discussion, are overseen by members.

Our communities of practice include:

- Aboriginal Health Nursing
- Harm Reduction
- Student/New Grad Network
- Contraceptive Management
- Rural and Remote
- Public Health Nursing
- BC Nursing Informatics



Association of Registered Nurses  
of British Columbia

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Communities of Practice

### *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](http://www.arnbc.ca/blog).





*Website stats:*

Month	Users	% New Users	Month	Users	% New Users
June 2016	1904	45%	December 2016	4530	62%
July 2016	1437	65%	January 2017	2652	59%
August 2016	1314	53%	February 2017	2515	60%
September 2016	3058	59%	March 2017	3099	51%
October 2016	3513	64%	April 2017	4682	52%
November 2016	3414	54%	May 2017	9142	65%

*Facebook: 3956 likes*

*Note* - Facebook has become varied in terms of how you can ascertain 'reach'. Reach is a better metric in many ways because it measures those people who may not interact with your page/posts in a direct way. So you can have greater reach than you do likes. Post reach throughout the course of the year is roughly 20,000.



*Klout*

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 4,000 Twitter followers, the Association is regarded as an expert on the topics of nursing and health policy.

Month	Klout Score	Month	Klout Score
June 2016	59	December 2016	61
July 2016	59	January 2017	60
August 2016	58	February 2017	60
September 2016	60	March 2017	60
October 2016	61	April 2017	59
November 2016	60	May 2017	60



## Government Relations

In 2016/2017 ARNBC continued with a robust government relations program that stayed true to our promise that we would “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. 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.

In February 2017, ARNBC participated in its third budget lockup. 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.

### Select Standing Committee

In 2016/2017, ARNBC was invited to update our 2014 submission to the Select Standing Committee on Health, by attending the Committee meeting and sharing new or emerging information on ways to improve the mental health and addiction system, rural and remote health care and primary care. ARNBC is proud to bring the nursing perspective to the important work of the Standing Committee on a number of occasions and considers this an important and effective part of our policy and government relations strategies.





## Partnerships and Stakeholders

### BC Coalition of Nursing Associations

Our most important partnership throughout 2016/2017 has been with our fellow professional associations in British Columbia. 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 2016/2017, the Coalition focused on future planning and identified a number of opportunities to engage in important policy directives.



The Coalition also hosted its second intraprofessional nursing policy forum in July 2016. This time we asked individuals to think about what nursing could look like in 2025, and how changes coming (political, legislative, technological, etc.) might change and influence the future of the profession. It was a lively and sometimes challenging discussion that reminded many of the importance of the human touch in nursing, and that despite the many changes that go on around us, the profession is of vital importance to the health and well-being of Canada.

ARNBC highly values the Coalition and the strong relationships that have been established between the five groups. In 2016/2017, we not only formalized under the Societies Act, but we also signed an MOU, which has allowed more flexibility in how the Coalition conducts business, and helps to ensure that the goodwill, collaboration and trust are supported and enabled to continue.

### College of Registered Nurses of BC (CRNBC)

While most of the advocacy and professional practice programs have now transitioned from CRNBC to ARNBC, our relationship with the College remains strong. CRNBC and ARNBC meet regularly to discuss key issues that impact the profession and to collaborate on strategic planning as we move towards a new framework for nursing in the province.



### The Registered Nurses Foundation of BC (RNFBC)

ARNBC has an agreement with RNFBC, which provides them with 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. We were particularly proud to support the Foundations first ever Annual Nurses Appreciation Lunch.





## CNA

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. The ARNBC President has held a position on the CNA Board of Directors for the last six years. In 2016/2017, the ARNBC president also served on the Governance and Leadership Committee. CNA President Barb Shellian has demonstrated her support for the work of ARNBC by attending our AGM and in December 2016, our Opioid Forum. We also provide opportunities for ARNBC members to attend the AGM or Biennium as full voting delegates.



CANADIAN  
NURSES  
ASSOCIATION

ARNBC has had great success on the national stage at the 2016 and 2017 CNA AGM and Biennium meetings. In 2016 in Saint John, New Brunswick, ARNBC had two abstracts accepted for presentation:

- B.C.'s nursing associations working together to make history (Panel Presentation with BCCNA)
- Advancing Aboriginal health nursing through focused association activities (Pecha Kucha)

At the 2017 CNA AGM, ARNBC submitted four resolutions, all of which passed with great support from delegates. The four resolutions were:

- Supporting Nursing Collaboration in Canada Through National Leadership
- Studying Implications and Developing Nursing Tools to Support Medical Assistance in Dying (MAID)
- Advocating for Increased Access to Injectable Opioid Agonist Therapy Across Canada
- Advocating for the Decriminalization of Drugs Across Canada

## 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 a poster at the 2017 ICN Congress in Barcelona and attended the first ever Global Association of Student and Novice Nurses AGM which was started by a group of passionate Canadian nursing students.



## 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 6,500 nurses have signed up for the perks program.





## Committees

In 2016/2017, the Board of Directors, staff and ARNBC members contributed to specific activities through participation in committees and working groups. New committees were established in 2016/2017 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/Andrea Burton, 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
- Sherri Kensall, RN
- Zak Matieschyn, NP
- Shelby Thiessen, Accountant, Ex Officio
- Joy Peacock, RN/ Andrea Burton, 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*

- Damen DeLeenheer, RN (Chair)
- Tania Dick, RN
- Lenore DuGas, RN (retired)
- Kennedie Maidment -associate member
- Julie Odynak, RN
- Tanya Sanders, RN
- Ann Vosilla, RN
- Andrea Burton, Executive Director, Ex Officio

The Awards Committee is responsible for recommending recipients of the ARNBC Recognition Awards, overseeing nominations for the ARNBC and Canadian Nurses Association Memorial Books and helping determine external awards. Additionally, the Committee establishes the nomination procedures and provides recommendations to the Board pertaining to Award/Nomination policies. In 2016/2017 the Committee also had the privilege of adjudicating applications for B.C.'s 25 top nurse leaders – an endeavor that will be shared with Canada by the CNA in conjunction with Canada's 150th birthday in the summer of 2017.

In 2016 ARNBC presented awards in the following categories (for full biographical information and pictures from the Gala Awards event, please visit [www.arnbc.ca/awards-and-recognition/awards/previous-recipients](http://www.arnbc.ca/awards-and-recognition/awards/previous-recipients)):

Excellence in Nursing Administration

Excellence in Advancing Nursing Knowledge & Research

Excellence in Nursing Advocacy

Excellence in Nursing Education

Innovation in Nursing Rising Star

Excellence in Nursing Practice

ARNBC Outstanding Student Intern Recognition Award

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](http://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. In 2016, the Quinn Fowlie Scholarship was awarded to Justin Johal.

The ARNBC Awards Committee is looking forward to celebrating nursing excellence in B.C. through the 2017 Awards program.

## Nominations Committee

The 2016/2017 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 2016/2017 Committee was also responsible for establishing new processes, overseeing a new 'AGM/Elections' website, and managing candidate campaign practices and elections policy.

### *Nominations Committee*

- Sherri Kensall, RN (Chair)
- Sara Hosseina, NP
- Ludmilla Krapchan, RN
- Carl Meadows, RN
- Jennifer Stephens, RN
- Andrea Burton, Executive Director, Ex Officio



## 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.



Association of Registered Nurses  
of British Columbia

# Financial Statements



Association of Registered Nurses  
of British Columbia



**ASSOCIATION OF REGISTERED  
NURSES OF BRITISH COLUMBIA**

**Financial Statements  
December 31, 2016**

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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, 2016 and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

#### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian 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, 2016, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.



**Report on Other Legal and Regulatory Requirements**

As required by the *Societies Act* (British Columbia), we report that, in our opinion, the principles in Canadian accounting standards for not-for-profit organizations have been applied on a basis consistent with that of the preceding year.

Chartered Professional Accountants

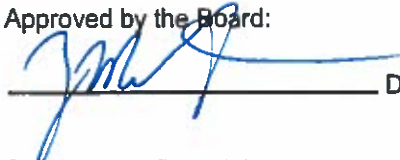
Vancouver, British Columbia  
April 7, 2017

**ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA**  
**Statement of Financial Position**  
**December 31**

	2016	2015
<b>Assets</b>		
<b>Current</b>		
Cash	\$ 236,927	\$ 65,705
Term deposits	388,193	202,544
Accounts receivable	6,816	7,967
Prepaid expenses	18,816	13,951
	650,752	290,167
<b>Capital Assets, net (note 4)</b>	<b>39,457</b>	<b>28,917</b>
	<b>\$ 690,209</b>	<b>\$ 319,084</b>
<b>Liabilities</b>		
<b>Current</b>		
Accounts payable and accrued liabilities (note 7)	\$ 77,167	\$ 59,823
Due to Canadian Nurses Association (note 9)	81,757	81,198
Deferred revenue (note 6)	348,508	230,251
	507,432	371,272
<b>Net Assets</b>		
<b>Invested in Capital Assets</b>	<b>39,457</b>	<b>28,917</b>
<b>Unrestricted</b>	<b>143,320</b>	<b>(81,105)</b>
	<b>182,777</b>	<b>(52,188)</b>
	<b>\$ 690,209</b>	<b>\$ 319,084</b>

Commitment and Contingent  
 Liabilities (notes 5 and 10)

Approved by the Board:

 Director

 Director

See notes to financial statements.

**ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA**  
**Statement of Operations**

	Year Ended December 31, 2016	Nine-Month Period Ended December 31, 2015
<b>Revenues</b>		
Membership dues	\$ 1,522,731	\$ 1,081,398
Sponsorship and other	136,506	22,008
Insurance management fees	98,333	67,500
Rental and administration	10,612	10,114
Interest	8,982	3,261
	<b>1,777,164</b>	<b>1,184,281</b>
<b>Expenses</b>		
Staffing	589,178	510,813
Occupancy	203,559	115,836
Engagement	193,214	119,745
Office	110,313	55,825
Insurance, litigation and legal support	99,941	101,230
Communications	85,917	60,363
National and international relations	51,675	28,653
Governance	47,681	97,599
Awards	47,290	26,651
Annual General Meeting	33,259	79,496
Professional practice support	25,655	26,303
Information systems	22,710	20,428
Financial administration	16,785	14,983
Human resources	8,471	35,878
Government relations	6,551	3,739
	<b>1,542,199</b>	<b>1,297,542</b>
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>\$ 234,965</b>	<b>\$ (113,261)</b>

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

	Invested in Capital Assets	Unrestricted	Year Ended December 31, 2016	Nine-Month Period Ended December 31, 2015
<b>Balance, Beginning of Period</b>	\$ 28,917	\$ (81,105)	\$ (52,188)	\$ 61,073
Excess (deficiency) of revenues over expenses for period	0	234,965	234,965	(113,261)
Capital asset additions	26,123	(26,123)	0	0
Amortization of capital assets	(15,583)	15,583	0	0
	10,540	224,425	234,965	(113,261)
<b>Balance, End of Period</b>	<b>\$ 39,457</b>	<b>\$ 143,320</b>	<b>\$ 182,777</b>	<b>\$ (52,188)</b>

**ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA**  
**Statement of Cash Flows**

	Year Ended December 31 2016	Nine-Month Period Ended December 31 2015
<b>Operating Activities</b>		
Excess (deficiency) of revenues over expenses	\$ 234,965	\$ (113,261)
Item not involving cash		
Amortization	15,583	10,565
	250,548	(102,696)
Changes in non-cash working capital		
Accounts receivable	1,151	110,768
Prepaid expenses	(4,865)	35,465
Accounts payable, accrued liabilities and due to Canadian Nurses Association	17,903	67,190
Deferred revenue	118,257	(1,089,269)
	132,446	(875,846)
<b>Cash Provided by (Used in) Operating Activities</b>	382,994	(978,542)
<b>Investing Activity</b>		
Purchase of capital assets	(26,123)	(14,596)
<b>Inflow (Outflow) of Cash</b>	356,871	(993,138)
<b>Cash, Beginning of Period</b>	268,249	1,261,387
<b>Cash, End of Period</b>	\$ 625,120	\$ 268,249
<b>Represented by:</b>		
Cash	\$ 236,927	\$ 65,705
Term deposits	388,193	202,544
	\$ 625,120	\$ 268,249

# ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA

## Notes to Financial Statements

Year Ended December 31, 2016

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### 1. OPERATIONS

The Association of Registered Nurses of British Columbia (the "Association" or "ARNBC") 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 section 149(1)(l) of the *Income Tax Act*.

### 2. SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Association were prepared in accordance with Canadian accounting standards for not-for-profit organizations ("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 in which they are earned.

Interest income is recognized as it is earned in accordance with the terms of the instrument.

(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.

## ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA

### Notes to Financial Statements

Year Ended December 31, 2016

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#### 2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

(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 amortized 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.

#### 3. 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 and accrued liabilities. Cash flow from operations is budgeted to provide satisfactory resources to meet the Association's cash requirements.

# ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA

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## 3. FINANCIAL INSTRUMENTS (Continued)

### (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.

## 4. CAPITAL ASSETS

	Cost	Accumulated Amortization	2016	2015
Furniture and equipment	\$ 48,271	\$ 14,966	\$ 33,305	\$ 15,581
Computer equipment	25,871	19,719	6,152	13,336
	\$ 74,142	\$ 34,685	\$ 39,457	\$ 28,917

Included in office is amortization of \$15,583 (2015 - \$10,565).

## 5. COMMITMENT

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

2017	\$ 204,498
2018	204,498
2019	204,498
2020	17,042
	\$ 630,536

## 6. DEFERRED REVENUE

	Balance, December 31, 2015	Deposits Received	Recognized as Revenue	Balance, December 31, 2016
Deferred revenue	\$ 230,251	\$ 1,640,988	\$ 1,522,731	\$ 348,508

## 7. GOVERNMENT REMITTANCES

Included in accounts payable and accrued liabilities are government remittances payable of \$11,993 (2015 - \$270).

## 8. 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.

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**9. 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.

**10. CONTINGENT LIABILITIES**

In 2013, the British Columbia Nurses' Union initiated a civil claim against the Association challenging the College of Registered Nurses of British Columbia's ("CRNBC") authority to have made a \$1,500,000 grant to the Association. This matter is ongoing and the eventual outcome and an estimate of loss, if any, is not determinable.

In 2015, the Association received a petition from Michelle Sordal and Liz Ilczasyn, both members, alleging ARNBC acted contrary to its bylaws. This matter is at an early stage of what may be a long process. The eventual outcome and an estimate of loss, if any, is not determinable.

In April 2017, the Association received a petition from Michelle Sordal, a member, alleging ARNBC did not have legal authority to collect member dues in 2015, 2016 and 2017, and challenging the legal authority of the fee collection agreement with CRNBC. This most recent legal action is at the beginning of what is expected to be a long process and the outcome or an estimate of loss, if any, is not determinable.

While the ARNBC recognizes the rights of individual nurses to follow their conscience and seek legal remedies when necessary, the Association believes that all three current lawsuits reflect the intentions of a much larger organized effort by British Columbia Nurses' Union to discredit the ARNBC with the pursuit of these actions.

**11. REMUNERATION OF DIRECTORS, EMPLOYEES AND CONTRACTORS**

During the year, the Association paid two employees and a contractor earning in excess of \$75,000, total remuneration of \$283,333 (2015 - \$319,150). The Society does not provide remuneration to its Board of Directors.