CANADIAN NURSES ASSOCIATION

2013 ANNUAL REPORT

ON THE FRONT COVER (CLOCKWISE FROM LEFT):

(1) Vancouver ER nurse Landon Graham James got involved in his nursing specialty group, the National Emergency Nurses' Affiliation, early in his career.
(2) RNs took their solutions to Parliament Hill: Sean Secord, Yukon Registered Nurses Association president; Anne Sutherland Boal, then-incoming CEO of CNA; Carly Whitmore, Canadian Nursing Students' Association president; and Barb Mildon, CNA president.
(3) Barbara Willson of the College of Registered Nurses of British Columbia participated with others in a roundtable discussion about options for enhancing scope of practice.
(4) Ottawa RN Luc Cormier explained to CNA's CEO, Rachel Bard, the many services RNs provide at supervised injection sites.
(5) Nursing professor Sandra Bassendowski demonstrated NurseONE.ca to students at the University of Saskatchewan's college of nursing.

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This annual report has been prepared by CNA to provide information on activities undertaken by the association in the pursuit of its mission, vision and goals.

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Barb Mildon, RN, PhD, CHE, CCHN(C)
Chair and President

A MESSAGE FROM THE CANADIAN NURSES ASSOCIATION BOARD OF DIRECTORS

DEAR MEMBERS, COLLEAGUES AND STAKEHOLDERS,

On behalf of CNA's board of directors, I am very pleased to present this 2013 annual report and to share our reflections on the past year.

The pages ahead demonstrate CNA in action on behalf of our more than 150,000 RN members as we enact our mission to contribute to the health of Canadians, advance the nursing profession and strengthen the Canadian health-care system.

The initiatives and outcomes profiled in this report were guided and supported by CNA's board of directors. As chair, I am privileged to work alongside 18 enthusiastic, knowledgeable and deeply committed board members. Drawn from across Canada, the group is diverse: RNs practising in an array of roles and domains, representatives from specialty nursing groups, a student leader representing the student voice, and public members with a keen interest in nursing and health care. It was our individual and collective privilege to work together to strengthen, support and sustain CNA over this past year.

One of the major milestones for the board was overseeing the progress of several distinct projects to bring the National Expert Commission recommendations to life. This report details the concrete outcomes realized, including achieving consensus on Canada's top five priority health-improvement indicators and hosting a national summit on the future of nursing education. We believe these projects will result in meaningful change for the profession, for Canadians and for the health-care system.

Drawing greater attention to the social determinants of health has long been a priority for our profession. As such, the CNA board of directors approved a position statement on the importance of addressing social determinants and reducing health inequities. In addition, we endorsed calls for the federal government to reduce poverty, address homelessness and inadequate housing, and reinstate health benefits for refugees. One of our proudest moments as a board was marching to Parliament Hill in June — CNA banner front and centre — as we participated in the national day of action on reinstating refugee health benefits.

Within CNA, the past year required our board of directors to navigate challenging legislative and policy changes in Manitoba and Ontario, along with their associated implications for CNA and its members. CNA's board also worked diligently to bring our membership classes and bylaws in line with the new *Canada Not-for-profit Corporations Act*, so that we're ready for its October 2014 deadline. As we advanced these required governance changes, the board appreciated the active engagement of our members.

I hope you enjoy the year in review presented in this annual report. My colleagues and I extend sincere thanks to each of you — our jurisdictional members, RNs across the country, and our many partners and stakeholders. Your ideas, encouragement and engagement have informed and inspired us as we advanced CNA's mission. We will continue to raise the voice of nurses on issues of importance to our profession, and to communities, patients and families, while promoting and supporting a strong, resilient and dynamic CNA for the nurses of today and tomorrow.

Yours in nursing,

Barb Mildon, RN, PhD, CHE, CCHN(C)
Chair and President

One of the major milestones for the board was overseeing the progress of several distinct projects to bring the National Expert Commission recommendations to life.

NEW AND NOTEWORTHY

ANSWERING THE COMMISSION'S CALL TO ACTION

We stepped into 2013 by continuing to answer the 2012 call of CNA's National Expert Commission to take action on improving the health-care system and the health of all Canadians. In the pages ahead, you'll read about key projects CNA undertook to bring to life the recommendations in the Commission's final report, *A Nursing Call to Action*.

COLLABORATING WITH PREMIERS AND PROVIDERS

CNA continued to be active on the Council of the Federation's health-care innovation working group, which we joined in 2012 at the request of the country's premiers. Alongside colleagues from the Canadian Medical Association and the Health Action Lobby (HEAL), we worked with provincial/territorial governments, health-care providers and our members to identify local health-care innovations that could be transformed into national solutions.

Prior to the council's summer meeting in July, we met with the Saskatchewan and P.E.I. premiers to discuss the working group's progress and the importance of investing in it further to accelerate health-care transformation. Afterwards, the Council of the Federation announced it would commit to a new three-year mandate for the working group. In the new mandate, the working group began focusing on strengthening seniors care, enhancing appropriateness of care and developing strategies to reduce pharmaceutical drug costs.

ON A GOVERNANCE JOURNEY

In response to rules set out in the new *Canada Not-for-profit Corporations Act* (NFP Act), CNA's president and board of directors addressed the required changes to our bylaws, board composition and membership classes to ensure compliance by October 2014. In the spring and summer of 2013, CNA leaders shared proposed changes with members at their AGMs and council meetings and, after member feedback and modifications were incorporated, presented several motions to our voting delegates at CNA's June annual meeting.

For the first time, we webcasted our annual meeting live, allowing members to join the discussion on CNA's future structure.

MEMBERS WEIGH IN

Many members at the annual meeting, whether participating in person or via live webcast, were vocal about their vision for nursing as a united profession that makes makes maximum contributions to a strong and sustainable health-care system. Members also took the opportunity to publicly debate motions on some of CNA's foundational elements. For instance, they engaged in spirited discussions on whether to open up CNA's membership and erupted in cheers when the Canadian Nursing Students' Association was approved as a voting membership class.

One of the motions our members voted on was the following framework with respect to our membership classes:

1. Provincial/territorial jurisdictions — carried
2. Canadian Nursing Students' Association (CNSA) — carried
3. Canadian Network of Nursing Specialties — carried
4. Canadian Association of Schools of Nursing (CASN) — defeated
5. Family of nursing:
    - Nurse emeritus group — carried
    - Independent nurses group (those not affiliated with a provincial or territorial nursing association or college) — carried
    - Registered psychiatric nurses group — defeated
    - Licensed practical nurses group — defeated

Other motions voted on included:

- Two proposed models for CNA's board structure, in which an all-jurisdictional model was chosen
- Selecting the voting rights for proposed new membership classes — defeated

As a followup to these results, CNA planned to host a special meeting of members in January 2014 to present new voting rights models and amendments to existing bylaws on majority voting.

A FOND FAREWELL TO OUR CEO

At CNA's annual meeting in June, Rachel Bard announced her plan to retire in December. Her decision capped a remarkable 42-year career of service to the nursing profession, including five as CNA's CEO and two as our president (1996-1998). In a parting interview with *Canadian Nurse* (November 2013), Rachel said she was especially proud that many National Expert Commission recommendations were being put into action to influence change in health and health care. As a former mental health nurse, she was also pleased with CNA's collaboration with the Mental Health Commission of Canada and others, which helped demystify mental illness and encourage workplace wellness.

President-elect Karima Velji addressed members attending CNA's annual meeting in Ottawa.

CEO Rachel Bard pledged CNA's support for mental health.

Incoming CEO Anne Sutherland Boal with Health Minister Rona Ambrose during CNA's annual Hill Day reception.

In mid-December, CNA welcomed Anne Sutherland Boal as our new CEO. Anne had been CNA's chief operating officer since 2010. An RN with 40 years' experience in progressively senior positions, Anne brings a strong nursing and health policy background to her new role at CNA. Before joining CNA, she served in key senior administrative positions in Ontario, Alberta, British Columbia and in China, often being recruited for her ability as a builder and a connector and for driving forward agendas for better patient care. Anne was integral as a leader in British Columbia's health sector with roles such as chief nurse executive and assistant deputy minister in the Ministry of Health.

"Our strength is in your knowledge, skill and influence. With over 150,000 members, CNA is a powerful, unified voice for Canada's registered nurses."

– CNA member booklet, distributed in November 2013

ENGAGING AND CONNECTING WITH OUR MEMBERS

We actively reach out and interact with the RNs of Canada, listening to their perspectives and helping them connect with one another.

ENGAGING WITH SPECIALTY NURSING GROUPS

CNA's Canadian Network of Nursing Specialties, a group of 44 national associations in specialized areas of nursing, is integral to our organization. The network includes aboriginal health nurses, operating room nurses, occupational health nurses, legal nurse consultants and many others. In 2013, the network represented 51,078 RNs and nursing students (see the full list on page 28).

Because of the strong, credible, knowledgeable voice of the specialty nursing groups in the network, CNA is being heard by leaders and decision-makers more than ever. For instance, together with the Canadian Association of Nurses in AIDS Care, the Canadian Association of Nurses in Oncology and the Canadian Council of Cardiovascular Nurses (CCCN) we urged the federal health minister to consult health-care providers and Canadians before considering any decisions to expand for-profit blood and plasma donations. Following this public outcry from nurses and others, the federal government agreed to hold public consultations on the matter (a decision on for-profit donations has yet to be made).

In addition, working with an expert nurse-leader from CCCN, we made recommendations to the Senate committee on social affairs, science and technology for improving the patient safety, reporting requirements and administration of a proposed bill on an implanted medical devices registry. While that bill did not proceed, many of our recommendations are being reviewed by Health Canada. We also applauded the federal government's new patient safety legislation, Bill C-17, for its new powers on mandatory reporting of patient safety incidents and stronger consumer protections.

RN Charlotte Kusugak Zawadski of Nunavut, who's featured in our member booklet, says "I look at myself as someone who had a dream — and just went for it."

RN Corey Banks of Newfoundland and Labrador, a specialist in transport nursing, is another member who's featured in our member booklet.

Our 2013 booklet highlights the products and services CNA offers its members.

At #CNAagm nurses across Canada speaking about the need for a strong national voice. @canadanurses provides this. We all need to be members."

- Tweet from @_HOBIC during the CNA annual meeting

***112%** = increase in Twitter followers from 2012 to 2013*

NETWORK RECEIVES INTERNATIONAL RECOGNITION

The International Council of Nurses recognized CNA's efforts to build and enhance our Canadian Network of Nursing Specialties by selecting us as second runner-up for the 2013 National Nursing Association Innovation Award.

While attending the ICN quadrennial congress in Australia in May, Barb Mildon, CNA president, and Claire Betker, a network representative on CNA's board, accepted this meaningful award.

DEFINING THE BENEFITS OF CNA MEMBERSHIP

Equipped with the results of our 2012 member and student surveys, we started 2013 with greater insight into our current and future members' wants, needs and expectations. Our goal was to inform members of all the tools, resources, products and services CNA offers. We also wanted to emphasize that members are at the core of CNA — that we make a difference together. So, using valuable input from our jurisdictions, we fulfilled both goals by creating a CNA member booklet. Featuring members' quotes and photos, the booklet clearly defines who we are, what we offer and who we serve. CNA included the booklet when we sent members their November edition of *Canadian Nurse*.

MEMBERS GET INVOLVED, ADD THEIR VOICE

Social media activities are an integral part of CNA. In 2013 we surpassed 6,000 followers on both Facebook and Twitter, which also saw a record 2,200 retweets. In these two-way communications, we engaged with our members, promoted our products and services, and kept followers abreast of health-care-related issues. Through social media we asked RNs to share stories of leading change in their workplace, express opinions on one TV network's portrayal of nurses and demand changes on issues like the federal government's legislation on supervised injection services.

Our members also took political action by responding to CNA's Nursing Matters Action Alerts, which asked RNs to write to elected officials or sign petitions. Issues RNs responded to included increased funding for affordable housing, measures to reduce sodium in processed foods, better protection of refugee health-care benefits and support for harm reduction programs. It was our unified voice that gave force to CNA's advocacy efforts.

EVOLVING RELATIONSHIPS

CNA managed several matters related to jurisdictional membership this year. New legislation governing health professionals in Manitoba, for instance, meant that our jurisdictional member, the College of Registered Nurses of Manitoba (CRNM), had to redefine its relationship with CNA. As a result, the CNA board of directors worked collaboratively with CRNM and successfully found ways to ensure a continued and cohesive relationship between CNA, CRNM and the nurses of Manitoba. Another issue was a decision by the Registered Nurses' Association of Ontario (RNAO) to make CNA membership voluntary rather than universal, starting with its 2014-2015 membership year. Throughout 2013, we continued to engage with RNAO in discussing this important matter.

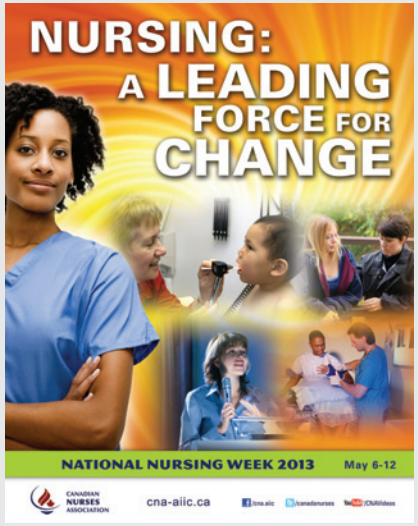
ANNUAL MEETING: MEMBERS DISCUSS CNA's FUTURE

CNA's 2013 annual meeting was significant on several fronts. Besides hearing about the association's activities and achievements, members were called upon to discuss and vote on the future structure of CNA, including the makeup of our membership classes and board of directors. Another first was giving members who were unable to attend the meeting the chance to participate via live webcast.

NATIONAL NURSING WEEK

Held each year during the week of May 12 (Florence Nightingale's birthday), National Nursing Week shines a special spotlight on the profession. This year, CNA asked our jurisdictional members to tell us about nurse visionaries, nursing organizations and care settings that best illustrated our National Nursing Week theme, Nursing: A Leading Force for Change. The stellar examples we received and shared through our website and social media included RNs who are pioneering patient care, influencing social change, leading research and contributing solutions on key health and policy issues.

Members, including RN Sally Thorne of B.C., spoke passionately at our annual meeting about the profession and the future needs of CNA.



The 2013 National Nursing Week poster.

Queen Elizabeth II Diamond Jubilee Medal recipients from across the country were selected by provincial/territorial nursing colleges and associations.

CELEBRATING EXEMPLARY RNs

On March 5, CNA hosted a special ceremony in Ottawa to present Queen Elizabeth II Diamond Jubilee medals to 30 exemplary RNs from across the country. The medals honour Canadians who have dedicated themselves to the service of their fellow citizens, their community and their country. The office of the Governor General provided the medals and we asked our jurisdictional members to nominate deserving RNs. CNA's president, CEO, board of directors, and the federal health minister at the time, Leona Aglukkaq, acknowledged the recipients for the leadership, commitment and passion they bring to the nursing profession. The names and biographies of the recipients are available on the awards section of CNA's website.

CNA MEMBER SPOTLIGHT

LANDON GRAHAM JAMES, RN

STRENGTH IN NUMBERS

Landon Graham James began his career early as an ER nurse, and his strong interest in emergency nursing eventually saw him lead the medical services at the athletes' villages during the Vancouver 2010 Olympic and Paralympic Winter Games — one milestone among many in his career. Landon also got involved early on in the National Emergency Nurses' Affiliation of Canada (NENA), first by volunteering on the education subcommittee and later by serving as president-elect and president. During his presidency, Landon represented ER nurses in Canada through the H1N1 pandemic. Today, he continues to tell nurses about the value of being part of that specialty group:

"I tell them that there is strength in numbers. This was very apparent during the H1N1 pandemic in 2009 when we were able to represent our members to government and industry. There was strength in stating that NENA was representing a certain number of emergency nurses with concerns. The bedside nurse may not see the effect of membership every day, but being a number in the larger system is what effects change on a larger scale."

In March 2013, CNA proudly presented Landon with one of 30 Queen Elizabeth II Diamond Jubilee medals for outstanding contributions to nursing and health care.

SUPPORTING RNs IN THEIR PRACTICE

We help RNs stay on top of the ever-changing world of health care by providing a vast array of knowledge, resources and professional development tools.

SHOWING YOU 'CARE TO BE THE BEST'

Now in its 22nd year, the CNA Certification Program — Canada's only national, nursing specialty credentialing program — is stronger than ever. As of December 2013, more than 17,700 RNs had earned or renewed their certification in 19 areas of nursing practice. To help mark this success, the certification team gave the program a fresh look and slogan: Care to Be the Best! We think the slogan captures the extra mile CNA-certified nurses are going to become qualified, competent and current in their specialty. In the spring, CNA presented the Employer Recognition Award to the Princess Margaret Cancer Centre in Toronto for continuing to strive toward having 100 per cent of its RN staff obtain CNA specialty certification in oncology. The certification team also worked with the National Association of PeriAnesthesia Nurses of Canada in developing the exam for our 20th specialty, perianesthesia nursing, which will be offered in 2014.

NURSEONE.CA

We know it's important for nurses to have relevant and credible information. That's why one of the major benefits of CNA membership is having free access to the multiple nursing and health-care resources on NurseONE.ca.

INFORMATION

NurseONE.ca subscribers were busy in 2013 accessing knowledge resources like e-books, databases and specialty libraries, along with monthly webliographies and quarterly knowledge features on topics such as immunization for health-care workers, chronic pain, social determinants of health, unregulated health workers and end-of-life care.

EDUCATION

NurseONE.ca also offered 140 accredited continuing education courses designed for competence and career development. Created by nurses for nurses, these courses focused on leadership, patient safety, infection control, clinical practice and other topics.

Princess Margaret Cancer Centre nursing executives proudly accepted the Employer Recognition Award from CNA on May 9. Attending the event were (left to right): Pamela Savage, senior nursing professional practice leader; Leslie Anne Patry, CNA manager of certification and credentialing; Karima Velji, CNA president-elect; Joy Richards, vice-president of health professions and chief nurse executive; and Barbara Fitzgerald, director of nursing.

"With over 20 years of history and 20 specialties/areas of nursing practice, our certification program is a point of pride for us."

- CEO Rachel Bard, @CNA newsletter, April 2013

Canadian Nurse's October cover story featured Hazel Booth, the first NP registered to practise in Yukon.

PROGRESS IN PRACTICE WEBINAR SERIES

Whether it was to become more informed about aboriginal health issues, meeting clients' end-of-life needs or building an interprofessional team, more than 3,800 people registered for CNA's Webinar Series: Progress in Practice in 2013. To develop the series, we called on the expertise of RNs from a broad range of nursing domains and specialties through the Canadian Network of Nursing Specialties. These highly engaged members helped to select topics, provide content and serve as presenters for the webinars.

CANADIAN NURSE: A MUST-READ

In 2013 we received more feedback from our readers than ever, showing that *Canadian Nurse* remains vibrant 108 years after it began.

We packed the pages with thought-provoking content, including a six-part series that looked critically at hospital infrastructure and services and articles with straight talk on the state of the profession from well-known speaker Barb Fry. Experts wrote columns on current workplace challenges, like intergenerational conflict, the warning signs of violence, using your own mobile device at work and running an effective flu immunization campaign.

We also addressed social justice issues by examining Canada's rising prevalence of food insecurity and featuring profiles of nurses who work with homeless clients.

Are nurses obligated to be role models for good health? Should we be supporting intimacy in long-term care facilities? Is there a serious disconnect between nursing education and practice? These are just some of the *Canadian Nurse* topics in 2013 that sparked vigorous debate.

__78%__ read all or most of the issues of Canadian Nurse. *__71%__ are satisfied or very satisfied with* Canadian Nurse.

-2013 readership survey

Canadian Nurse *is by far the most-used benefit of membership, with an __88%__ uptake.*

-2012 CNA members survey

JOINING THE PROFESSION

Three times annually, CNA administers the Canadian Registered Nurse Examination, an exam which ensures that all registered nurses intending to practise in any jurisdiction in Canada (except in Quebec) meet a common standard. In 2013, a total of 12,097 exam writers sat for the CRNE. Of these, 84.4% were educated in Canada and 15.2% were educated internationally.

CNA also administers the Canadian Nurse Practitioner Exam — Family All Ages, which ensures that entry-level nurse practitioners working in the family/all ages context possess the competencies required to practise safely and effectively. Two exam sittings took place in 2013, with a total of 262 writers.

"That conversation changed how I had traditionally thought about required resources for students."

- Professor Sandra Bassendowski, University of Saskatchewan's college of nursing

CNA MEMBER SPOTLIGHT

SANDRA BASSENDOWSKI, RN

CHANGING THE CLASSROOM

While attending CNA's 2006 biennial convention in Saskatoon, nursing professor Sandra Bassendowski was present at the launch of NurseONE.ca. CNA unveiled the website as *the* central online resource repository for nurses. Sandra, who teaches at the University of Saskatchewan's college of nursing, describes it as the major impetus for changing her teaching style to benefit her students. She phoned CNA the following week to ask how students could access it:

"That conversation changed how I had traditionally thought about required resources for students. I moved to a paperless classroom in 2007 and used NurseONE.ca as the site for required resources for both my undergraduate and graduate students."

Fortunately for CNA, the professor has been an ambassador for NurseONE.ca ever since. In one course assignment, she asked students to complete the website's learning modules on Bringing the Code of Ethics to Life. She also continues to use NurseONE.ca databases for current information on topics she teaches such as the social determinants of health, environmental sustainability and elder abuse. And this year, Sandra was part of a magazine advertorial series aimed at showing the benefits of NurseONE.ca to more nurses and nursing students.

Canada's Top 5 in 5: Building National Consensus on Priority Health-improvement Indicators was released in the fall.

INFLUENCING HEALTHY PUBLIC POLICY

CNA is a key participant on federal and provincial committees, coalitions and roundtables, where we optimize the expertise and perspectives of Canadian nursing to help shape public policy on various issues.

TIME TO MAKE HEALTH COUNT

Canada has slipped steadily and markedly in international rankings on a number of critical population health-status and system-performance indicators, despite our investments in health care. CNA's National Expert Commission was particularly concerned about the implications of these declines in the health of Canadians and their return on health-care spending. Consequently, in its 2012 report the Commission's lead recommendation was that Canada aim to be in the top five nations on five key health-status indicators in five years — by 2017 — Canada's 150th birthday.

Taking up this recommendation, CNA launched its Top 5 in 5 initiative: to identify five priority health-status and system performance indicators that are clear, measurable and would advance nursing-sensitive outcomes.

The project of determining these indicators, which brought together 32 experts from across the health system at a consensus meeting in June, was informed by an extensive literature review. The meeting resulted in broad agreement that Canada should work toward the following five priority health status and system goals:

1. Increase the percentage of primary care practices offering after-hours care.

2. Increase chronic disease case management and navigational capacity in primary care.

3. Increase Canadians' access to electronic health information and services.

4. Decrease hospital admissions for uncontrolled diabetes-related conditions.

5. Decrease the prevalence of childhood obesity.

Many corners of the health sector — regional health authorities, national associations representing health-care professionals and not-for-profit agencies, among others — have endorsed these goals, demonstrating a willingness by various stakeholders to work together in making the Top 5 in 5 a reality.

PUSHING FOR A NEW COMMISSION ON SENIORS CARE

Given that the number of Canadians over the age of 65 is expected to double by 2036, CNA pressed the federal government to act now on seniors care.

Our recommendation to the House of Commons finance committee was that the government create a 10-year aging and seniors care collaborative, modelled on the successful Mental Health Commission of Canada. Such a commission will help ensure that seniors age with dignity and with the care they need. On CNA's annual Hill Day, our board of directors met with more than 40 members of Parliament and senators to reassert our proposal.

LET'S PUT HEALTH IN ALL POLICIES

A person's health is heavily influenced by factors outside the health-care system, including income, housing and the environment. That's why the National Expert Commission recommended that CNA "urge governments to integrate health in all policies." The belief is that all public policies, programs and laws, regardless of their direct relation to health care, should be developed with consideration of their potential impact on health. By forming partnerships with other organizations — like the Chronic Disease Prevention Alliance of Canada, the Canadian Public Health Association, the Canadian Medical Association, and the Canadian Society for International Health — CNA spearheaded efforts to raise awareness and advocate for the adoption of a Health in All Policies approach.

In June, CNA hosted a conference in which 32 health leaders and technical experts reached consensus on the five performance indicators for the Top 5 in 5 initiative.

Seniors care was a key issue brought forward on CNA's annual Hill Day. The Nurses Association of New Brunswick's executive director, Roxanne Tarjan (left), and its president, Darline Cogswell, met with Yvon Godin, MP (Acadie-Bathurst).

CEO Rachel Bard received a tour of a mock supervised injection site in downtown Ottawa.

"Supervised injection services and other harm reduction strategies have proved successful in connecting health and social services to people experiencing poverty, mental illness and homelessness. Moreover, they have a large positive impact on the health of the whole community."

- president Barb Mildon, CNA media release, Nov. 26, 2013

SHOWING SUPPORT FOR SUPERVISED INJECTION SERVICES

CNA called on the federal health minister to withdraw or amend the draft legislation, Bill C-2 — the Respect for Communities Act (formerly Bill C-65) — to ensure that evidence rather than ideology determines the operation of supervised injection services. In support, we launched an online petition and met with provincial health ministers and members of Parliament. CNA urged the federal government to use a harm reduction approach in prevention and treatment services — not create more barriers like those in the proposed legislation.

During the last week of September, CNA marked the second anniversary of the Supreme Court of Canada's ruling on Insite by speaking out in favour of supervised injection services in two key events. The first, in Ottawa, was a mock safe injection site (set up by local agencies) designed to demystify for city residents the way they work. Days later in Toronto, CNA and the Registered Nurses' Association of Ontario outlined the benefits of safe injection services at the provincial and territorial health and wellness ministers' conference. In her presentation, CNA CEO Rachel Bard asked the ministers to support applications for supervised injection services and called on the federal government to withdraw Bill C-2.

BUILDING A MORE PATIENT-FRIENDLY HEALTH SYSTEM

CNA, the Canadian Medical Association and the Health Action Lobby (HEAL) agree that health care in Canada needs to be fundamentally transformed in order to establish an integrated continuum of care based on long-term relationships between patients and providers. So the three groups set out to create a series of summits through which health-care providers and patients might settle on the principles for such care. After working through various phases of the project, the participants succeeded in developing five foundations of integrated care. These foundations arose out of agreement on several assumptions — key among which were giving priority and respect to the patient and including a focus on the social determinants of health. The joint publication from the summits, *Integration: A New Direction for Canadian Health Care*, captures this consensus while demonstrating how collaboration among providers, patients, organizations and government can lead to successful health-care transformation.

HEALTH FOR ALL

In September of 1978, health leaders gathered for what was to be a landmark meeting: the International Conference on Primary Health Care. Its outcome, the *Declaration of Alma-Ata*, has since guided CNA and so many others who

are working for better population health and improved health systems. To mark the 35th anniversary of the Declaration, we published a Leadership in Primary Health Care series. Through a collection of 10 inspiring stories, the series shows RNs who are championing social justice and health equity issues and improving access as part of interprofessional collaborative teams. These real stories also show how the system has evolved (as RNs advance health promotion as well as injury and illness prevention) to embrace primary health care that is able to focus on health for all, social justice and health equity. To support the series, we published a position statement and a conceptual model illustrating the relationship among primary health care's values, principles and concepts.

Public health nurse Susan Szozda (left) helps high-risk first-time mothers build their parenting skills. Susan was featured in the Leadership in Primary Health Care series.

CNA MEMBER SPOTLIGHT

MADO MUSHIMIYIMANA, RN

ADVOCATING FOR REFUGEES

When Mado Mushimiyimana advocates on behalf of refugees for equal access to health-care benefits, she speaks from experience and from the heart. As an RN and a former refugee, Mado understands how important health insurance is for newcomers.

Mado had become a nurse shortly before arriving in Montreal as a refugee from Rwanda in 1998. Only several years later, through great determination and hard work, did Mado obtain her licence to practise as an RN in Canada. She now works at the Centretown community health centre in Ottawa which, among many things, provides programs to a diverse population, including newcomers.

Mado started getting politically active on refugee health benefits in 2012, when the Canadian government announced restrictions to health coverage under the Interim Federal Health Program, which provides temporary health benefits to refugees and refugee claimants who don't qualify for provincial or territorial health care. An an RN, she has seen how these new federal rules impact some of her refugee patients. And in June 2013, Mado joined with members of CNA's board of directors on Parliament Hill for a national day of action to express her concerns to the federal government:

"Respect refugees as human beings. They are human beings first."

Our video, *Registered Nurses: A Leading Force for Change,* was posted on our YouTube channel.

"Our nation must approach health in a more positive, forward-thinking way. We need a system that does more than fix problems. We need a system that makes every Canadian healthier."

- from CNA's Registered Nurses: A Leading Force for Change video

ADVANCING THE ROLE OF RNs

We advocate for RNs and their crucial role in the health-care system and we advance nursing practice.

A LEADING FORCE FOR CHANGE

The National Expert Commission called nurses "a mighty force for change." Because members know this, they proposed that Nursing: A Leading Force for Change be our 2013-2014 National Nursing Week theme. It's also why our communications and outreach activities throughout the week highlighted how much RNs effect positive change on the health of Canadians and the health-care system. We carried that theme throughout the year, featuring it in ads, presentations and in a promotional video, *Registered Nurses: A Leading Force for Change*, which we distributed to and co-branded with CNA's jurisdictional members.

We also published *Registered Nurses: Stepping Up to Transform Health Care*. The report uses real examples of nurses in Canada who have developed new programs, redesigned processes and adopted new technologies that improve the delivery of services across the continuum, from primary care to the end of life.

ADDRESSING THE EDUCATION GAPS

The National Expert Commission said "nothing is more fundamental to transforming health care than the way professionals are educated." So, to identify what we can do to ensure nursing education is in line with the changing health-care system, CNA assembled a national nursing education taskforce and convened a national summit. More than 60 participants from across Canada and across sectors — educators, students, unions, nurse practitioners, employers, clinical managers and government administrators — met to identify key areas of action for nursing education. Together, we agreed to next develop a national strategy for nursing education, one that prepares nurses to be lifelong learners and advocates for improving health.

ENHANCING RNs' SCOPE OF PRACTICE

The National Expert Commission called for a far-reaching overhaul of how nurses are being deployed and employed in the health-care system. In response, CNA hosted a national roundtable with nursing leaders, regulators, unions, associations and nursing organizations from across Canada. The goal was to develop a plan of action for the education, regulation, and clinical practice of Canadian RNs that will enable them to diagnose illnesses and injuries and to prescribe medications at the generalist level by 2020.

Representatives from British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and Quebec spoke about what their jurisdictions have already done to enhance RNs' scope of practice. This work will continue in 2014.

BETTER INTEGRATION OF NPs IN THE HEALTH-CARE SYSTEM

CNA carried out the final year of our three-year Nurse Practitioners: It's About Time! campaign. This year we helped jurisdictional members and provincial/territorial NP associations in Prince Edward Island, Yukon, Nova Scotia and Ontario talk to their governments and raise public awareness about the value of NPs.

At a federal level, we continued to table our concerns that some current policies, legislation and regulations prevent NPs from providing patients a full range of care. In a pre-budget submission to the House of Commons standing committee on finance, as well as in a face-to-face meeting with the new minister of health, we told the federal government that a simple change to the *Food and Drugs Act* (FDA) would enable NPs to distribute medication samples to patients and accept NP signatures on several forms for federal claims and programs. Since the meeting between CNA's leaders and Health Minister Ambrose, CNA has worked with the minister's office and Health Canada to review sections of the FDA that would help optimize the NP role.

COMMUNICATING THE VALUE OF THE RN ROLE

One of our ongoing priorities is to increase Canadians' awareness of the value RNs bring to the health-care system. Three years ago, when we started our NP awareness campaign, we knew we wanted to undertake an initiative that would help make the complexity of the RN role more widely known. So, we began developing an RN awareness campaign that we could launch in 2014.

Roundtable participants discussed options for enhancing scope of practice.

"Given the current strains on our system, there's no better time to harness the full capabilities and expertise of NPs."

- president Barb Mildon. CNA media release, Oct. 28, 2013

Our ad called on CNA members to be part of the upcoming RN awareness campaign.

To do so, we held public focus groups and surveyed members, stakeholders, partners and students on proposed concepts and messaging. A consistent message we heard was that we need to break through the stereotypes and increase the public's understanding of the depth and complexity of the RN role. To help do this we decided to cast our RN members in the 2014 campaign.

A VISION FOR THE CNS ROLE

In 2013 we continued work started in 2012 on clearly defining the clinical nurse specialist (CNS) role, so it can be fully integrated within the health-care system. This year, CNSs, educators and experts from a 2012 roundtable contributed to input from other stakeholders to develop a vision statement on the CNS role, identifying how it will look and be implemented in the future. One element of the vision is to propose that national core competencies should underlie the clinical nurse specialist graduate-level curriculum and role description.

In response, CNA established an expert working group to develop these core competencies for the CNS role, which will be validated, finalized and shared with our members in 2014. We also held a Progress in Practice webinar on the pillars of the role and why CNSs matter in the health-care system.

THE QUALITY/SAFETY AGENDA

The National Expert Commission pointed out that RNs are a key link in the chain of patient safety and must be leaders in developing and sustaining strategies that boost quality and safe care. So, we partnered with the Canadian Federation of Nurses Unions (CFNU) on a project to help build a culture of quality and safety in the health-care system. Although much information on quality and safety exists, the adoption of recommendations remains fragmented.

Consequently, the first step in the project was to review documents — including CFNU's nursing workload report, the CNA-RNAO nurse fatigue report and the CNA staff mix framework — to develop a summary of recommendations and indicators with common terms and themes. Toward the end of 2013, we brought together broad representation of key stakeholders, including direct-care nurses and public representatives, to discuss the key enablers that have led or could lead to improved quality and safety in patient care. Topics included promoting evidence-based staffing practices, and educating patients and the public on patient safety while empowering them to be active participants in their care. In early 2014, together with CFNU, we will develop the *Canadian Action Plan for Quality and Safety in Patient Care*, a report based on the roundtable discussion to advance quality and safety in patient care.

CANADIAN RNs STAND OUT AT THE ICN CONGRESS

As a CNA member, RNs are also members of the International Council of Nurses, a connection that creates opportunities to share with nurses internationally and contribute to the global nursing perspective. In the spring, 134 countries, including Canada (represented by about 90 nurses), gathered at ICN's 25th quadrennial congress in Melbourne, Australia to examine health access, equity and other global health-care priorities. CNA delegates presented on several professional issues, such as the changing regulation landscape, RN leadership in transforming Canadian health care, the need for a patient-centred approach to care and staff mix decision-making. Prior to the ICN congress, CNA president Barb Mildon led CNA's delegation at the Council of National Representatives, where key decisions were being made to guide ICN's future structure and strategies.

We were joined by nursing leaders around the world and were so proud when they voted overwhelmingly to support Judith Shamian, CNA's immediate past president, in her bid for the presidency of ICN. Shamian's election marked the second time a Canadian nurse has served as president in the past 40 years. She adopted the watchword "impact" for her four-year term, during which she intends to increase ICN's leadership, visibility and accessibility to nursing associations throughout the world and to key international groups.

INTERDISCIPLINARY CONFERENCE FEATURES NURSING LEADERSHIP

This year, rather than host a nursing-only leadership conference, CNA joined with the National Health Leadership Conference (NHLC) to offer a nursing leadership stream in this high-profile gathering of health-care leaders. Nurses were able to examine leadership issues specific to the profession and present nursing leadership to health-care system decision-makers across the disciplines. The stream was so successful that it will now be an annual part of the NHLC.

Newly elected president Judith Shamian addressed media at the ICN congress.

"Nurses have the experience, the knowledge and the solutions needed to improve global health. And ICN is the important global force that will lead these advancements."

– ICN president Judith Shamian, CNA media release, May 19, 2013

"Scrubbing In's dramatized account of nurses' lives trivializes the critical work they perform."

– president Barb Mildon. Letter to MTV, Oct.21, 2013

BREAKING THROUGH STEREOTYPES WITH OUR COLLECTIVE VOICE

When CNA heard about *Scrubbing In*, MTV's new series on travel nurses, we joined the many nursing voices in Canada and the United States expressing concern that the series perpetuated a negative stigma and senseless sexual objectification. President Barb Mildon wrote to MTV's executives expressing our concerns. We also polled our members and launched a petition that called on MTV to cancel the series. From these collective efforts, MTV moved *Scrubbing In* to a less prominent time slot and added more clinical scenes featuring nursing skills to the three remaining episodes.

CNA MEMBER SPOTLIGHT

MELINDA ELLS, NP

IN AWE OF THE NP ROLE

Shortly after becoming a registered nurse, Melinda Ells realized she wanted to do more. So, pursuing a master's degree to become a nurse practitioner seemed like the right choice. She'd already been in awe of the NP role. Growing up in Advocate Harbour, N.S., Melinda had seen the kind of positive impact they had on people and the community. Since becoming an NP, Melinda has passionately promoted the value the role brings to the health-care system. And in the spring of 2013, she jumped at the chance to participate in CNA's nurse practitioner awareness campaign in P.E.I. (where she works at two health centres). The campaign was a collaboration between CNA and the Association of Registered Nurses of P.E.I. to help Islanders get to know the NP role better. Melinda was one of the NPs profiled during the campaign. She talked with community members and local media about her role and met with government representatives at a National Nursing Week event at the P.E.I. legislature:

"The opportunity to speak about what I can offer the public from a nurse practitioner's perspective was the greatest part. I wanted to advocate for the small but mighty body of NPs we now have growing here on the Island."

BUILDING AWARENESS AND ADVOCATING FOR HEALTH AND HEALTH CARE

We speak out and raise awareness on nursing, health and health-care matters and ensure the RN voice is heard.

ADDRESSING SOCIAL DETERMINANTS OF HEALTH

During the federal New Democratic Party's roundtable discussion on health, president Barb Mildon emphasized that nurses are addressing the social determinants of health as part of their practice. They do this, she noted, because nurses know that social determinants of health are fundamental to the health of individuals, communities and populations.

CNA took a number of opportunities in 2013 to draw attention to the importance of social determinants:

HOMELESSNESS AND HOUSING

Our pre-budget submission to the federal government included a request to renew $500 million in cooperative housing agreements with the provinces and territories that are set to expire. In collaboration with our members and other health and social agencies, we also spoke up to support Bill C-400, which recommended a national housing strategy that would address the crises of homelessness and inadequate housing in Canada.

HEALTH BENEFITS FOR REFUGEES

With a broad coalition of health colleagues, CNA called on nurses to join the national day of action and urge the federal government to reinstate health benefits for refugees and refugee claimants. Staff and board members, who joined the rally on Parliament Hill, were part of CNA's second year with the day of action.

THE ERADICATION OF POVERTY

As an active member of the Dignity for All campaign, CNA called on nurses to get involved in the International Day for the Eradication of Poverty on October 17. Several staff members participated in an awareness-raising event on Parliament Hill that afternoon. The day called attention to the issue of food security and the need for a poverty action plan. In December, CNA contributed to a policy summit on food security, whose recommendations will become part of a proposed plan for national poverty reduction.

Members of CNA's board of directors joined the national day of action for refugee health benefits.

"Housing is a metric for measuring the social infrastructure. It is directly connected to health and quality of life and contributes to employability and job retention."

– from CNA's pre-budget brief, Nov. 6, 2013

CNA's then-chief operating officer Anne Sutherland Boal (third from left) proudly endorsed the national standard on psychological health and safety in the workplace. She was joined by Sjors Reijers (left) of the Mental Health Commision of Canada and Jeff Moat and P.J. Vankoughnett-Olson of Partners for Mental Health.

One of the national immunization campaign posters.

INCOME INEQUALITY

CNA also spoke out on the income gap between Canada's wealthiest and poorest in a submission to the House of Commons finance committee studying income inequality. Our recommendations reinforced the importance of social determinants of health and the need for federal leadership on housing, poverty reduction, employment and health care.

PROMOTING INFLUENZA IMMUNIZATION

CNA helped RNs stay on top of the latest information related to influenza immunization. In addition to continuing to promote our 2012 position statement on immunization for nurses, we published a NurseONE.ca knowledge feature, Immunization Fluency for Health-Care Workers, and hosted a webinar to discuss immunization. In the fall, CNA joined the Public Health Agency of Canada and Immunize Canada on their national immunization campaign, which included posters, fact sheets and other resources to keep Canadians informed throughout the flu season.

CNA also had the opportunity to share our position statement expertise with other health professional groups who are working on this issue. We assisted Doctors Nova Scotia, for example, in the creation of a position statement on influenza immunization for health-care workers in the province.

JOINING OTHERS TO PROMOTE MENTAL HEALTH

EXTERNALLY

Due to our strong relationships and credibility on mental health issues, CNA was invited to be part of the Bell Let's Talk initiative for Clara's Big Ride. The project will see Olympian Clara Hughes cycle across the country in 2014 to help end the stigma around of mental illness. Bell invited CNA to be a member of its national mental health advisory committee.

Together with other members of the Canadian Alliance on Mental Illness and Mental Health, CNA met with Treasury Board president Tony Clement to discuss ways of improving public sector policies related to promoting mental wellness in the workplace. We also worked informally with several prominent mental health organizations to advocate for amendments to the proposed Not Criminally Responsible Reform Act. These amendments would remove restrictions that limit access to mental health treatment and services. Our participation in such initiatives, partnerships and alliances increases CNA's opportunities to influence the development and implementation of healthy public policy.

INTERNALLY

CNA's leaders announced their commitment to adopt Canada's national standard for psychological health and safety in the workplace within CNA House. The standard offers a set of guidelines, tools and resources that promote employees' psychological health and prevent psychological harm due to workplace factors. As a first step in implementing the standard at CNA, about one in eight employees received mental health first aid training through the Mental Health Commission of Canada. This training helps employees recognize co-workers' signs and symptoms of mental health problems and connects them with resources to prevent and alleviate their onset. As one of the first national organizations to embrace the standard, CNA was invited to RNAO's Healthy Work Environments Institute to share with nurses how to promote its adoption in their own workplace.

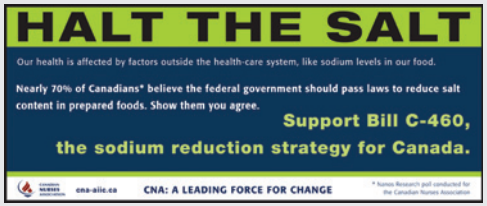
HALT THE SALT, PLEASE!

CNA stood strongly in support of Bill C-460, a federal private member's bill put forward by New Democratic Party Health critic Libby Davies. The proposed legislation required manufacturers to lower sodium levels in pre-packaged foods and ensure food packages contain clear information to make healthy choices easier. To get behind Bill C-460, we asked members to write their MPs and joined forces with the Canadian Council of Cardiovascular Nurses to advocate for its support. In January, just prior to the bill's second reading, CEO Rachel Bard participated in a press conference with Davies and the Centre for Science in the Public Interest. Despite the efforts of CNA and others, Bill C-460 was defeated in the House of Commons. However, our commitment to preventing and reducing the prevalence of chronic diseases through federal regulatory and legislative opportunities continued throughout the year.

ADVOCATING FOR ABORIGINAL HEALTH

CNA pledged support for two campaigns that respond to persistent inequities faced by First Nations populations: Shannen's Dream, which calls for equitable education for aboriginal youth, and Jordan's Principle, which calls for equitable access for children to all government services. We also advocated, through letters to political representatives and decision-makers, both for the prevention and elimination of violence against aboriginal women and for increased access to suboxone treatment for the Nishnawbe Aski Nation and other First Nations communities.

To guide our work on aboriginal health, we partnered with the Aboriginal Nurses Association of Canada (A.N.A.C.) in creating a nine-member aboriginal health nursing and health advisory group. Their inaugural meeting took place at CNA House in the fall.



This ad asking members of Parliament (MPs) to support Bill C-460 was published in the *Hill Times,* an Ottawa-based newspaper that is read by many MPs and senators.

CNA's aboriginal health nursing and health advisory group held its inaugural meeting at CNA House in October. Front row: Tania Dick, Claudette Dumont-Smith, Lisa Perley-Dutcher, Fjola Hart Wasekeesikaw. Back row: Bernice Downey, Earl Nowgesic, Julie Lys. Missing from photo: Dorothy Laplante, Lisa Bourque-Bearskin.

Susan MacInnis is a community health nurse in Lutsel K'e, where 95 per cent of residents are Chipewyan. Susan was featured in our Leadership in Primary Health Care series.

In a second initiative, CNA collaborated with A.N.A.C. to facilitate a one-day workshop on influencing public policy prior to their 2013 National Forum in November. This workshop was well-received and will be amended to reflect lessons learned. It will also be made available to more aboriginal nurses and to nurses who work with aboriginal populations.

The National Expert Commission said it's essential to support nurses in their efforts to improve the health of populations most at risk of falling behind, including Aboriginal Peoples. In support of these efforts, we saw the upcoming 2014 North American Indigenous Games in Regina, Saskatchewan, as a unique opportunity to profile the role of nursing in aboriginal health, in partnership with A.N.A.C. and other nursing stakeholders. Planning for this event, in cooperation with our partners, began in 2013.

CNA MEMBER SPOTLIGHT

TANIA DICK, NP

CHANGE STARTS WITH ME

When Tania Dick graduated with her bachelor of science degree, she was cheered on by the members of her Dzawada'enuxw First Nation band (Kingcome Inlet, B.C.) who had come to share in her accomplishment. Her mother, also a nurse, was a survivor of residential school and a strong activist for aboriginal rights. Wanting to be an agent of change like her, Tania became active in aboriginal health issues early in her nursing career. With her passion and insight, CNA was fortunate to have Tania join our new advisory committee on aboriginal nursing and aboriginal health care. She also participated with CNA in a video for the Canadian Alliance on Mental Illness and Mental Health, about moving forward from awareness to action on mental health issues. It is important to her that she be involved in initiatives that can bring about a healthier tomorrow for Aboriginal Peoples:

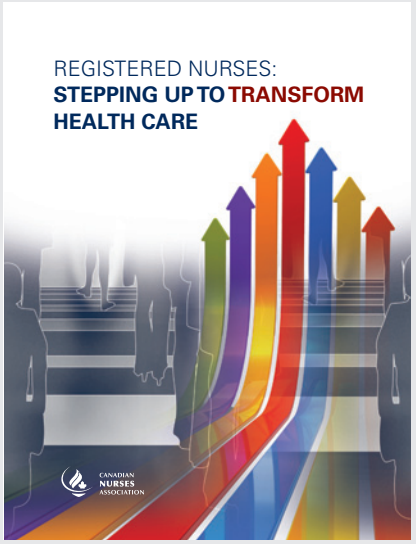
"True change cannot occur to influence a healthier aboriginal population, unless it is a priority on all levels for all people. Positive change starts with me. I am a better person for getting an education, contributing to society. I then influence my family and the generation coming behind me to believe the sky is the limit."

MILESTONE PUBLICATIONS AND PARLIAMENTARY BRIEFS

After researching and examining a number of emerging practice and health-system issues, CNA published a range of evidence-informed position statements, analytical reports, toolkits and fact sheets, including Canada's Top 5 in 5 report, based on the National Expert Commission's recommendation to establish national priority health goals, and a 10-part Leadership in Primary Health Care series.

In addition, we delivered presentations and submitted evidence-based briefs to House of Commons and Senate committees. Included among them were: (1) a presentation to the standing committee on health for its review of the health-care practitioner's role in the prevention and treatment of prescription drug abuse and dependence, and (2) a brief to the standing committee on finance that included recommendations on reducing income inequality between Canada's richest and poorest.

A full list of 2013 publications and parliamentary presentations is available in the appendix.



The report *Registered Nurses: Stepping up to Transform Health Care* includes examples of RNs leading change.

MEDIA RELATIONS ACTIVITIES

Because the news media has such power to influence and inform public opinion, CNA uses media relations to highlight RN contributions to the health of Canadians and to publicize the nursing profession's solutions for transforming the health-care system. The success of CNA's media-relations strategy requires clear and solid positions on issues that are important to journalists and the public. We use several approaches that do so and put nursing in the news, including opinion editorials, letters to the editor, news releases and direct contact with key reporters.

Media topics in 2013 included: the nurse practitioner campaign; CNA's opposition to the federal government's legislation for supervised drug consumption sites; Judith Shamian's election as ICN president; CNA's response to CBC's *The Fifth Estate* series, "Rate My Hospital"; and CNA's continuing involvement, with CMA and HEAL, in the Council of the Federation's health-care innovation working group.

Throughout 2013, CNA's leaders spoke to the media about a number of pressing health care and nursing matters.

MORE ABOUT THE CANADIAN NETWORK OF NURSING SPECIALTIES

The Canadian Network of Nursing Specialties represents nurses who have joined one of 44 national associations in a specialty area of nursing.

By facilitating this network, CNA helps these specialty groups connect to one another and to CNA while fostering a community of knowledge transfer. Quarterly teleconferences this past year provided opportunities to discuss ways network members could reach out to nursing students, learn more about CNA governance issues and enhance their advocacy efforts. A notable achievement was developing a 2014-2017 vision and mission statement for the network, which has two dedicated RN representatives on CNA's board: Jocelyn Reimer-Kent and Claire Betker.

Network members are consulted on policy documents and invited to share their expertise on initiatives at the national level. Just as beneficial, CNA's staff, policies and publications support network members in their own policy development work.

At CNA's June annual meeting, we presented a new proposed voting rights model for CNA's member classes — including the Canadian Network of Nursing Specialties — as part of our efforts to ensure compliance with new regulations in the *Canada Not-for-profit Corporations Act*. This model was significant for the network because it would mean voting privileges at CNA's annual meetings. Additional work on the proposed model took place in 2013, and a revised voting rights model was planned for a special meeting of members in January 2014.

In 2013, nurses were able to obtain CNA certification in 19 specialties/areas of nursing practice, many of which are among the network member groups (as indicated by an asterisk*).

The network includes three member types — associate members, affiliate members and emerging groups — each of which differs in structure and voting rights.

ASSOCIATE MEMBERS

These consist of any national association whose majority of members are registered nurses, with more than half of those being CNA members. More detailed structural criteria are available on our website. Associate members can nominate and vote association representatives to the CNA board, nominate candidates for CNA president-elect and the board's public representative, and nominate candidates for CNA awards.

Aboriginal Nurses Association of Canada	(A.N.A.C.)
Academy of Canadian Executive Nurses	(ACEN)
Canadian Association of Advanced Practice Nurses	(CAAPN)
Canadian Association of Burn Nurses	(CABN)
Canadian Association of Critical Care Nurses*	(CACCN)
Canadian Association for Enterostomal Therapy*	(CAET)
Canadian Association of Hepatology Nurses	(CAHN)
Canadian Association for the History of Nursing	(CAHN)
Canadian Association for International Nursing	(CAIN)
Canadian Association of Medical and Surgical Nurses*	(CAMSN)
Canadian Association of Neonatal Nurses	(CANN)
Canadian Association of Nephrology Nurses and Technologists*	(CANNT)
Canadian Association of Neuroscience Nurses*	(CANN)
Canadian Association of Nurses in AIDS Care	(CANAC)
Canadian Association of Nurses in Hemophilia Care	(CANHC)
Canadian Association of Nurses in Oncology*	(CANO)
Canadian Association for Nursing Research	(CANR)
Canadian Association for Parish Nursing Ministry	(CAPNM)
Canadian Association of Perinatal and Women's Health Nurses*	(CAPWHN)
Canadian Association of Rehabilitation Nurses*	(CARN)
Canadian Association for Rural and Remote Nursing	(CARRN)
Canadian Council of Cardiovascular Nurses*	(CCCN)
Canadian Family Practice Nurses Association	(CFPNA)
Canadian Federation of Mental Health Nurses*	(CFMHN)
Canadian Gerontological Nursing Association*	(CGNA)
Canadian Holistic Nurses Association	(CHNA)
Canadian Hospice Palliative Care Association — Nurses Group*	(CHPCA-NG)
Canadian Nurse Continence Advisors Association	(CNCA)
Canadian Nurses for Health and the Environment	(CNHE)
Canadian Nursing Informatics Association	(CNIA)
Canadian Occupational Health Nurses Association*	(COHNA)
Canadian Orthopaedic Nurses Association*	(CONA)
Canadian Pain Society — Nursing Issues Special Interest Group	(CPS-NISIG)
Canadian Society of Gastroenterology Nurses and Associates*	(CSGNA)
Community Health Nurses of Canada*	(CHNC)
Forensic Nurses' Society of Canada	(FNSC)
Infection Prevention and Control Canada	(IPAC Canada)
Legal Nurse Consultants Association of Canada	(LNCAC)
National Association of PeriAnesthesiaNurses of Canada*	(NAPANc)
National Emergency Nurses' Affiliation*	(NENA)
Operating Room Nurses Association of Canada*	(ORNAC)

AFFILIATE MEMBERS

These consist of any national association that does not meet associate member criteria, but who meet specific criteria such as having members that are registered nurses or else students enrolled in an education program to qualify as a registered nurse. These groups are non-voting members.

Canadian Nursing Students' Association	(CNSA)
Canadian Respiratory Health Professionals	(CRHP)

EMERGING GROUPS

These consist of newly formed associations who declare an intention to meet CNA's associate membership criteria and apply to do so before the end of their second year in the network. These groups are non-voting members.

Practical Nurses Canada	(PN Canada)

FINANCIAL INFORMATION

Canadian Nurses Association
Association des infirmières et infirmiers du Canada

Consolidated Financial Statements

For the year ended December 31, 2013

Collins Barrow
Chartered Accountants

an independent member of
BAKER TILLY
INTERNATIONAL

Canadian Nurses Association / Association des infirmières et infirmiers du Canada

Consolidated Financial Statements

For the year ended December 31, 2013

Contents

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Independent Auditor's Report

To the Members of
Canadian Nurses Association /
Association des infirmières et infirmiers du Canada

Report on Financial Statements

We have audited the accompanying consolidated financial statements of Canadian Nurses Association / Association des infirmières et infirmiers du Canada and its subsidiary, which comprise the consolidated statement of financial position as at December 31, 2013 and the consolidated statements of changes in net assets, operations 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 consolidated financial statements in accordance with Canadian Accounting Standards for Not-for-Profit Organizations, and for such internal control as management determines necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audits 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 consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation and fair presentation of the consolidated 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 association'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 consolidated financial statements.

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Independent Auditor's Report (continued)

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

Opinion

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of Canadian Nurses Association / Association des infirmières et infirmiers du Canada as at December 31, 2013 and its subsidiary, 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 Canada Corporations Act, we report that, in our opinion, these principles have been applied on a consistent basis.

Collins Barrow Ottawa LLP

Chartered Accountants, Licensed Public Accountants

March 5, 2014

Ottawa, Ontario

Canadian Nurses Association / Association des infirmières et infirmiers du Canada

Consolidated Statement of Financial Position

December 31	2013	2012
Assets		
Current		
Cash and cash equivalents (Note 1)	**$ 4,494,622**	$ 7,117,785
Short-term investments (Note 2)	**10,311,873**	5,400,000
Accounts receivable	**2,363,834**	2,880,822
Government remittances receivable	**28,962**	-
Project funding receivable (Note 3)	**168,022**	55,273
Unbilled receivables	**24,571**	17,831
Receivable from related parties (Note 4)	**1,936**	37,093
Prepaid expenses	**276,904**	232,142
Inventory	**168,283**	118,912
	17,839,007	15,859,858
Tangible capital assets (Note 5)	**5,953,675**	5,823,261
	$ 23,792,682	$ 21,683,119
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities	**$ 2,144,166**	$ 2,130,734
Government remittances payable	**-**	252,432
Payable to related parties (Note 4)	**85,667**	101,531
Deferred revenues (Note 7)	**2,373,586**	3,820,216
Deferred project funding (Note 3)	**6,059**	26,683
	4,609,478	6,331,596
Research and development fund payable (Note 7)	**1,962,490**	-
Accrued pension benefit obligation (Note 6)	**3,541,000**	2,426,000
	10,112,968	8,757,596
Net assets		
Internally restricted net assets		
Net assets designated for tangible capital assets	**5,953,675**	5,823,261
Net assets designated for future pension obligations	**(3,541,000)**	(2,426,000)
Unrestricted net assets	**11,267,039**	9,528,262
	13,679,714	12,925,523
	$ 23,792,682	$ 21,683,119

On behalf of the Board:

Barbara Milobar — President

Anne Sutherland Boal — Chief Executive Officer

The accompanying summary of significant accounting policies and notes are an integral part of these consolidated financial statements.

Canadian Nurses Association / Association des infirmières et infirmiers du Canada
Consolidated Statement of Changes in Net Assets

For the year ended December 31	2013	2012

	Tangible Capital Assets	Future Pension Obligations	Unrestricted Net Assets	Total	Total
Balance, beginning of year	**$ 5,823,261**	**$ (2,426,000)**	**$ 9,528,262**	**$ 12,925,523**	$ 11,293,081
Excess (deficiency) of revenue over expenses for the year	**(623,575)**	**-**	**2,492,766**	**1,869,191**	1,198,442
Investment in tangible capital assets	**753,989**	**-**	**(753,989)**	**-**	**-**
Net pension benefit plan gain (loss) (Note 11)	**-**	**(1,115,000)**	**-**	**(1,115,000)**	434,000
Balance, end of year	**$ 5,953,675**	**$ (3,541,000)**	**$ 11,267,039**	**$ 13,679,714**	$ 12,925,523

The accompanying summary of significant accounting policies and notes are an integral part of these consolidated financial statements.

Canadian Nurses Association / Association des infirmières et infirmiers du Canada
Consolidated Statement of Operations

For the year ended December 31		2013	2012
	Budget	**Actual**	Actual
Revenue			
Membership fees	$ 8,164,166	**$ 8,172,795**	$ 8,066,877
Examination fees	7,822,429	**8,470,944**	8,350,602
Advertising	719,000	**606,014**	698,486
Subscriptions	95,500	**82,125**	92,510
Publications	592,310	**526,636**	696,099
Registration fees	38,000	**4,445**	425,151
Consulting fees	853,015	**907,476**	1,098,551
Grants/Affinity/Sponsorship	360,435	**397,146**	459,302
Investment income	155,000	**194,745**	169,502
Other income	1,011,214	**1,208,542**	1,175,465
Project funding	503,083	**320,324**	1,104,277
	20,314,152	**20,891,192**	22,336,822
Expenses			
Salaries and benefits	10,499,210	**9,389,533**	9,907,791
Committee meetings	935,280	**823,474**	1,020,872
Travel non-committee	496,700	**355,563**	446,856
Affiliation fees	453,342	**439,347**	456,530
Professional fees	1,317,332	**1,289,415**	1,486,139
Translation and interpretation	184,150	**132,225**	188,424
Books/Online databases	236,810	**157,082**	51,251
Printing	919,220	**898,288**	896,134
Publicity and promotion	904,200	**722,179**	824,255
General administration	1,228,556	**1,204,826**	1,180,446
Equipment	343,174	**289,216**	456,834
Computer services	187,310	**132,674**	152,875
Building/Space rental	606,650	**582,583**	568,110
Legal, audit and insurance	309,200	**440,169**	299,143
Hospitality	63,250	**57,339**	250,735
Sundry	684,160	**564,276**	607,903
Contingency/Income taxes	189,070	**379,711**	437,456
Property improvements/Furniture	250,000	**220,202**	200,920
Project expenses	503,083	**320,324**	1,104,319
	20,310,697	**18,398,426**	20,536,993
Excess of revenue over expenses before amortization	3,455	**2,492,766**	1,799,829
Less amortization of tangible capital assets	823,343	**623,575**	601,387
Excess (deficiency) of revenue over expenses for the year	$ (819,888)	**$ 1,869,191**	$ 1,198,442

The accompanying summary of significant accounting policies and notes are an integral part of these consolidated financial statements.

Canadian Nurses Association / Association des infirmières et infirmiers du Canada

Consolidated Statement of Cash Flows

For the year ended December 31	2013	2012
Cash flows from operating activities		
Excess of revenue over expenses for the year	**$ 1,869,191**	$ 1,198,442
Adjustments for		
Amortization of tangible capital assets	**623,575**	601,387
	2,492,766	1,799,829
Changes in non-cash working capital items		
Accounts receivable	**516,988**	(997,406)
Government remittances receivable	**(28,962)**	-
Project funding receivable	**(112,749)**	745
Advances to CNA partners for CIDA projects	**-**	108,118
Unbilled receivables	**(6,740)**	9,624
Receivable from related parties	**35,157**	(22,369)
Prepaid expenses	**(44,762)**	69,320
Inventory	**(49,371)**	115,622
Accounts payable and accrued liabilities	**13,432**	315,032
Government remittances payable	**(252,432)**	201,185
Payable to related parties	**(15,864)**	(24,421)
Deferred revenues	**(1,446,630)**	328,273
Research & development fund payable	**1,962,490**	-
Deferred project funding	**(20,624)**	(253,834)
	3,042,699	1,649,718
Cash flows from investing activities		
Net purchases of investments	**(4,911,873)**	(1,550,000)
Purchase of tangible capital assets	**(753,989)**	(473,284)
	(5,665,862)	(2,023,284)
Decrease in cash during the year	**(2,623,163)**	(373,566)
Cash and cash equivalents, beginning of year	**7,117,785**	7,491,351
Cash and cash equivalents, end of year	**$ 4,494,622**	$ 7,117,785

The accompanying summary of significant accounting policies and notes are an integral part of these consolidated financial statements.

Canadian Nurses Association / Association des infirmières et infirmiers du Canada

Summary of Significant Accounting Policies

December 31, 2013

Purpose of the Association

Canadian Nurses Association - Association des infirmières et infirmiers du Canada is a national organization operating programs to advance the quality of nursing in the interests of the general public. The association qualifies as a not-for-profit organization as defined in Section 149(1)(L) of the Income Tax Act and accordingly is exempt from income taxes.

Basis of Presentation

The financial statements were prepared in accordance with Canadian Accounting Standards for Not-for-Profit Organizations which are part of Canadian generally accepted accounting principles and include the following significant accounting policies.

Principles of Consolidation

The consolidated financial statements include the accounts of the wholly owned subsidiary, Assessment Strategies Inc. - Stratégies en évaluation inc. The purchase method has been used to account for the acquisition and the results of operations, cash flows and capital transactions of the subsidiary and are included in these consolidated financial statements from the effective date of its incorporation. All intercompany transactions and balances have been eliminated on consolidation.

Management Responsibility and the Use of Estimates

The financial statements of the association are the representation of management prepared in accordance with Canadian Accounting Standards for Not-for-Profit Organizations. The preparation of periodic financial statements necessarily involves the use of estimates and assumptions. The major financial statement areas that require estimates and assumptions are: 1) fair value of financial instruments; 2) amortization of tangible capital assets; and 3) employee pension plan. Actual results could differ from management's best estimates and assumptions as additional information becomes available in the future. These estimates and assumptions are reviewed periodically and, as adjustments become necessary, they are reported in the periods in which they become known.

Financial Instruments

Measurement of financial instruments

Financial instruments are financial assets or liabilities of the association where, in general, the association has the right to receive cash or another financial asset from another party or the association has the obligation to pay another party cash or other financial assets.

The association initially measures its financial assets and liabilities at fair value, except for certain non-arm's length transactions that are measured at the exchange amount.

The association subsequently measures all its financial assets and financial liabilities at amortized cost, except for investments in equity instruments that are quoted in an active market, which are measured at fair value. Changes in fair value are recognized in excess of revenue over expenses.

Financial Instruments (continued)

Financial assets and financial liabilities measured at amortized cost include cash and cash equivalent, short-term investment, accounts receivable, government remittances receivable, unbilled receivables, project funding receivable, receivable from or payable to related parties and accounts payable and accrued liabilities.

Impairment
Financial assets measured at cost are tested for impairment when there are indicators of impairment. The amount of the write-down, if any, is recognized in excess of revenue over expenses. The previously recognized impairment loss may be reversed, to the extent of the improvement, directly or by adjusting the allowance account. The reversal may be recorded provided it is no greater than the amount that had been previously reported as a reduction in the asset and it does not exceed original cost. The amount of the reversal is recognized in the excess of revenue over expenses.

Transaction costs
The entity recognizes its transactions costs in the excess of revenue over expenses in the period incurred. However, financial instruments that will not be subsequently measured at fair value are adjusted by the transaction costs that are directly attributable to their origination, issuance or assumption.

Revenue Recognition

Membership Fees
Membership fees are recognized as revenue over the fiscal year.

Examination Fees, Advertising and Publications
Revenue is recognized when the service is rendered or at the time of shipment.

Subscriptions
Subscriptions to the Canadian Nurse magazine and NurseONE are included in membership fees. Subscriptions from non-members are recognized as revenue over the period of the subscriptions. The liability for the portion of subscription revenue received but not yet earned is recorded as deferred revenue.

Registration Fees
Registration fees for attendance at the CNA convention is recognized as revenue when the convention is held. The liability for the portion of fees received for the CNA convention but not yet held is recorded as deferred revenue.

Consulting Fees
Consulting fees revenue is recorded on a percentage of completion basis.

Revenue Recognition (continued)

Grants, Sponsorship, Affinity, Investment and Other Income
Revenue is recognized when earned.

Project Funding
The association uses the deferral method of accounting for project funding which are restricted contributions. These contributions are recognized as revenue in the year in which the related expenses are incurred.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash on hand, bank balances, redeemable guaranteed investment certificates and short-term investments with maturity dates of three months or less at the time of acquisition.

Inventory

Inventory is valued at the lower of cost and net realizable value with cost being determined on a weighted average cost basis.

Tangible Capital Assets

Purchased tangible capital assets are recorded at cost. Amortization is based on the estimated useful life of the asset and is provided as follows:

Building	3.33%	straight-line basis
Building improvements	25%	straight-line basis
Computers and software	50%	straight-line basis, and
	30% - 100%	diminishing balance basis
Furniture and equipment	25%	straight-line basis, and
	20%	diminishing balance basis
Leasehold improvements	20%	straight-line basis

Depending on the category or the timing of the acquisition during the year, either one-half of the above rates or the full rate is used in the year of acquisition.

The amount of assets fully amortized by the end of the previous year are deducted from tangible capital assets cost and accumulated amortization in the current year.

Employee Pension Plan

The association has a defined benefit pension plan and accrues its funded excess net of the pension liability using the immediate recognition approach. The association has adopted the following policies:

- The cost of the pension benefits is actuarially determined using the projected unit credit actuarial cost method.
- For the purpose of calculating the expected return on plan assets, those assets are valued at fair market value.

Internally Restricted Net Assets

A portion of the association's net assets has been restricted in accordance with specific directives as approved by the association's board of directors. The purpose of each is as follows:

Designated for Tangible Capital Assets
Designated for tangible capital assets comprises the net book value of tangible capital assets.

Designated for Future Pension Obligations
Designated for future pension obligations comprises the accrued pension benefit asset (obligation).

December 31, 2013

1. **Cash and Cash Equivalents**

The association's bank accounts are held at one chartered bank.

2. **Short-Term Investments**

Short-term investments consist of non-redeemable guaranteed investment certificates totalling $4,350,000 (2012 - $5,400,000) with interest rates ranging from 1.35% to 1.5% (2012 -1.3% to 1.6%) and maturing by October 2014 and of money market mutual funds totalling $5,961,873 (2012 -$nil).

3. **Project Funding**

Restricted project funding received is recognized as revenue when related expenses are incurred. Unspent amounts for expenses to be incurred in subsequent years are recorded as deferred project funding at the end of the year. When expenses incurred are greater than the funding received during the year, the difference is recorded as project funding receivable at the end of the year. A summary of project activities for the year are as follows:

	Balance at Beginning of Year	Contributions Received	Amounts Recognized as Revenue	Balance at End of Year
Canada Health InfoWay				
C-HOBIC	$ (55,273)	$ 108,000	$ 189,551	**$ (136,824)**
National Nursing Quality Report	26,683	68,949	118,830	**(23,198)**
Canadian Foundation for Healthcare Improvement				
Executive Training for Research Application (EXTRA)	-	10,000	3,941	**6,059**
Health Canada				
Pan-Canadian Stakeholder Consultation	-	-	8,000	**(8,000)**
	$ (28,590)	$ 186,949	$ 320,322	**$ (161,963)**

The beginning of year and end of year balances are disclosed in the statement of financial position as follows:

	2013	2012
Deferred project funding	**$ 6,059**	$ 26,683
Project funding receivable	**(168,022)**	(55,273)
	$ (161,963)	$ (28,590)

4. Related Party Transactions

CNA's CEO and president-elect have two of nine seats on Canadian Nurses Foundation's (CNF) board of directors. Amounts receivable from related parties are for repayment of expenses incurred by the association on CNF's behalf.

	2013	2012
Receivable from related parties:		
CNF	**$ 1,936**	$ 37,093

Canadian Nurses Association Retirement Plan (CNARP) is a defined benefit plan administered by CNA. Amounts payable to related parties are for contributions to the employee pension plan (CNARP).

	2013	2012
Payable to related parties:		
CNARP	**$ 85,667**	$ 101,531

The association rents office space to Canadian Nurses Foundation (CNF). Total rent revenue for 2013 was $48,204 (2012 - $47,889). In addition, funding of $200,000 (2012 - $200,000) was provided to the Canadian Nurses Foundation as well as a sponsorship of $25,000 (2012 - $25,000) to the CNF Nightingale Gala. These transactions are in the normal course of operations and are measured at the exchange amount, which is the amount of consideration established and agreed to by the related parties.

5. Tangible Capital Assets

	2013			2012		
	Cost	**Accumulated Amortization**	**Net Book Value**	Cost	Accumulated Amortization	Net Book Value
Land	**$ 3,180,000**	**$ -**	**$ 3,180,000**	$ 3,180,000	$ -	$ 3,180,000
Building and building improvements	**2,195,331**	**336,392**	**1,858,939**	2,286,850	323,330	1,963,520
Furniture and equipment	**1,006,128**	**852,175**	**153,953**	1,009,876	705,610	304,266
Computers and software	**1,723,247**	**1,021,765**	**701,482**	1,276,709	1,009,810	266,899
Leasehold improvements	**344,561**	**285,260**	**59,301**	336,577	228,001	108,576
	$ 8,449,267	**$ 2,495,592**	**$ 5,953,675**	$ 8,090,012	$ 2,266,751	$ 5,823,261

5. **Tangible Capital Assets** (continued)

Included in computers and software is $284,422 (2012 - $46,890) for equipment and services purchased for document and content management systems under development and $207,790 (2012 - $nil) of computer software which was not in use at December 31, 2013 and as a result, no amortization was taken.

Fully amortized assets written off during the current fiscal year amount to $394,733 (2012 - $299,972).

6. **Pension Benefits**

Plan description

The association has a registered defined benefit pension plan that is mandatory for all employees upon completing five years of continuous employment. The plan provides benefits based on length of service and highest three consecutive years' average earnings. For credited service after 1991 and before 2007 there is a defined contribution floor for this benefit. The association's policy is to fund the registered pension plan in the amount that is required by governing legislation and determined by the plan's actuary.

The association measures its accrued benefit obligations and the fair value of plan assets for accounting purposes at December 31 of each year. The most recent actuarial valuation for the pension plan for funding purposes was as of January 1, 2013. The next required actuarial valuation is January 1, 2014.

	2013	2012
Plan assets at fair value	**$ 23,597,000**	$ 20,900,000
Accrued benefit obligation	**27,138,000**	23,326,000
Funded status - deficit	**$ (3,541,000)**	$ (2,426,000)
Change in plan assets:		
Fair value, beginning of the year	**$ 20,900,000**	$ 18,903,000
Actual return on plan assets	**2,364,000**	1,586,000
Employer contributions	**994,000**	1,222,000
Employees' contributions	**501,000**	472,000
Benefits paid	**(1,162,000)**	(1,283,000)
Fair value, end of year	**$ 23,597,000**	$ 20,900,000

6. **Pension Benefits** (continued)

	2013	2012
Plan assets consists of:		
Canadian equity securities	**31 %**	30 %
Foreign equity securities	**28 %**	27 %
Debt securities	**38 %**	41 %
Cash and short-term investments	**3 %**	2 %
	100 %	100 %
Change in accrued benefit obligation:		
Balance, beginning of the year	**$ 23,326,000**	$ 21,763,000
Beginning of year adjustment	**805,000**	-
Actuarial loss	**1,865,000**	-
Current service cost	**526,000**	1,008,000
Interest cost	**1,277,000**	1,343,000
Employees' contributions	**501,000**	472,000
Benefits paid	**(1,162,000)**	(1,283,000)
Plan amendments	**-**	23,000
Balance, end of year	**$ 27,138,000**	$ 23,326,000
Actuarial assumptions:		
Discount rate	**5.25 %**	6.00 %
Expected long-term rate of return on plan assets	**5.25 %**	6.00 %
Rate of compensation increase	**3.10 %**	4.50 %

The market value of the investments can be impacted by changes in certain risk factors. The association's actuary, Mercer (Canada) Limited has prepared sensitivity analysis in relation to the market value of the total fund based on the three risk factor changes shown in the table below. The resulting percentage impacts on the market value of the total fund should be used with caution as they are hypothetical and result from calculating the effect of each hypothetical change independently of the others. Actual experience may result in changes to a number of risk factors occurring simultaneously, which could amplify or reduce certain sensitivities and the resulting impact on the market value of the total fund.

Risk Factor Change	**Decrease in Market Value**
Impact of a 10% decrease in equity markets	5.9%
Impact of a 1% increase in interest rate	6.0%
Impact of a 10% decrease in foreign currencies	2.8%

7. Deferred Revenue

Deferred revenue represents restricted funds received in the current period that relates to operations of the subsequent period.

	Balance at Beginning of Year	Additions During the Year	Amounts Recognized as Revenue or as Payable	Balance at End of Year
Certification exam and renewal fees	$ 1,141,065	$ 1,403,906	$ 1,213,788	**$ 1,331,183**
Examination fees	855,421	1,525,691	1,568,334	**812,778**
CRNE research and development fund	1,583,402	343,910	1,927,312	**-**
CNPE research and development fund	28,503	6,675	35,178	**-**
CNA Convention	-	9,250	-	**9,250**
Other	211,825	231,416	222,866	**220,375**
	$ 3,820,216	$ 3,520,848	$ 4,967,478	**$ 2,373,586**

The research and development fund was reclassified to liabilities as at December 31, 2013 because the CRNE and CNPE contracts will end on 31 December 2014.

8. Operating Line of Credit

The association has access to a bank operating line of credit which is unsecured. The interest rate on the line of credit is at RBC prime and the authorized limit on the line of credit is $250,000, none of which was utilized at year-end.

9. Contingent Liability

As at December 31, 2013, there is one lawsuit filed against the subsidiary of the association for an incident which arose in the ordinary course of business. In the opinion of management and legal counsel, the outcome of the lawsuit, now pending, is not determinable. Management has accrued an estimate for the loss. Should any additional losses result from the resolution of this claim, such a loss will be charged to operations in the year of resolution.

10. **Commitments**

Assessment Strategies Inc. has entered into a lease agreement for the rental of office and storage facilities expiring in April, 2018. Minimum lease payments, excluding operating costs and property taxes, are as follows:

2014	$ 134,641
2015	134,641
2016	134,641
2017	134,641
2018	44,880
	$ 583,444

11. **Change in Accounting Standard, Prior Year Restatement**

The association has elected to adopt the Accounting Standards Board (AcSB) approved changes to Employee Future Benefits, Section 3463 in Part III of the CPA Handbook (Accounting Standards for Not-For-Profit Organizations). This amendment affects the classification for gains and losses of the association's defined benefit plan, which will now be recognized directly in net assets in the statement of financial position rather than in the statement of operations.

The impact of this change on the 2012 statement of operation is as follows:

	As Previously Reported	Reclassification	As Restated
Net pension benefit plan gain	$ 434,000	$ (434,000)	$ -
Excess of revenue over expenses for the year	$ 1,632,442	$ (434,000)	$ 1,198,442

There was no impact to the 2012 statement of change in net assets, therefore, no reconciliation was prepared.

12. **Financial Instruments Risk and Concentrations**

The association is exposed to various risks through its financial instruments. The following analysis provides a measure of the association's risk exposure and concentrations as at December 31, 2013.

Credit risk
The association is exposed to credit risk in the event of non-payment by their customers for their accounts receivable. The association believes there is minimal risk associated with these amounts due to the diversity of its customers and there are no significant concentrations of accounts receivable with any group of customers that are related to each other.

Market risk
Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The association is mainly exposed to interest rate risk.

Interest rate risk
Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The association is exposed to fair value risk on its investments with fixed interest rates.

Liquidity risk
Liquidity risk relates to the risk that the association will encounter difficulty in meeting its obligations associated with financial liabilities. Management closely monitors cash flow requirements to ensure that it has sufficient cash on demand to meet operational and financial obligations.

Changes in risk
There have been no significant changes in the association’s risk exposures from the previous fiscal year.

MEET THE BOARD OF DIRECTORS

A 19-member board of directors governs on behalf of members and is accountable to our membership. The three major governance roles of the board are: policy development, advocacy and visioning. The contributions and commitment of our volunteer board members are the backbone of CNA's efforts to set the strategy and goals by which CNA ultimately advances nursing and health.

The 2013 board consisted of the president, president-elect, presidents of each of the 11 provincial and territorial nursing associations and colleges, a representative from the Canadian Nursing Students' Association, two representatives from CNA's Canadian Network of Nursing Specialties, two representatives from the public, and the CEO as an ex-officio member. Each brought a rich perspective and strong leadership to CNA's board table.

In 2013, we welcomed several new members to the board (indicated by an asterisk*) and thanked those whose terms had ended. In addition, Rachel Bard retired on December 13 after five years as CEO; on December 16, we welcomed Anne Sutherland Boal to the position of CEO.

FRONT ROW:

Carly Whitmore*
President, Canadian Nursing Students' Association

Claire Betker, RN, MN, CCHN(C)
Associate Member Representative

Barbara Mildon, RN, PhD, CHE, CCHN(C)
President, CNA

Rachel Bard, RN, M.A.Ed. (up until December 13, 2013)
(non-voting ex-officio member)
Chief Executive Officer, CNA

Jocelyn Reimer-Kent, RN, BN, MN
Associate Member Representative

MIDDLE ROW:

Sean Secord,* RN, BScN, BScB, MN, NP
President, Yukon Registered Nurses Association

Shannon Spenceley,* RN, BN, MN, PhD
President, College and Association of Registered Nurses of Alberta

Carole Dilworth,* BA, MSc
Public Representative

Cheryl Banks, RN, MN
President, Association of Registered Nurses of Prince Edward Island

Cathy Stratton, RN, BN, MN
President, Association of Registered Nurses of Newfoundland and Labrador

Darline Cogswell,* RN, BN, ENC(C)
President, Nurses Association of New Brunswick

BACK ROW:

Peter MacDougall, RN, BScN
President, College of Registered Nurses of Nova Scotia

Signy Klebeck,* RN, BScN, MN, FCP
President, Saskatchewan Registered Nurses' Association

Cathy Rippin-Sisler, RN, BN, MN
President, College of Registered Nurses of Manitoba

Christine Davidson (for Julie Fraser)
Association of Registered Nurses of British Columbia

Robert Nevin, RN, NP
President, Registered Nurses Association of the Northwest Territories and Nunavut

MISSING FROM PHOTO:

Karima Velji, RN, PhD, CHE
President-elect, CNA

Sharon Baxter,* MSW
Public Representative

Julie Fraser,* RN, BScN, MN
President, Association of Registered Nurses of British Columbia

Rhonda Seidman-Carlson, RN, MN
President, Registered Nurses' Association of Ontario

CLOSING SUMMARY

CNA had a dynamic and productive year in 2013. We look forward in 2014 to continuing this work on behalf of our members and advancing the profession of nursing and the health of our nation.

APPENDIX:
2013 PUBLICATIONS AND PARLIAMENTARY PRESENTATIONS AND BRIEFS

REPORTS

- *Canada's Top 5 in 5: Building National Consensus on Priority Health-Improvement Indicators*
- *Integration: A New Direction for Canadian Health Care*
- *Optimizing the Role of Nursing in Home Health*
- *Primary Health Care Summit Summary Report*
- *Registered Nurses Education in Canada Statistics: 2011-2012*
- *Registered Nurses: Stepping Up to Transform Health Care*
- *Re-examining Public Funding and Not-for-profit Health Care*
- *Strengthening the Role of the Clinical Nurse Specialist in Canada: Pan-Canadian Roundtable Discussion Summary Report*
- *Strengthening the Role of the Clinical Nurse Specialist in Canada: Background Paper*

PARLIAMENTARY PRESENTATIONS AND BRIEFS

- The Role of Health Care Practitioners in the Prevention and Treatment of Prescription Drug Abuse and Dependence, a presentation to House of Commons standing committee on health, November 27
- Legislation to Amend the *Controlled Drugs and Substances Act* to Allow Exemptions for Supervised Injection Services, a brief for Parliament (prepared for CNA's Hill Day), November 26
- Three Strategies to Help Canada's Most Vulnerable, a pre-budget brief to House of Commons standing committee on finance, November 6
- Bill C-377, an Act to Amend the Income Tax Act (Requirements for Labour Organizations), a presentation to the Senate committee on banking and trade, May 30
- Income Inequality, a brief to the House of Commons standing committee on finance, April 19
- Bill S-202, the Establishment of a National Registry of Medical Devices, a presentation to the Senate committee on social affairs, science and technology, March 27

OPEN LETTERS

- to the minister of justice, a joint letter with 11 national professional health organizations to express concerns that proposed changes to Not Criminally Responsible provisions of the *Criminal Code of Canada* will create barriers to treatment and recovery (October 15)
- to the minister of health, to convey extreme disappointment with federal government's decision to cancel the Health Council of Canada's funding (April 19)
- to the minister of health, a joint letter with the Canadian Council of Cardiovascular Nurses on World Health Day to urge the federal government implement a sodium reduction strategy for Canada (April 5)
- to the minister of health, a joint letter from CNA, the Canadian Association of Nurses in AIDS Care, the Canadian Association of Nurses in Oncology and the Canadian Council of Cardiovascular Nurses to ask that the federal government consult health-care providers and Canadians before licensing for-profit plasma donation centres (March 25)
- to members, on celebrating International Women's Day (March 8)

POSITION STATEMENT

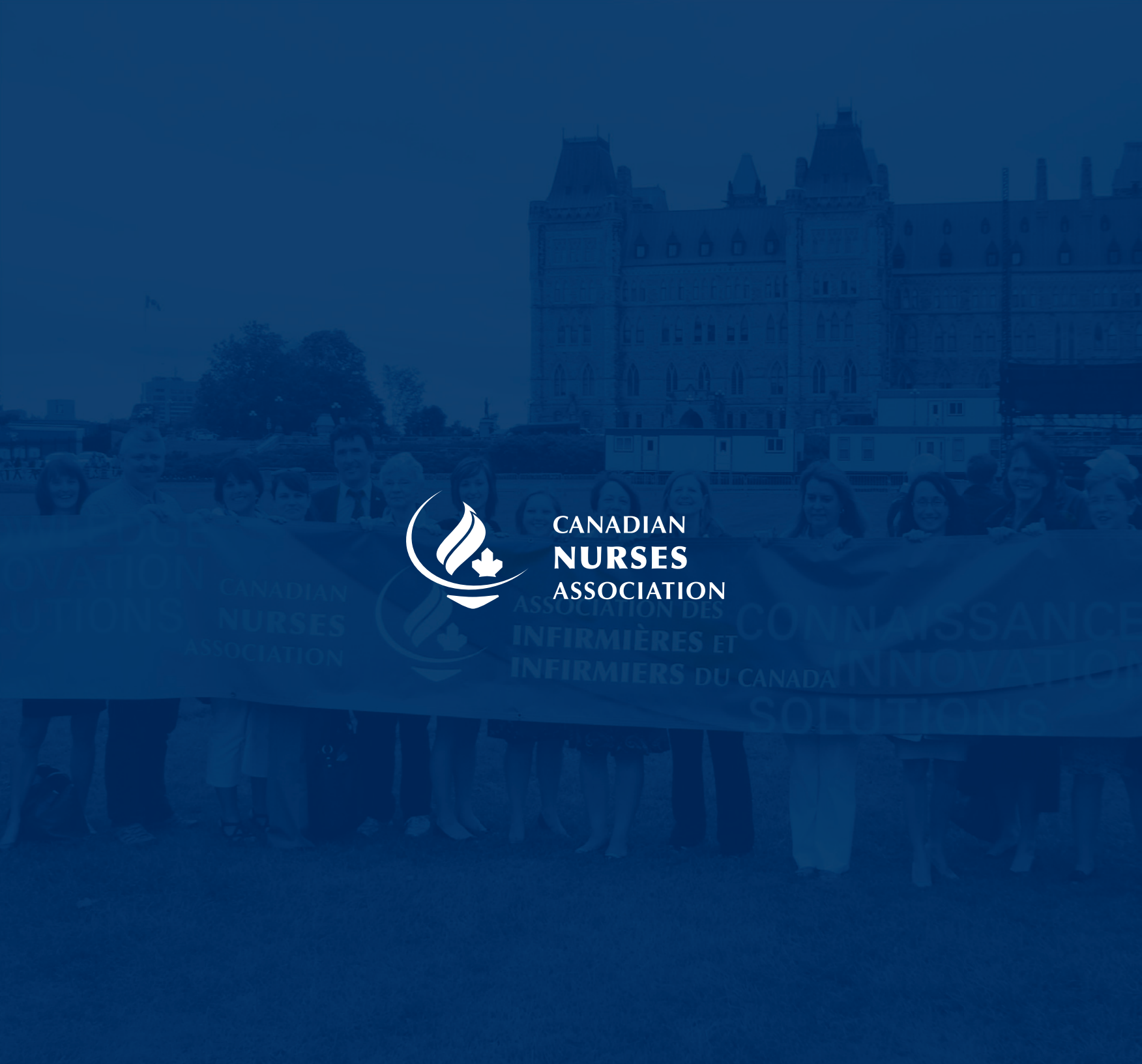
- *Social Determinants of Health*

SERIES

- *Leadership in Primary Health Care*
- *RN Solutions in the Care of Older Adults*

FACT SHEETS

- *Nurse Practitioners in the Emergency Department*
- *Nurse Practitioners in Long-Term Care*


CANADIAN
NURSES
ASSOCIATION