

THETENTH DECADE

THE CANADIAN NURSES ASSOCIATION 2000-2009



INTO A NEW CENTURY



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Patron Her Majesty the Queen

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APPROACHING 100:

HOW THE PAST SHAPED CNA'S FUTURE

The history of Canadian nursing is one of noble traditions and often heroic public service set against social movements and sometimes chaotic policy decisions that have continuously affected the practice of nurses and the places they learn and work. Graduation trends of registered nurses (RNs) over the past 40 years reveal ups and downs that mirror the social trends, economics and public policies of their day. The state of nursing as CNA turned 100 cannot be unbundled from the strong link of nursing to women and women's historical socio-political struggles.

The factor that most recently affected nursing was the set of policy decisions in the 1990s designed to rein in Canada's federal debt and annual deficits in the wake of dire warnings by bodies such as the World Bank and International Monetary Fund. Those decisions had their intended effect: the deficit was curtailed and Canada was set on course to have the most robust economy of any G8 nation for nearly a decade. Canada's standing among world economies was in the top 10 through most of the past decade despite the fact that this country has the world's 36th largest population.

Although that fiscal backdrop cushioned Canada from some of the impacts of the global economic downturn that began in 2007, the human costs

in some sectors and systems have been high. In 1997, the Canadian Nurses Association (CNA) issued a report forecasting severe shortages of nurses that would have dire consequences for the health-care system by 2016 (Ryten, 1997). Shortly thereafter, speaking to delegates at the 1998 CNA convention, the

"no professional group [had] borne the brunt of health care restructuring more than Canada's nurses"

Honourable Allan Rock, a former health minister, said famously that "no professional group [had] borne the brunt of health care restructuring more than Canada's nurses" (CNA, 2000). CNA made the collective worries of Canadian nurses plain in The Quiet Crisis in Health Care and subsequent program of lobbying through 1999. It would not be for another year that the data would become available to understand the real impacts of those cuts, including a loss of some 40 per cent of new RN graduates in less than 10 years, the removal of thousands of hands-on nursing

"Canadians will be satisfied with the health-care system when they live forever and are well during that time"

positions across the system and the elimination of about 5,500 nursing administration positions.

All of these changes were taking place as policy-makers and the public were just beginning to

face the reality of the aging baby boom: the first members of the baby boom generation eased toward early retirement as the world started a new millennium in the year 2000. In the meantime, the Canadian population continued to grow in size and diversity. The life sciences and technology explosions were making many more therapies possible and putting many of them in the hands of patients. The baby boom generation's expectations of the health-care system were high and growing, leading Sister Elizabeth Davis, who was chair of the Canadian Health Services Research Foundation at the time, to comment that "Canadians will be satisfied with the health-care system when they live forever and are well during that time" (Davis, 2005).

A decade after Allan Rock's statement about nursing, the dynamics of the supply-demand mismatch in health care continue to play out. Perhaps no topic has garnered as much public attention (within Canada and internationally) as that of current and looming shortages of health human resources that, in the case of nursing, have been ominous at best. Thus, the battle to stabilize the nursing workforce and, in turn, the health-care system that nurses serve would occupy much of CNA's energy throughout its tenth decade.

GOVERNMENTS RESPOND

If one sets one's feelings about the history and policy decisions of the 1990s aside, it must be said that federal, provincial and territorial governments did respond by the late 1990s to the growing crisis in nursing. For example, the federal government invested in a new Office of Nursing Policy at Health Canada in 1999 to position nurses and nursing more effectively in health policy development. At the same time, Health Canada, with its provincial and territorial counterparts, developed the Nursing Strategy for Canada (Advisory Committee on Health Human Resources, 2000) and supported the background work for the country's first national sector study of nursing (Med-Emerg Inc., 2006). Furthermore, the federal government established the first national nursing research fund, valued at \$25 million for the period 1999-2009. By 2001, all governments were beginning to invest in nursing education and in recruitment and retention initiatives. The Nursing Strategy for Canada targeted an increase in the number of seats in schools of nursing of at least 10 per cent over the ensuing two years; in fact, there was more than a 40 per cent increase in the number of seats in Canada's schools of nursing by the 2003-2004 school year.

LEADERSHIP CHANGES AT CNA



It was in the context of all these dynamics that a change in CNA leadership occurred early in this decade. Mary Ellen Jeans, who was the eighth operational leader of CNA since the organization's founding, left the executive director's position early in 2001. Under her leadership through the latter half of the 1990s, CNA had led a lobby effort to restore some of the funding to the health system and to nursing that had been cut in the 1990s.



It fell then to Lucille Auffrey, previously executive director of the Nurses Association of New Brunswick, to build on those efforts to strengthen and stabilize nursing. Auffrey was appointed as the new executive director and joined CNA in March 2001, holding the position until late 2008. The executive director's position title was changed to chief executive officer (CEO) during her tenure.1 CNA entered its 11th decade and a new

Consistent with trends among CNA's counterpart organizations and reflecting the nature of the position and its expectations, CNA changed the executive director title to CEO in 2006. The associate executive director title was changed at the same time to associate CEO.



century in 2009 with the appointment of **Rachel Bard**, a former CNA president who had held numerous deputy minister positions in the government of New Brunswick, as its new CEO. Bard assumed the role on January 5, 2009.

CNA'S TENTH DECADE: HIGHLIGHTS

The purpose of this document is to capture the highlights of CNA's leadership and achievements during the decade from 2000 to 2009. How did CNA respond to the increased attention governments began to direct toward nursing by the year 2000? What has been CNA's role in shaping health-system policy and practices during those years? These questions are difficult to answer without the benefit of the passage of time. University of Ottawa nurse historian Jayne Elliott, the lead author of this book, suggested that maybe it is just too soon; maybe we who lived through this decade at CNA are too close to the work to objectively answer these questions. She wondered if the "decade document" should not even be written until several years have passed. For example, when former executive director Mary Ellen Jeans led the last decade review in 1999, how could she have imagined the effects of CNA's actions and decisions during the 1990s on Canadian nursing during the ensuing tumultuous decade?

We can look at any given outcome today and then try to find the seeds of that work planted years earlier; such a perspective would not have been possible at the time the seeds were being planted. However, time also fades memories, and there is some benefit to capturing pieces of history when events and decisions are still being lived by those who shaped them and while they can still remember them. Thus, like all such records, this one is a creature of its time and reflects work that built on efforts undertaken in earlier decades. It does not attempt to present every detail contained in CNA's annual reports or its hundreds of products and publications (see Appendix H), most of which are readily available online. Rather it identifies major categories and themes of CNA's work, examples of the organization's successes, areas of growth, challenges, bumps in the road and gaps that still need to be addressed, and it concludes by highlighting some key messages to carry into the next chapter of CNA's evolution. It will fall to future readers to look back and reach their own conclusions about the lasting impacts of this very busy decade.

SUPPORTING DOCUMENTS

Supporting documents for this record are provided in the accompanying appendices. To facilitate the reading of these supporting documents as a package on their own, they are organized alphabetically by category rather than in the order in which they are referenced in the text.

TERMINOLOGY

Note that unless otherwise indicated, the term "nurse" used in this document refers to a registered nurse (RN).

Y2K:

A NEW DECADE,
A NEW MILLENNIUM AND
NEW DIRECTIONS
AT CNA

FROM VISION AND MISSION TO OPERATIONS AND ACTION: ORGANIZING FRAMEWORK

As the new decade opened in 2000, CNA had to think about and then target both the profession and the discipline of nursing on various fronts, taking into consideration the roster of programs and services that had been strengthened and the new ones that had been initiated in the preceding years and being guided by the organization's objects, vision, mission and goals (see Appendix F). In this document, CNA's programs of activities are organized in three broad categories:

1. Supporting and strengthening students and the development of qualified nurses

These programs and activities target the underpinnings of nursing, largely invisible to the public, that bring students and nurses to the point of being qualified to practise nursing in Canada:

- · Nursing education and the scientific base of nursing
- · Profession-led regulation of nursing
- · Examination preparation guides
- Nursing ethics
- · Professional standards

2. Supporting and strengthening registered nurses and their practice settings

This area of work involves the more visible elements of the way nurses work, supports to their practice and the characteristics of the organizations and settings in which they practise:

- · Health human resources
- · Care quality, safety and quality professional practice environments
- · Specialty certification
- · Informatics
- · RN and nurse practitioner (NP) practice frameworks
- Mobility of Canadian-educated and internationally educated nurses

3. Supporting and strengthening nursing services, the policy voice of nurses and the health system

These activities involve the most visible, hands-on services delivered by nurses across the continuum of care, their broader policy thinking, and the impacts of nurses and nursing on systems. They include the following:

- · Comprehensive primary health care
- · Advanced nursing practice and new roles
- · Healthy public policy and system challenges
- · International policy and development
- · Leadership and administration
- · Planning for the future

These categories make up the main sections that follow in this document. Each section begins with a brief historical overview that provides context for the activities that took place during the tenth decade. A fourth section focuses on CNA's work to support and strengthen its member services.

This organizing framework focuses on CNA's policy and program areas. Essential core services that cross-cut the organization and support its ability to carry out its mission, including finance and administration, corporate communications, information technology services and data banks, are not included.

When the new CEO came on board in 2001, her foundational mandate was to a) stabilize the nursing workforce, b) advance a broad primary health care agenda and c) strengthen quality professional practice environments. It was understood that the organization also would need to maintain and strengthen its existing services in areas such as regulation/competence and publications (e.g., *Canadian Nurse*, which is provided to each member). Of course, none of the concepts in this document's organizing framework is an island; the concepts are interconnected and inter-dependent and to some degree each of them could be viewed as supporting the CEO's broad "stabilization" mandate in many ways. Stakeholder partnerships, too, cross-cut the framework, suggesting that CNA's leaders use a complex matrix model to guide thinking and operations. However, to simplify this document, the over-arching elements of the framework developed for this paper are used to organize the discussion that follows.

OPERATIONAL UNDERPINNINGS OF CNA

Given the complexity of CNA's mission and mandate, it would be a challenge to move forward in meeting goals aligning with these statements without the existence of operational structures that allowed people to imagine and then build programs of work and to grow them successfully. CNA arrived at 2000 with decades of experience, a record of successes, many strong programs and capable staff. However, it was apparent that the organizational structure of CNA's programs of work was not going

to meet the needs of new and emerging realities. One of those realities was that CNA was increasingly seeing its main work as developing, supporting and influencing healthy public policy and similarly it was feeling that its board should largely focus on broad policy issues.

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Thus, a significant change within CNA during 2001 was the establishment of a new organizational structure (see Appendix E), quite different from its predecessor; that structure remains largely in place at the end of the tenth decade. Previously, for example, no regulatory department existed; regulatory functions fell within the responsibilities of the nursing practice department and the certification program sat on its own. International work was conducted by a bureau within CNA staffed by two people and an additional half-time employee dedicated to issues associated with the

International Council of Nurses (ICN). To bring people and teams together within areas of common purpose, four new policy departments were created:

- · International Policy and Development
- Nursing Policy
- · Public Policy
- Regulatory Policy

These core pillars would be supported by departments of Finance and Administration (which would include human resources and information technology functions, for example) and Corporate Communications (which was responsible for journals, other publications, knowledge dissemination and communication). Each department would have a director and a team of staff; the six directors would report to the CEO. In 2008, under the leadership of Acting CEO Jane Ellis and reflecting the increasingly important role of information technology services at CNA, a separate department of Information Services Technology was established.

Given the complexity of CNA's work, to some degree the pillars are arbitrary. Certainly there is overlap among them, perhaps most extensively between nursing policy and public policy. However, the structure gave a new kind of profile to policy priorities that enabled teams to focus their efforts and attention. It also assisted CNA to provide comprehensive support to its board, jurisdictions and all the public faces of CNA as staff have ventured out onto local, national and international stages. Furthermore, the structure allowed the important programs of work relating to healthy public policy to be seen distinctly and for the staff members working on them to speak distinctly, while still working together on CNA's larger, interconnected agenda. This structure set the stage for the development of new and integrated programs of work.

Expanding CNA's talent pool

To broaden and balance CNA's talent pool and capacity, in 2004-2005 important additions were made to the leadership structure within CNA at the executive level and a major new externally funded service program was developed: the nursing portal.

The CEO had seen the need to attract talented people who would constantly challenge, refresh and renew CNA's agendas and programs. She sought leaders who could provoke the organization to think more deeply and in new ways about the future of the discipline and practice of nursing. As a result, a senior nurse consultant position was created, for example, to lead a futures and research agenda from within the Public Policy department. To cross-cut the organization more effectively, that position was retitled scholar in residence in 2006, with the incumbent reporting to the CEO at a director level.

Other new positions would follow, including a senior nurse consultant created in 2007 to pursue, develop and implement practice support mechanisms for francophone nurses working in minority francophone settings in Canada outside Quebec. CNA also attracted a visiting scholar to work on research and education issues and another to focus on ethics.

By 2005 the immense growth of the organization, especially in external project funding, had resulted in a level of complexity and volume of work

unprecedented in CNA's history. External demands also were growing as agendas initiated in the preceding decade began to bear fruit. CNA leaders were expected to participate in myriad external committees, panels and task forces, to comment on papers and reports across disciplines within and beyond Canada and to respond to the rapidly growing numbers of requests from governments and the media for opinions and perspectives.



To address the untenable level of demands at the CEO level and to improve the organization's internal effectiveness, an associate CEO and chief operating officer position (ACEO/COO) was created in 2005; **Jane Ellis** was appointed to the role. Although directors continued to report to the CEO, the ACEO/COO had overarching responsibility for internal operations,

including board functions. That change allowed the CEO to focus to at least some degree on external relations and broader leadership issues.

The changing worlds of information & communications



In 2004, CNA's nursing portal project entitled **NurseONE**, which was developing in partnership with Health Canada's First Nations and Inuit Health Branch, began to really evolve. By 2005 the rapidly growing NurseONE

program was established as a CNA department and in 2006 was given its own director. Although this was a logical step given that a complex new technology and service had to be rolled out at a national level and under a separate funding envelope, it positioned NurseONE from the outset as being somewhat separate from the other departments of the organization rather than existing as a core, cross-cutting program or service. In addition, in some ways it created a sort of second web publishing unit within CNA House (CNA's headquarters in Ottawa). The structure also put CNA in a position of having two public faces (e.g., two websites associated with CNA, separate booths in convention exhibits) that at times could almost seem to be competing - if not fiscally, then at least for public attention.

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In 2008, with NurseONE well established, the program was integrated across the organization with collaboration among the Nursing Policy, Information Technology Services and Corporate Communications departments. It became part of the new Information Technology Services department, which has its own director. This structure would position the portal as an integral part of CNA's overall information and communication technology strategy and services and as a core program within, not a separate program beside, CNA.

Finally, in 2008 the department responsible for *Canadian Nurse*, other publications and the organization's editing and translation functions was consolidated with the communications and marketing teams that had been positioned within public policy and strategic communications for the previous two years. More accurately reflecting the nature of this core service to the board and the organization, the department was renamed Corporate Communications. The new department would bring together under one director all communications and public relations functions, production of journals and other publications, marketing functions, preparation of speeches for the president and CEO, and convention and other event planning.

The office of the president

Six presidents led CNA during the decade 2000-2009 (see Appendix J):



Lynda Kushnir Pekrul (1998-2000)



Ginette Lemire Rodger (2000-2002)



Robert "Rob" Calnan (2002-2004)



Deborah Tamlyn (2004-2006)



Marlene Smadu (2006-2008)



Kaaren Neufeld (2008-2010)

During this decade, a concerted effort was made to strengthen the position and public profile of the office of the president. This work began with the establishment of a permanent office for the president within CNA House. Previously there had been no physical space and minimal other infrastructure dedicated to the president. The budget for the president, for example, had mostly been limited to minimal domestic travel, with

little funding allocated for travel to events such as WHO or ICN meetings. In some cases, international travel had been carried out by CNA's executive directors.

To strengthen the role and visibility of the president, corporate support and capacity for the president were strengthened,

Given that the president was CNA's official spokesperson, a deliberate effort was made to involve the president in the broader health debate and in timely policy issues.

communication with the president was improved and operational supports for speech writing and related functions were put in place. These were all strengthened over the decade. Given that the president was CNA's official spokesperson, a deliberate effort was made to involve the president in the broader health debate and in timely policy issues. To avoid duplication and reduce costs, choices were made about which events the president *or* the CEO would attend; normally they would not both attend an event. As a result, the CEO was sometimes less visible than in previous eras at CNA but presidents were more visible; this was the intended result of a deliberate strategy. Perhaps at no point in history was CNA's president busier or more visible than were Marlene Smadu and Kaaren Neufeld during the centennial year.



A corresponding decision was made to strengthen the role and exposure of the president-elect. The president-elect was increasingly involved in, and exposed to, discussions that would allow him or her to grow over the two-year term in his or her understanding of the political dynamics and realities of the role and of CNA broadly. Support for the position was increased, including the allocation of a budget to help prepare candidates to take on the role of president.

Finally, executive outreach grew with the establishment of an executive committee (made up of representatives of the board and advisers) that works with the president and CEO to help set board agendas and look at ways to facilitate board discussions and related activities. This helpful structure has led to greater efficiency and effectiveness.

The board of directors and corporate governance

As of 2009, **CNA's board of directors** (see Appendix A) was made up of its president and president-elect, 11 jurisdictional representatives, two public members, two representatives of CNA's associate and affiliate members and emerging groups, the president of the Canadian Nursing Students' Association (non-voting) and the CEO (ex-officio, non-voting). The past-president leads the nominations committee (which solicits nominations for the next president-elect) and is not a member of the board. The jurisdictional members are supported by advisers, who are usually the CEOs or executive directors of the jurisdictional organizations the members represent (see appendices A and I). This board structure reflects changes made through the tenth decade: a second representative was added from the associate and affiliate members and emerging groups and a landmark decision was made in 2008 to have the president of the students' association sit as a non-voting member on the board.



As noted on the CNA website, the main role of CNA's board is to govern the organization and set its goals: "The board develops, sets, and monitors policy to help manage" CNA (CNA, 2010). Its three major governance roles are policy development, advocacy and envisioning the future directions of the organization.

Finding common voices and messages can be a challenge for any board. It can be especially tough to find them in a federated model where the board is made up of jurisdictional representatives who may have diverging interests, positions and agendas.

CNA faces the added challenge of balancing complex regulatory policy and advocacy agendas. Provincial, territorial and federal priorities differ; they may directly compete and at times can be polarizing. Those are all realities with which CNA has to contend as its board members carry out their duties to direct and strengthen the organization.

Policy governance has value, of course. However, CNA also has encountered challenges related to its specific governance models. Finding the middle ground was an ongoing effort of CNA's presidents and executive directors and CEOs during the past decade. With some board members coming from different jurisdictional paradigms and occasionally from boards that ran quite differently, it was sometimes a challenge for board members to talk with each other and it could be difficult even for the CEO and staff to interpret their collective intentions. Deliberate attempts were therefore made to bring clarity to processes and structures. CNA's leaders worked over the years to develop a governance structure to allow room for jurisdictional uniqueness while building a common agenda that would strengthen CNA and its mission.

All CNA boards through the decade faced the challenge of finding common ground between board members who felt that CNA's regulatory focus was not strong enough and those who felt that it was too strong. Sometimes board members who had a regulatory focus recused themselves from discussions or decisions on important policy advocacy issues affecting CNA. As a result, even with important national or international issues clamouring for the attention of CNA and needing the policy wisdom of the leaders on its board, the organization at times became bogged down at the expense of moving those larger agendas forward for CNA, nursing and health systems.

The challenge in some ways mirrors that faced by the country as a whole, given its federated structure and the constant tussles among federal, provincial and territorial bodies. Canada has yet to find an easy way to deal with this challenge, and CNA still struggles too. Going forward CNA will have to continue to seek the most effective ways to bring the rich perspectives of the country to the board table while doing the delicate dance of seeking balance and areas of common agreement that strengthen the organization.

As the tenth decade came to a close, CNA was acting on a June 2009 board motion calling for the formation of a governance task force to develop options for CNA's governance structure. The task force was comprised of 14 CNA board members and advisers selected for their expertise and ability to provide guidance on the governance and planning process. The results and recommendations were presented at the March 2010 board meeting. Approvals of the recommendations at the June 2010 board meeting – including new goals and strategic priorites – will change the direction of CNA's governance and operatonal structure as it enters its eleventh decade and second century.

SUPPORTING AND STRENGTHENING STUDENTS AND THE DEVELOPMENT OF QUALIFIED NURSES

HISTORICAL PERSPECTIVE

Nursing education, science and regulation at CNA

Nursing education. Fundamental to sustaining a health system that is able to deliver safe and effective care is the development and nourishment of a pipeline of high-quality candidates who want careers in nursing, medicine and the other health-care professions. In this arena, CNA has a long and rich history. Early CNA leaders were concerned about the standards and content of nursing education as well as the length and location of training. CNA published the landmark Survey of Nursing Education in Canada (the Weir report) in 1932. That study changed forever the notion at that time that nursing education was purely apprenticeship training that served individual hospital employers as much as it did the students who wanted to become RNs.

In 1936 CNA published the first A Proposed Curriculum for Schools of Nursing in Canada and in 1957 it led a pilot project for the evaluation of Canadian schools of nursing to determine readiness for a voluntary national accreditation program. The results of that pilot project were published in 1960 and led to a broader study of nursing education by CNA, a national school-improvement program and a national evaluation of nursing service programs. In 1976 the Canadian Nurses Foundation provided its first research grant to the Canadian Association of University

educational requirement for entry to practice

Schools of Nursing to advance its work in the accreditation of nursing schools. However, it was CNA that in 1978 published the first national Standards for Nursing Education.

During CNA's annual general meeting in Vancouver in 1980, delegates voted that CNA should develop a statement on minimal entry to practice requirements. In

1982, CNA's board of directors made the landmark recommendation that from the year 2000 onward, the minimal educational requirement for entry to practice would be a baccalaureate degree in nursing. Through all these decades, CNA has positioned itself as the leading national voice in the dialogue about the educational underpinnings of nursing.

Nursing science. CNA's longstanding commitment to the scientific base of nursing in the first half of the 20th century was always reflected in its concern that nursing education be modernized and standardized to incorporate the latest research and leading practices. In 1962, the organization expressed this value in a tangible way by establishing the Canadian Nurses Foundation to provide scholarships, bursaries and fellowships for graduate study in nursing.2 Helen Mussallem's appointment in 1963 as chair of the WHO First Scientific Group on

Research in Nursing reflected Canada's and CNA's growing influence in the domain of nursing science. CNA led the charge for doctoral education in nursing, with members ultimately voting at the 1978 annual general meeting in Toronto that CNA should pursue development of a doctoral program in nursing in Canada.

CNA would continue its national leadership of the nursing science agenda through the latter half of the century. For example, in 1984 CNA published a future-focused document entitled The Research Imperative for Nursing in Canada: A 5-Year Plan Towards Year 2000. The lobbying of CNA was instrumental in provoking the federal government to establish the \$25 million Nursing Research Fund (1999-2009), which was Canada's first national source of funding for nursing science.

Nursing regulation. The hodgepodge of entry-to-practice examinations and standards in Canadian nursing until the 1960s reflected a critical problem for nursing: the multiple and disparate education programs and entry-to-practice expectations for nurses still were largely grounded in employer-based apprenticeship programs. As the move of nursing education to community colleges and universities was planned during the 1960s, it made sense that examinations and entry-to-practice standards needed to be harmonized. CNA set the stage for that transformation, and CNA's testing service was established in 1970 and offered the first national Canadian examination that year.

In 1980, Canada's first comprehensive RN examinations were offered; this method of evaluation replaced the previous approach in which nurses were tested with multiple examinations in separate clinical areas. In 1992 CNA published its first (and still popular) Canadian RN Exam Prep Guide (currently called the *Canadian Registered Nurse Examination Prep Guide*). In 1996 the entire testing service was established as a separate business called Assessment Strategies, Inc. Today this business is known by a new name, Canada's Testing Company.

Capitalizing on its relationship with ICN, in 1966 CNA formally adopted ICN's revised 1965 code of ethics for use here in Canada. Reflecting nursing's emerging scientific base, in 1972 the board of directors approved its first Ethics of Nursing Research guidelines, which was supplanted by Ethical Guidelines for Nursing Research Involving Human Subjects in 1983. As valuable as ICN's code was to Canadian nursing, it was felt that it was important to produce a homegrown ethics code. In 1979, Sister

Simone Roach was appointed to direct a project to develop a Canadian code of nursing ethics. CNA's first Code of Ethics was published in 1980 and it has been revised regularly since then.

Today this business is known by a new name, Canada's Testing Company.

By 1966 baccalaureate study was included.

ACHIEVEMENTS IN NURSING EDUCATION, SCIENCE AND REGULATION, 2000-2009

CNA's leadership in the underpinnings of nursing, critical to quality and patient safety but largely invisible to the public, has grown steadily through a complex matrix of activities undertaken by CNA since 2000.

CNA's achievements in education, science, standards and regulation in this decade are highlighted with other CNA milestones in appendices G and K and include:

- ongoing revision of the Canadian Registered Nurse Examination (CRNE);
- publication of two revisions of the Code of Ethics for Registered Nurses (2002 and 2008);
- facilitation of a pan-Canadian approach to NP examinations through the CNA Nurse Practitioner Examination Program;
- development and administration of the Canadian Nurse Practitioner Examination: Family/ All Ages; and



With the creation of its Regulatory Policy department in 2001, CNA foresaw the need for national policy work and leadership in nursing regulation. The new department reframed, and gave profile to, profession-led regulatory policy issues at a national level; work on such issues had previously been somewhat scattered within the organization. The capacity of the department grew significantly during this decade, setting the scene for assessment of nurses' competence throughout their careers (before and after graduation and in advanced practice roles). Canada's Testing Company is also considering ways to offer competence assessment to other disciplines.

During the past decade, the CRNE, one of CNA's most important services and products, continued to be revised and updated on a planned cyclical basis. The number of first-time writers increased dramatically, from about 5,600 in 2001 to 11,025 in 2009 (figure 1). That increase had huge impacts on CNA: for example, examination revenues more than doubled and accounted for a quarter of CNA's budget by 2008.

Short-answer questions were added to the multiple-choice CRNE by the middle of the decade, in order to respond to jurisdictional demands and to incorporate the best current knowledge about testing. This complex effort had immense human resource and financial costs. As part of its continuing evolution the CRNE returned to consisting only of multiple-choice questions in 2007. Commencing in June 2010, the CRNE is now a

shorter examination consisting only of multiple-choice questions. CNA continues to explore testing options with Canada's Testing Company, including a move to computer-based testing, and is addressing security issues in a comprehensive fashion.

More than 14,000 nurses have taken the CRNE online readiness test since it was introduced, 3,677 in 2009 alone.

More than 14,000 nurses have taken the CRNE online readiness test since it was introduced, 3,677 in 2009 alone. CNA is looking now at the relationship between use of the readiness test and successful completion of the CRNE by international writers of the CRNE, because success rates for this group are in fact rising.

As regulation of NPs spread across the country, the pressure grew for standardized testing of NPs entering into practice. CNA undertook the momentous task of developing the first national examinations for NPs practising with families (all ages). To generate a pan-Canadian examination and facilitate mobility of NPs, CNA negotiated the purchase of the College of Nurses of Ontario's examination questions for NPs. CNA's CNPE family/all ages product is now offered and used in all jurisdictions except Quebec and British Columbia. The examination was taken by 231 NPs in 2009.

Smaller numbers of NPs required credentials to practise in pediatrics and in adult institutional settings; to meet this need, an arrangement was negotiated to provide the American Nurses Credentialing Center's computer-based adult and pediatric NP examinations to Canadian NPs. The examinations were offered three times in 2008; 139 NPs had taken the adult and 34 had taken the pediatric examinations by the end of 2009, with smaller numbers anticipated in coming years.



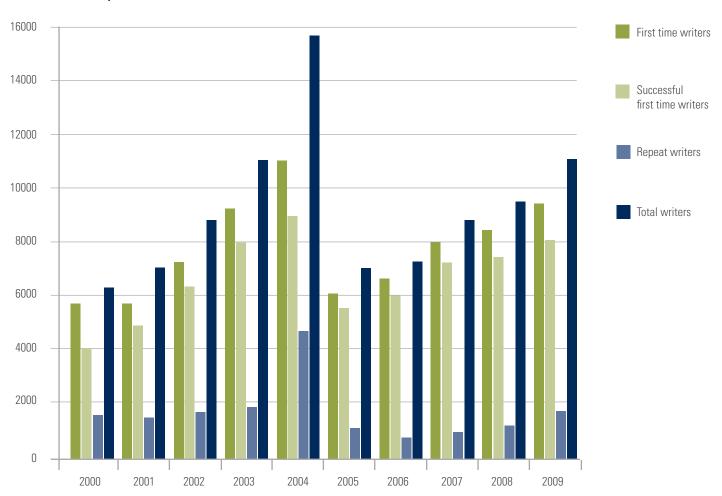
Within its ethics portfolio, CNA's Regulatory Policy department continues to analyze and suggest future ethical directions for nursing. For example, it examines if and how nurses should be concerned about the social determinants of health and broad aspects of social justice as part of the ethical basis of their practice. The *Ethics in Practice* series presents these kinds of topical ethics issues and helps nurses to think and work through them. The series most recently addressed issues of social justice in practice and nurses' ethical considerations in a pandemic or other emergency. The most recent version of the *Code of Ethics for*

Registered Nurses was released at the centennial convention in June 2008 and has received positive comments from nurses within Canada and internationally. With over a million downloads in 2009, it is the most frequently accessed document on the CNA website.

Expanding its commitment to multi-professional partnerships, during this period CNA also became a founding member of the Canadian Network of National Associations of Regulators. The chair is Louise Sweatman, chief operating officer of Canada's Testing Company. CNA continues to host regular meetings of this network at CNA's headquarters in Ottawa to discuss regulatory issues from a multi-professional and national perspective.

Figure 1. CRNE writers by year, 2000-2009

CRNE WRITERS, 2000-2009



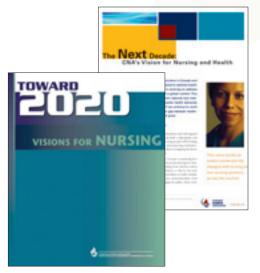
Shaking things up

As part of its role as the de facto steward of Canadian nursing, CNA developed its Toward 2020: Visions for Nursing paper in 2006. Taking a hard look at the history and present state of Canadian nursing, the document used scenarios based in trends analysis to stimulate a national dialogue that included intense discussions of nursing education, science and regulation. As it was intended to do, the document provoked a sometimes raucous reaction across the country in the two years after its publication. Nurses closest to patients in clinical practice settings seemed to love the ideas stirred up by the document. However, some suggestions in the document for radical changes in nursing curriculum and education delivery across all the regulated nursing groups were not greeted with unbridled enthusiasm by nursing leaders. In addition, the scenarios outlined in the document depicted dramatic shifts in patterns of registration and regulation. In its provocation of discussion and debate, the work joined a long line of CNA efforts to respond to current and emerging challenges in the health system.

Over the 18 months following the publication of *Toward 2020: Visions for Nursing*, CNA's board of directors heard a great range of reactions from the nursing and health-care community. The directors debated the issues for CNA and following a broad consultation with national stakeholders

they published *The Next Decade: CNA's Vision for Nursing and Health* to describe their high-level vision for the future. The document was widely disseminated to guide CNA's strategic directions, stimulate ongoing dialogue and help individual members coordinate work in their own communities and areas of practice so that nursing can contribute its best for the health of Canadians.

Finally, with its Consortium for Nursing Research and Innovation partners,³ since late 2007 CNA has led development of *Advancing Health Through Nursing Science*, a proposal to the federal government for the establishment of a 10-year, \$79 million fund to implement a comprehensive program to modernize the education and enhance the research capacity and output of Canada's RNs. The proposal formed part of CNA's submission to the House of Commons Standing Committee on Finance in September 2008 and again in 2009, and it also was submitted separately by the consortium under CNA's leadership. As this decade of CNA's history ends, the national Nursing Research Fund (1999-2009) has come to its end. The struggle for new funding for nursing science continues with CNA and the Canadian Nurses Foundation leading the public charge and behind-the-scenes lobbying for new investments.



³ The Academy of Canadian Executive Nurses, Canadian Association for Nursing Research, Canadian Association of Schools of Nursing, CNA and the Canadian Nurses Foundation.

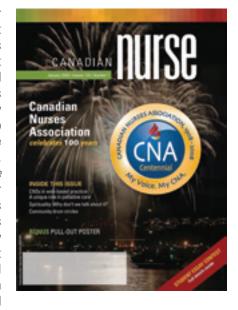
SUPPORTING AND
STRENGTHENING
REGISTERED NURSES
AND THEIR PRACTICE
SETTINGS

HISTORICAL PERSPECTIVE

CNA has had a broad interest in the practice, numbers and deployment of nurses and the caliber of the places nurses deliver nursing services since the founding of the association. From early on, governments, nursing organizations and external stakeholders have looked to CNA for leadership and information in these areas.

The agendas on health human resources and quality professional practice environments

It has always been clear (and remains so) that the human resources side of nursing cannot really be unbundled from the places nurses work and the ways they practise. Thus, these two intertwined agendas are often discussed together. The Canadian Nurse published its first plea for fair working conditions in 1907, and as early as 1926 CNA was asked by the federal government to produce a formal report on nursing human resources. It described



relevant statistics, trends and issues and discussed concerns about recruitment, attrition and deployment of nurses.

The association established a student and faculty database in 1963. This database would contribute to CNA's 1968 publication of the first edition of *Countdown: Canadian Nursing Statistics*, extending the organization's health human resources work to a more public sphere. A year later, responding to the fact that an increasing number of nurses were immigrating to Canada, the organization issued a position statement entitled *Immigration and Employment of Nurses from Abroad.* That document was the first official public acknowledgement by CNA of the growing importance of internationally educated nurses.

Recognizing that raw numbers were irrelevant if removed from the context of the way nurses were deployed and employed, CNA had long lobbied to participate in the national hospital accreditation process. Finally, in 1973, CNA was granted membership in and a seat on the Canadian Council on Hospital Accreditation. Former CNA president Isobel MacLeod was the first member appointed to represent CNA, and just four years later CNA president-elect Helen Taylor was appointed chair of the board of directors, the first nurse to hold that office.

In 1985, CNA's national database of students and faculty became a shared responsibility with the Canadian Association of Schools of Nursing. That database is now one of CNA's core information services on health human resources and is cited widely as part of national planning for health human resources planning.

CNA's work in health human resources work gained new profile with the 1997 release of what has come to be known as the Ryten report after its author (Ryten, 1997). Predicting that Canada could be short

113,000 nurses by 2011, the report garnered international attention and stunned nurses and policy decision-makers across the country with its dire warning. With its analysis of the consequences of cutbacks in the 1990s combined with a hard look at the dynamics of the looming

The document provided evidence that proved to be pivotal in pushing governments to launch the Nursing Strategy for Canada.

wave of baby boom retirements, the report suddenly volleyed "the nursing shortage" to the front page of newspapers and onto policy tables across the country. The document provided evidence that proved to be pivotal in pushing governments to launch the *Nursing Strategy for Canada* in 2000 and later the national sector study of nursing. In addition, CNA would become a long-term partner with the Canadian Institute for Health Information in producing annual reports on nursing data. The first, *Supply and Distribution of Registered Nurses in Canada, 1999*, was published in 2000.

Supporting the knowledge of practising nurses

A component of both quality care and the professional development of the individual nurse is the basic, current knowledge needed to provide nursing services effectively. CNA has always been a generator and disseminator of knowledge that supports the competence of nurses. Throughout CNA's long history, most of this knowledge has been disseminated through paper products. That changed in 1996 when CNA launched its first web presence at www.cna-nurses.ca. Mirroring developments in other fields, this first venture into the electronic world quickly gave rise to revolutionary changes in the way students and nurses communicate and access information by the early 21st century.

Starting in the early 1980s CNA had an eye on the increasing specialization across health care and the ramifications for nurses and patients. With Canadian RN education producing generalist graduates, gaps in training soon became apparent as those graduates often moved directly into



increasingly specialized practice settings. For nurses who had been practising for a long time, there was no recognition beyond word of mouth of their specialty knowledge and expertise. In that regard, nurses at the 1980 annual meeting had brought forward a resolution asking CNA to consider some kind of certification program. Attempting to address the need for recognition of its own specialty body of knowledge, in 1984 the Canadian Council for Occupational Health Nurses developed a certification examination for its



members that would later become part of what eventually was called the CNA Certification Program. The first examinations for occupational health nurses were written in 1984. The Canadian Association of Neuroscience Nurses used CNA structures to develop the first certification examination under CNA. The neuroscience examination was pilot-tested at the neuroscience nurses' meeting in Banff in 1990, and the first examinations were written in 1991. Interest in specialty certification was widespread and by 1999, 8,500 nurses would be certified in nine specialties.

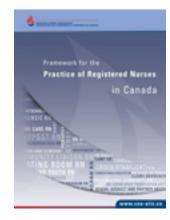
THE IMPACT OF CNA ON NURSES AND **THEIR PRACTICE SETTINGS, 2000-2009**

Since 2000, CNA has significantly expanded and strengthened its work in the areas of health human resources, quality professional practice environments, specialty certification and informatics. Highlights of these programs are included in the CNA milestones chart in Appendix G and include:

- the release of the 2002 update of CNA's landmark 1997 Ryten report, which confirmed concerns about the looming national nursing shortage, and the release in early 2009 of a report updating all the figures;
- the publication of Navigating to Become a Nurse in Canada, the first national study examining the assessment and integration of internationally educated nurses;
- the development of the E-Nursing Strategy for Canada; the report would be downloaded more than 65,000 times by June 2008;
- the official launch of the first initiative of its kind, CNA's portal, NurseONE.ca, by the Honourable Tony Clement, the minister of health, with funding of \$8.1 million to 2012;



- the publication of Building the Future: An Integrated Strategy for Nursing Human Resources in Canada, the final report of the national nursing sector study, for which CNA served as cochair for five years;
- the publication of Framework for the Practice of Registered Nurses in Canada and Advanced Nursing Practice: A National Framework;



- the signing by CNA of the Quality Workplace Quality Healthcare Collaborative's "Healthy Healthcare Leadership Charter"; and
- the launch of the Canadian Health Outcomes for Better Information and Care project with \$750,000 in funding by Canada Health Infoway.

Throughout its tenth decade, CNA maintained strong national leadership in the agendas of health human resources and quality professional practice environments. Under the direction of the CEO and board of directors, CNA has continued to demand attention for healthy work environments because a growing body of evidence has made clear that practice environments are linked to patient safety and outcomes. CNA's efforts in this area are generating results. In 2001 the country was confronted with a complex mix of high nursing absenteeism and overtime, soaring workloads set against decayed morale in workplaces, and existing and looming shortages. CNA worked and continues to work with partners like Health Canada's Office of Nursing Policy and Accreditation Canada to tackle these problems in a systematic, thoughtful and programmatic way, informed by evidence. For example, CNA worked with its partners to generate the kinds of indicators that could be helpful in tracking - and resolving - the problems. A list of more than 30 work-life indicators was pared down to fewer than 10 through a thoughtful, research-based process and the resulting indicators have been incorporated into the accreditation program for health-care settings.

Although all of this work has yet to revolutionize the working lives of most nurses, a broad network of partners came together as the Quality Workplace Quality Healthcare Collaborative with a commitment to tackle these issues once and for all. Accreditation Canada already had made quality professional practice environments one of the four dimensions of its AIM accreditation program. Later in the decade its Qmentum accreditation program embedded the nursing work-life indicators within its domains to measure quality of work life for staff as well as quality for patients. CNA also has participated as a partner or member in myriad other initiatives designed to strengthen nursing workplaces, including the Canadian Nursing Advisory Committee and international initiatives such as the ICN's socio-economic welfare program of work.

Certification program



Figure 2. Branding for the CNA Certification Program

At the turn of the millennium there were about 8,500 Canadian nurses certified in nine specialties. CNA's important role in the area of continuing competence is showcased by the fact that 10 years later more than 15,600 nurses were certified in 18 specialties (see Appendix K). That increase of more than 100 per cent in seven years (see Figure 4) has put a tremendous strain on the resources of the CNA Certification Program and reflects the determination of CNA staff to meet the growing demand for the credential. The CNA Certification Program is the only completely bilingual certification program in the world.

Key outcomes in the last decade include:

- the introduction of certification prep guides and online practice tests for nurses in all specialties;
- the posting of nurse-led certification study groups on the CNA website;
- the availability of certification mentors across Canada in all specialties;
- the development of a certification video available on DVD and on the CNA website, which includes testimonials from certified nurses and messages from nursing leaders and employers about the benefits of the credential, produced with funding from NurseONE;
- · the availability of an online application for first-time candidates
- the piloting of a computer-based testing method for a certification examination for the first time (oncology nursing);
- the fact that over 20 Canadian universities offer nursing degree credits to nurses who earn the CNA certification credential; and
- the manager of CNA's Certification Program begins in 2010 an elected term as secretary/treasurer for the American Board of Nursing Specialties.



Figure 3. CNA Certification Program pin

On September 25, 2008, the CEO of CNA signed a letter notifying the Canadian Association of Medical and Surgical Nurses that they had been designated for CNA certification. This brought the total number of areas of nursing practice and specialty within the certification program to 19. The first administration of the CNA certification examination in medical—surgical nursing was planned for the spring of 2010. The designated specialties and their registered credentials are listed in Appendix C.

NUMBER OF VALID CNA CERTIFICATIONS BY YEAR (NUMBER OF SPECIALITY AREAS IN PARENTHESES)

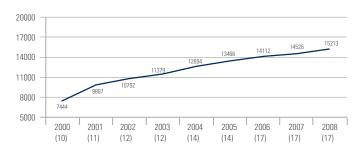


Figure 4. Number of valid CNA certifications by year, 2000-2008

Health human resources

CNA's long tradition of leadership as a generator, interpreter and disseminator of knowledge continued into the first decade of the new millennium with the commitment of the CEO and public policy team to make CNA the "go-to" place for data on nursing human resources in Canada. In fact, in many cases CNA has become a "go-to" place for international bodies as well.

CNA served as co-chair of what was originally titled the National Sector/ Occupational Study of Nursing for the six years of the study's life. Had the timing been different, the sector study would have provided the research base from which other national action agendas (e.g., the Nursing Strategy for Canada) would have flowed. However, given the urgency of the healthcare system situation in 1999, most of these national-level activities came to life concurrently.

CNA, along with team partners from the federal Office of Nursing Policy, was instrumental in co-leading the difficult process of writing the project's terms of reference; that process alone took more than a year. To resolve challenges associated with such matters as governance structures, CNA administered the overall project and managed a complex mix of players and organizations across the three regulated nursing groups, the federal government and the 13 provincial and territorial governments. Under the eventual overarching title *Building the Future*, the team released 13 technical reports, a research synthesis and phase I and II final reports (the last in 2006). Phase II included provincial and territorial consultations as well as a national symposium. As a result of the provincial and territorial consultations (where province- or territory-specific data were presented), most jurisdictions built data from the sector study into their own plans for health human resources.

CNA's internal projections for nursing human resources were first developed by Eva Ryten in 1997 and were revised in 2002. CNA's prediction of a shortage of roughly 113,000 nurses by 2016 still stands as the country's only projection of nursing human resources that is based in evidence, and it is cited as a credible prediction internationally. In 2009, CNA published Tested Solutions for Eliminating Canada's Registered Nurse Shortage, projecting that the nursing shortage would grow by



almost five times over 15 years. In a step forward from earlier work, this report highlighted six policy scenarios that if implemented together could eliminate Canada's RN shortage, which is currently estimated to grow to about 60,000 by 2022.

Data from sources like the sector study and CNA's projections for health human resources are linked directly to

...report highlighted six policy scenarios that if implemented together could eliminate Canada's RN shortage...

CNA's priorities concerning quality professional practice environments. First, the sector study confirmed longstanding concerns about nursing practice settings, many of which seemed to have decayed to new lows in terms of nursing morale by the early 2000s. The problem of work overload combined with overtime and fatigue suddenly seemed set to produce catastrophic impacts when the Ryten report forecasted that there would be a drastic shortage of nurses by 2016.

Those pieces of evidence really were the impetus for a greatly expanded national effort to strengthen workplaces for all health-care providers; this issue ultimately drew attention in its own right in the 2003 federal, provincial and territorial Health Accord. As in the past, CNA's generation of evidence was accompanied by programs of work to interpret, disseminate and react to it.

Evidence from the student/ faculty database is cited across the country and is part of the basis of health by governments.

In its tenth decade, CNA also expanded and refined its national database of students and faculty. The database tracks the impacts of policy decisions on nursing education numbers. It was the first source of data to show the impact of the 1997 Ryten report, for example: in 2000 there were

approximately 5,400 seats in schools of nursing whereas there are approximately 10,000 now. Evidence from the student/faculty database is cited across the country and is part of the basis of health human resources planning by governments. CNA has partnered with the Canadian Institute for Health Information to produce annual RN data reports since 1999. That work has expanded to encompass all three regulated nursing groups and has resulted in a robust series of annual reports on the supply and deployment of nurses across the country.

Also, since 2005 CNA has published annual statistical reports on writers of the CRNE. As the CRNE is usually the last requirement for licensure, these reports offer a good indication of the number of new Canadian-educated and internationally educated nurses ready to enter the workforce and allow for the monitoring of trends.

CNA's concerted efforts in health human resources paid off. CNA and its partners in the Health Action Lobby (HEAL) were successful in pushing the original federal, provincial and territorial Advisory Committee on Health Human Resources (now the Advisory Committee on Health Delivery and Human Resources) to use a pan-Canadian health human resources framework for its work. That framework is still in place. CNA's green paper, developed in partnership with the Canadian Medical Association (CNA & Canadian Medical Association, 2005), helped to push governments into action on national planning for health human resources. CNA still lobbies for greater self-sufficiency in nursing and medicine. HEAL was

so effective that the consortium is now the first non-governmental organization to hold a seat on the Advisory Committee on Health Delivery and Human Resources.

The result of this tapestry of work is that CNA has achieved its goal of being the go-to place for data on nursing human resources and related information. CNA is now a regular player on national and international stages when health human resources is the topic, working with groups as diverse as ICN, the Organisation for Economic Co-operation and Development, WHO and the Pan American Health Organization. In the last five years alone, HEAL was so effective that the consortium is now the first nongovernmental organization to hold a seat on the Advisory Committee on Health Delivery and Human

CNA's leadership on human resources topics has been sought at meetings in Peru, Barbados (to support efforts in the Caribbean), Switzerland, Scotland and several countries in Africa. CNA has participated in all ICN socio-economic welfare and workforce forums in the past decade.

Informatics and communication technology

The tenth decade was the first in which CNA was fully computerized: typewriters were replaced by a fleet of ever smaller laptop computers, fax machines took their last gasps before being overtaken completely by e-mail and cellphones shrank five times in size in less than 10 years. It was also the decade when the blackberry was transformed from a humble edible fruit to an essential tool in the pocket of every director and board member.

The tenth decade was also the first in which CNA began to grapple with the emerging reality of telecommuting and working remotely from the traditional workplace. The tools exist to make it feasible and simple to do so: one can even host national meetings online and deliver major speeches without ever leaving home. As a result, information and communications became increasingly critical to CNA's basic internal functions, to say nothing of its member services.

Informatics is a sometimes jargon-riddled field of knowledge, mysterious to many nurses, that has the potential to transform nursing practice. It already is changing the way nurses record; it can facilitate standardized



assessments and help nurses to trend clinical data. Through its popular E-Nursing Strategy, CNA provided guiding principles for the ensuing nursing portal project (NurseONE), in tandem with the First Nations and Inuit Health Branch of Health Canada. Born of a vision to bring nurses into the information age and provide credible information where it is most needed, at the point of practice, NurseONE is an interactive, web-based portal providing Canadian nurses with reliable evidence-based resources

to support their nursing practice by enhancing their decision-making process, managing their careers and connecting with colleagues and health-care experts. NurseONE built on dreams that began with Mary Ellen Jeans in the 1990s. In the tenth decade, Lucille Auffrey insisted that the portal be taken in directions that would ensure it was imbued with nursing knowledge and practice.

Led by a small multidisciplinary team of professionals (from nursing, information and communication technology, and business), NurseONE offers up-to-date, accurate information on a wide range of topics. Its extensive virtual library, named in honour of CNA's long-serving executive director, Helen Mussallem, houses more than 550 e-textbooks, over 3,700 full-text journals and 200 continuing education modules. NurseONE benefits from ongoing technical upgrades to meet the increasing demands of users and take advantage of new technologies.

The NurseONE portal is now able to address and target specific audiences by providing evidence-based information on subjects of interest to

them. These are called NurseONE Features, and one such topic is "Le projet soins infirmiers en français," the findings from which have farreaching implications for all minority populations in Canada. The video that resulted from this project would later be joined on NurseONE by other filmed productions, including *Nurses in AIDS Care, Toward 2020: Visions for Nursing,* and *Rural & Remote Nursing.* NurseONE developed these features in collaboration with CNA departments and CNA's associate



and affiliate members and emerging groups (see Appendix I), thereby providing all parties with an alternative forum for the dissemination of knowledge to the nurses of Canada. Projects on certification and

diversity and cultural competence have been and are being developed for NurseONE. NurseONE developed a section for professional practice that targets the three facets of professional development: continuing competence, continuing education and career development. Nurses will be able to save their self-assessments from one year to the next electronically, modify their learning plans accordingly and address their learning needs by taking one or more of the myriad of online courses that will be offered.

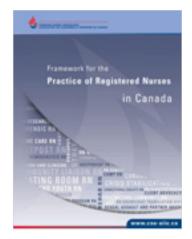
With NurseONE, CNA's services have been extended to licensed practical nurses and nursing students. Recognized externally as a source of excellence in nursing, NurseONE has received requests for advice and collaboration from Canadian employers, from contacts in Belgium, France, Australia, the Caribbean and from Sigma Theta Tau International. Additionally, NurseONE is poised to address the needs of registered psychiatric nurses as well as the nurses of Ontario and Quebec who are not members of CNA. In collaboration with the Canadian Nursing Students' Association, NurseONE was able to help build a database of the members of that organization. Students were given access to the portal and have become great advocates of it within both academic and clinical settings.

CNA also has advanced work in other areas of informatics and technology. For example, the organization recognizes the importance of initiatives such as a national unique identifier, a number assigned to every health professional that would allow tracking of mobility and practice patterns, for example. That project is moving, but it is moving too slowly for the public's satisfaction. There are similar concerns about the pace at which work on one of its companion initiatives, the electronic health record, is progressing. However, funding for work at the national level remains an issue. A crisis in the project within the government of Ontario late in 2009 brought national public attention to the project and may serve to accelerate the evolution of the national agenda.

Canadian Health Outcomes for Better Information and Care (C-HOBIC) project. The C-HOBIC project funded by Canada Health Infoway (\$750,000) further strengthened CNA's commitment to the integrated quality-safety agenda nationally. This project began implementation of the collection of standardized patient outcome data related to nursing care in electronic health records in Saskatchewan and Manitoba. C-HOBIC introduces a systematic, structured language to admission and discharge assessments of patients receiving acute care, complex continuing care, long-term care or home care. This language can be abstracted into provincial databases or electronic health records. C-HOBIC builds on Ontario's Health Outcomes for Better Information and Care (HOBIC) program.

The project will store the captured and standardized data in secure jurisdictional data repositories and databases in preparation for entry of the data into provincial databases and electronic health records. As it yields results, the project will be invaluable in helping CNA and other leaders to explain the connections between nurses, their interventions and patient outcomes.

Describing practice



As mentioned earlier, 25 years ago CNA developed and maintained standards in areas such as nursing practice, education and administration. As the mandates of regulators broadened, CNA stepped back from some of that work and instead produced supportive guides that suggested methods to develop standards. However, by 2002 it was recognized that Canada really no longer had a national document providing definitions of nursing and its frame of reference, and those kinds of documents were

being requested. As a result, CNA developed and published national frameworks for the practice of RNs and advanced practice nurses in 2007 and 2008, respectively.

The RN framework was developed to promote a common understanding of the current practice of RNs in Canada and is intended to be used by nurses, employers and other stakeholders. Given the competing workforces of both regulated and unregulated care providers across the system, this document makes plain the competencies of RNs and their potential contributions and supplies ideas for the optimal deployment of RNs.

The framework for advanced practice nurses was developed as a consensus document using consultations with experts across Canada. It describes current advanced practice, including the clinical focus and impacts of advanced practice nurses. It also discusses future directions for advanced practice nursing, leadership in this field, system planning and the collaboration expectations of advanced practice nurses. Both of these popular documents can be used for multiple purposes, from framing the practice of nurses for students in all programs, to helping shape governments' and employers' understanding of nursing roles as they create policies and plan for health human resources and the health system.

Mobility of Canadian-educated and internationally educated nurses

The mobility of nurses, particularly those educated outside of Canada, has long been of concern to CNA. The organization's first position statement on this subject was published in 1969. However, work in this area was subsequently undertaken in a somewhat sporadic way, perhaps reflecting the fact that the public paid attention to the subject only when differing economic circumstances between countries, provinces or territories stimulated the migration of nurses. When one province experiences an economic boom, for example, it draws nurses from other jurisdictions and

raises the profile of mobility barriers or enablers. In CNA's tenth decade the mobility of nurses was an issue of continual discussion in the context of natural disasters (e.g., moving nurses across borders to help in the wake of an earthquake),

...the mobility of nurses was an issue of continual discussion in the context of natural disasters...

disease outbreaks (e.g., sudden acute respiratory syndrome) or disasters caused by humans (e.g., acts of terrorism, plane crashes). The mobility problems of internationally educated nurses can come to light during sudden nursing shortages that attract international recruits or even during the occasional reactionary public discourse about immigration as a larger social issue.

It has become clear during this past decade that internationally educated nurses are an important part of Canada's human resources reality. If we discuss recruiting internationally educated nurses it does not mean that we have to give up on the principle of self-sufficiency in nursing human resources. However, the dream of self-sufficiency can be problematic in a nation with little to no natural population increase outside of its indigenous populations. CNA has never supported the practice of mass offshore recruiting, especially in countries that can ill afford to lose any of their nurses. However, CNA also recognizes the reality that many nurses do migrate to Canada. Regardless of the method by which they arrive here, the success of their nursing practice becomes a concern to CNA and its members. The problem has been compounded by reports over the years that newly immigrated nurses often have a hard time integrating into the health system as professionals and into Canadian society more

broadly. The fact that some two thirds of internationally educated nurses fail to become registered is an important concern for CNA in the light of constant talk of shortages of nurses, to say nothing of the personal toll for those new Canadians.

Internationally educated nurses are an important part of Canada's human resources reality.

For all these reasons CNA took on leadership of the internationally educated nurse agenda more forcefully during its tenth decade. CNA focused on finding ways to bring those nurses successfully into practice in this country. Its Navigating to Become a Nurse in Canada: Assessment of International Nurse Applicants made nine recommendations to improve processes and success rates. In 2005, CNA created a new position statement, Regulation and Integration of International Nurse Applicants into the Canadian Health System, which specified principles related to the regulation and integration of internationally educated nurses. The CRNE readiness test was one way CNA attempted to integrate internationally educated nurses, by connecting with them at the beginning of their entry into Canadian practice. Further, CNA co-chairs a national task force on internationally educated nurses that reports to the Advisory Committee on Health Delivery and Human Resources. With its growing expertise in this area, CNA has been asked to make numerous presentations on employability and mobility to groups such as Human Resources and Skills Development Canada.

SUPPORTING AND STRENGTHENING NURSING SERVICES, THE POLICY VOICE OF NURSES AND THE HEALTH SYSTEM

HISTORICAL PERSPECTIVE

Since CNA was formed, this pillar of its work arguably has been its most visible one to the public, other health-system stakeholders and governments. CNA's work in this area is widely varied in scope and impact: it spans the range of health services, includes the organization's government relations program and has both domestic and international impacts.

Policy and government relations on the domestic front

CNA's policy profile grew significantly when it presented an extensive statistical brief to the Royal Commission on Canada's Economic Future in 1956. In 1962, CNA made 25 recommendations to improve Canadian nursing services in its brief to the Royal Commission on Health Care, a key step leading to the establishment of Canada's modern medicare system.

From those early days, CNA stood clearly on the side of a publicly funded system that would not dole out care based on ability to access or pay for it. CNA's views on this issue have their roots in the community. From their role in providing home care and public health long before modern health care evolved, to their involvement in street nursing today, nurses have always been closely connected to their fellow citizens and the realities of their lives.

In 1971, executive director Helen Mussallem became the first healthcare professional and only the second woman appointed by the prime minister to the Economic Council of Canada. Her appointment later helped to strengthen CNA's brief to Justice Emmett Hall's Health Services Review (1980), Putting Health into Health Care. In one of its proudest moments, under the direction of executive director Ginette Lemire Rodger and CNA president Helen Glass, CNA would go on to propose 11 amendments to the Canada Health Act, which was introduced by the government in December 1983. The act was amended partly as a result of the work of CNA and was given royal assent in April 1984.

Individual CNA members were encouraged to undertake government relations with CNA's "1 in 70 Voters is a Registered Nurse" campaign before the 1997 federal election. CNA's credible Quiet Crisis lobby before the 1999 federal budget was an important influence on the federal government's decision to reinstitute the principal nursing officer role it had eliminated in 1994; this role has been modernized to become the Office of Nursing Policy. CNA's work under Mary Ellen Jeans in the ninth decade in this area continued to bear fruit for nursing in the tenth decade. For example, CNA's "Action 301" grassroots movement mobilized nurses to become involved in the political process during the early years of the tenth decade. The intent was to bring nurses' voices to the attention of political candidates in all of the 301 federal ridings at that time. The program provided nurses with background information, analyses of the various party platforms and ideas with which to challenge parties and candidates.

Nursing roles

Through its leadership role in developing standards of education, regulation and practice, CNA has always exerted a strong influence on the roles of RNs in Canada, including changes, supports and potential threats to them. CNA has been vocal in its resistance to the evolution of roles that impinge on nursing practice without bringing obvious benefits

to the public. For example, CNA has resisted pressures in the system to expand the use of physician assistants. The role of physician assistant became popular especially in the United States after the Korean and Vietnam wars when many returning "medics" took it on. Since 1970, when its Statement on the Expanded Role of the Nurse – the Physician Assistant helped prevent the introduction of the physician assistant role in Canada, CNA has publicly argued that expanded nurse roles were in the better interest of the public.

...CNA has publicly argued that expanded were in the better interest of the public.

Beyond its interest in direct clinical care, CNA has always held a strong interest in nursing administration and formal leadership roles. It has been nearly 50 years since CNA, in cooperation with the Canadian Hospital Association, sponsored the first program in nursing unit administration. That program would carry on for some 40 years. In 1981, CNA released Education for Nursing Administration in Canada, and the first CNA Forum on Nursing Administration was held in Ottawa. CNA's work in nursing administration broadened into work on nursing leadership during the organization's tenth decade.

Looking globally

In some ways, CNA's global connections predate the organization because its first president, Mary Agnes Snively, had served as treasurer and then vice-president of ICN before CNA was founded. One of the drivers behind the birth of CNA was the desire of Canadian nurses to join ICN: ICN membership required membership in a national nursing association. CNA's interests in global issues have rarely waned since the organization achieved one of its inaugural goals by joining ICN in 1909.

CNA's influence in international policy and development has grown exponentially over the past 50 years. In 1977, executive director Helen Mussallem was invited to join the Canadian delegation to the 30th World Health Assembly. She was the first non-governmental appointee to Canada's delegation and one of only two nurses present at the World Health Assembly. The assembly in which she participated produced results with a lasting impact: not only was the historic Health for All by the Year 2000 resolution accepted by the 150 member states, but Canada's resolution on nursing – the first ever – was adopted by the assembly. Canadian nurse leaders, including many CNA presidents and executive directors or CEOs, have participated in World Health Assembly meetings ever since.

International development. CNA formally marked its entry into global development work in 1974 when it obtained funds from the Canadian International Development Agency (CIDA) to establish the Commonwealth Caribbean Regional Nursing Body secretariat. That initiative launched more than 30 years of work that would take the CNA brand around the world. In 1976, CIDA provided funds to CNA to implement nine international nursing projects requested by developing countries. CNA's work in Africa in 1982 resulted in the establishment of the Nursing Development Program of the West African College of Nursing. In 1985 CNA received funding from CIDA for a three-year project to strengthen nursing and its infrastructure in Bolivia, and by then work was already underway on a multinational project in the Caribbean called CARICOM. CNA concluded CARICOM in 1986; the project produced a standard entry-to-practice nursing examination to be used in 13 Caribbean nations. In 1990 CNA and CIDA signed a second multiyear agreement for funding of nursing activities in developing countries. CNA's international work would grow tremendously in scope and influence during the organization's tenth decade.

ACHIEVEMENTS IN NURSING SERVICES, THE POLICY VOICE OF NURSES AND THE HEALTH SYSTEM, 2000-2009

- Governor general Adrienne Clarkson joined CNA and its partners, the Red Cross and PATH Canada (Program for Appropriate Technology in Health), in Ottawa to unveil the Monument to Canadian Aid Workers in 1981; CNA played a key role in fundraising.
- CNA published its social justice framework, Social justice...a means to and end, an end

in itself, in 2006.

- CNA and its partners hosted national nursing leadership conferences in Ottawa in 2003, 2005 and 2007. The 2009 conference was held in Toronto, with Gloria Steinem as a keynote speaker.
- CNA received \$8.9 million from Health Canada to advance primary health care renewal with the Canadian Nurse

Practitioner Initiative. The final report on this initiative was released in June 2006.

- CNA received \$750,000 from Health Canada for a program of work entitled Toward 2020: Strengthening Canada's Health Human Resources. In 2006, Toward 2020: Visions for Nursing was published. By June 2008, the report and its summary had been downloaded more than 240,000 times, and more than 12,000 nurses and other leaders had attended presentations on the study across the country. In 2008, NurseONE produced and released the Toward 2020 DVD and suite of tools.
- CNA signed the Canadian Collaborative Mental Health Charter in 2006.

- CNA staff provided a week of capacity-building workshops entitled Influencing Public Policy: Strategies and Tactics to southern African nurses in Pretoria, South Africa in 2007. The workshops, which were developed initially by CNA's department of International Policy and Development, were also offered in Russia. CNA first offered this workshop in Canada in a two-day format in November 2008.
- The CNA president and Centennial Leadership Cabinet members released CNA's new vision statement at the National Press Club in Ottawa on January 17, 2008; the centennial medallion logo was also released (see Appendix B).
- CNA hosted a webcast on the 100th anniversary of the organization's founding, October 8, 2008. The same day, CNA released public versions of Signposts for Nursing: The Canadian Nurses Association Looks Ahead (CNA's centennial horizon scan) as well as a consultation document entitled CNA's Preferred Future: Health for All, which served as a basis for the 2009 document The Next Decade: CNA's Vision for Nursing and Health.
- · A new CNA logo was released in 2009 (see Appendix B).

The tenth decade: a time of action

Perhaps no era has been characterized by as much attention to nursing and the health system as has the first decade of this century. CNA has skillfully capitalized on that attention, participating in many aspects of the health agenda, exerting leadership that shaped the health system and increasing its credibility as a champion of the public interest. This era would see the release of the 2003 First Ministers' Accord on Health Care Renewal (including \$90 million in funding for health human resources). In addition, in 2004, Canada's first ministers reached a \$41.2 billion, 10-year agreement intended to heal the nation's ailing health-care system. During this time, commissioner Roy Romanow and senator Michael Kirby also each conducted and released comprehensive reviews of Canada's health system.

Taking advantage of those investments, CNA took the lead, under CEO Lucille Auffrey's direction, on key projects that are still having national and international impacts. These projects are shaping the underpinnings and safety of Canadian nursing and providing more visible supports to practising nurses and employers in areas such as health human resources, quality professional practice environments and certification. Many of them were mentioned earlier in this record.

...shaping the underpinnings and safety of Canadian nursing and providing more visible supports to practising nurses and employers...

Although no more important than its work supporting the underpinnings and safety of nursing, CNA's work in the very visible areas of primary health care, public and social policy and international development has often garnered the greatest attention of governments, media and the public. Key examples of these programs of work follow.

Primary health care

Through its long-term advocacy efforts, with intensified lobbying in the 1990s, CNA was an important force behind the establishment of the Primary Health Care Transition Fund. According to Health Canada's website, in September 2000 the first ministers "agreed that 'improvements to primary health care are crucial to the renewal of health services' and highlighted the importance of multi-disciplinary teams" (Health Canada, 2007). In response, the federal government established the \$800 million Primary Health Care Transition Fund (for the period 2000-2006) with the intention of helping to transform Canada's health system. CNA made a

"agreed that 'improvements to primary health care are crucial to the renewal of health services' and highlighted the importance of multi-disciplinary teams" tremendous contribution to the preparatory work leading to the creation of the fund and then to the efforts to put the fund into operation; much of CNA's work was invisible to the public but it strengthened the

entire initiative. For example, CNA sat on five large and busy national steering committees for Primary Health Care Transition Fund projects. CNA's role was acknowledged by its partners and health-system leaders as being instrumental in the success of the projects and the fund overall. The projects were as follows:

- Getting a Grip on Arthritis: A National Primary Care Community Initiative
- · Canadian Collaborative Mental Health Initiative
- · e-Therapeutics Drug Therapy Management
- Enhancing Interdisciplinary Collaboration in Primary Health Care
- · Multidisciplinary Collaborative Primary Maternity Care

Nurse practitioners. Importantly, CNA was one of the only organizations to be allocated singular, as opposed to multi-group, funding for a project in the Primary Health Care Transition Fund. That was for a landmark project entitled Nurse Practitioners in Primary Health Care (known as the Canadian Nurse Practitioner Initiative), funded at \$8.9 million and completed in 2006. Through its work on this project CNA moved ahead of nursing associations in other countries in advancing the role of NPs in the health system, and Canada is now a leader in this area. The work is still changing the shape of Canadian health care and helping to achieve the dream of primary health care services for all Canadians. CNA staff from all departments were involved in the project for more than two years, which placed a significant strain on the organization. However, flowing in part from CNA's tremendous leadership efforts, between 2004 and 2008 alone the number of NPs licensed across Canada increased from 800 to more than 1,600 (Canadian Institute for Health Information, 2010).

Government relations and the public policy agenda

The CEO met with every federal minister of health and all three prime ministers in office during her tenure. Federal health ministers visited CNA's board repeatedly and participated, in person or through communications technology, in all of CNA's national conventions and leadership conventions. The CEO and staff representatives also met with Stéphane Dion while he was the leader of the opposition and with other federal party leaders. Topical parliamentary "lobby days" were arranged by the Public Policy department to provide CNA board members with the

opportunity to give key messages to members of Parliament and senators in a formal lobbying setting. All of these meetings have helped keep health on the public agenda when some interest groups clearly would have liked to see it pulled off. CNA also presented to the House of Commons standing committee on finance every year during CNA's tenth decade. CNA staff were purposeful and active participants in activities involving the Office of Nursing Policy, other divisions of Health Canada and the federal government more broadly: among other activities, they made numerous committee appearances, attended invitational events and developed personal networks with the staffs on Parliament Hill.

These meetings have helped keep health on the public agenda when some interest groups clearly would have liked to see it pulled off.

Examples of other policy efforts and successes during these years are as follows:

- CNA's work was key in bringing pharmacare to national attention. CNA's work on a framework with pharmacists and the Best Medicines Coalition led to the 2006 first ministers' task force on a national pharmaceuticals strategy. All of this emerged from the 2004 first ministers' accord on the future of health care.
- CNA's CEO met personally with commissioner Roy Romanow and senator Michael Kirby as they conducted their national reviews of the health system and CNA staff made numerous presentations to their committees.
- CNA actively participated each year in developing the questions for the Health Care in Canada Survey and in analyzing and disseminating the results.
- Since 2004 CNA has developed an active environmental agenda that has been noticed even by the prime minister.
 Through a range of forums and consultations, CNA's Office of the Environment has developed a variety of tools, position statements and other resources to inform nurses on environmental health issues.

Given its century-long interest in social determinants of health, CNA was pleased to contribute to the nurse-led development of technology such as telehealth to improve access to care. In November 2007, the CNA board approved an updated position statement on this topic entitled *Telehealth: The Role of the Nurse.* Later in the decade CNA participated on the planning

committee for the first national forum on poverty (under the leadership of the Canadian Council on Social Development). To make clear CNA's belief in the importance of maintaining and strengthening Canada's medicare system, CNA launched its Nurses for Medicare initiative in partnership with the Canadian Federation of Nurses Unions in October 2008.

Nursing's preferred future

CNA's CEO supported the establishment of a futures agenda starting in 2004 that, within two years, changed the course of the dialogue about nurses and nursing in this country and positioned CNA strongly as the national leader in the conversation about nursing's future. With \$750,000 in funding over two years, the project produced numerous works designed to strengthen Canada's health human resources. The flagship document, Toward 2020: Visions for Nursing, and the subsequent presentations and DVDs on this material captured the imagination of nurses and the general public in conferences, workshops and town halls across the country. The reactions of some nurse leaders, other healthcare providers and government representatives made it plain that many were nervous, even angry, about nurses exercising leadership in broad, system-level discussions of this nature. On the other hand, thousands of working nurses and many leaders within nursing and governments enthusiastically embraced CNA's thinking; leaders in several provinces used CNA's document as a resource for their own planning for the future and requested that CNA help to guide similar work in their provinces.

Nursing leadership

Mirroring trends in business, CNA's focus on nursing administration broadened into a focus on nursing leadership by the turn of the century. The longstanding CNA nursing administration program was dropped because master's level preparation became an increasingly common requirement for nurses wanting to take on even first-line managerial roles in the health system and many master's programs were now encompassing nursing administration and leadership. CNA's tenth decade also saw the development of professional development opportunities specifically for leadership, such as the highly popular offerings of the Dorothy M. Wylie Nursing Leadership Institute and more recently its offspring, the Health Leaders Institute. By the middle of the decade a loose coalition of interested

...a balance between talking about leadership and simply exemplifying leadership through its varied public actions. national leaders, including CNA, the Canadian Medical Association, the Canadian Healthcare Association and the Canadian College of Health Service Executives, formed the Canadian Health Leadership Network. The network aims to identify, develop, support and celebrate health system leaders across the country and over

the life cycle of leadership and facilitates one-stop shopping for any organization or individual looking to identify leading practices in health leadership training and development over the life cycle of leadership (Canadian Health Leadership Network, 2010).

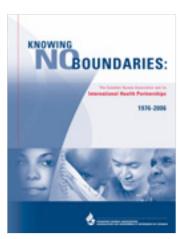
Given all these emerging (and sometimes competing) initiatives focused on leadership, CNA had to re-think its role as the decade moved along, evaluating the potential for duplication and gauging the need for it to be involved in this arena. CNA

...positioned CNA strongly as the national leader in the conversation about nursing's future.

developed a revised position statement on nursing leadership in 2009 and continues to host the bi-annual Nursing Leadership Conference with five partners. The conference continues to grow steadily in popularity. It attracts many front-line nurse leaders; for many of these attendees the conference is the only national event at which they gather with other managers. To date, despite the proliferation of specialty nursing associations, there is no group dedicated to nurse managers and emerging leaders, other than the most senior executives who are eligible to join the Academy of Canadian Executive Nurses. CNA's CEO also hired a scholar in residence during the tenth decade whose time is in part dedicated to nursing leadership, so the organization's commitment to this agenda is clear. However, CNA continues to seek a balance between talking about leadership and simply exemplifying leadership through its varied public actions. CNA recognizes that it does not have the resources to duplicate activities already well managed by outside partners and stakeholders. An important trend for CNA to monitor is the shift toward viewing administration as an essential component of leadership and vice versa; in a sense this trend reverses the thinking that emerged during the 1990s. This may place a renewed emphasis on training in administration, which is, at least in part, missing from current nursing leadership programs and the training programs available in nursing associations.

International policy and development

- Lucille Auffrey joined the ICN delegation to the 2003 World Health Assembly. Key for nursing was resolution 49.1 on strengthening nursing and midwifery. CNA presidents and CEOs attended all subsequent World Health Assembly meetings and major ICN events.
- CNA published Knowing No Boundaries: The Canadian Nurses Association and its International Health Partnerships, celebrating 30 years of international health partnerships, in 2007.
- The Indonesian National Nurses Association became the 125th member of ICN in 2003 through mentoring provided by CNA via a CIDA-funded program to strengthen national nursing associations.



 CNA launched a nomination campaign in 2004-2005 for the ICN presidency for Ginette Lemire Rodger.

- In 2004, CNA's director of International Policy and Development was the only RN appointed to the World Health Organization's Strategic and Technical Advisory Committee on HIV/AIDS.
- CNA's International Policy and Development director was asked to accompany governor general Michaëlle Jean on two state visits – to Africa (Algeria, Mali, Ghana, South Africa and Morocco) in 2006 and Afghanistan in 2007.
- CNA provided technical and logistical support that resulted in the launch of the Canadian Association for International Nursing (CAIN) in 2008.
- Examples of funding by CIDA for CNA's work in international policy and development:
 - a five-year, \$4 million contribution agreement with CIDA in 2002, which effectively doubled CNA's funding for work in international policy and development
 - a five-year, \$3 million funding agreement with CIDA for the Canada — South Africa HIV/AIDS Initiative, which is being operated in partnership with the Democratic Nursing Organisation of South Africa
 - \$5 million in funding for the Strengthening Nurses, Nursing Networks and Associations Program for five years

In 2000, two CNA staff members conducted CNA's international work in the original international bureau, with an additional half-time staff member doing work with ICN. The single project that was underway in the Strengthening Nurses, Nursing Networks and Associations Program was funded at \$1.8 million, no small achievement to be sure. However, by the end of 2002, CNA had signed a five-year agreement that more than doubled CNA's international program of work. In 2000-2009, the department was responsible for a third of all external funding received by CNA.

CNA has built what is now the nation's premier international nursing development program, with activities in 30 countries on four continents. During 2006, CNA celebrated 30 years of international health partnerships. Requests for assistance continue to overwhelm the capacity of CNA to respond. Reflecting the growing strength of CNA in this area, twice within a year the governor general called on the director of International Policy and Development to accompany her on state visits. That is just one indication of a new kind of attention to CNA on the national and international stage. The department's many achievements in this decade are highlighted in the milestones chart in Appendix G.

As mentioned earlier in this report, in 2005 and 2006 the department developed a workshop to help nurses develop their skills and their understanding of the process of public policy development, in response to repeated requests from its partners. The response to the workshop was encouraging and as a result it has been modified for broader audiences since 2007. The modified package includes tools such as an instructor's manual and a train-the-trainer program. The first (and very successful) offering of the new Influencing Public Policy: Strategies and Tactics workshop to a domestic audience was in Ottawa in November 2008. The workshop was offered again by CNA with the sponsorship of the College and Association of Registered Nurses of Alberta in late 2009, and additional sessions are planned.

These activities have positioned CNA as the only nursing organization in Canada to play an intermediary role linking the local to the international. Each policy department is now involved in work at domestic and global levels. In addition, CNA is helping to create a critical mass of Canadian nurses who are interested in collaborating with international partners to improve global health.

International Council of Nurses. CNA is now among the strongest international supporters of ICN. This was not always the case and was certainly not so at the outset of CNA's tenth decade when CNA participated in some ICN committees but did not interact with the organization intensively. Since then, through relationships built by the CEO and the International Policy and Development department, CNA has undertaken a sustained effort to be at the cusp of international relations and to provide a visible, active leadership voice at ICN, and it has participated very visibly in all major ICN meetings (see Appendix S). CNA's work in areas like health human resources, regulatory policy and nursing policy informs the dialogue and decisions of ICN and its member national nursing associations. CNA is called upon regularly by ICN, WHO and many other international bodies to support and lead a wide range of projects that are fed by the work of all of its policy pillars. Continuing a long tradition of service to ICN by CNA presidents, in 2005 CNA mounted a valiant domestic and international effort to nominate former CNA president and executive director Ginette Lemire Rodger for the ICN presidency. Although it was a close contest, CNA's campaign was unfortunately unsuccessful in the end, and Hiroko Minami of Japan was elected. CNA was successful in its subsequent effort to position CNA past-president Marlene Smadu on the ICN board of directors for 2009-2013, where she serves as third vice-president.

SUPPORTING AND STRENGTHENING CNA AND ITS MEMBER SERVICES

HISTORICAL PERSPECTIVE

CNA House

Initially founded by volunteers, the Canadian National Association of Trained Nurses soon grew to the point of needing dedicated space and staff. The association opened its first office in 1922 in Winnipeg, and in 1924 it changed its title to CNA to better reflect its broader mission and purpose. The first executive director (then called secretary), Jean Wilson, took office in 1923 and would hold the position for 20 years; no other operational leader of the organization has served as long as she did.

CNA's move from Winnipeg to Montreal in 1932 reflected the importance of what was then Canada's largest and most cosmopolitan city. It would not be until 1954 that CNA would settle in the nation's capital. Nine years after the move to Ottawa, construction of CNA House began at 50 Driveway. All CNA services were consolidated into the new building by September 1966, and in celebration of Canada's centennial birthday the building was opened officially by governor general Daniel Roland Michener in 1967. An expansion of CNA House was begun in 1987 and completed in 1988. With the exception of internal renovations, the building remains the same today.



Affiliations

There has long been a demand from individuals and organizations to formalize their relationship with CNA. From early on, CNA recognized the potential value of synergies that could be realized through such partnerships as well as the potential strengths in common messaging, for example. In 1987, the Canadian Association of Neuroscience Nurses was the first group to be awarded what was then called special interest group status at CNA. Many more groups now have relationships with CNA through associate and affiliate memberships as well as emerging group status.

Member services

The Canadian Nurse journal, first published in 1905, was purchased by the Canadian National Association of Trained Nurses in 1916, becoming the official communication vehicle of the organization. Various combined and separate English and French versions of the journal have been produced over the years in an attempt to meet the needs of members in cost-effective ways. The first online issue of the journal was published in 2009.

CNA has an equally long tradition of communicating with its members and leaders face to face. In 1911, in Niagara Falls, the Canadian National Association of Trained Nurses held its first "national" meeting. Twentyeight organizations were listed as affiliates, but at that point most provincial associations (where they existed) had not yet joined the association. However, the appeal of a national meeting was clear and a tradition of national gatherings began, which would bring together association leaders, association members, external nurse leaders, other health-care providers and government representatives.

Over the past quarter century CNA has continued to hold annual general meetings for members that are supplanted by large national conventions every second year. In addition, CNA has hosted myriad other national meetings, conferences, workshops and symposia. For example, in 1997 the first national nursing forum was held in Ottawa. More than 30 organizations representing 264,000 RNs participated. Those forums were held for several years.

Recognizing the need for nurses to have legal liability protection, CNA encouraged the establishment of an organization to offer such services to nurses. The Canadian Nurses Protective Society was established in 1988 as a non-profit society separate from CNA to offer legal liability protection related to nursing practice to eligible RNs through the provision of information, education, and financial and legal assistance.

Finally, CNA has offered a number of individual awards to acknowledge distinguished nursing service since its first honorary life membership was given to Mary Agnes Snively in 1921. That recognition, Canada's highest nursing honour, has since been renamed in honour of Jeanne Mance. Awards for outstanding media coverage of health issues have been presented by CNA since 1988, and the annual awards presentation is now co-sponsored by the Canadian Medical Association. The program honours "outstanding Canadian journalism that enhances understanding of health, the health-care system and the role of health professionals." The purpose of the program is to recognize the media for its contribution to shaping

healthy public policy. The program was revised following a review of its costs and benefits in 2001. The Canadian Medical Association was invited to co-sponsor the event to help broaden the positioning and impact of the event and to share in the hosting costs (see Appendix N).

journalism that enhances understanding of health, the health-care system and the role of health professionals."

In 1999, a new awards program for employers was established within

the CNA Certification Program. CNA presents these awards to employers across the country for support of RNs pursuing specialty certification through CNA's certification program. The winners are noted in Appendix N.

ACHIEVEMENTS IN OUR INTERNAL SUPPORTS, AFFILIATIONS AND MEMBER SERVICES, 2000-2009

It is likely that every decade can be described as a busy one, maybe the busiest ever. In the case of CNA's tenth decade, however, the staff's sense of being in an unprecedented whirlwind of busyness and activity seems to be supported by the evidence, For example, CNA has a 100-year history, but its revenue *doubled* between 2001 and 2008; this change included a more than 100 per cent increase in revenue from examination fees because of increases in the numbers of writers. The work at CNA was so intensive that by 2005 the organization had increased its external project funding by 1,000 per cent over year 2000 levels. CNA attracted more than \$30 million in external project funding in its tenth decade, and in the process it increased its staff by some 50 per cent (see Appendix D). Examples of other outcomes are highlighted in appendices G and K and include the following:

- At the end of 2009 CNA had 139,893 individual members across its 11 jurisdictional member associations, up from 111,875 in 1999 (see Appendix I).
- Successful national conventions were held in Vancouver, Toronto,
 St. John's, Saskatoon and Ottawa (see Appendix P).
- The Canadian Nurse journal celebrated its 100th anniversary in 2005.
- Nominated by CNA, Stephen Lewis won the prestigious ICN Health and Human Rights Award in 2005 (see Appendix S).
- CNA centennial celebrations were held from the end of 2007 through early 2009.
- The 20th anniversary Media Awards for Health Reporting sponsored by CNA and the Canadian Medical Association were presented in Ottawa in 2008.
- Communications and marketing and publishing functions were consolidated in a new department of Corporate Communications.
- Nearly 500 multimedia publications were produced by CNA during the tenth decade (see Appendix H), and CNA staff made hundreds of appearances on local, national and global stages before tens of thousands of nurses.

Member services

The Canadian Nurse *journal*. CNA's popular peer-reviewed journal celebrated its 100th anniversary in 2005. As of 2009 it was circulated to an average of nearly 129,000 nine times per year. *Infirmière canadienne* reached an additional 3,078 RNs nine times per year.

Meetings, workshops and symposia. With the combined efforts of all departments, CNA hosted or co-hosted thousands of nurses during 10 annual general meetings, five national conventions, four national nursing leadership conferences and dozens of workshops, think tanks and other meetings between 2000 and 2009. CNA attracted an array of political leaders to each convention and prime minister Paul Martin spoke in person

at the convention in St. John's in 2004. CNA staff members have traveled to every corner of this country and around the world, sharing the lessons and wisdom of CNA, face to face, with tens of thousands of nurses, other health-care providers, policy leaders and the public.

Centennial celebration. CNA's centennial celebration was by any measure a sophisticated and exciting national celebration that has been the talk of professions everywhere. Nurses and students of every age and across the country told CNA that it had reignited their pride in nursing. To help raise the profile of the year's events, CNA recruited a ceremonial Centennial Leadership Cabinet that was led by governor general Michaëlle Jean and included a roster of distinguished Canadians (see Appendix Ω). The following were among the centennial celebration highlights:

- Contest-winning CNA members from across Canada were invited to meet Laureen Harper and have lunch at the prime minister's residence, 24 Sussex Drive, in Ottawa in December 2007.
- A contest was held in which a CNA member won a ticket to accompany the CNA president to the 2008 Juno Awards in Alberta at the invitation of Paul Brandt (who also appeared at the CNA convention that year).
- Fourteen special Nurse to Know awards were presented by the prime minister to nurses from each province and territory as well as to the CEO at the host site (see Appendix N) in a ceremony to launch the centennial year and CNA's centennial website, held at Toronto's Hospital for Sick Children. A private meeting was held among CNA executives, the prime minister and the federal minister of health.
- More than 1,000 delegates joined CNA board and staff members at the highly successful national convention in Ottawa, which reinforced CNA's position as the strong, sophisticated and future-focused leader of nursing in Canada.
- A new Canada Post stamp was unveiled to commemorate the centennial.
- CNA launched the centennial edition of the *Code of Ethics for Registered Nurses* at the 2008 convention in Ottawa.
- Milestones: The First 100
 Years of the Canadian Nurses
 Association, 1908-2008 was
 released on DVD, with complimenta
 - released on DVD, with complimentary copies distributed to every school of nursing across the country during the first week of the 2008-2009 school year.
- CNA's new Awards of Merit in the five domains of nursing (see Appendix N) were inaugurated.
- Centennial Awards were given to 100 nurses from across Canada in 2008 (see Appendix N).



- Nursing's Preferred Future: Health for All and the Signposts for Nursing centennial horizon scan were released during a webcast on CNA's 100th anniversary, October 8, 2008.
- CNA's first coat of arms (see Appendix B) was unveiled by governor general Michaëlle Jean during a ceremony with the CNA president and staff at Rideau Hall in Ottawa in November 2008. The Canadian Heraldic Authority was also in attendance.

Associate and affiliate members and emerging groups. The number of CNA associate and affiliate members increased from 25 to 43 during the decade, and three emerging groups are currently linked with CNA. There is always a CNA staff member whose portfolio encompasses regular communication with these members and groups, and they are consulted regularly in the development of position statements, certification examinations and other projects requiring their specialty expertise. The CNA president, board members and senior staff regularly are invited to speak at the national meetings of all these groups, who together have more than 40,000 members. With the dramatic increase in the numbers of these groups who have chosen to be formally connected with CNA has come a concomitant increase in workload and activity at CNA.

Francophone development. CNA launched a francophone development initiative to augment services offered to CNA's francophone members, in collaboration with CNA's corporate office and board of directors. The main goal of the initiative was to develop and maintain relationships with CNA's members and partners and with other nurses working in minority francophone settings outside of Quebec, and to develop relationships with the Ordre des infirmières et infirmiers du Québec and its members. Another goal of the initiative was to ensure that CNA coordinated its actions to support the Francophonie with those of its official partner, the Société Santé en français (and that organization's 17 regional, provincial and territorial networks), as well as with the efforts of the Consortium national de formation en santé, provincial governments and others to enhance access and contribute to francophone health care in Canada.

HONOURING CANADIAN NURSES

CNA offers several internal awards (see Appendix N) to honour individual nurses for their outstanding contributions to nursing, and this program was expanded during the tenth decade. Canada's highest nursing honour, the Jeanne Mance Award, is presented at the biennial convention to a nurse who has provided distinguished service to the profession and the country. Because there are so many deserving nurses, awards of merit were established in the centennial year to acknowledge distinguished service in the categories of nursing education, leadership, policy, research and practice, and these too will be presented at each biennial convention.

To launch the centennial year, the prime minister and his minister of health joined CNA's board of directors at the Toronto Hospital for Sick Children where the prime minister presented an award for service to one nurse from each Canadian province and territory as well as to the CEO of the hospital, who is a nurse. Later in 2008, special centennial medals were presented in a ceremony in Ottawa to 100 Canadian nurses nominated by their peers and organizations across the country. These awards (see Appendix N) were presented in the centennial year only.



National Nursing Week. The ICN first designated May 12, Florence Nightingale's birthday, as International Nurses Day in 1971. In 1985, CNA members passed a resolution to begin negotiations with the federal government to explore having the week including May 12 proclaimed as National Nurses Week annually. Soon after, the minister of health proclaimed the second week of May as National Nurses Week; in 1993, the name was changed to National Nursing Week to emphasize the profession's accomplishments as a discipline. The celebration draws attention to nurses, increasing the awareness of the public, policy-makers and governments of the many contributions of nursing to the well-being of Canadians. It also gives nurses an opportunity to educate Canadians about health issues by providing information they need to make decisions about their health and to promote the role of the nurse. Themes for the celebrations during CNA's tenth decade are listed in Appendix R.

The CNA memorial book. Nurses who have died may be nominated by their peers for inclusion in CNA's memorial book if they have offered outstanding service in their areas of work. The names of all CNA presidents and executive directors and CEOs are automatically included in the book. Thirty-three names were added during the decade 1999-2009 (see Appendix O). New names in the book are announced during the annual meeting at each biennial convention.

External nursing awards. Organizations other than CNA acknowledge Canadian nurses with a variety of awards. At the national level, for example, the Canadian Academy of Health Sciences began a program in 2004 to acknowledge individuals with distinguished careers in research, and 22 nurses have been appointed as fellows of the academy since then (see Appendix L). Canada's highest civilian honour, the Order of Canada, acknowledges a "lifetime of outstanding achievement, dedication to the community and service to the nation." Fourteen nurses were appointed to the Order of Canada during CNA's tenth decade, including three of its former presidents and three Jeanne Mance Award winners (see Appendix M).

Globally, nursing's most prestigious award is ICN's Christiane Reimann prize, named in honour of the organization's energetic first CEO. ICN expanded its awards program during this decade to acknowledge distinguished service in the areas of health and human rights and international achievement (see Appendix S). Margaret Hilson of Canada was presented with the inaugural international achievement award at ICN's centennial meeting in London in 1999. Nominated by CNA, Stephen Lewis was presented with the health and human rights award in 2005 at ICN's quadrennial congress in Taiwan.

WORKING AT CNA

CNA's tenth decade was characterized by a renewed focus on making CNA a healthy and vibrant workplace for the organization's employees in Ottawa. Regular town hall meetings were held to streamline the CEO's communication with all staff; for example, all CNA staff were able to hear about board activities and decisions soon after each board meeting. The town halls also offered opportunities for new staff to be introduced and for collective accomplishments to be celebrated. The organization signed the Healthy Healthcare Leadership Charter, renewing its commitment to quality of work life at its headquarters, and committed to surveying all employees annually to assess areas where improvement was needed.

Celebrating our staff. Established by CEO Lucille Auffrey, the annual **Sharon Nield** Award of Merit acknowledges contributions of nurse employees to excellence in the service of CNA and nursing. It was named in memory of a cherished colleague and former director of the department of Nursing Policy who died in 2002. CNA celebrates its staff in various additional ways: celebrations such as an annual Employee Day are held to draw



attention to the valued contributions of all staff, awards are presented at an Employee Day event to employees for 5, 10, 15, 20, 25 and 30 years of service to CNA, special events are organized for staff in association with Christmas and other special occasions, and team efforts are undertaken to support charities such as the United Way.

INTO A NEW CENTURY

STANDING STRONG AMID SHIFTING CURRENTS

Despite the passage of a century since its founding, CNA finds itself at the end of its tenth decade facing a number of challenges that would have sounded familiar to nurses in its earliest years: the nation is embroiled in a thorny war overseas, a serious economic upheaval has affected employment globally and there has even been a global influenza pandemic with a virus not unlike the subtype of the H1N1 flu virus that infected a third of the world's population in 1918-1919. Food prices are rising globally, the price of oil takes jarring turns up and down, and many economists seem concerned that western economies may not return to their pre-decline levels of activity in the near future. The world is in quite a different state in 2010 than when CNA entered its tenth decade.

CNA struggles no less than it did in 1909 to advocate for its role within a federated structure and make plain the importance of a strong national voice for nurses and the nursing profession in Canada. However, today CNA conducts its work against a backdrop of much more sophisticated and urgent global forces to which it must also respond. As we move into the new century, we will no doubt become far more aware of how global trends, events and priorities influence the ways Canada thinks about and sets policy for nursing, health and health systems. Consider the powerful forces pushing the international migration of health professionals and accelerating the movement of communicable diseases, the threat of conflict as geo-socio-political disparities fuel radical forms of terrorism, and the impacts of natural disasters (such as the earthquake in Haiti in 2010 and the Indian Ocean tsunami in 2004) on political and financial priorities. These and many more global-level issues will translate into policy and practice imperatives that will benefit from pan-Canadian thinking in nursing.

Regulators in all sectors faced growing pressure during the past decade to streamline processes and make it simpler for professionals, particularly those in health care, to work anywhere in the country. Provincial premiers reacted to the growing expectation of Canadians that a nurse in a downtown Saskatoon hospital will have been educated and licensed and will be able to practise in the same way as a nurse in a Nunavut outpost or a rural Cape Breton health centre. Suggestions have even been made that nurses should be able to move across jurisdictions in North America (and further afield) with the same flexibility enjoyed by their counterparts who work in the European Union.

In accordance with the principles of the Canada Health Act, Canadians clearly have come to expect access to relatively equitable nursing services in all provinces and territories. For the past century, before and even after other national groups were created to contribute to the work required to meet Canadians' expectations, CNA has stepped up and established standards and directed the profession across the realms of education, research, development of the discipline and its science, leadership, practice and policy development. CNA even fought for nurses' rights and better working conditions until nurses' unions took on this role. Through all of these efforts, CNA has acted as the rallying point for Canadian nurses and nursing.

Although CNA has been the trunk from which many other branches of nursing have sprouted over the century, there is still no other organization in Canada with the capacity, willingness and credibility to serve as the focal point for Canadian nursing. Canadians expect strong provincial and territorial structures in the area of health services delivery, but they also strongly value the concept of nationhood and national standards. When federal government officials and global leaders think about Canadian nursing, they still think first of CNA, the *de facto* national voice of nursing.

GOVERNANCE AND OPERATIONS IN THE ELEVENTH DECADE

Rapidly shifting political dynamics have made plain that CNA must find strategies to address the vexing challenge of balancing its regulatory policy and advocacy roles in addition to the challenge of governing and operating within a federated structure. Addressing the former challenge will continue to be a significant struggle in the next decade. Change is wanted, warranted and expected; avoiding necessary structural adjustments will not be productive. Unless CNA's board is courageous in its strategic reflections and governance decisions and can find ways to address competing forces, the relevance of the organization could be called seriously into question in the 21st century. CNA risks becoming mired in tension between its regulatory policy and advocacy functions rather than setting strategic agendas that could leverage and advance both across the country.

The strategic planning process of CNA's board through 2009 and 2010 resulted in a new vision, mission, goals and strategic prioritities for the organization. CNA's board will need to continue to muster the courage and vision to explore models for policy and governance structures for CNA that address the shifting needs of the organization and its pan-Canadian membership going forward. The important outcomes achieved by the organization on both its regulatory policy and advocacy agendas must be highlighted.

CNA is constantly being pulled in many directions and is often expected to step up and act when no other group does. In it eleventh decade, CNA will continue to wrestle with the challenge of deciding whether it will be an organization that engages in broad and conceptual thinking on policy topics, or be an issues- and service-based organization, or be some combination of the two. If the board chooses to position CNA as a provider of solutions in a modern nation facing major economic, social and health-system challenges then CNA will need to think and act differently in its new decade than it has in the past. These are natural but important evolutions for any big organization like CNA. If CNA wants to drive a health platform for the nation and speak with authority on broad issues related to policy around profession-led regulation, education, science, practice, leadership and policy, its federated board must find ways to speak to those issues collectively and with strength on a national level. To realize its goals in this area, CNA's board and staff will require sufficient financial, technological and human resources to examine and develop policies in its priority areas.

Since its founding, CNA has been behind the major policy shifts in Canadian nursing education and science. Revolutionary changes in nursing education and practice are overdue, and through 2010 we heard loud calls for such changes in major reports released in the U.S. CNA must act with strength again and push for a transformational agenda to shape a new curriculum and models of education to equip nurses to meet

the evolving requirements of 21st century nursing practice. The public's expectations of CNA are significant and the organization must act, as it has in the past, to protect the interests of Canadians and their nurses and lead the transformation of nursing.

Similarly, if CNA continues to see strong leadership and management as essential components of quality practice environments that retain nurses, then it must consider turning its attention to the thousands of nurses who identify themselves as leaders and managers, and who, in 2010, still have no national focal point (other than CNA's biennial leadership conference). This is a new opportunity for CNA to lead.

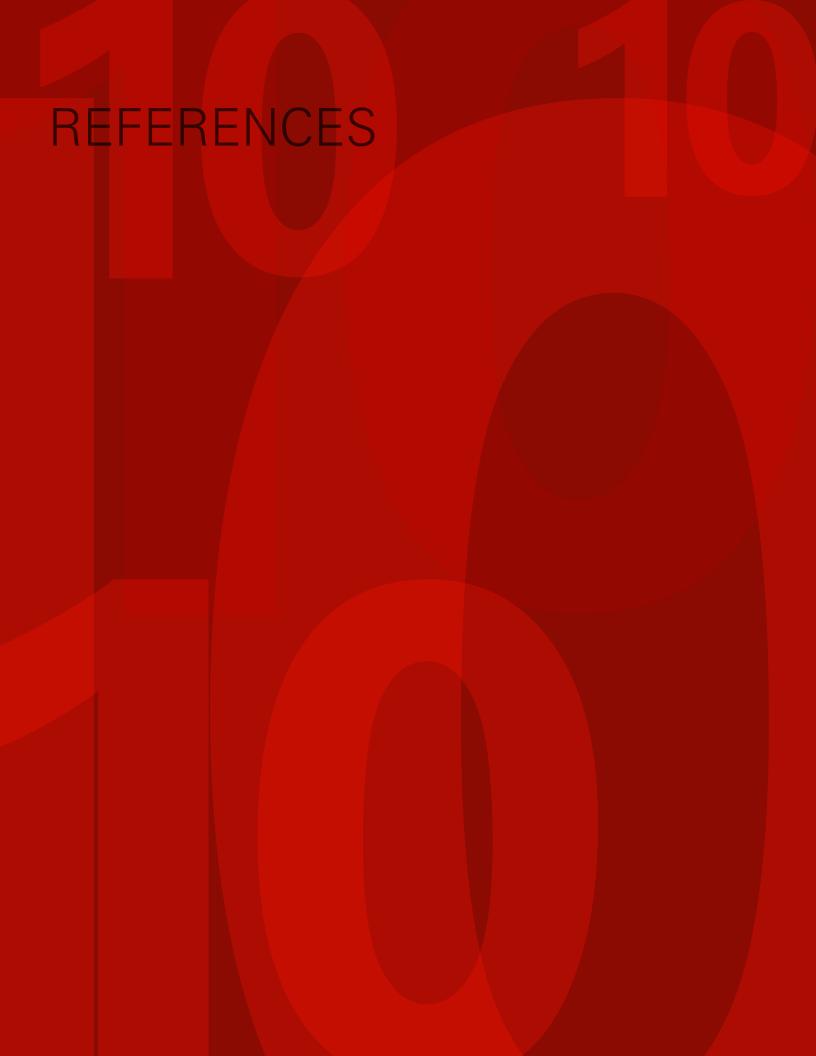
CNA has focused on strengthening the role of its presidents since 2000. There has been growth in the supports given to presidents but also in expectations of these leaders. Given these changes, CNA would be wise to revisit the balance between the roles and expectations of the president and those of the CEO. Finally, as a business, CNA must fully make the transition to seeing itself as a nimble, environmentally conscious, paperless and tech-savvy role model for nurses and other organizations. Given its environmental stance, CNA must encourage its board and staff to engage in tele-commuting and to conduct telemeetings, for example, not only to save time and money, but to reduce the amount of carbon-producing travel. The organization must also imagine new ways of working that improve productivity while reducing the amount of physical space required to conduct CNA's work. CNA can make an important statement about limiting its carbon footprint without sacrificing its services or influence.

GOING FORWARD

First and foremost, CNA is and must be a leading organization that serves as a meaningful beacon for Canadian nurses and the profession. Talking eloquently about leadership in a presentation on strengthening the Canadian health system, Sister Elizabeth Davis, then chair of the Canadian Health Services Research Foundation, used the example of a Newfoundland fishing dory. She noted that to row a dory forward, one actually sits backward, with eyes fixed on the safe harbour being left behind (Davis, 2005). To go forward effectively we must understand where we have been. This document represents one point of reference for CNA as it moves forward into its eleventh decade.

As CNA's tenth decade was coming to an end, Americans elected an eloquent academic as their first black president. Barack Obama laid out the obligation of leaders this way: "We did not come to fear the future; we came here to shape it" (Obama, 2009). CNA must lead the efforts to shape nursing's future and must move forward into a tumultuous sociopolitical landscape with a bold vision of the ways that nursing can meet the future health needs of Canadians.

If Canadian nursing is to achieve its goals it must demonstrate maturity, confidence, unity and strength. CNA's leaders and staff and the organization's headquarters in Ottawa are a tangible representation of Canadian nursing. However, the real strength of CNA lies in the thousands of member nurses across Canada whose expertise, energy and innovative ideas are critical to building nursing's national voice. With their contributions, CNA is well poised to lead the profession to new heights in the next decade.



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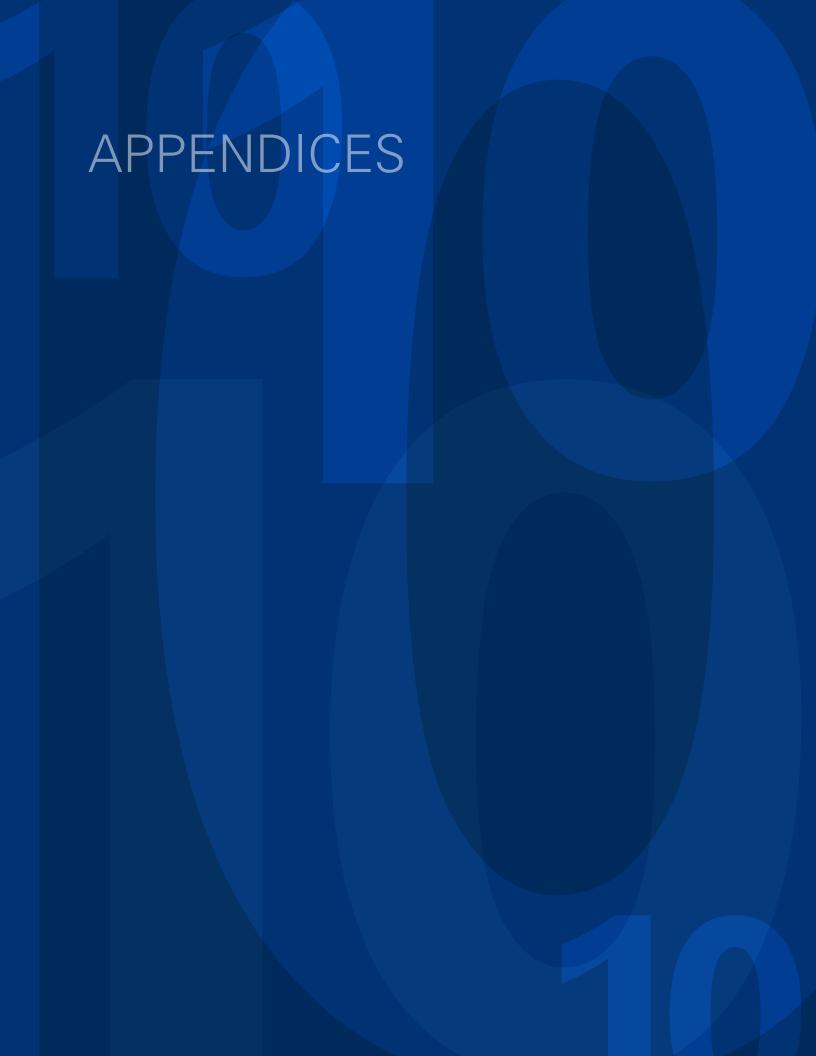
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OPERATIONS, OUTPUTS & LEADERSHIP

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APPENDIX A

CNA BOARD OF DIRECTORS AND ADVISORS

November 2009

Kaaren Neufeld, President (2008-2010) Judith Shamian, President-elect (2010-2012)

Committee on Nominations*

Marlene Smadu, past president, Netha Dyck, Sue Ness *Reports to the board of directors.

Jurisdiction/Member with log	0	Board representative	Advisor to jurisdictional member
Alberta College and Association of Registered Nurses of Alberta	CONSIGNATION OF BROCKFROM OF BROCKFROM HABBES	Joan Petruk President	Mary-Anne Robinson Executive director
British Columbia College of Registered Nurses of British Columbia	CRNBC	Pam Ratner President-elect	Laurel Brunke Registrar/CEO
Manitoba College of Registered Nurses of Manitoba	COMM Contagn or Faccements Numers or Massirona	Kathy Doerksen President	Helga Bryant CEO
New Brunswick Nurses Association of New Brunswick	NANB ***********************************	Martha Vickers President	Roxanne Tarjan Executive director
Newfoundland and Labrador ssociation of Registered Nurses of Newfoundland and Labrador	Association of Registered Nurses of Newtonnilland and Labordon	Jim Feltham President	Margaret (Pegi) Earle Executive director
Northwest Territories and Nunavut Registered Nurses Association of Northwest Territories and Nunavut	Registered Nurses Association	Kristy Feltham President	Steven Leck Executive director
Nova Scotia College of Registered Nurses of Nova Scotia	Gallege and Regionand Photocos of Photoco-Scottle	Kimberley Lamarche President	Donna Denney Executive director
Ontario Registered Nurses' Association of Ontario	RNAO Ingrithed Mentel Resource of Distant Particularies (in Principles (in Princi	Wendy Fucile President	Doris Grinspun Executive director
Prince Edward Island ssociation of Registered Nurses of Prince Edward Island	A.€	Mary Hughes President	Becky Gosbee Executive director
Saskatchewan Saskatchewan Registered Nurses' Association	SASKATOHNAN RN ANNO MATTEN	David Kline President	Karen Eisler Executive director
Yukon Yukon Registered Nurses Association	YRNA 2	Peggy Heynen President	Patricia McGarr Executive director
Associate Member Representatives		Sandra Easson-Bruno Nancy Lefebre	
Public Representatives		Nancy McKay Chester Gillan	
Canadian Nursing Students' Association	CNSA-AEIC	Tyler Kuhk President (ex officio, non-voting)	
Canadian Nurses Association	ALLENS ASSESSEDADES OF SPECIAL PROPERTY OF SPE	Rachel Bard CEO (ex officio, non-voting)	

APPENDIX B

CNA LOGO AND ARMORIAL BEARINGS, 2000-2009

Logo

CNA entered its 10th decade using a logo that had last been updated in 1994. It showed a stylized drawing of Florence Nightingale's lamp, with two parallel flames representing CNA's commitment to bilingualism alongside a maple leaf.



For its centennial year, 2008, CNA developed two styles of a special medallion, one of which was bilingual (far right) and the other of which appeared in French and English. The medallions were used throughout 2008 in presentations and CNA documents as well as on CNA's letterhead.

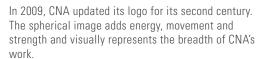








The bilingual medallion was paired with a stylized version of the bilingual organizational logo, which was used throughout 2008. The English and French medallions feature the contest-winning centennial slogan, "My Voice, My CNA."







Armorial bearings

On November 6, 2008, Governor General Michaëlle Jean officially unveiled CNA's new armorial bearings at a special event at Rideau Hall. CNA president Kaaren Neufeld, CNA staff and representatives from the Canadian Heraldic Authority were in attendance for the presentation.

In her speech, Jean said, "Heraldry is rooted in a very basic human need: the need to say who we are, where we come from, and where we are going. The need to assert and express what makes us unique.... [L]et us hope that with each use, your new armorial bearings will grow ever more evocative, ensuring that they take their rightful place among the important symbols of nursing in Canada" (CNA, n.d., para. 2).

The armorial bearings consist of a coat of arms, a badge and a flag:

The coat of arms and flag



Arms: Above a lamp, the most widely recognized symbol of nursing since Florence Nightingale's service in the Crimea, three triangles symbolize the founding communities of First Nations/Inuit, francophones and anglophones. Gold represents the generosity and long duration of the profession; red represents fortitude, strength, magnanimity and life.

Crest: The lion emphasizes CNA's role as a defender of the profession and of the principles of the Canada Health Act. The scroll represents the act itself and, more broadly, the association's advocacy role.

Motto: The Latin motto "Scientia, Sapientia, Humanitas" ("Knowledge, wisdom, humanity") reflects the enduring values and virtues of CNA and its members.

Supports: The white harts, whose grace and swiftness exemplify the nurse's work, are also a pun, alluding to the emblematic white heart of the International Council of Nurses. Positioned on either side of the shield, the harts reflect the support of nurses for CNA. Their black antlers are a reference to the bands on nurses' caps. The diamonds on their collars symbolize the five domains of nursing, while the wavy band suggests the sashes worn by First Nations people. The medallion, new to Canadian heraldry, refers to incorporated bodies whose Patron is Her Majesty The Queen. The compartment of maple leaves — one for each province and territory — symbolizes the communities served by nurses across Canada and represents new life, new beginnings and new knowledge for patients and nurses.

The badge

The badge uses the national colours of red and white. The three flames indicate the tripartite character of nursing: the union of mind (knowledge), heart (compassion and caring) and hands (physical skill in work and touch) (CNA, n.d., The Badge).

The coat of arms sculpture

A sculpture of the coat of arms hangs prominently in CNA House as a reminder to the board of directors, staff members and guests of the nation's recognition of the outstanding contributions of nurses throughout Canada's history. It symbolizes Canada's support for nurses from coast to coast, in clinical, educational, administrative, research and policy roles. It also symbolizes the nation's faith that the nurses of tomorrow will continue to exemplify excellence in health care, help in shaping the evolution of our health system and improvement in health outcomes around the globe.

CNA. (n.d.). Centennial highlights: Coat of arms. Retrieved from http://www.cna-nurses.ca/CNA/about/history/centennial/coat_of_arms/default_e.aspx

APPENDIX C

CNA CERTIFICATION PROGRAM: SPECIALTIES/AREAS OF NURSING PRACTICE AND REGISTERED CREDENTIALS

Designated specialty or area of nursing practice	Registered credential	Year certification first offered
Cardiovascular Nursing	CCN(C): Certified in Cardiovascular Nursing (C)anada	2001
Community Health Nursing	CCHN(C): Certified in Community Health Nursing (C)anada	2006
Critical Care Nursing (Adult)	CNCC(C): Certified Nurse in Critical Care (C)anada	1995
Critical Care Pediatric Nursing	CNCCP(C): Certified Nurse in Critical Care Pediatrics (C)anada	2003
Emergency Nursing	ENC(C): Emergency Nurse Certified (C)anada	1994
Enterostomal Therapy Nursing	CETN(C): Certified Enterostomal Therapy Nurse (C)anada	2009
Gastroenterology Nursing	CGN(C): Certified in Gastroenterology Nursing (C)anada	2004
Gerontological Nursing	GNC(C): Gerontological Nurse Certified (C)anada	1999
Hospice Palliative Care Nursing	CHPCN(C): Certified in Hospice Palliative Care Nursing (C)anada	2004
Medical-Surgical Nursing	CMSN(C): Certified in Medical-Surgical Nursing (C)anada	2010
Nephrology Nursing	CNeph(C): Certified in Nephrology (C)anada	1993
Neuroscience Nursing	CNN(C): Certified in Neuroscience Nursing (C)anada	1991
Occupational Health Nursing	COHN(C): Certified in Occupational Health Nursing (C)anada	1993
Oncology Nursing	CON(C): Certified in Oncology Nursing (C)anada	1997
Orthopaedic Nursing	ONC(C): Orthopaedic Nursing Certified (C)anada	2006
Perinatal Nursing	PNC(C): Perinatal Nurse Certified (C)anada	2000
Perioperative Nursing	CPN(C): Certified in Perioperative Nursing (C)anada	1995
Psychiatric/Mental Health Nursing	CPMHN(C): Certified in Psychiatric and Mental Health Nursing (C)anada	1995
Rehabilitation Nursing	CRN(C): Certified in Rehabilitation Nursing (C)anada	2006

APPENDIX D

CNA EXECUTIVE AND STAFF

December 2009

Rachel Bard

Chief Executive Officer

Jane Ellis

Associate Chief Executive Officer and Chief Operating Officer

Directors

Lisa Brazeau

Corporate Communications Brenda Beauchamp

Finance & Administration

Bruce Field

Information Technology Services **June Webber**

International Policy & Development

Nora Hammell

Nursing Policy Lisa Little

Public Regulatory Policy Policy

Jean Barry

Staff

Executive Office

Anna Baker Linda Mallon Joanna Zito

Corporate Communications

Christine Beasley William Brown Sue Cavanaugh Diane Fowles Nahanni Frey Sheila Globus Linda Hartwell Bobbi Jaimet Nathalie Lalonde Blair LeBlanc Hector Palermo Nicole Proulx Debbie Ross Joan Salton Claudine Stépien Marida Waters Paul Watson

Finance & Administration

Rachel Brouillette
Sue Burns
Elizabeth Crawley
Tony Kavanagh
Sylvie Lalonde Seip
Lien Le
Andrea Nault
Karin Noel
Danielle Paquette
Louise Paynter
Jeff Ryan
Domenic Tucci
Adam White

Information Technology Services

Lubna Abo-Saleh Debbie Dee Donna Dewar Craig Dietrich Eugène Duclos Jason Frank Alain Galarneau Victor Mattesz Melanie Ouimet

International Policy & Development

Diane Bettencourt
Vicki Campbell
Joyce Douglas
Debbie Grisdale
Nada Hammude
Margarita Pardo
Tanya Salewski
Linda Woo

Nursing Policy

Lisa Ashley Elizabeth Carlson Norma Freeman Micheline Jaworski Elizabeth Morin Josette Roussel

Public Policy

Della Faulkner Nancy Field Christine Landry Kathleen McGovern Isabelle St-Pierre Michael Villeneuve

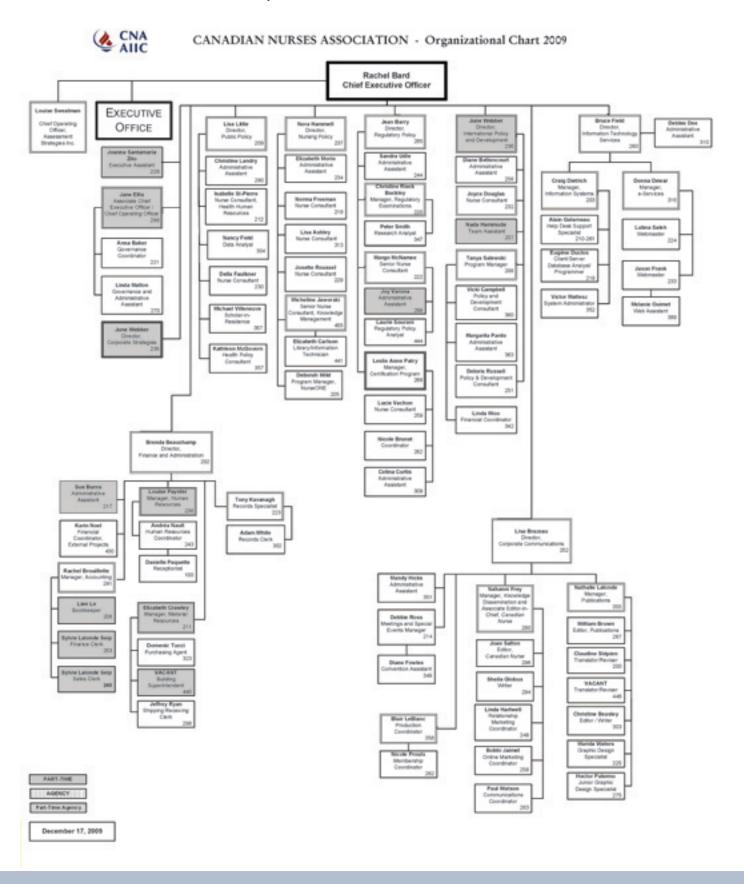
Regulatory Policy

Nicole Brunet
Celina Connolly (Curtis)
Margot McNamee
Leslie Anne Patry
Christine Rieck Buckley
Peter J. Smith
Laurie Sourani
Sandra Udle
Lucie Vachon
Joy Varona

CNA employed 83 permanent and term employees in December 2009 and had 2 vacant positions.

APPENDIX E

CNA ORGANIZATIONAL CHART, 2009



APPENDIX F

CNA'S OBJECTS, VISION, MISSION AND GOALS

December 2009

Objects

The objects of CNA as defined in the Letters Patent (1996 revision) are:

- to promote high standards of nursing practice, education, research and administration in order to achieve quality nursing care in the public interest.
- to promote uniform and high quality regulatory practices in the public interest and in collaboration with nursing regulatory bodies.
- to act in the public interest for Canadian nursing and nurses, providing national and international leadership in nursing and health issues.

Vision

Registered nurses: leaders and partners working to advance health for all.

Mission

CNA is the national professional voice of registered nurses, supporting them in their practice and advocating for healthy public policy and a quality, publicly funded, not-for-profit health system.

Goals

In pursuit of its vision and mission, CNA has established the following goals:

- · CNA advances the discipline of nursing in the interest of the public.
- · CNA advocates public policy that incorporates the principles of primary health care (access, interdisciplinary practice, patient and community involvement, health promotion including determinants of health and appropriate technology/roles/models) and respects the principles, conditions and spirit of the *Canada Health Act*.
- · CNA advances the regulation of registered nurses in the interest of the public.
- · CNA works in collaboration with nurses, other health-care providers, health system stakeholders and the public to achieve and sustain quality practice environments and positive client outcomes.
- CNA advances health policy and development, in Canada and abroad, to support global health and equity.
- · CNA promotes awareness of the nursing profession so that the roles and expertise of registered nurses are understood, respected and optimized within the health system.

APPFNDIX G

MILESTONES OF CNA, NURSING AND HEALTH CARE, JANUARY 2000-DECEMBER 2009

Selected CNA publications and products are listed here according to the year they were produced. The list of CNA publications and products is included in Appendix H.

CNA Milestones Year

2000

International Bureau

- The International Bureau begins the new century with a manager, an administrative assistant and a 0.6 full-time equivalent nurse consultant as part of the Policy, Regulation and Research department.
- The bureau implements a three-year, \$1.8-million CIDA-funded program with partners in Ethiopia, Vietnam, Indonesia, Ecuador and
- CNA coordinates the participation of Canada's Minister for International Cooperation, Maria Minna, at the International Conference of Southern African Development Community nurses during the International AIDS Conference in Durban; the minister describes this as her most powerful experience of the conference.
- Funding is obtained from CIDA to support a technical exchange project with Brazil involving a nursing home care course. Three Canadian nurses participate, and the Registered Nurses Association of British Columbia's Global Health Interest Group provides professional support.
- Under a partnership struck with the Canadian Public Health Association to strengthen health services in Kosovo, two Canadian nursing consultants sent on mission in 2000, project undertaken and work plan developed.
- Amendment of the CIDA contribution agreement adds \$800,000 to the program.
- The importance of global health and equity is presented to the CNA board, resulting in a change to CNA goal.
- The bureau holds a workshop on gender equity at the CNA biennial convention in Vancouver.

Certification program

- The CNA Certification Program celebrates 20 years since a resolution was brought forward at the 1980 biennial convention for CNA to study the feasibility of developing examinations for certification in major nursing specialties.
- A study released by the Nursing Credentialing Research Coalition shows that certification has a dramatic impact on the personal, professional and practice outcomes of certified nurses. This is the largest study ever conducted on U.S. and Canadian nurses who hold professional certification; surveys were sent to 50 per cent of CNA-certified nurses. Of the 20 certifying organizations participating in the study, CNA was the only Canadian nursing organization.
- The second annual CNA Certification Program Employer Recognition Award is presented to Network North, The Community Mental Health Group.
- The perinatal nursing examination is administered for the first time with the credential PNC(C), Perinatal Nurse Certified (C)anada.

Biennial convention summary

Annual meeting and biennial convention: Vancouver, BC Jeanne Mance Award: Dorothy Pringle Incoming president: Ginette Lemire Rodger

Nursing and Health Care Milestones

The Canadian Nurse Continence Advisors Association is founded.

CNA's executive director, Mary Ellen Jeans, is appointed co-chair (with Verna Holgate, director, Canadian Practical Nurses Association) of the steering committee conducting the background work for the first national sector/occupational study of nursing, which would become Building the Future: A Nursing Human Resources Strategy.

With the adoption of Policy Governance, the Canadian Nurses Protective Society's management structure and accountability mechanisms are changed to reflect its status as an independent organization. Pat McLean, founding staff member and manager, is appointed executive director and CEO, and a third nurse lawyer is added to the staff.

Health Canada releases the federal/provincial/territorial Nursing Strategy for Canada.

The Canadian Practical Nurses Association celebrates its 25th anniversary.

Fjola Hart-Wasekeesikaw, president of the Aboriginal Nurses Association of Canada, wins the National Aboriginal Achievement Foundation Award in the health category.

Canada Post issues a stamp to honour Pauline (Archer) Vanier and Elizabeth Lawrie Smellie. Vanier (1898-1991), lifelong volunteer and wife of Governor General Georges Vanier, was the first non-political woman appointed to the Queen's Privy Council for Canada. She moved to France after her husband's death to work with her son at L'Arche, the institution he founded for those with developmental disabilities. Smellie (1884-1968) was the first female colonel in the Canadian Army. She served Canada as a nurse in both world wars, was chief superintendent of VON Canada, and from 1941 to 1944 was matron-in-chief in the Royal Canadian Army Medical Corps.

The First Ministers' Meeting Communiqué on Health sets the stage for major reinvestments and broad reform across the health-care system that will play out over the next decade.

- As part of that communiqué, first ministers agree that "improvements to primary health care are crucial to the renewal of health services" and highlighted the importance of multidisciplinary teams. In response, the Government of Canada establishes the \$800 million Primary Health Care Transition Fund, 2000-2006, for provinces and territories as they reform the primary health care system.
- Over the course of the funding period, CNA is an active member of several of the resulting national projects, and a partner in the development and execution of five key projects:
 - Linking PHC and mental health (led by College of Family Physicians of Canada)
 - Facilitating inter- and trans-disciplinary work teams (led by Canadian Psychologists Association)
 - Linking chronic disease care in the community and PHC (led by the Arthritis
 - 4 Electronic supports to coordinate care by various health disciplines (led by the Canadian Pharmacists Association)
 - Facilitating the integration of the role of nurse practitioners in the health system (funded at \$8.8 million over 26 months)

The Canadian Institutes of Health Research is established.

Seven die and thousands fall ill after drinking contaminated water in Walkerton, Ontario.

Beverly Malone is appointed deputy assistant secretary for health in the U.S. Department of Health and Human Services - the highest federal government position ever held by an American nurse. (See also 2001.)

CNA Milestones

2001

In March 2001, Lucille Auffrey of New Brunswick is appointed the ninth executive director (later CEO) of CNA and serves until 2009.

CEO Auffrey joins the ICN delegation to the World Health Assembly. Key for nursing was resolution 49.1 on strengthening nursing and midwifery.

In September, a new organizational structure creates departments for International Policy and Development, Nursing Policy, Public Policy and Regulatory Policy, supported by departments of Finance and Administration and communications.

On June 28, 2001, the Governor General, Her Excellency the Right Honourable Adrienne Clarkson, joins CNA and partners from the Red Cross and PATH Canada to unveil the Monument to Canadian Aid Workers in Ottawa. This impressive memorial was established in honour of B.C. nurse Nancy Malloy, who was killed on a Red Cross mission to Chechnya, and Tim Stone, who died while on a mission for PATH Canada. His airplane was hijacked by terrorists and subsequently crashed. The permanent memorial commemorates all Canadian aid workers who have died in the course of their work overseas. The original target of \$75,000 was surpassed by CNA and its partners, PATH Canada and Canadian Red Cross Society, fund-raising for the monument.

International Policy and Development

- The new department is formed in September 2001. It will focus exclusively on international policy and program development.
- Held Global Health Equity: Issues and Challenges at ICN's Quadrennial Congress
- The department organizes a study tour of all international partners to participate in the ICN Council of National Representatives and conference in Copenhagen.
- The department convenes the first workshop on globalization and its impact on nursing and health systems with Canadian and international stakeholders at the congress in Copenhagen.

Certification program

- CNA introduces certification prep guides for nurses in all specialties in English and French to assist with exam preparation, and a copy is mailed to every eligible candidate.
- The program celebrates the 10-year anniversary of the first administration of a CNA certification exam, in neuroscience nursing.
- The cardiovascular nursing examination is administered for the first time with the credential CCN(C), Certified in Cardiovascular Nursing (Clanada.

Nursing and Health Care Milestones

22nd Quadrennial Congress of the ICN and meeting of the Council of National Representatives: Copenhagen, Denmark

- Christine Hancock (England) is elected president (2001-2005). Hancock was general secretary of the U.K. Royal College of Nursing from 1989 to 2001.
- Sadako Ogata (Japan), former United Nations High Commissioner for Refugees, is the inaugural recipient of the ICN Health and Human Rights Award.
- Susie Kim (Korea) is awarded the second ICN/Florence Nightingale International Foundation International Achievement Award.

The National Association of PeriAnesthesia Nurses of Canada is founded and becomes an associate member of CNA the same year.

Christine Egan, a nurse epidemiologist with Health Canada based in Winnipeg, is the only Canadian nurse killed in the 9/11 terrorist attack. Egan was visiting her younger brother's office in the World Trade Center in New York when the attack took place, and both were killed.

CNA president Ginette Lemire Rodger is appointed to the Canadian Nursing Advisory Committee (2001-2002).

The Honourable Jane Stewart, minister of human resources development, announces funding of \$1.8 million over two years for the national nursing sector study. The nursing sector is to contribute a further \$2.2 million.

CNA's Regulatory Policy department director, Louise Sweatman, is appointed the first chair of the Canadian Network of National Associations of Regulators, and serves until 2009. During this time, the network is incorporated, develops a bilingual website, holds the first Canadian regulatory conference, receives federal funding for a national forum on mobility and the Agreement on Internal Trade and retains an association management company to carry out its administrative functions.

The first Dorothy M. Wylie Nursing Leadership Institute is held in Toronto, and quickly becomes the country's premier resource for nursing leadership development. By the end of 2009, 16 institutes have been held, reaching some 1,500 nurses from nearly every province and territory. Founders and lead faculty are Judith Skelton-Green, Julia Scott and Beverly Simpson (see also 2005).

The Registered Psychiatric Nurses of Canada celebrates its 50th anniversary.

In the first wave of provincial health system reviews after the cutbacks of the 1990s, reports are released in Alberta (A Framework for Reform: Report of the Premier's Advisory Council on Health, Don Mazankowski, chair), Quebec (Quebec's Health Review [The Clair Commission]) and Saskatchewan (Caring for Medicare: Sustaining a Quality System, Saskatchewan Commission on Medicare, Kenneth Fyke, commissioner)

The Royal College of Physicians and Surgeons of Canada holds a one-day meeting of Canadian and international experts regarding the need for a coordinated strategy to improve patient safety for Canadians. A national steering committee on patient safety is established, giving rise eventually to a comprehensive report released in 2002, *Building a Safer System*, which proposed, as found in its subtitle, "a national integrated strategy for improving patient safety in Canadian healthcare." (See also 2004.)

After significant lobbying by CNA and other leading health organizations, Canada Health Infoway is established, according to its website, as a "not-for-profit organization that collaborates with the provinces and territories, health care providers and technology solution providers to accelerate the use of electronic health records in Canada."

British Columbia (NurseLine, renamed HealthLink BC in 2008) and Ontario (Telehealth Ontario) establish their telehealth services.

Year	CNA Milestones	Nursing and Health Care Milestones
2001 cont.		Contaminated drinking water causes thousands to become ill in North Battleford, Saskatchewan. The Global Nursing Partnerships: Strategies for a Sustainable Nursing Workforce meeting is held at the Carter Center in Atlanta, hosted by Marla Salmon, dean of nursing at Emory University. It is "the first ever global invitational forum involving representatives from both governments and nursing associations, including government chief nursing officers, national and international nursing association leaders, and human resource directors/health planners."* Canada's delegation is led by Judith Shamian (executive director, Office of Nursing Policy) and includes Richard and Verna Splane as honorary guests, CNA president Ginette Lemire Rodger, Michael Villeneuve (Office of Nursing Policy) and Kathleen MacMillan (chief nursing officer for Ontario). During the meeting, former U.S. president Jimmy Carter and Archbishop Desmond Tutu dedicate the university's new Lillian Carter Center for International Nursing (named for the president's mother, who was a nurse). *http://www.scienceblog.com/community/older/2001/B/200112040.html Beverly Malone of the United States becomes the first American chief executive and general secretary of the U.K. Royal College of Nursing and serves until 2007.

Year | CNA Milestones

2002

CNA publishes a new, revised edition of the Canadian *Code of Ethics for Registered Nurses*.

CNA releases *Planning for the Future: Nursing Human Resource Projections*, an update of its 1997 Ryten report – confirming concerns about looming national nursing shortages.

Queen Elizabeth II Golden Jubilee Medals are awarded to every living CNA president and CEO, as well as to Patricia McLean (executive director, Canadian Nurses Protective Society), Judith Shamian (executive director, Office of Nursing Policy) and M. Josephine Flaherty (retired principal nursing officer for Canada).

At the annual meeting in Toronto, Robert Calnan, former president of the RN Association of British Columbia, is elected the first, and to date only, man to serve as president of CNA.

Co-sponsored by Health Canada's Office of Nursing Policy and the Canadian Council on Health Services Accreditation, CNA convenes a workshop on quality worklife indicators for nurses in Canada, April 23-24, in Ottawa. Representatives of the broad nursing community participate in a collaborative, consensus-building process to draft the first proposed set of practical quality-of-worklife indicators that will make a measurable difference to nurses and employers.

International Policy and Development

- CNA signs a five-year, \$4-million contribution agreement with CIDA, effectively doubling CNA's current program and extending its duration.
- Before the biennial convention, the department holds a full-day workshop on globalization and its impact on nursing, drawing over 100 participants.
- To explore ways of involving Canadian nurses more meaningfully through our member jurisdictions, CNA hosts a three-day workshop in Regina, with the support of Saskatchewan Registered Nurses' Association. For two days, nurses representing jurisdictions participate in a workshop on globalization and its impact on nursing, followed by a full-day consultative meeting that explores collaboration with jurisdictions in international health partnerships.

Revision to the adult critical care and pediatric critical care certification examinations is under way in preparation to offer two separate critical care exams. The first critical care pediatric nursing examination takes place in 2003.

Biennial convention summary

Annual meeting and biennial convention: Toronto, ON Jeanne Mance Award: Janet Rush Incoming president: Rob Calnan

Nursing and Health Care Milestones

The Canadian Nursing Informatics Association is founded and becomes an associate member of CNA the same year.

The Canadian Nurse Continence Advisors Association becomes an associate member of CNA

Landmark reviews of the Canadian health-care system are released by the Commission on the Future of Health Care in Canada (*Building on Values: The Future of Health Care in Canada*, Roy Romanow, commissioner) and the Standing Senate Committee on Social Affairs, Science and Technology (*Study on the State of the Health Care System in Canada*, Michael Kirby, chair).

Huguette Labelle, former CNA president (1974-1976), is promoted to Companion, Order of Canada (invested as an Officer, 1990), and Shirley Stinson, former CNA president (1980-1982), is invested as Officer of the Order of Canada.

Our Health, Our Future: Creating Quality Workplaces for Canadain Nurses, final report of the Canadian Nursing Advisory Committee, is published.

The Canadian Association of University Schools of Nursing changes its mission, becoming the Canadian Association of Schools of Nursing.

An outbreak of viral Severe Acute Respiratory Syndrome (SARS) begins in China and spreads rapidly to 37 countries. By July 2003, there are more than 8,000 reported cases, with an alarming fatality rate of nearly 10 per cent. Canada is hard hit by the illness. An April 2003 WHO advisory against all but essential travel to Toronto has crippling economic impacts on the city and its tourist industry.

Alberta and Saskatchewan both establish Health Quality Councils.

West Nile virus is first detected in Canada.

Susie Walking Bear Yellowtail, RN (1903-1981), becomes the first American Indian nurse inducted into the American Nursing Association Hall of Fame.

CNA Milestones

2003

CNA and partners host the National Nursing Leadership Conference in Ottawa

International Policy and Development

- A Japanese Nursing Association study tour comes to CNA to learn about IPD.
- IPD signs a five-year, \$3-million funding agreement with CIDA for the Canada-South Africa Nurses HIV/AIDS Initiative.
- . CNA publishes a position statement on global health and equity.

Certification program

To assist candidates in finding study groups to help them prepare for their examinations, CNA certification study groups are posted on the CNA website for the first time.

The critical care pediatric nursing certification examination is administered for the first time, with the credential CNCCP(C), Certified Nurse in Critical Care Pediatrics (C)anada.

Because of the SARS outbreak, for the first time in CNA history all examinations for all nursing specialties in all writing centres across Canada are cancelled. The cancellation occurred less than one week before the exam administration. Several certification candidates are in quarantine during the outbreak. The cancellation affects some 2,000 candidates in over 80 writing centres in 14 nursing specialties. Exams are rescheduled for June and September.

CNA hosts the first gathering of its Health Human Resources Knowledge Series, which goes on to become a popular policy forum for health-care leaders around Ottawa to discuss timely issues of shared interest on a regular basis. The series remains active in 2010.

Nursing and Health Care Milestones

CNA participates in the ICN Council of National Representatives in Geneva.

- The meeting scheduled for Marrakech is moved to Geneva owing to security concerns in Morocco.
- · CNA launches an ICN presidential nomination campaign for Ginette Lemire Rodger.
- The Indonesian National Nurses Association becomes the 125th member of ICN through mentoring provided by CNA's CIDA-funded program to strengthen nursing associations
- Carol Etherington (U.S.) wins the ICN/Florence Nightingale International Foundation International Achievement Award.

Assessment Strategies Inc. relocates from CNA House to its own quarters at 1400 Blair Place in east Ottawa.

The Canadian Nurses Protective Society (CNPS) participates in the development and governance of the Canadian Patient Safety Institute and the National Initiative for Telehealth Guidelines project. In response to ongoing concerns from the medical community, CNPS raises its liability limit for nurse practitioners to \$2 million for each occurrence. An edition of *infoLAW* on nurse practitioners is published.

Nelia Laroza, RN (1951-2003), becomes the first Ontario health-care worker to die from SARS in the national outbreak. Soon afterward, Tecla Lin, RN (1944-2003), becomes the second Ontario RN to die from SARS. Both are commemorated in CNA's online *Memorial* book. In Ontario, 42 other citizens succumb to the disease.

The Canadian Health Services Research Foundation grants the Canadian Nurses Foundation a five-year, renewable award of \$2.5 million for the administration of the Nursing Care Partnership. Over seven years (2003-2009), the Canadian Nurses Foundation commits \$2.7 million to approved nursing care research projects and leverages \$5.5 million for a total investment of more than \$8 million.

CNA partners with the Canadian College of Health Service Executives, the Canadian Health Services Research Foundation and the Canadian Medical Association to develop the Executive Training for Research Application (EXTRA) program at the Canadian Health Services Research Foundation. The partners approach the federal government, which, after extensive negotiation, allocates \$25 million for the program. A consortium of Quebec partners has since joined the founding group. EXTRA was established to help move evidence from research producers to research users and improve evidence-informed decision-making across the health system.

Linda Silas is elected president of the Canadian Federation of Nurses Unions in June, succeeding Kathleen Connors, who retired after serving as president since 1983.

The 2003 First Ministers Accord on Health Care Renewal commits about \$17.3 billion in new funding to the health-care system; \$90 million is directed to strengthening health human resources.

After active lobbying by CNA and other national health-care organizations, the Health Council of Canada is established to, according to its website, "foster accountability and transparency by assessing progress in improving the quality, effectiveness and sustainability of the health care system."

Health Canada establishes and funds the Canadian Patient Safety Institute. The founding board of directors starts developing the institute's strategic direction. After extensive advocacy by CNA, the Canadian Nurses Protective Society, the Canadian Healthcare Association and other partners, two nurses are appointed to the board: Wendy Nicklin, vice-president, nursing, allied health, clinical programs and safety at the Ottawa Hospital; and Patricia Petryshen, assistant deputy minister of Health Services, Government of British Columbia.

Telehealth services are established in Alberta (HEALTHLink) and Saskatchewan (HealthLine).

2003-2004 is celebrated as "The Year of the Caribbean Nurse" and Caribbean nationals are encouraged to visit their home countries to volunteer skills and nursing expertise.

In the United States, the National Coalition of Ethnic Minority Nurse Associations (with a combined membership of 350,000) is founded by the National Black Nurses Association, Inc.; Asian American/Pacific Islander Nurses Association, Inc.; National Alaska Native American Indian Nurses Association, Inc.; National Association of Hispanic Nurses, Inc.; and the Philippine Nurses Association of America, Inc. Betty Smith Williams is the inaugural president.

CNA Milestones

2004

CNA receives \$8.9 million from Health Canada to advance primary health care renewal with the Canadian Nurse Practitioner Initiative. CNPI releases its final report in June 2006.

CNA receives \$750,000 for its Toward 2020: Strengthening Canada's Health Human Resources program.

CNA releases the online *LeaRN* CRNE Readiness Test, which is designed to help international candidates assess their readiness to take the CRNE.

CNA publishes Building a Stronger, Viable, Publicly Funded, Not-for-Profit Health System.

International Policy and Development

- CNA's International Policy and Development director becomes the only RN appointed to the WHO Strategic and Technical Advisory Committee on HIV/AIDS
- Ginette Lemire Rodger joins the Health Canada delegation and presents the intervention on health systems, including primary health care, resulting in an emphasis on health human resources issues central to this theme, as well as highlighting the contribution of Canadian nurses to health systems through the international health partnership program.
- A Russian study tour: as part of Grant MacEwan Community College-CIDA Contribution Agreement, CNA works with Grant MacEwan Community College and the Russian Nurses Association (RNA) to collaborate on the Canada-Russia Initiative in Nursing. As part of this initiative, CNA will work with RNA and other stakeholders to develop a regulatory system for nursing as a vital component of the Russian health system as well as a more comprehensive primary health system.

Certification program

- The CNA certification mentor program is established, offering nurses the opportunity to access CNA certification nurses who can provide support in preparing for CNA certification.
- The certification manager is invited to speak to the Assembly of the American Board of Nursing Specialties about continuing competence in Canada and CNA Certification Program.
- The program begins the process of aligning itself with continuing competence programs across Canada.
- Gastroenterology and hospice palliative care nursing examinations are administered for the first time, with credentials CGN(C), Certified in Gastroenterology Nursing (C)anada, and CHPCN(C), Certified In Hopstice Palliative Care Nursing (C)anada.

Prime Minister Paul Martin addresses delegates at the opening ceremonies of the biennial convention.

Biennial convention summary

Annual meeting and biennial convention: St. John's, NL Jeanne Mance Award: Ginette Lemire Rodger Incoming president: Deborah Tamlyn

Nursing and Health Care Milestones

Under new legislation, the Northwest Territories Registered Nurses Association changes its name, becoming the Registered Nurses Association of the Northwest Territories and Nunavut. The organization registers and represents nurses in both territories.

The Canadian Association of Neonatal Nurses is founded and becomes an associate member of CNA in 2005.

Canadian Nurses Interested in Ethics is founded and becomes an associate member of CNA in 2005.

The Canadian Association for Rural and Remote Nursing is founded and becomes an associate member of CNA the same year.

CNA is a founding member of the Taming of the Queue conference, designed to streamline care and reduce wait times for Canadian health services. CNA remains an active member in 2010

CNA joins the Canadian Medical Association and Canadian Pharmacists Association at the assembly of the World Health Professionals Alliance to enhance interdisciplinary and interprofessional collaboration in the health sector worldwide. This first international meeting of nursing, medicine and pharmacy groups brings together leaders representing the member organizations of ICN, the International Pharmaceutical Federation and the World Medical Association.

CNA serves as co-chair for the first meeting of the Internationally Educated Nurses National Task Force under the auspices of the federal/provincial/territorial Advisory Committee on Health Delivery and Human Resources.

The Canadian Nurses Protective Society increases its proactive support for nurse practitioners by increasing the liability limit for RN practitioners (by whatever legislated title) to \$5 million. The organization also initiates a project with the Canadian Medical Protective Association to develop a joint statement on liability protection for nurse practitioners and physicians working in collaborative practices (see 2005).

CNA is a member of the conference planning committee for the Chronic Disease and Prevention Alliance of Canada's first national conference, ensuring that nursing perspectives are showcased in the program.

Future CNA president (2010-2012) Judith Shamian leaves the federal "chief nurse" position after serving five years and is appointed president and CEO of VON Canada. Sandra MacDonald-Rencz is appointed interim executive director of the Office of Nursing Policy and in 2006 is appointed permanently. She remains in the post at the time of this publication.

Harriet "Hallie" J. Sloan, former matron-in-chief of the Canadian Forces Medical Service and former director of CNA's nursing abroad and national nursing administration programs is invested as Member of the Order of Canada

CNA collaborates with the Canadian Healthcare Association, Canadian Medical Association and Canadian Pharmacists Association to prepare for the 2004 first ministers' meeting on health. Afterward called informally the "G4," the organizations share a common vision for an integrated, patient-centred health system that is holistic, comprehensive, accountable, accessible, universal, portable and publicly funded. The group agrees to advocate to reduce wait times for care and treatment, ensure an adequate supply of providers, expand the continuum of care and provide adequate and predictable funding.

 On September 16, Canada's first ministers reach a \$41.2 billion, 10-year agreement intended to rescue and strengthen the nation's troubled health-care system.

Following recommendations from Dr. David Naylor's report Learning from SARS: Renewal of Public Health in Canada and from other experts and reports, as well as the advocacy of groups like CNA and its "G4" partners, the Public Health Agency of Canada is created. The agency is established in the wake of the SARS outbreak to respond to mounting worries about "the capacity of Canada's public health system to anticipate and respond effectively to public health threats" (according to the agency's website). Dr. David Butler-Jones is appointed Canada's first chief public health officer.

Manitoba creates its Institute for Patient Safety.

The Northwest Territories establishes its telehealth Health Line.

CNA Milestones

2005

Jane Ellis is appointed associate CEO and chief operating officer of CNA. Ellis was previously the director of practice support at the Registered Nurses Association of British Columbia and vice-president of its Captive Insurance Corporation.

CNA's external project funding peaks at its highest ever at more than \$10 million, some 1,000 per cent above 2001 levels.

CNA and its partners host the National Nursing Leadership Conference in Ottawa.

With the Canadian Medical Association, CNA releases a green paper, Toward a Pan-Canadian Planning Framework for Health Human Resources, outlining core principles and strategic directions for a pan-Canadian health human resources plan. The document is adopted by HEAL in 2006 and goes on to influence principles in the federal/provincial/territorial pan-Canadian Framework on Health Human Resources, particularly with issues such as self-sufficiency.

International Policy and Development

- CNA's Canada-South Africa Nurses HIV/AIDS Initiative, a partnership with the Democratic Nurses Organisation of South Africa, is funded at \$3 million for five years.
- CNA's social justice initiative is finalized, laying out a framework of resources with tools for policy development. The document explains concepts of social justice and equity and the attributes of social justice. A policy program screen, decision-tree model and social justice gauge will be useful tools for nurses in determining and forming policy.
- A business plan is submitted to Health Canada for the International Research Initiative in collaboration with Nancy Edwards, University of Ottawa. The plan outlines strategies for international capacity-building of nurse administrators and researchers and resulted from consultation with Canadian and international nursing and research stakeholders.
- CNA hosts 30 visitors representing the Russian Ministry of Health, nursing faculties from universities and the Russian Nurses Association for four days as part of a three-week study tour to Canada. A number of CNA staff, local decision-makers and stakeholders contributed to information sessions around themes related to nursing, regulation, policy, governance and practice. This intense program contributes to growing professional relations with both Russian colleagues and Grant MacEwan College, the latter being the executing agency for the Canada-Russia Initiative in Nursing, funded by the Canadian government through CIDA.
 - The CNA–Russian Nurses Association workplan for a two-year partnership with Grant MacEwan College on the Canada-Russia Initiative in Nursing project is completed, resulting in the articulation of activities toward key objectives: association development and promotion of good nursing practice.

CNA offers the first Canadian Nurse Practitioner Exam: Family/All Ages.

CNA and the Canadian Institute for Health Information release *The Regulation and Supply of Nurse Practitioners in Canada*, the first report of contextual information and statistical profiles on the history, roles and regulation of nurse practitioners in Canada.

The Canadian Nurse journal celebrates its 100th anniversary.

CNA releases *Navigating to Become a Nurse in Canada*, the first national study examining the assessment and integration of internationally educated nurses.

CNA publishes the position statement "Regulation and Integration of International Nurse Applicants into the Canadian Health System."

 \mbox{CNA} releases the fourth edition of the $\mbox{\it CRNE Prep Guide},$ which introduces the new short-answer question format.

Nursing and Health Care Milestones

23rd Quadrennial Congress of the ICN and meeting of the Council of National Representatives in Taiwan

- CNA's nominee for the presidency, Ginette Lemire Rodger, receives 42% of votes and is defeated by Japan's Hiroko Minami, past president of the Japanese Nursing Association. Minami becomes the 25th president of ICN and will serve until 2009.
- Nominated by CNA, Stephen Lewis (Canada), UN special envoy for AIDS in Africa, wins the ICN Health and Human Rights Award.
- Margretta "Gretta" Madden Styles (U.S.) receives ICN's Christiane Reimann Prize, nursing's most prestigious international award.
- CNA conducts a one-day workshop at the ICN Congress in Taiwan entitled "Action in Diversity: National Nursing Associations Meeting the Health Human Resources Challenges of the Global AIDS Pandemic." The workshop, funded by Health Canada, brought together 60 participants from 35 national nursing associations for a global consultation to identify policy priorities.

The Canadian Pain Society Special Interest Group – Nursing Issues is formed and becomes an associate member of CNA in 2007.

The Canadian Museum of Civilization opens The Caring Profession, a major exhibition on the history of Canadian nursing.

CNA is represented by Michael Villeneuve (scholar in residence) in the 2005 Health Care in Canada Round Table, a televised discussion and debate about findings of the annual Health Care in Canada survey. Moderated by Martin Stringer of CPAC, other participants includes Lynda Cranston (Association of Canadian Academic Healthcare Organizations), Colin Leslie (*Medical Post*), Michael Marzolini, (POLLARA Research), Jeff Poston (Canadian Pharmacists Association), Sharon Sholzberg-Grey (Canadian Healthcare Association) and Elinor Wilson (Canadian Public Health Association).

CNA is the only nursing organization asked to participate in a preliminary pan-Canadian discussion of emergency preparedness hosted in Ottawa by minister of state Carolyn Bennett late in the winter of 2005. The purpose of the meeting is to push the dialogue around preparedness for disasters of natural and human origin (including terrorism, communicable disease and earthquakes) and to discuss, among other items, surge capacity and mobility of health professionals.

The Canadian Nurses Protective Society and Canadian Medical Protective Society issue the *Joint Statement on Liability Protection for Nurse Practitioners and Physicians in Collaborative Practice.* The nursing organization collaborates with Health Canada and the Conference Board of Canada and other partners to enhance collaborative practice by ensuring appropriate liability protection for nurses. The executive director becomes a member of the Canadian Patient Safety Institute's legal and regulatory advisory committee.

Growing out of the Dorothy M. Wylie Nursing Leadership Institute (see 2001), the first multidisciplinary Health Leaders Institute is held in Toronto. By the end of 2009, six institutes have been held, attracting some 500 health-care leaders (including nurses) from across Canada

CNA is represented by Jane MacDonald at Session 04-05 of the Expert Advisory Board on Children's Health and the Environment, held in August in Tepotzlan, Mexico.

The Canadian Institute for Health Information, Statistics Canada and Health Canada release the 2005 National Survey of the Work and Health of Nurses. CNA was an active member of the national advisory committee under the leadership of Judith Shamian. The project was initiated by the Office of Nursing Policy in October 2000 as a collaborative effort between the Canadian Institute for Health Information, Statistics Canada, Health Canada and the Institute for Work & Health.

The federal/provincial/territorial Advisory Committee on Health Delivery and Human Resources releases *A Framework for Collaborative Pan-Canadian Health Human Resources Planning* (revised in 2007).

Reversing a trend of the last decade, Prince Edward Island abolishes its health regions.

New health quality monitoring organizations are established in Ontario (Health Quality Council) and Quebec (Commissaire à la santé et au bien-être).

Year CNA Milestones

2005 cont.

CNA commences providing annual statistical reports on the performance and demographic information of writers of the CRNE; the reports are national, specific to nursing education programs and specific to jurisdictions.

Certification program

- CNA marks 25 years since a resolution was brought forward at the 1980 CNA biennial convention to investigate the feasibility of offering certification exams in Canada.
- The study group manual, Build on What You Know, is published and made available on CNA website. Study groups posted on CNA website increase from only a few to about 25.
- The Public Health Agency of Canada funds the development of the community health nursing certification exam.
- The certification manager and certification coordinator present study group research at the National Organization for Competency Assurance conference in Long Beach, California.

Nursing and Health Care Milestones

The Supreme Court of Canada issues its decision in the contentious Chaoulli case in Quebec, potentially opening the door to private insurance for medically necessary services.

Prepared for the November Meeting of First Ministers and Leaders of National Aboriginal Organizations, *Blueprint on Aboriginal Health: A 10-YearTransformative Plan* is released. As noted on page 2 of the document, its purpose is to "to guide future decision-making by federal, provincial, and territorial governments, First Nations, Inuit, Métis and other Aboriginal leaders in achieving the stated Vision of closing the gap in health outcomes through comprehensive, wholistic, and coordinated services."

Year CNA Milestones

2006

CNA releases *E-Nursing Strategy for Canada;* the report would be downloaded more than 65,000 times by June 2008. By 2009 a search for the report's title brings up hundreds of thousands of results on the Google and Yahoo search engines.

In the first initiative of its kind, CNA's new information portal, NurseONE. ca, is officially launched by the Honourable Tony Clement, minister of health, with funding of \$6.9 million from September 2006 to March 2010.

International Policy and Development

- CNA publishes Knowing No Boundaries to mark 30 years of international health partnerships.
- IPD director June Webber is invited to accompany Her Excellency Michaëlle Jean, Governor General, on her first state visit to Africa, and takes part in the highly successful tour of Algeria, Mali, Ghana, South Africa and Morocco.
- The international nurses' forum Nurses at the Forefront of HIV/AIDS: Prevention, Care, and Treatment is held as an official affiliated event before the International AIDS Conference. After 18 months of planning in collaboration with the ICN and Canadian Association of Nurses in AIDS Care, the event attracts 220 nurses from 39 countries. Ministers of health from Canada and Botswana, and the UN special envoy for AIDS in Africa address the forum during the day. Highlights of the conference:
 - CNA co-sponsors a booth at the Global Village, giving visibility for the 26,000 delegates to the event.
 - Presentations are made by CNA, the Zambia Nurses Association (ZNA) and the Democratic Nursing Organisation of South Africa (DENOSA) at the International AIDS Conference Canadian pavilion.
 - Publication of 'Caring for Care Model' developed by CNA, ZNA and DENOSA as part of International AIDS Conference abstracts 2006.
 - The "Nurses Addressing AIDS" media campaign is undertaken through development of pins and posters for the international AIDS conference.
 - CNA meets with the minister of international cooperation, Josée Verner, CIDA president Robert Greenhill and CIDA senior staff to discuss priorities related to health systems strengthening and HIV/AIDS. The meeting is coordinated by the Interagency Coalition on AIDS and Development and involves a consortium of six non-governmental organizations.
- A memorandum of understanding is negotiated and signed with Canadian Society for International Health and the Ethiopian Nurses Association for the two-year Ethiopian Nurses and Needle Stick Injury Research Project (2006-2008), to provide technical support and capacity-building for nurses related to occupational health and safety.

Nursing and Health Care Milestones

The Canadian Association of Medical and Surgical Nurses is founded and becomes an associate member of CNA in 2007.

The Canadian Association of Rehabilitation Nurses is founded and becomes an associate member of CNA the same year.

Ontario is the last province to decentralize its health-care system, establishing 14 local integrated health networks.

Telehealth is established in Newfoundland and Labrador (HealthLine).

Dr. Margaret Chan (People's Republic of China), who earned her medical degree from the University of Western Ontario, is appointed director-general, WHO, to serve until June 2012

Canadian Sean P. Clarke, PhD, RN, CRNP, of the University of Pennsylvania is inducted as a fellow of the American Academy of Nursing.

CNA Milestones

Nursing and Health Care Milestones

2006 cont.

Toward 2020: Visions for Nursing is published. By June 2008, the report and its "snapshot" summary have been downloaded more than 240,000 times, and more than 12,000 nurses and other leaders participate in presentations of the study across the country. A search for the report's title in 2009 brings up more than a half million results on the Google and Yahoo search engines.

Building the Future, the final report of the national nursing sector labour market study, is released. CNA served as co-chair of this five-year study of the nursing sector.

CNA president Deborah Tamlyn signs the Canadian Collaborative Mental Health Charter on behalf of the organization.

CNA signs the Quality Worklife-Quality Healthcare Collaborative's Healthy Healthcare Leadership Charter, committing the organization to providing a healthy workplace for its own employees, concomitant with the principles being advocated for other nursing practice settings.

CNA publishes Nurse Practitioners: The Time is Now. A Solution to Improving Access and Reducing Wait Times in Canada, the final report of the Canadian Nurse Practitioner Initiative.

In cooperation with the Best Medicines Coalition, Canadian Pharmacists Association and Canadian Medical Association, CNA engages in active advocacy related to the intergovernmental commitment to develop a national pharmaceutical strategy. Results of the work includes:

- development of a Framework for a Canadian Pharmaceutical Strategy;
- an open letter sent to Premier Williams, chair of the Council of the Federation at first ministers meetings.

Certification program

- In April, oncology nursing becomes the first CNA examination to pilot a computer-based testing method. About 225 candidates write this certification examination (in English and French) using the new technology.
- The program celebrates the 15th year since the first CNA certification exam was administered, in neuroscience nursing.
- The program revises the renewal process and requires that all continuous learning activities align with competencies related to the nursing specialties. Renewal candidates comply with the new requirements and are pleased that certification can meet in some way their continuing competence requirements.
- Community health nursing, orthopaedic nursing and rehabilitation nursing examinations are administered for the first time, with the credentials CCHN(C), Certified in Community Health Nursing (C)anada; ONC(C), Orthopaedic Nursing Certified (C)anada; and CRN(C), Certified in Rehabilitation Nursing (C)anada, respectively.

Biennial convention summary

Annual meeting and biennial convention: Saskatoon, SK Jeanne Mance Award: Linda O'Brien-Pallas Incoming president: Marlene Smadu

Year | CNA Milestones

2007

CNA and partners host the National Nursing Leadership Conference in Ottawa

CEO Lucille Auffrey unveils a new portrait of the Queen in the main CNA foyer of CNA House to mark 50 years of royal patronage.

CNA publishes:

- · Framework for the Practice of Registered Nurses in Canada
- · Projet soins infirmiers en français Synthesis report

CNA staff provide a week of Influencing Public Policy capacity-building workshops to nurses in Pretoria, South Africa.

CNA establishes an Office of the Environment to lead its work on one of its centennial goals: advocating for a healthy environment.

Certification program

- The number of study groups continues to increase, with over 35 posted on the CNA website.
- The Canadian Nurses Foundation (CNF) offers \$1,000 to the winner of the CNA Certification Program Employer Recognition Award to further promote and support CNA certification and certification renewal. Saint Elizabeth Health Care is the first employer to receive this monetary award from CNF.
- Online practice tests available in all nursing specialties (English and French versions) include an online version of the sample questions contained in the prep guides.
- The program manager is invited to speak to the Assembly of American Board of Nursing Specialties about CNA Certification Program Study Groups project and research.
- The program manager participates in an international continuing competence forum, in Washington, D.C.

International Policy and Development

- CNA's IPD director is asked to accompany Her Excellency, Governor General Michaëlle Jean on her first state visit to Afghanistan.
- CNA's Strengthening Nurses, Nursing Networks and Associations Program is funded at \$5 million for five years.
- · Exploratory missions to Burkina Faso and Senegal are undertaken.
- National consultations with Canadian nurses active internationally are conducted
- CNA invests in the design and proposal development of a program
 of research and capacity-building: 2007-2011: Strengthening Nurses'
 Capacity for HIV Policy Development in Sub-Saharan Africa and
 the Caribbean. The contract was awarded by the International
 Development Research Centre, enabling the formation of knowledge
 translation structures and policy capacity amongst a large program
 team and within the five program countries.
- Members of IPD conduct an exploratory mission to Haiti. Thereafter, CNA joins efforts to develop a funding proposal for a project in Haiti with four other organizations: McMaster University, the Society of Gynecologists and Obstetricians of Canada, Cégep de Saint-Jérôme and Cégep Régional de Lanaudière. The project aims to the strengthen the Ministry of Health, education facilities and national professional associations such as the national nursing association through capacity-building activities that develop health human resources. A proposal is submitted to CIDA.
- CNA's Influencing Public Policy capacity-building workshops are held in South Africa and the South African Development Community region.

CNA recruits a ceremonial Centennial Leadership Cabinet (see Appendix P) for the upcoming year of celebrations.

Nursing and Health Care Milestones

CNA participates in the ICN Council of National Representatives and Second Conference, Yokohama, May 27-June 1.

 Anneli Eriksson, RN, president of Médecins Sans Frontières in Sweden, wins the ICN/ Florence Nightingale International Foundation International Achievement Award.

The Canadian Association for International Nursing is founded and becomes an associate member of CNA the same year.

The Forensic Nurses' Society of Canada is founded and becomes an associate member of CNA the same year.

The Canadian Nursing Environmental Health Group is founded and identified as a CNA emerging member.

Merck Frosst releases the 10th edition of its annual Health Care in Canada national survey of providers and users. CNA remains an active member of the steering group designing and analyzing the survey.

After active advocacy efforts by CNA and other key organizations, the federal government announces funding in its March budget for the non-profit Mental Health Commission of Canada. The mandate and structure of the commission are to be based on the proposal contained in the report of the Senate committee chaired by Senator Michael Kirby, Out of the Shadows at Last — Transforming Mental Health, Mental Illness and Addiction Services in Canada. Senator Kirby is named first chair of the commission.

According to the commission's "Background" webpage, "The proposal to create the Mental Health Commission of Canada was first made by the Standing Senate Committee on Social Affairs, Science and Technology in November 2005. Almost two years earlier, in February, 2003, the Committee, under the leadership of Senator Michael Kirby, had undertaken the first-ever national study of mental health, mental illness and addiction. During the final phase of its study, the Committee held more than 50 meetings, comprising more than 130 hours of hearings. The Committee heard from more than 300 witnesses, whose testimony filled more than 2,000 pages. The Committee travelled to every province and territory, and supplemented its public hearings by two separate e-consultations through the committee's website that gathered hundreds of individual stories."

Ginette Lemire Rodger, former CNA executive director (1981-1989) and president (2000-2002), is appointed an Officer of the Order of Canada.

Linda McGillis-Hall, University of Toronto faculty of nursing, becomes the first Canadian resident inducted as a fellow of the American Academy of Nursing.

The first nurse practitioner-led clinic in Canada, the Sudbury District Nurse Practitioner Clinics, opens "to provide comprehensive primary health care through an interdisciplinary approach."

At the University of Toronto, financier and philanthropist Lawrence Bloomberg makes the largest donation ever to a Canadian nursing school and the Lawrence Bloomberg faculty of nursing becomes Canada's first named faculty of nursing.

The Canadian Association of Schools of Nursing implements its new accreditation program.

The GATS and Health Services in the Doha Round negotiations is finalized in July.

Dame Louise Agnetha Lake-Tack (b. 1944), a former nurse and then magistrate, is appointed the first female Governor General of Antigua and Barbuda.

At Duke University, Dr. Nancy Andrews becomes the first female dean of a top-10 American medical school.

Nurse theorist Sister Callista Roy, PhD, RN, FAAN, celebrates 50 years as a Sister of St. Joseph of Carondelet and is named an American Academy of Nursing Living Legend.

CNA Milestones

2008

CNA president and Centennial Leadership Cabinet members release CNA's vision statement at the National Press Club in Ottawa, January 17.

Prime Minister Stephen Harper joins the CNA board in a reception and press conference at Toronto's Hospital for Sick Children. Fourteen nurses from across Canada are honoured with Nurse to Know Centennial Achievement Awards, and the prime minister officially launches CNA's centennial year.

CNA facilitates a pan-Canadian approach to nurse practitioner exams through the CNA nurse practitioner exam program: the American Nurses Credentialing Center's computer-based Adult and Pediatric Nurse Practitioner exams are offered by CNA for the first time, and 179 writers take the exams during the first two offerings.

International Policy and Development

- IPD coordinates the analysis and logistical matters enabling CNA's president, president-elect, CEO and CNA staff to actively contribute to the seven meetings and events before and including the World Health Assembly in Geneva, May 14-23, thus contributing evidence and expertise to policy and program discussions, particularly health systems strengthening, quality practice environments and patient safety. Meetings of nursing association and regulatory bodies along with government chief nurses and a regulatory meeting convened by the World Health Professions' Alliance debate matters that relate to the emergence of unregulated health professionals to address global health human resource challenges, new models of health services delivery, trends in regulatory practice and the General Agreement on Trades in Services.
- CNA collaborates with Health Canada in the development of key government interventions to the WHA on issues that relate to the role of the profession to health systems strengthening, patient safety, quality practice environments, female genital mutilation and the millennium development goals. CNA successfully positions Marlene Smadu on the Health Canada delegation to the WHA strengthening interventions, particularly in relation to the WHA resolution on strengthening nursing and midwifery.
- IPD collaborates with experts on the review and analysis of harm reduction as it relates to the social determinants of health and the role of nurses. This results in public dialogues at the CANAC annual conference and communications with the government of Canada advocating for evidence-informed policy in relation to harm reduction programming, such as Insite.
- CNA's endorsement of the Buy-A-Net Malaria Prevention Group, a
 Canadian nurse-led registered charitable organization with a mission
 to prevent and treat malaria, one (African) village at a time, results
 in enhanced visibility and recognition, with potential for supporting
 the engagement of the Uganda National Association for Nurses and
 Midwives in this important initiative.
- CNA provides technical and logistical support for the launch of the Canadian Association for International Nursing. This new emerging member, which plans to launch as an associate member in June 2008, will focus on enhancing dialogue at the national level among nurses involved in global health, and on providing educational and instrumental support to Canadian nurses involved in international health.
- A project with Ghana for strengthening its nursing association is funded with centennial gift of \$10,000 from the Canadian Federation of Nurses Unions.
- CNA convenes a policy capacity-building workshop for international research interns at the University of Ottawa.
- IPD hosts a national symposium on global social responsibility, which attracts over 130 nurses from Canada and around the world.
- CNA hosts a study tour of international colleagues to the CNA centennial convention.

CNA publishes Advanced Nursing Practice: A National Framework and Framework for the Practice of Registered Nurses in Canada.

Nursing and Health Care Milestones

David Benton (U.K.) is appointed CEO of ICN on the retirement of Judith Oulton (Canada).

The Canadian Nurses Protective Society celebrates 20 years of success at a luncheon honouring the 1987 CNA board of directors, which passed the resolution to create a self-funded, self-administered liability protection scheme for nurses. Guests include Ginette Lemire Rodger, who was executive director of CNA in 1988 and implemented the board's decision; former and current members of the board of the Canadian Nurses Protective Society; the legal counsel who assisted with its establishment and served the organization for 20 years; and CNA's finance officer, who had provided financial services to the organization since 1988. Pat McLean is honoured for her 20 years as manager and CEO.

The Canadian Family Practice Nurses Association is founded and identified as a CNA emerging member group.

The Canadian Men in Nursing Group is founded and identified as a CNA emerging member group.

Nurse theorist Margaret A. Newman, PhD, RN, FAAN, is inducted as a Living Legend, American Academy of Nursing.

Alberta abolishes its health regions and New Brunswick reduces its regions from eight to two.

The British Columbia Patient Safety and Quality Council and New Brunswick Health Council are established.

Yukon institutes telehealth with its HealthLine 811, which is connected to British Columbia's HealthLink BC service.

McSleepy, the world's first robot anesthetist, is developed at McGill University and joins the surgical team at McGill University Health Centre. The robot monitors patients, adjusting and administering medications, while human team members attend to other aspects of care.

Vear

CNA Milestones

Nursing and Health Care Milestones

2008 cont.

The Canadian Health Outcomes for Better Information and Care project receives \$750,000 in funding from Canada Health Infoway.

With input from its Consortium for Nursing Research and Innovation partners, CNA leads the development of Advancing Health Through Nursing Science — a proposal to the federal government for the establishment of a 10-year, \$79-million fund for a comprehensive program to modernize the education and enhance the research capacity and output of Canada's RNs.

CNA publishes:

- Code of Ethics for Registered Nurses, a Code of Ethics for Registered Nurses pocket card, and a Code of Ethics for Registered Nurses poster
- The Adult Nurse Practitioner Review and Resource Manual, 3rd edition
- · Toward 2020: Visions for Nursing Tool Kit (multimedia)

Certification program

- CNA's certification program manager is elected and begins a term as secretary/treasurer for the American Board of Nursing Specialties.
- 11 nominations are received for the 2008 Employer Recognition Awards. Bloorview Kids Rehab is the overall winner.
- Over 90 CNA-certified nurses in all 18 nursing specialties volunteer their time to be CNA certification mentors to assist new candidates obtain the credential.
- Over 20 Canadian universities offer a nursing degree credit to nurses who earn the CNA certification credential.
- The certification program produces a certification video that provides information and testimonials about the program with financial support for the project from NurseONE; 500 copies are distributed and another 250 copies ordered.
- CNF continues to support the certification program by offering two certification awards per nursing specialty that will cover the cost of the certification fee for either initial or renewal candidates.
- Prep guides will now be offered electronically only. Candidates will access a webpage dedicated to their nursing specialty, from which they can access the online version of their prep guide.
- The program produces a CNA centennial commemorative bookmark and card that are distributed exclusively to CNA-certified nurses.

The 20th anniversary CNA/CMA Media Awards are presented at the Fairmont Château Laurier Hotel in Ottawa.

More than 1,000 delegates from across Canada and internationally join CNA board and staff at the annual meeting and centennial convention in Ottawa.

- At the opening ceremonies, Canada Post unveils a new stamp honouring CNA's hundredth anniversary.
- CNA premiers Milestones: The First 100 Years of the Canadian Nurses Association on DVD, a 30-minute multimedia presentation highlighting CNA's history. Complimentary copies are distributed to every school of nursing across the country during the first week of the new school year.
- Gen. Rick Hillier, chief of the defence staff, delivers the opening keynote address, and Roberta Jamieson, CEO of the National Aboriginal Achievement Foundation, delivers the keynote address on the second morning.
- At the gala banquet, the inaugural CNA Order of Merit awards are presented in the categories of clinical nursing practice, nursing administration, nursing education, nursing research and nursing policy; country singing star (and former RN) Paul Brandt provides the entertainment.

CNA releases its revised, centennial edition of the *Code of Ethics for Registered Nurses*.

NurseONE releases the *Toward 2020* DVD and accompanying suite of tools – a filmed version of a presentation about the 2020 project along with teaser videos, and accompanying documents on CD.

Communications, publications and marketing functions are consolidated under a new department of Corporate Communications.

CNA Milestones Nursing and Health Care Milestones 2008 NurseONE is integrated with CNA's IT services under a new department of cont. Information Technology Services. CNA hosts a podcast on the 100th anniversary of the organization's founding, October 8. The same day, CNA releases Signposts for Nursing - CNA's centennial horizon scan - and its "preferred future" document. CNA's armorial bearings are unveiled by Her Excellency the Governor General during a ceremony and reception for CNA board, staff and guests at Rideau Hall in October 2008. CNA hosts the first domestic offering of its popular workshop, Influencing Public Policy: Strategies and Tactics. Developed initially by International Policy and Development, versions of the program were offered in Russia, Saskatoon, Pretoria and Ottawa before being designed for a domestic, 2-day format on November 24 and 25, 2008, at the National Arts Centre in Ottawa. Sixty delegates from across Canada attend the workshop. At a ceremony at the Marriott Hotel in Ottawa on November 26, CNA's Centennial Awards are presented to 100 exceptional RNs whose personal and professional contributions have made an outstanding and significant impact on the nursing profession. **Summary of CNA's centennial milestones** Membership tops 133,000 through 11 provincial and territorial members. Associate and affiliate members and emerging groups number 40, having some 40,000 members combined. There are 85 staff at CNA House in Ottawa, including 21 nurses; there were 7 in 2000. More than 15,000 Canadian nurses are certified in one of 17 specialties, with more specialties in development. Over 20 Canadian universities now offer nursing degree credits to nurses to earn the CNA certification credential. Medical-surgical nursing receives official CNA certification designation by CNA CEO Lucille Auffrey. Exam development will begin immediately, and this will be the 19th certification examination administered in April 2010. International Policy and Development works in over 30 nations on four continents. Brenda Beauchamp, director of Finance and Administration, joined the organization in 1975 and is CNA's longest-serving current employee. She has worked under six of CNA's 10 executive directors/ CEOs and 18 of its presidents. CNA revenue tops \$20 million in 2008, and external project funding

Biennial convention summary

Annual meeting and centennial convention: Ottawa, ON

Jeanne Mance Award: Judith Oulton

Inaugural Order of Merit Awards: Carolyn Tayler (Nursing Administration), Diana Davidson Dick (Nursing Education), Marion Clark (Nursing Policy), Margaret Farley (Clinical Nursing Practice), and Linda McGillis Hall (Nursing Research)

over the final nine years of CNA's first century tops \$30 million.

Incoming president: Kaaren Neufeld

CNA Milestones

2009

Rachel Bard of New Brunswick is appointed the 10th CEO of CNA and assumes the role January 5. Associate CEO Jane Ellis had served as interim CEO for four months.

CNA and its partners host the National Nursing Leadership Conference in Toronto; Gloria Steinem delivers the opening keynote address.

CNA projects that the nursing shortage will grow by almost five times over 15 years in its report Tested Solutions for Eliminating Canada's Registered Nurse Shortage, an update of the 1997 and 2002 Ryten reports. The report highlights six policy scenarios that, if implemented together, could eliminate Canada's RN shortage – currently estimated to be about 60,000 by 2022.

CNA releases *Registered Nurses: On the Front Lines of Wait Times*, which describes the key role that nurses play by developing innovative solutions to the challenges of wait times.

CNA establishes its Innovations Exchange, an online forum for the collection and dissemination of nursing innovations.

CNA publishes *RNs: A \$ound Investment*, an online toolkit for nurses to address the economic downturn and to advocate the value of RNs.

Drawing on its earlier futures work, CNA produces *The Next Decade: CNA's Vision for Nursing and Health* to guide CNA as it works to advance the quality of nursing in the interest of the public. The Next Decade envisions solutions to meet many of our health-care challenges and is intended to help members work in their own areas of practice to build a better future for Canadian health care in the next decade and beyond.

New and critical steps are made toward making nursing visible in electronic records and in national health information systems. In partnership with ministries of health in Manitoba, Saskatchewan and Ontario and with investment from Canada Health Infoway, CNA completes the Canadian Health Outcomes for Better Information and Care project, demonstrating that standardized nursing assessments across care settings and provincial boundaries are feasible.

NurseONE, the Canadian nurses portal, is made easier for nurses to use. Thousands more full-text articles and books are added to support evidence-based practice and to help members meet continuing competence requirements. Nurses have begun using NurseONE to join online communities of practice.

CNA collaborates with registered psychiatric nurses, licensed practical nurses and other professional groups to host a national forum on health human resources, and releases *Maximizing Health Human Resources:* Valuing Unregulated Health Workers — Highlights of the 2009 Pan-Canadian Symposium. Building on this successful collaboration, CNA secures federal funding to create tools that elaborate principles and criteria to guide staffing practices in 2010.

The ongoing nursing shortage and other difficulties nurses face at work compel CNA to increase the push for quality practice environments. *Improve Your Practice Environment: An Action Guide for Nurses* is posted on NurseONE to help individuals and organizations take focused action on making work settings safer and more effective.

CNA's Primary Care Toolkit brings new energy and new potential to the major role RNs and nurse practitioners are playing in collaborative teams across Canada.

CNA increases its links with nurses' networks by creating easier ways to share information among CNA's 40-plus associate and affiliate members and emerging groups. Regular bulletins and teleconferences are offered, and with the support of these groups, CNA launches its new Progress in Practice webinar series.

Nursing and Health Care Milestones

Twenty-fourth Quadrennial Congress of the ICN and meeting of the Council of National Representatives: Durban, South Africa

- · CNA celebrates its 100th anniversary of membership in the ICN
- · This is the first ICN congress held in Africa
- · Of the 5,000 delegates, some 3,000 come from African countries.
- Rosemary Bryant, commonwealth chief nurse and midwifery officer for Australia, is elected 26th president (2009-2013)
- · CNA past president Marlene Smadu is elected 3rd vice-president (2009-2013)
- Máximo A. González Jurado (Spain) wins ICN's Christiane Reimann Prize, nursing's most prestigious international award.

CNA provides technical and logistical support to nurses interested in environmental health, resulting in the launch of Canadian Nurses for Health and the Environment. This new emerging member (planning to launch as an associate member in 2011) will focus on supporting engagement at the national level among nurses working on environmental health issues, and providing educational support to Canadian nurses interested in environmental health.

Assessment Strategies registers its new name: Canada's Testing Company/La Société Spécialiste des Examens au Canada.

The Canadian Nurses Protective Society moves from CNA House to its own quarters on Carling Avenue in Ottawa.

The Canadian Institute for Health Information changes the name of its nursing data to the Nurses Database, which now includes:

- · registered nurse data from 1980 to 2007
- · nurse practitioner data from 2003 to 2007
- · licensed practical nurse data from 2002 to 2007
- · registered psychiatric nurse data from 2002 to 2007

Governor General Michaëlle Jean announces that Lt.-Col. Gayle Quick, Canadian Forces chief nursing officer and Air Force flight nurse, is appointed as an Honorary Nursing Sister to Her Majesty the Queen, the only Canadian nurse thus named.

Heather K. Spence Laschinger (University of Western Ontario) and CNA president-elect Judith Shamian (VON Canada) are both appointed fellows of the American Academy of Nursing.

An H1N1 "swine" flu pandemic spreads globally from apparent origins in Mexico. By December 31, some 15 million Canadians have been vaccinated, thousands have fallen ill and 409 have died. Signalling a possible new strategy in disease surveillance, Google noted a spike in searches related to "flu" that correlated with actual cases — more than a week before the Mexican government gave warning of the potential pandemic.

Telehealth is established in Nova Scotia (HealthLink 811).

The federal government invests a further \$500 milllion in Canada Health Infoway for electronic health records.

In the U.S., Kerry Paige Nesseler is appointed federal chief nurse officer. She will coordinate the Commissioned Corps of the U.S. Public Health Service and nursing professional affairs for the Office of the Surgeon General and the Department of Health and Human Services.

The Canadian Red Cross celebrates its 100th anniversary.

CNA Milestones

Nursing and Health Care Milestones

2009 cont.

International Policy and Development

- CNA hosts the Global Symposium on Global Leadership and Collaboration with involvement of its SNNNAP partners.
- · CNA hosts a new Global Health Knowledge series.
- In the international health partnerships program, CSAN AIDS successfully concludes and SNNNAP continues to progress with new partners for the program: RNAO and NANB.
- CNA produces a new Global Nursing Connections database to facilitate nurses' networking and collaboration by centralizing information in a readily available Internet location.

CNA publishes:

- Blueprint for the Canadian Registered Nurse Examination June 2010-May 2015
- Canadian Registered Nurse Exam Prep Guide, 4th edition (in effect until February 2010)
- Canadian Registered Nurse Exam Prep Guide, 5th edition (in effect June 2010 to 2015)
- · Nursing Education in Canada Statistics, 2007-2008
- Registered Nurses: On the Front Lines of Wait Times
- · RNs: A \$ound Investment
- · Tested Solutions for Eliminating Canada's Registered Nurse Shortage

With its partners in the Canadian Consortium for Nursing Research and Innovation, CNA continues to lobby widely at the federal and national levels for implementation of a new national fund to support nursing science.

Regulatory Policy

- After extensive national consultation, a new blueprint for the CRNE is released. This document outlines the competencies to be measured on the exam for the 2010-2015 CRNE cycle. The number of writers increases 16 per cent over 2008, with 11,025 writers in 2009. There is also a 72 per cent increase over 2008 in the number of orders for program-specific CRNE statistical reports, perhaps the result of the high degree of satisfaction with these reports found in a recent online survey conducted by CNA.
- Mobility and trade agreements are front and centre in regulatory dialogue in 2009 and CNA is actively engaged in this discussion. For example, CNA:
 - obtains funding for and co-chairs a meeting of regulators to discuss mobility of nurse practitioners within Canada.
 - develops a discussion paper on implications of trade agreements for nursing regulation.
 - coordinates a response of CNA members to a survey from Foreign Affairs and International Trade Canada on a comprehensive economic agreement between Canada and the European Union.
 - presents at the Mobility of the Skilled Workforce: European Union-Canada Roundtable in Brussels.
- CNA continues to disseminate the 2008 Code of Ethics and presents on the code and other ethics resources at jurisdictional, national and international conference such as the Yukon Registered Nurses Association annual meeting, the Operating Room Nurses Association of Canada annual meeting, the 2009 Nursing Leadership conference and the ICN Quadrennial in Durban, South Africa. Additions to CNA's ethics resources in 2009 include an Ethics in Practice paper on social justice in practice.
- To get a better sense of the Canadian public's understanding and valuing of self-regulation, CNA contracts Ipsos Reid to carry out a national survey in the fall. Over 1,500 Canadians are surveyed and the results will be used to inform an action plan in 2010.
- · The CRNE has 11,025 writers.
- The number of candidates writing CNA's nurse practitioner exams continues to grow. There are 231 writers of the Canadian Nurse Practitioner Exam: Family/All Ages in 2009, with nurse practitioners applying for licensure with the College and Association of Registered Nurses of Alberta (CARNA) writing this exam for the first time. A total of 173 nurses write the American Nurses Credentialing Center adult (n = 139) and pediatric (n = 34) exams for licensure purposes in Canada,

CNA Milestones

Nursing and Health Care Milestones

2009 cont.

with nurse practitioners applying with either CARNA or Saskatchewan Registered Nurses' Association writing this exam for the first time.

- CNA's Regulatory Policy department participates in dialogue and presents on regulatory issues at international forums in 2009:
 - the International Council of Nurse regulatory network at the ICN Quadrennial
 - by invitation by the nursing council of Portugal (Ordem dos Enfermeiros) at a national Portuguese nurses conference. CNA, along with Roxanne Tarjan, NANB executive director, presents on Canadian nursing regulation, current approaches and future directions to about 500 nurses in Portugal.
- CNA continues to participate in the ICN regulators and credentialing forum to discuss regulatory and credentialing issues among nursing leaders from around the world in 2009. In addition, CNA continues to support international partners in their regulatory work by:
 - · assisting the Indonesian Nurses Association in their work toward developing a national exam; and
 - assisting, with Linda Hamilton, then College of Registered Nurses of Nova Scotia executive director, the Vietnam Nurses Association in drafting a regulatory framework.

Certification program

- There are 15,603 certified nurses at the end of 2009, including nurses
 certified for the first time in enterostomal nursing. Two other highlights
 of the program are the successful introduction of an online application
 process for initial certification and the receipt of applications for the
 19th certification area, medical surgical nursing. Close to 800 nurses
 use the new online method with minimal technical issues.
- The manager of the certification program participates in the International Certification Research Summit in October in Baltimore, Maryland.
- Consultant research re-confirms that CNA certification study groups are valuable for preparing for CNA certification. The number of study groups registered on CNA website tops 42.
- The CNA certification video is now being posted on nurses' workplace "intranets" and is available for viewing on CNA website.
- The enterostomal therapy nursing examination is administered for the first time with the credential CETN(C), Certified Enterostomal Therapy Nurse (C)anada.
- Phase I of the certification online project was successfully implemented in September: candidates can apply for initial certification by mail or by the new online option. The system will be enhanced and updated regularly, and phase II of the project will allow online application for renewing candidates beginning in September 2011.
- Program staff attended 18 conferences and shipped information material to 150 events.

In a busy period of a national health crisis, CNA works actively with the Public Health Agency of Canada to develop and disseminate information about the H1N1 flu pandemic, for example through weekly teleconferences and by providing input to policy documents, meeting with staff to discuss the pressing issues, expressing concerns to the chief public health officer, developing a dedicated page on our website and conducting teleconferences with CNA's member groups.

Membership at the end of December stands at 139,893 – an increase of 2.6 per cent over 2008.

APPENDIX H

KEY CNA PUBLICATIONS AND PRODUCTS, 2000-2009

CNA released some 500 publications and products during the decade 2000-2009.

Annual Reports

- · Annual Report 2000
- Annual Report 2001
- Annual Report 2002
- Annual Report 2003
- Annual Report 2004
- Annual Report 2005
- · Annual Report 2006 (includes Consolidated Financial Statements)
- Annual Report 2007 (includes Consolidated Financial Statements)
- · Annual Report 2008 (includes Consolidated Financial Statements)
- · Annual Report 2009 (includes Consolidated Financial Statements)
- Consolidated Financial Statements 2005
- Operational Report of the Chief Executive Officer June 2004 to June 2006
- Operational Report of the Executive Director, June 2002 to June 2004
- · Address on the Operational Report of the Chief Executive Officer June 2009

Brochures

- Better Health Care, Better Patient Outcomes: An E-Nursing Strategy, 2006
- Canada-South Africa Nurses HIV/AIDS Initiative Brochure, 2005
- · NEVER, ever, EVER let anyone tell you it'll be easy...JUST worth it, 2003
- · To Advance the Quality of Nursing in the Interest of the Public, 2002

Canadian Nurse Practitioner Examination Bulletins

- · CNPE Bulletin, No. 1, September 2005
- · CNPE Bulletin, No. 2, January 2006
- · CNPE Bulletin, No. 3, July 2009

Canadian Nurse Practitioner Examination: Family/All Ages

- Blueprint for the Canadian Nurse Practitioner Examination: Family/All Ages, April 2005
- Canadian Nurse Practitioner Examination: Family/All Ages Prep Guide, 1st edition, 2005

Canadian Nurse Practitioner Initiative

- Development of Human Resource Projection Models for Primary Health Care Nurse Practitioners in Canada, 2004 (request for proposal)
- Helping to Sustain Canada's Health System: Nurse Practitioners in Primary Health Care, 2004
- Implementation and Evaluation Toolkit for Nurse Practitioners in Canada, 2007

- Minister Bennett Joins Nurse Practitioners in Supporting Children to "Be Healthy," 2005 (news release)
- Nurse Practitioners: The Time is Now. A Solution to Improving Access and Reducing Wait Times in Canada, 2006.
- Recommendations of the Canadian Nurse Practitioner Initiative: Progress Report, 2009
- · The Regulation and Supply of Nurse Practitioners in Canada, 2005
- The Regulation and Supply of Nurse Practitioners in Canada: Technical Appendix, 2005

Canadian Registered Nurse Examination

- · CRNE Exam Development Participation Information, 2008
- · CRNE Reports on Examination Cycle 2005-2006, 2006
- CRNE Reports on Examination Cycle 2007-2008, 2008
- · CRNE Reports on Examination Cycle 2008-2009, 2009
- Terms of Reference for Item Writing for the Canadian Registered Nurse Examination, 2008

Canadian Registered Nurse Examination Bulletins

- CRNE Bulletin, Number 1 Overview of Upcoming Changes to the CRNE -Dec 2003
- CRNE Bulletin, Number 2 Implications of Changes for 2004-2005 Writers -Jan 2004
- CRNE Bulletin, Number 3 CNA LeaRN CRNE Readiness Test, Mar 2004 (revised Jul 2005)
- CRNE Bulletin, Number 4 Blueprint and Competences, Jun 2004 (revised Jul 2005)
- CRNE Bulletin, Number 5 CRNE Standard Setting and Scoring, Oct 2004 (revised Jun 2007)
- · CRNE Bulletin, Number 6 Obtaining Your Results Jun 2005
- CRNE Bulletin, Number 7 A new Milestone for Nursing in Canada Oct 2005 (revised Apr 2006)
- CRNE Bulletin, Number 8 Developing the Canadian Registered Nurse Examination - Apr 2006
- CRNE Bulletin, Number 9 Statistics on CRNE Writers Nov 2006
- CRNE Bulletin, Number 10 Statistics on CRNE Writers for Calendar Year 2006 – Sep 2007
- CRNE Bulletin, Number 11 Statistics on CRNE Writers for Calendar Year 2007, May 2008
- CRNE Bulletin, Number 12 Statistics on CRNE Writers for Calendar Year 2008, May 2009
- CRNE Bulletin, Number 13 The new CRNE Jun 2010 May 2015, Jun 2009

Canadian Registered Nurse Examination Guides

- Blueprint for the Canadian Registered Nurse Examination, 1st edition, April 1999
- Blueprint for the Canadian Registered Nurse Examination, June 2005 May 2009, 2nd edition, 2004
- Blueprint for the Canadian Registered Nurse Examination, June 2010 May 2015, 3rd edition, 2009
- Canadian Registered Nurse Exam Prep Guide, 5th edition, 2010; 4th edition, 2005; 3rd edition, 2000; 2nd edition, 1995 1st edition, 1992

Certification Program

Brochures

- A Brief Guide to CNA Certification Renewal, 2010 (produced annually 2005-2009)
- Canadian Nurses Association 2010 Certification (produced annually 2000-2009)
- The Canadian Nurses Association Certification Program (information brochure), 2005

Certification Bulletins

- · Certification News Spring/Summer, 2000
- Certification News Fall 2001
- Certification News Winter 2001
- · Certification Bulletin No. 1, May 2004
- · Certification Bulletin No. 2, May 2005
- · Certification Bulletin No. 3, Apr 2006
- · Certification Bulletin No. 4, Jun 2007
- · Certification Bulletin No. 5, Apr 2008
- · Certification Bulletin No. 6, Oct 2008
- Certification Bulletin No. 7, Spring/Summer 2009
- · Certification Bulletin No. 8, Fall/Winter 2009

Certification Guides

- Certification by Exam: How to apply to write the CNA certification exam 2009 (published annually, 2000-2009)
- Certification Renewal: How to apply for CNA Certification Renewal (published annually, 2000-2009)

Certification Prep Guides

- · CNA Certification Program, Generic Prep Guide, 2005, 2006, 2007
- Cardiovascular Nursing Certification Exam Prep Guide, 2nd edition, revised 2009; 2nd edition, revised 2008; 2nd edition, 2006; 1st edition, 2000
- Community Health Nursing Certification Exam Prep Guide, 1st edition, revised 2009; 1st edition, revised 2008; 1st edition, 2006
- Critical Care (Adult) Nursing Certification Exam Prep Guide, 2nd edition, revised 2008; 2nd edition, 2005; 1st edition, 2000
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- Collecting Baseline Patient Outcome Data Should Precede Nurse Staffing Changes, 2005
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APPENDIX I

CNA MEMBERS

Members by category	Year founded	Year joined CNA
Full Members		
Association of Registered Nurses of Newfoundland and Labrador	Newfoundland Graduate Nurses Association, 1916; Association of Registered Nurses of Newfoundland and Labrador, 1954	1954
Association of Registered Nurses of Prince Edward Island	1911	1922
College and Association of Registered Nurses of Alberta	Alberta Association of Graduate Nurses, 1916; Alberta Association of Registered Nurses, 1921; College and Association of Registered Nurses of Alberta, 2005	1917
College of Registered Nurses of British Columbia	Graduate Nurses Association of British Columbia, 1912; Registered Nurses Association of British Columbia, 1918; College of Registered Nurses of British Columbia, 2005	1913
College of Registered Nurses of Manitoba	Manitoba Association of Graduate Nurses, 1906; Manitoba Association of Registered Nurses, 1913; College of Registered Nursess of Manitoba, 2001	1908
College of Registered Nurses of Nova Scotia	Graduate Nurses' Association of Nova Scotia, 1910; Registered Nurses' Association of Nova Scotia, 1926; College of Registered Nurses of Nova Scotia, 2002	1913
Nurses Association of New Brunswick	New Brunswick Association of Graduate Nurses, 1916; New Brunswick Association of Registered Nurses, 1957; Nurses Association of New Brunswick, 1984	1914
Registered Nurses' Association of Ontario	Graduate Nurses' Association of Ontario, 1904; Registered Nurses' Association of Ontario, 1927	1908
Registered Nurses Association of Northwest Territories and Nunavut	Registered Nurses Association of Northwest Territories, 1975; Registered Nurses Association of Northwest Territories and Nunavut, 2004	1975
Saskatchewan Registered Nurses' Association	1917	1924
Yukon Registered Nurses Association	Yukon Nurses Society, 1982; Yukon Registered Nurses Association, 1992	1982
Associate Members		
Aboriginal Nurses Association of Canada	1975	1995
Academy of Canadian Executive Nurses	1982	1986
Association of Women's Health, Obstetric and Neonatal Nurses Canada	1993	1993
Canadian Association of Advanced Practice Nurses	1991	1991
Canadian Association of Burn Nurses	1987	1992

Members by category	Year founded	Year joined CNA
Canadian Association of Critical Care Nurses	1975	1997
Canadian Association for Enterostomal Therapy	1982	1997
Canadian Association of Hepatology Nurses	1999	2001
Canadian Association for the History of Nursing	1987	1991
Canadian Association for International Nursing	2007	2007
Canadian Association of Medical and Surgical Nurses	2006	2007
Canadian Association of Neonatal Nurses	2004	2005
Canadian Association of Nephrology Nurses and Technologists	1984	1997
Canadian Association of Neuroscience Nurses	1969	1997
Canadian Association of Nurses in AIDS Care	1988	1996
Canadian Association of Nurses in Oncology	1984	1988
Canadian Association for Nursing Research	1986	1990
Canadian Association for Parish Nursing Ministry	1988	2007
Canadian Association of Rehabilitation Nurses	2006	2006
Canadian Association for Rural and Remote Nursing	2004	2004
Canadian Council of Cardiovascular Nurses	1973	1997
Canadian Federation of Mental Health Nurses	1988	1991
Canadian Gerontological Nurses Association	1984	1986
Canadian Holistic Nurses Association	1986	1989
Canadian Hospice Palliative Care Association Nurses Interest Group	1993	2008
Canadian Nurse Continence Advisors Association	2000	2002
Canadian Nurses Interested in Ethics	2004	2005
Canadian Nursing Informatics Association	2002	2002
Canadian Orthopaedic Nurses Association	1978	1983
Canadian Pain Society Special Interest Group Nursing Issues	2005	2007
Canadian Society of Gastroenterology Nurses and Associates	1989	2003
Community Health Nurses of Canada	1987	1989
Forensic Nurses' Society of Canada	2007	2007
National Association of PeriAnesthesia Nurses of Canada	2001	2001
National Emergency Nurses Affiliation Inc.	1981	1990
Operating Room Nurses Association of Canada	1984	1987

Members by category	Year founded	Year joined CNA
Affiliate Members		
Canadian Association of Nurses in Hemophilia Care	1998	1998
Canadian Nursing Students' Association*	1971	1998
Canadian Occupational Health Nurses Association, Inc.	1980	1998
Canadian Respiratory Health Professionals	1977	1978
Emerging Groups		
Canadian Family Practice Nurses Association	2008	2008
Canadian Men in Nursing Group	2008	2008
Canadian Nursing Environmental Health Group	2007	2008

^{*}Since June 2008, students in nursing education programs have been eligible to become members of CNA. There is no fee to become a student member of CNA. Nursing students are eligible to become individual members of CNA if (a) they are enrolled in an education program for entry to practice as an RN, (b) they are a member in good standing of the Canadian Nursing Students' Association (CNSA) and (c), if in Ontario, they are associate members of the Registered Nurses' Association of Ontario. The president of CNSA is a non-voting member of the CNA board of directors.

MEMBERSHIP NUMBERS BY JURISDICTION, 2000-2009

Year	Canada	АВ	ВС	МВ	NB	NL	NS	ON	PE	SK	NT	YK
2000	113,120	24,215	29,583	10,721	8,213	5,545	9,265	14,366	1,362	8,839	701	310
2001	115,372	24,852	29,516	10,724	8,145	5,540	9,186	16,194	1,409	8,749	747	310
2002	116,543	25,695	29,553	10,544	8,140	5,597	9,064	16,672	1,430	8,701	836	311
2003	120,313	26,470	29,686	11,158	8,155	5,425	9,274	18,792	1,475	8,742	822	314
2004	123,035	27,199	30,146	11,480	8,369	5,575	9,339	19,194	1,515	8,821	1,081	316
2005	126,683	27,677	30,806	11,582	8,537	5,604	9,445	21,218	1,556	8,832	1,087	339
2006	129,023	28,643	31,194	11,451	8,599	5,603	9,582	21,952	1,566	8,856	1,223	354
2007	133,714	29,460	32,643	11,797	8,679	5,658	9,606	23,685	1,575	8,968	1,272	371
2008	136.278	30,432	33,981	12,064	8,719	5,817	9,562	23,220	1,593	9,156	1,339	395
2009	139,893	31,409	35,086	12,333	8,829	5,985	9,729	23,429	1,614	9,759	1,290	430

APPENDIX J

CNA PRESIDENTS AND CHIEF EXECUTIVE OFFICERS, 2000-2009

Years in office Name, year and place of birth, selected honours and positions

PRESIDENTS¹

1998-2000 Lynda Kushnir Pekrul

b. Regina, SK

- · board member, Atlantic Region, Commonwealth Nurses Federation, 2001-2005
- · member-at-large for practice, CNA board of directors, 2002-2004 and 2004-2006
- · Queen Elizabeth II Golden Jubilee Medal, 2002
- nursing practice consultant and acting executive director, Saskatchewan Registered Nurses' Association
- principal nursing advisor, Saskatchewan Health, Government of Saskatchewan
- regional nursing officer and director, primary health care, First Nations and Inuit Health, Health Canada, Saskatchewan Region
- · associate dean, nursing division, Saskatchewan Institute of Applied Science and Technology



2000-2002

Ginette Lemire Rodger, OC, RN, BN, MNA, PhD

b. 1943, Amos, QC

- · secretary-treasurer, Canadian Nurses Foundation, 1981-1989
- executive director, CNA, 1981-1989
- first student admitted to Canada's first funded doctoral program in nursing, University of Alberta, 1991 (graduated 1995)
- · Queen Elizabeth II Golden Jubilee Medal, 2002
- · nurse leader of care, knowledge and innovation, City of Ottawa proclamation, 2004
- · Jeanne Mance Award, 2004
- candidate for president of International Council of Nurses, 2005
- Award of Excellence in Nursing Leadership, Ontario Hospital Association, 2006
- · Officer, Order of Canada, 2008
- Personality of the Year in Health Sciences and Technology, Radio Canada and Le Droit, 2009
- honorary life memberships in the Ontario Public Health Association (1984), Registered Nurses' Association of Ontario (1989), College and Association of Registered Nurses of Alberta (1993), Saskatchewan Registered Nurses' Association (2007)
- honorary doctoral degrees from University of New Brunswick (D.Sc., 1985), Queen's University (LLD, 1989), Université de Sherbrooke (DNSc, 1990), University of Calgary (LLD, 1995), Université de Moncton (DNSc, 2006), Université de Laval (D.Sc., 2009), Carleton University (2010)



¹ All CNA presidents serve two years on the board of directors as president-elect and then two years as president. In the ensuing two years, the immediate past president serves as chair of the nominations committee, which reports to the board of directors.

Years in office Name, year and place of birth, selected honours and positions

2002-2004 Robert "Rob" Calnan, RN, BScN, M.Ed.

b. 1955, Victoria, BC

- president, Registered Nurses Association of British Columbia (now College of Registered Nurses of British Columbia), 1997-1999 - first man to hold the office
- adjunct professor and visiting faculty, University of Victoria, School of Nursing, 1999-present
- · first man elected president of CNA
- · Queen Elizabeth II Golden Jubilee Medal, 2002
- · member, International Council of Nurses delegation to the World Health Assembly, 2003
- Distinguished Alumnae Award for significant contribution to a trade or industry, British Columbia Institute of Technology, 2005
- · Award of Merit, College of Registered Nurses of British Columbia, 2006
- · Alumni Award of Excellence, University of Victoria School of Nursing, 2009



2004-2006

Deborah Tamlyn, RN, BN, M.Ed., PhD

b. 1953, Annapolis Royal, NS

- assistant dean/director, School of Nursing, Dalhousie University, 1987-1993
- · president-elect, Registered Nurses Association of Nova Scotia, 1990-1991
- · president, Canadian Association of Schools of Nursing, 1991-1993
- Governor General Leadership Medal 1993
- dean, faculty of nursing, University of Calgary, 1997-2002
- YWCA Women of Distinction Award, Calgary, 2001
- professor emeritus, University of Calgary
- president, Tamlyn & Associates Consulting, 2003-present
- Leadership Award, Association of Nicaraguan Nurses, 2006
- Centennial Leadership Award, College of Registered Nurses of Nova Scotia, 2009



2006-2008

Marlene Smadu, RN, EdD

b. 1954, Cupar, SK

- Leadership in Nursing Education Award, Saskatchewan Registered Nurses' Association, Regina chapter, 1993
- founding board member, Saskatchewan Health Quality Council; current chair
- executive director, Saskatchewan Registered Nurses' Association, 1992-1998
- assistant deputy minister of health and principal nursing advisor, Saskatchewan, 1998-2002
- Saskatchewan Registered Nurses' Association Millennium Jean Browne Award for Leadership in Nursing Practice
- associate dean, Regina site and international student affairs, College of Nursing, University of Saskatchewan, 2002-present
- 3rd vice-president, International Council of Nurses, 2009-2013



2008-2010

Kaaren Neufeld, RN, MN

b. Winnipeg, MB

- · Award for Excellence in Professional Nursing Administration, Manitoba Association of Registered Nurses, 1996
- chief nursing officer, St. Boniface General Hospital, 1997-2007
- · president, Academy of Canadian Executive Nurses
- member, board of directors, Canadian Patient Safety Institute
- · member, National Advisory Committee on SARS and Public Health
- · member, CNA board of directors, 2002-2006
- · executive director and chief nursing officer, St. Boniface General Hospital, Winnipeg
- · assistant professor, University of Manitoba
- · chief quality officer, Winnipeg Regional Health Authority, 2007-present



Years in office Name, year and place of birth, selected honours and positions

CHIEF EXECUTIVE OFFICERS

1996-2001 Mary Ellen Jeans, RN, PhD

b. Guelph, ON Executive director, CNA

- · guest lecturer, faculty of dentistry, McGill University, 1978-1990
- assistant professor (1978-1981), associate professor (1981-1986), school of nursing, McGill University
- editor, Canadian Journal of Nursing Research, 1984-1992
- director, school of nursing, associate dean (nursing), faculty of medicine, and Flora Madeleine Shaw chair of nursing, McGill University, 1986-1992
- · CIL Distinguished Lectureship, Memorial University, 1989
- director general, National Health Research and Development Program, Health Canada, 1992-1996
- · Nettie Douglas Fidler Lectureship, University of Toronto, 1992
- · co-chair, Nursing Sector Study Inc., 2001-2005
- member, board of directors (2001-2009), president and CEO (2007-2009), Associated Medical Services Inc.
- · Queen Elizabeth II Golden Jubilee Medal, 2002
- · interim secretary general, Academy of Canadian Executive Nurses, 2004-2006



b. 1946, Moncton, NB Executive director then CEO, CNA

- · executive director, Nurses Association of New Brunswick
- Award of Merit for Strategic and Visionary Leadership, Nurses Association of New Brunswick, 1992
- · Queen Elizabeth II Golden Jubilee Medal, 2002
- City of Ottawa Award for Contribution to Health Policy at the Local, Provincial, National and International Level, 2007
- Canadian Health Services Research Foundation Achievement Award in Nursing Health Human Resources, 2008
- Association of Nicaraguan Nurses' Award for contribution to Nursing Excellence at the Lnternational level, 2008
- honorary membership, College of Family Physicians of Canada, for contribution to family medicine and collaborative primary health care delivery, 2009

2009- Rachel Bard, RN, BScN, M.A.Ed.

b. 1950, Edmunston, NB CEO, CNA

- · Marjorie Hiscott Keyes Award, Canadian Mental Health Association, 1979
- · Nurse Merit Award, New Brunswick Mental Health Nurses Group, 1988
- · Certificate of Merit, Nurses Association of New Brunswick, 1991
- · president of CNA, 1996-1998
- · Queen Elizabeth II Golden Jubilee Medal, 2002
- · Canadian delegate, International Labour Conference, Youth Employment, 2005
- member, governing board, Organisation for Economic Co-operation and Development Centre for Educational Research and Innovation, 2005-2007
- deputy minister of several portfolios dealing with post-secondary education, training, labour and the environment; assistant deputy minister for public health and medical services with the department of health; assistant deputy minister and CEO, New Brunswick Community Colleges; assistant deputy minister, post-secondary education, department of education, Government of New Brunswick







APPENDIX K

SELECTED OPERATIONAL OUTCOMES COMPARING 2001 AND 2009

OPERATIONAL OUTCOME	YEAR ENDING DEC. 2001 (except where noted)	YEAR ENDING DEC. 2009 (except where noted)
Employees at CNA	59 + 2 vacancies	83 + 2 vacancies
Nurses on staff	15	20
Total revenue	\$10.6 million	\$21.7 million
External project funding*	\$1.1 million	\$3.3 million
Canadian Registered Nurse Examination (CRNE) writers	5,600	11,025
CRNE revenue	\$1.2 million	\$3.8 million
Online LeaRN CRNE Readiness Test writers	Did not exist	3,677
Canadian Nurse Practitioner Examination: Family/All Ages writers	Did not exist	231
Associate and affiliate members and emerging groups	25 (Dec. 1999)	43
Certification Program	8,500 nurses in 9 specialties	15,603 nurses in 18 specialties
Membership in CNA	115,372	139,893

^{*}From 2000 to 2009, the total external project funding received was over \$35 million; external funding in 2005 peaked at 1,000 % above that in 2000.

APPENDIX L

CANADIAN NURSES APPOINTED AS FELLOWS TO THE CANADIAN ACADEMY OF HEALTH SCIENCES, 2004-2009

(Position titles effective at the time of appointment to the academy)*

Andrea Baumann, director of the nursing health services research unit (McMaster site) and associate vice president, faculty of health sciences international, McMaster University

Joan Bottorff, dean, faculty of health and social development, University of British Columbia Okanagan

Diane Doran, professor, interim dean and associate dean of research, faculty of nursing, University of Toronto

Francine Ducharme, Professeure titulaire de la Faculté des sciences infirmieres de l'Université de Montréal et titulaire de la Chaise Desjardins dont le programme de recherche porte sur les déterminants de la sante et lévaluation d'interventions de soutien novatrices auprés des aidants familiaux de personnes agés

Nancy Edwards, professor of nursing and of epidemiology and community medicine, University of Ottawa, and member and vice chair of the governing council of the Canadian Institutes of Health Research

Carole Estabrooks, member of the CIHR Institute of Aging Advisory Board, director of the knowledge utilization studies program, faculty of nursing, University of Alberta, and Canada Research Chair in Knowledge Translation

Cèline Goulet, dean, faculty of nursing, University of Montreal

Ellen Hodnett, professor and Heather M. Reisman Chair in perinatal nursing research, faculty of nursing, University of Toronto

Joy Johnson, professor and associate director, graduate programs and research, school of nursing, the University of British Columbia

Celeste Johnston, James McGill Professor and associate director for research, McGill school of nursing, and nurse scientist (Hon.) at McGill University Health Centre, Montreal, and Isaac Walton Killam Children's Hospital, Halifax

Anita Molzahn, professor and dean, faculty of nursing, University of Alberta

Janice Morse, professor, faculty of nursing, University of Alberta, and scientific director, International Institute for Qualitative Methodology, University of Alberta

Sioban Nelson, professor and dean, faculty of nursing, University of Toronto

Linda O'Brien-Pallas, professor, faculties of nursing and of medicine, University of Toronto, director and co-principal investigator of the nursing health services research unit (University of Toronto site), inaugural CHSRF/CIHR Chair in nursing/health human resources

Dorothy Pringle, professor and former dean (1988-1999), faculty of nursing, University of Toronto

Pamela Ratner, professor, faculty of nursing, University of British Columbia

Ellen Rukholm, director, school of nursing, Laurentian University

Heather K. Spence-Laschinger, distinguished university professor, Arthur Labatt Family Chair in health human resource optimization, associate director nursing research, Arthur Labatt family school of nursing, faculty of health sciences, University of Western Ontario, and fellow, American Academy of Nursing

Bonnie Stevens, professor, University of Toronto, and Signy Hildur Eaton Chair in pediatric nursing research, Hospital for Sick Children, Toronto

Miriam Stewart, professor, faculty of nursing and public health sciences, faculty of medicine, University of Alberta

Sally Thorne, professor and director, school of nursing, University of British Columbia, Vancouver

Bilkis Vissandjée, professor, faculty of nursing, University of Montreal

^{*}Source: abridged from Canadian Academy of Health Science. (2006). Fellowships: List of citations. Retrieved July 15, 2011, from http://www.cahs-acss.ca/e/fellowships/citation_list2010.htm

APPENDIX M

CANADIAN NURSES APPOINTED TO THE ORDER OF CANADA, 2000-2009



Created to celebrate the country's Centennial in 1967, the Order of Canada is "the centrepiece of Canada's honours system and recognizes a lifetime of outstanding achievement, dedication to the community and service to the nation." The Member of the Order of Canada (CM) "recognizes a lifetime of distinguished service in or to a particular community, group or field of activity." At the next level, the Officer of the Order of Canada (OC) "recognizes a lifetime of achievement and merit of a high degree, especially in service to Canada or to humanity at large." Finally, the Companion of the Order of Canada (CC) "recognizes a lifetime of outstanding achievement and merit of the highest degree, especially in service to Canada or to humanity at large." This information was taken from the Governor General's website at http://www.gg.ca/document.aspx?id=72. Including three former CNA presidents (highlighted in bold font) and three Jeanne Mance Award winners (Lemire Rodger, Pringle and Stinson), the following nurses were appointed to the Order of Canada during the decade 2000 to 2009 for outstanding service to the country.

Susan Calne, CM, RN; Kamloops, BC (2003)

Beverly Witter Du Gas, CM, OBC, EdD, LLD; Delta, BC (2002)

Suzanne (Shannie) Duff, CM, BA, RN; St. John's, NL (2003)

Huguette Labelle, CC, PhD, LLD; Ottawa, ON (2002) (promoted from Officer, was originally invested in 1990)

Louise Lévesque, CM, CQ; Hudson, QC (2009)

Patricia O'Connor, CM, RN; Yellowknife, NT (2008)

Margot Phaneuf, CM; Saint-Jean-sur-Richelieu, QC (2004)

Dorothy M. Pringle, OC, PhD, D.Sc.(hon.), FCAHS; Toronto, ON (2008)

Ginette Lemire Rodger, OC, RN, PhD; Nepean, ON (2008)

Harriet (Hallie) J. Sloan, CM, CD, RN; Ottawa, ON (2004)

Margaret Smith, CM, csj; North Bay, ON (2008)

Shirley Marie Stinson, OC, AOE, EdD, LLD, RN; Edmonton, AB (2002)

Eveline Tremblay, CM, scsl; Lévis, QC (2000)

Anne H. Wieler, CM, MPH; Ottawa, ON (2008)

APPENDIX N

CNA AWARDS PROGRAMS

Jeanne Mance Award

Since 1971, the organization has honoured a nurse or nurses at its biennial convention with an award acknowledging outstanding contributions to nursing. In 1983, the honour was named the Jeanne Mance Award after the first lay nurse in North America, Jeanne Mance, who founded the Hôtel-Dieu Hospital and co-founded the surrounding settlement of Ville Marie, later Montreal. Nurses nominated for this award have made significant and innovative contributions to the health of Canadians. They have worked to increase public recognition and awareness of the nursing profession and have positively influenced nursing practice in Canada and abroad. The winners during the 2000-2009 decade were:

2000 Dorothy "Dot" Pringle

2002 Janet Rush

2004 Ginette Lemire Rodger2006 Linda-Lee O'Brien-Pallas

2008 Judith Oulton

Order of Merit Award

Inaugurated in 2008, the CNA Order of Merit honours excellence in five domains of practice: clinical nursing practice, nursing administration, nursing education, nursing research and nursing policy. The awards were created to honour nurses whose hard work, leadership, innovation and knowledge have had a significant and sustained impact on the nursing profession and the practice of nursing in Canada. The 2008 recipients were:

Order of Merit for Nursing Administration

Carolyn Tayler

Director, Hospice Palliative and End of Life Care, Fraser Health Authority, British Columbia

Order of Merit for Nursing Education

Diana Davidson Dick

Professional Affiliate, Saskatchewan Institute of Applied Science and Technology

Order of Merit for Nursing Policy

Marion Clark

Interim Director of Nursing, Queen Elizabeth Hospital & Hillsborough Hospital, Prince Edward Island

Order of Merit for Clinical Nursing Practice

Margaret Farley

Clinical Development Educator, Regina Pasqua Hospital, Saskatchewan

Order of Merit for Nursing Research

Linda McGillis Hall

Associate Professor and Associate Dean of Research & External Relations, Faculty of Nursing, University of Toronto

CNA Centennial Award

The CNA Centennial Awards were created in 2008 as part of the Canadian Nurses Association's 100th anniversary celebration. The awards honour exceptional registered nurses whose work has had a positive impact on nursing and on the lives and health of Canadians. Recipients were nominated for this one-time-only award by their peers as a recognition of their contributions to the profession, the workplace and the health system. The winners (with nominating organizations) were:

Madge Applin Canadian Assoc of Advanced Practice Nurses

Irene Barrette College of RNs of British Columbia Sandra Bassendowski Saskatchewan RN Assoc

Jerry Bell Saskatchewan RN Assoc

Marlene S. Bell RN Assoc of Northwest Territories and Nunavut Dr. Jeanne F. Besner College and Assoc of RNs of Alberta

Dr. Joan Bottorff Canadian Nurses Assoc

E. Gail Brimbecom Canadian Assoc for Parish Nursing Ministry

Gillian Brunier Canadian Assoc of Nephrology Nurses and Technologists

Cathy Carter-Snell Forensic Nurses Society Thérèse Castonguay Saskatchewan RN Assoc

Marion Clark Assoc of RNs of PEI Liette Clément Canadian Nurses Assoc Sandi Cox Canadian Nurses Assoc Janice Currie College of RNs of Manitoba Pat Cutshall College of RNs of British Columbia Betty Davies College of RNs of British Columbia Brenda Dawyduk College of RNs of Manitoba Dr. Lesley Degner Canadian Nurses Assoc

Donna Denney College of RNs of Nova Scotia Dr. Alba DiCenso Canadian Nurses Assoc

Madeleine Dion Stout Canadian Nurses Assoc Barbara Dobbie Canadian Holistic Nurses Assoc Brenda Done Canadian Assoc of Nurses in AIDS Care

Dr. Gail Donner RN Assoc of Ontario Dr. Diane Doran Canadian Nurses Assoc

Lillian G. Douglass College and Assoc of RNs of Alberta

Viola Duff Canadian Nurses Assoc

Sandra Dunn Canadian Assoc of Neonatal Nurses

Jodi Dusik-Sharpe Canadian Assoc of Neuroscience Nurses

Dr. Nancy Edwards Canadian Nurses Assoc

Margaret Farley Operating Room Nurses Assoc of Canada Theresa Anne Fillatre College of RNs of Nova Scotia

Audrey Fraser Assoc of RNs of PEI

Lan Gien Canadian Assoc for International Nursing Dr. Phyllis Giovannetti College and Assoc of RNs of Alberta

Irene Goldstone Canadian Nurses Assoc

Dr. Laurie Gottlieb Canadian Nursing Students Assoc

Dr. Kathryn Hannah Canadian Nurses Assoc Gaye Hanson Canadian Nurses Assoc

Dr. Pamela Hawranik Canadian Assoc for Nursing Research

Maureen Heaman College of RNs of Manitoba

Carol Helmstadter Canadian Assoc for the History of Nursing

Margaret Hilson Canadian Nurses Assoc

Geri Hirsch Canadian Assoc of Hepatology Nurses

Lee Holliday Yukon RN Assoc

Dr. Verna Huffman Splane College of RNs of British Columbia

Elsabeth Jensen RN Assoc of Ontario

Celeste Johnson Canadian Pain Society Special Interest Group - Nursing Issues

Marian Knock Canadian Nurses Assoc

Kathryn Kozell Canadian Assoc for Enterostomal Therapy Yolande LePage-Cyr Nurses Assoc of New Brunswick

Dr. Joan Lesmond RN Assoc of Ontario

Priscilla Lockwood Canadian Assoc for Rural and Remote Nursing Donalda MacDonald Canadian Assoc of Nurses in Oncology

Sandra MacDonald-Rencz Canadian Nurses Assoc

Karen MacKinnon Assoc of Women's Health, Obstetric and Neonatal Nurses - Canada

Dr. Kathleen MacMillan Canadian Nurses Assoc Jessie Mantle Canadian Gerontological Nursing Assoc Heather Mass Academy of Canadian Executive Nurses

Kathleen (Kay) Matthews Assoc of RNs of Newfoundland and Labrador

Dr. Sue Matthews RN Assoc of Ontario Patricia McClelland Yukon RN Assoc

Sheila A. McKay College and Assoc of RNs of Alberta Christina McNamara College of RNs of Nova Scotia Barbara Mildon Community Health Nurses Assoc of Canada Brenda Morgan Canadian Assoc of Critical Care Nurses

Jeanette Murray Canadian Nurses Assoc

Dr. Lynn Nagle Canadian Nursing Informatics Assoc

Dr. Wendy Nicklin Canadian Nurses Assoc Barbara Oke Canadian Nurses Assoc

Michèle Paquette Canadian Society of Gastroenterology Nurses and Associates

Elizabeth Paradis Canadian Assoc of Nurses in Hemophilia Care

Senator Lucie Pépin Canadian Nurses Assoc

Joanne Profetto-McGrath Canadian Assoc of Medical and Surgical Nurses

Margaret Risk Canadian Nurses Assoc

Barbara Rocchio College and Assoc of RNs of Alberta Carolyn Ross Canadian Respiratory Health Professionals Barb Round RN Assoc of the Northwest Territories and Nunavut Violet Ruelokke Assoc of RNs of Newfoundland and Labrador Daniel Savoie Canadian Assoc of Rehabilitation Nurses

Joan Sawatzky Saskatchewan RNs Assoc Lois Scott Canadian Nurses Assoc Dr. Judith Shamian RN Assoc of Ontario

Valerie Shannon Canadian Council of Cardiovascular Nurses

Linda Silas Nurses Assoc of New Brunswick

Ada Simms Assoc of RNs of Newfoundland and Labrador

Judy Simpson Canadian Nurses Assoc

Jennifer Skelly Canadian Nurse Continence Advisors Assoc

Elizabeth Sparks Nurses Assoc of New Brunswick

Morrie Steele Canadian Nurses Assoc Dr. Miriam Stewart Canadian Nurses Assoc Dr. Jan Storch Canadian Nurses Interested in Ethics

Dr. Meryn Stuart Canadian Nurses Assoc

Joan Toms National Assoc of PeriAnesthesia Nurses of Canada

Maureen Topley College of RNs of Nova Scotia Linda Varner Nurses Assoc of New Brunswick Noreen Wallwin College of RNs of Manitoba Carol Weremy College of RNs of British Columbia

Goldie White Assoc of RNs of Newfoundland and Labrador

Centennial "Nurse to Know" Awards

The Centennial Nurse-to-Know Awards were presented in January 2008 to 14 extraordinary and diverse nurse leaders from across Canada by Prime Minister Stephen Harper and Health Minister Tony Clement as part of the official launch of CNA's centennial year. The winners were:

June AnonsonJeff LeePatsy SmithJanet BryantonPatricia McClellandMarianne StewartNancy DiPietroCéline PelletierDion ThevargeMary Jo HaddadDaniel SavoieRoberta WoodgateBarb HarveyJoanne Simms

Canadian Nurses Association Certification Employer Recognition Award and Award For Innovation

The CNA Certification Employer Recognition Award is presented annually to one employer for its support of RNs in pursuing continuous education opportunities through the CNA Certification Program. Through the Employer Recognition Program Award for Innovation, CNA also recognizes employer innovation in health-care facilities that provide unique incentives or out-of-the-ordinary tools in support of nurses pursuing specialty certification.

Year	Employer Recognition Award	Honourable Mention	Award for Innovation
2009	- Jewish Eldercare Centre/ CHSLD juif de Montréal	· Alberta Health Services	Northumberland Hills Hospital North Perth Family Health Team Prince Albert Parkland Health Region
2008	· Bloorview Kids Rehab	 Stedman Community Hospice The Ottawa Hospital/Hôpital d'Ottawa 	 Hôtel-Dieu de Lévis Middlesex-London Health Unit Queensway Carleton Hospital Winnipeg Regional Health Authority
2006-2007	· Saint Elizabeth Health Care	 Providence Continuing Care Centre Saint John Regional Hospital – Emergency Department/ Hôpital Régional de Saint John – Urgence 	Dr. Everett Chalmers Hospital Humber River Regional Hospital Leamington District Memorial Hospital
2005	· St. Michael's Hospital	 Centre de santé et de services sociaux de Gatineau, Hôpital de Gatineau St. Paul's Hospital Heart Centre 	Centre de santé et de services sociaux de LaSalle et du Vieux Lachine — CLSC LaSalle Fraser Health Authority at/au Chilliwack General Hospital Vancouver Coastal Health
2004	· The Scarborough Hospital	Kingston General HospitalToronto East General Hospital	
2003	 McGill University Health Centre/ Centre universitaire de santé McGill 	 Maimonides Geriatric Centre/Centre géria- trique Maimonides 	
2002	- Baycrest Centre for Geriatric Care		
2001	· Halton Healthcare Services		
2000	Network North, Community Mental Health Group		

Media Awards for Health Reporting

Each year, CNA and the Canadian Medical Association come together to honour outstanding Canadian journalism that enhances understanding of health, the health system and the role of health professionals. The Media Awards for Health Reporting are presented for print, radio and television journalism. The list of recent award winners may be accessed at http://www.mediaawards.ca.

Winners in 2009 were:

Excellence in Print - News

Joan Walters with Naomi Powell and Carmela Fragomeni, Hamilton Spectator, "C. difficile Outbreak"

Excellence in Print - Local Reporting

Jon Thompson, Kenora Daily Miner & News, "Two drinking fountains in Ontario's Northwest"

The College of Family Physicians of Canada Award for Excellence in Print - In-depth Feature Series

The Globe and Mail, "Breakdown: Canada's Mental Health Crisis" (Erin Anderrsen accepting)

Excellence in TV - In-depth

Guy Gendron and Chantal Cauchy with Germain Thibault, Société Radio-Canada "Biologie totale: menace fatale"

Excellence in TV - News

Avis Favaro with Elizabeth St. Philip, CTV National News "Bisphenol A (BPA) in Cans"

Excellence in Radio - In-depth

Pauline Dakin, CBC Radio, "Deadly Inheritance"

Excellence in Print - In-depth Feature Article

Aaron Derfel, The Montreal Gazette, "Pills. Placebos. Depression."

Excellence in Local Reporting - Broadcast

Michael Tymchuk, CBC Radio Victoria, "Ahousaht Justice"

APPENDIX O

CNA MEMORIAL BOOK

CNA's Memorial Book lists the names and describes the contributions of some of Canada's honoured nurses, who, in service to their fellow Canadians, elevated the nursing profession and health care in this country. The online book allows readers to link names with brief biographies of these distinguished nurses. The original book is housed at CNA House in Ottawa. The online records may be accessed at http://www.cna-nurses.ca/CNA/documents/pdf/publications/CNA_Memorial_Book_e.pdf. The names of the following distinguished nurses were added to the Memorial Book during the decade 2000-2009. The list includes two former CNA presidents (highlighted in bold font); CNA's former director of nursing policy, Sharon Nield; two nurses who died from SARS, Nelia Laroza and Tecla Lin; and the only Canadian nurse, Christine Egan, killed in the World Trade Center attacks of September 11, 2001.

Margaret Allemang

1914-2005

Helen Maude Carpenter

1912-2003

Lynn Margaret Childs

1948-2005

Patricia Courtney

1940-2004

Dorothy Doan

1915-2006

Christine Egan

1946-2001

Mary Lou Ellerton

1946-2003

Mae Gallant

1959-2006

Monica Frith Green

1917-2004

Betty Hailstone

1927-2007

Arlee Hovt-McGee

1932-2003

Nelia Laroza

1951-2003

Edith Landells Lees

1922-2004

Tecla Lin

1944-2003

Millicent Blake Loder

1915-2003

Ruth McClure

1918-2006

Catherine (Kit) Marie McGrath

1927-2008

Margaret (Prowse) Neylan

1924-2005

Sharon Nield

1943-2002

Marlene Audrey Reimer

1943-2005

Marie (Pictou) Ross

1931-2005

Helen Mary Sabin

1916-2004

Marion Irene Saydak

1954-2000

Jean Frances (Ferguson) Sutherland

1914-2008

Wendy Swenson

1953-2004

Elizabeth Helen Thomlinson

1942-2004

Sister Mary Felicitas Wekel

1916-2004

Alice Lillian Wright

1894-2000

APPENDIX P

CNA BIENNIAL CONVENTION DATES AND SITES, 2000-2008

For much of its history, CNA has held its annual meeting in conjunction with a national convention every second year. Hosting duties for the meeting and convention rotate among the jurisdictional members. In non-convention years, the annual meeting is now held in Ottawa, usually in June.

June	18-21,	2000	Vancouver,	BC

June 23-26, 2002 Toronto, ON

June 20-23, 2004 St. John's, NL

June 18-21, 2006 Saskatoon, SK

Ottawa, ON (Centennial) June 16-18, 2008

APPENDIX Q

CNA PATRON, HONORARY PATRON AND CENTENNIAL LEADERSHIP CABINET, 2008

Patron

Her Majesty the Queen

Honorary Patron, CNA Centennial Year

Her Excellency the Right Honourable Michaelle Jean, CC, CMM, COM, CD

Governor General of Canada

Leadership Cabinet

Susan Aglukark, OC

singer and songwriter

Paul Brandt

country music recording artist

Mike Duffy

journalist, CTV News

The Hon. Jake Epp, PC

former federal minister of health

Paul Genest

president and CEO, Council of Ontario Universities

Michael Harcourt

former premier of British Columbia

Gen. Rick Hillier

chief of the defence staff

The Hon. Anne McLellan, PC

former deputy prime minister and federal minister of health

Farah Mohamed

vice-president, public affairs, VON Canada

Barbara Oke, RN

special advisor, nursing, Health Canada

Ginette Lemire Rodger, OC, RN

vice-president, professional practice and chief nursing officer, the Ottawa Hospital

Robert W. Slater

former assistant deputy minister, Environment Canada

Jeff B. Smith

managing director, Johnson & Johnson Canada

APPENDIX R

NATIONAL NURSING WEEK, 2000-2009

Background

In 1971, the International Council of Nurses designated May 12th - Florence Nightingale's birthday - as International Nurses Day. In 1985, after successful negotiations between CNA and the federal government, Canada's minister of health proclaimed the second week of May as National Nurses Week in recognition of the dedication and achievements of the nursing profession. The name was changed in 1993 to National Nursing Week to emphasize the profession's accomplishments as a discipline.

The purpose of National Nursing Week is to increase awareness among the public, policy-makers and governments of the many contributions of nursing to the well-being of Canadians. It is also an opportunity to promote the role of the nurse and to educate Canadians about health issues.

Source: "History of National Nursing Week" (2005) [http://www.cna-aiic.ca/CNA/documents/pdf/publications/NNW_History_e.pdf]

Canada's National Nursing Week Themes

2000	Challenge Yourself – Get Active!
2001	Nurses: Champions for Health
2002	Nurses Always There for You: Caring for Families
2003	Nursing: At the Heart of Health Care
2004	Nursing: Knowledge and Commitment at Work
2005	Nursing – Patients First. Safety Always.
2006	Nursing: Promoting Healthy Choices for Healthy Living
2007	Think You Know Nursing? Take a Closer Look
2008	Think You Know Nursing? Take a Closer Look
2009	Nursing: You Can't Live Without It!

APPENDIX S

ICN PRESIDENTS AND MEETINGS, AND RECIPIENTS OF MAJOR ICN AWARDS, 2001-2009

ICN I	PRESIDENT	COUNC	QUADRENNIAL CON IL OF NATIONAL REPI IEETINGS, AND ICN (RESENTATIVES	DECIDIENTS HE MATHREAMARING		
Years in office	Name, country of origin	Year	Host city	Watchword	Christiane Reimann	International Achievement	Health and Human Rights
2001- 2005	Christine Hancock UK	2001	Quadrennial congress: Copenhagen	Care	No prize awarded	Susie Kim Korea	Sadako Ogata Japan (inaugural)
		2003	1st ICN conference and CNR meeting: Geneva			Carol Etherington USA	
2005- 2009	Hiroko Minami Japan	2005	Quadrennial congress: Taipei	Harmony	Margretta Madden Styles USA	No prize awarded	Stephen Lewis Canada
		2007	2nd ICN conference and CNR meeting: Yokohama			Anneli Eriksson Sweden	
2009- 2013	Rosemary Bryant Australia	2009	Quadrennial congress: Durban	Access	Máximo A. González Jurado Spain	No prize awarded	No prize awarded



