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ON THE COVER:
Photos of ARNNL members.

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Dear colleagues,

On behalf of the President, Board of Directors, staff and the 135 member countries of the International Council of Nurses, I extend sincere wishes for a successful Annual General Meeting. As part of ICN you make an important contribution to health care at home and abroad. This is clear from the theme you have chosen for your meeting this year: Knowledge in Action.

Margaret Fuller, journalist, critic and women's rights advocate, once said “If you have knowledge let others light their candles from it. “For nurses, knowledge — along with our wisdom, experience and judgement — helps us to determine the best care for our patients. But knowledge and technology are rapidly advancing. In order to care for our patients to our best ability, we have a duty to seek new information and stay up to date. It is by sharing our knowledge with others and learning from them that we can do this.

ICN firmly believes that knowledge is central to quality, cost-effective nursing care. And research knowledge has a place in the practice of every nurse. The challenge of staying up to date with new skills and knowledge may seem overwhelming. It is less daunting if we help each other. There needs to be collaboration among clinical nurses, directors of nursing services, nurse academics, regulators and researchers. Additionally, those organisations that employ nurses must support them in their attempts to incorporate evidence in their practice.

I would like to congratulate the ARNNL on encouraging your members to seek out and evaluate research-based information, and to learn how to incorporate research data in patient care strategies.

Finally, I would like to congratulate those nurses who were recognized with Awards for Excellence in Nursing in 2010: Sandra MacDonald, Joan Bursey, Judith Wells and Meiko Walsh.

I wish you a very successful conference and encourage you, once again, to learn from one another, to share knowledge and to transform that knowledge into action.

David C Benton RGN, RMN, BSc, MPhil, FFNF, FRCN
Chief Executive Officer
International Council of Nurses (ICN)
It is my privilege to extend warm greetings on behalf of the staff and board of the Canadian Nurses Association (CNA) to our colleagues in Newfoundland and Labrador. CNA counts on the important contribution of ARNNL and the participation of you, our members, in all that we undertake to realize our shared objective of advancing the nursing profession and making continuous improvements to our health system.

ARNNL’s vision of ‘excellence in nursing’ through public protection, quality health care and healthy public policy speaks to our responsibility as health professionals to serve the public and engage it in the collective decisions we make to build a healthy society. As our health system faces mounting financial and human resource pressures, making the right decisions will become increasingly important.

A wave of change is poised to sweep over health care. Canadians depend on nurses, as highly trusted professionals, to act in their best interest and ensure that these changes are for the better. They expect us to look to the future and steer the evolution of health care toward a system that anticipates emerging needs – a system that can always be counted upon.

This is why we are united in our advocacy for the renewal of primary care – an area in which RNs and NPs are making a tremendous positive contribution. The same holds true for our engagement in strategies that enable communities to support healthy aging. From the smallest intervention all the way to the implementation of national programs and policies, the continued leadership of nurses is vital to ensuring that evidence informs all health-care decisions.

Newfoundlanders and Labradorians have showed steadfast resolve in maintaining stewardship over their vital resources. I can think of no resource more crucial to the health of its citizens than a strong community of registered nurses working in the public interest. If the past good work of ARNNL and its members are an indicator of their future commitment, the people of Newfoundland and Labrador are in good hands.

Judith Shamian, RN, PhD, LLD (hon), D.Sci (hon), FAAN
It is an honour and a privilege to bring greetings to the registered nurses (RNs) of Newfoundland and Labrador. The 2010-2011 annual report is an opportunity to celebrate nursing and all that we have contributed to the health care system and the health of the population of Newfoundland and Labrador over the past year.

The future calls for transformation of the health care system for a variety of reasons: changing population demographics; technology and new treatment modalities; increasing complex care needs; and the expansion of nursing research and knowledge, to name a few. Nurses can play a valuable role in this transformation by putting a voice to their experiences and observations, and advocating for evidence-based change. Research shows that nursing is one of the most highly-respected professions in the public eye. This indicates a trust in the nursing profession and a confidence that RNs act in the public’s best interest.

Focusing on the future is not an option, but a requirement. Creative and innovative initiatives and strategies are needed to ensure the successful transformation and sustainability of the health care system, and to improve the health and quality of life of our population. Our focus must include health promotion, the prevention and management of chronic disease, improved access to home care and affordable prescription drugs, and the implementation of a primary health care model of care.

ARN NL Council and staff incorporate feedback from RNs and the public when setting priorities and planning initiatives to effect needed change. This report provides a review of the initiatives and accomplishments in advancing the profession’s standards on behalf the public (owners) and RNs (members) this past year.

This was a very successful year for ARNNL. We would like to thank Council and staff for their dedication, commitment and invaluable contribution to the nursing profession. We also thank the many other volunteer registered nurses who contribute their knowledge and expertise to ARNNL throughout the year. This commitment to your profession is essential to upholding the privilege of self-regulation and is highly valued by Council, staff and the public.

The coming year promises to be an exciting one, as we begin work under the direction of the new ENDS. As you know, RNs are an integral part of the health care system. We touch the lives of individuals, families and communities every day, with a force that can affect them forever. With this in mind, we look forward to continuing our work to strengthen the foundations for a bright future to advance “Nursing Excellence for the Health of the Population.”

Beverly White, RN, MScN, CCHN(C)
President

Margaret (Pegi) Earle, RN, MScN
Executive Director
COUNCIL ENDS  JUNE 2011

Under Policy Governance, Council sets the policy direction and goals for the Association. The goals are stated as “Ends” and written with a long-term perspective. This year Council conducted a review and complete revision of the Ends statements which will be launched at the annual meeting. This was the third revision since ARNNL moved to the policy governance model in 1999. This annual report will report on ARNNL’s progress toward achieving the ‘outgoing’ Ends. The new Ends will be launched at the annual meeting as follows:

The vision of ARNNL is “Nursing Excellence for the Health of the Population.”

In pursuit of this vision, ARNNL exists so that there will be in order of priority:

1. Accountability for Self-Regulation
2. Professionalism
3. Quality Professional Practice Environments
4. Healthy Public Policy

Accountability for Self-Regulation

END 1: Accountability for self-regulation of the nursing profession in the public interest

1.1 Competent, ethical Registered Nurses (RNs) are providing quality care in an evolving health system

   1.1.1 RNs meet entry-level requirements for practice
   1.1.2 RNs meet the requirements for continuing competence
   1.1.3 RNs adhere to the Standards for Nursing Practice and Code of Ethics for RNs

1.2 Public confidence that regulatory processes are transparent, accessible and fair

1.3 Members understand the process of self-regulation and their accountabilities in self-regulation

Professionalism

END 2: The nursing profession is prepared for and enabled to meet the present and future health needs of the public

2.1 Government and stakeholders have compelling evidence of the impact of adequate nursing human resources, including nurses functioning at full scope of practice, on the health status of the population

2.2 RNs and stakeholders have access to standards and policies to support nurses to work to their full scope of practice

2.3 RNs are prepared for leadership roles in practice, management, education, research and policy

   2.3.1 There are adequate supports in the system for preceptorship, mentorship and life-long learning
   2.3.2 RNs play a leadership role in identifying, implementing and evaluating evidence-informed practice and innovation

2.4 Enhanced recruitment and retention of a diverse workforce of RNs

Quality Professional Practice Environments

END 3: Practice environments support nurses in providing safe, quality care

Healthy Public Policy

END 4: The nursing profession advances and shapes healthy public policy consistent with the principles of primary health care within a publicly-funded, not-for-profit health care system

4.1 Government and stakeholders have convincing evidence to influence their policy directions and resource allocation decisions to advance the health of the population

4.2 The nursing profession advances awareness of the importance of health promotion, illness prevention and management of chronic disease

4.3 RNs have capacity to advocate for healthy public policy
1.0 INTRODUCTION
The year 2010-2011 at ARNNL was filled with many new professional initiatives and regulatory challenges. Council revised its vision and policy direction for the profession’s future; a new comprehensive Continuing Competence Program (CCP) was implemented; annual licensure renewal went high-tech with online registration; and attendance at ARNNL’s education sessions soared. ARNNL is attaining national benchmarks for the assessment and development of supports for Internationally Educated Nurses (IENs) transitioning to nursing practice in the province; has advocated for healthy public policy and system renewal at various policy tables; and worked collaboratively with other nursing jurisdictions to standardize regulatory requirements. Our members, Registered Nurses (RNs) and Nurse Practitioners (NPs), continued to work with ARNNL and embrace the privilege of self-regulation.

2.0 GOVERNANCE
ARNNL Council serves as trustees for the public, on behalf of members, to advance the objectives of the Registered Nurses (RN) Act (2008) to:

- Advance and promote the ethical and professional standards of the nursing profession;
- Promote proficiency and competency in the nursing profession; and
- Encourage members to participate in activities promoting the health and well-being of the public.

Our Council of 10 elected RNs and four appointed public representatives sets the overall policy direction to uphold these objectives.

Highlights of Council decisions are published throughout the year in ARNNL’s newsletter UPDATE, and made available to ARNNL Workplace Representatives, other members, and the public through email distribution and www.arnnl.ca.

Registered Nurses Act & Regulatory Framework
The writing of regulations, by-laws and policies arising from the RN Act (2008) is well underway. Legislative Counsel at the Department of Health and Community Services (DHCS) is working on the preparation of draft regulations, submitted by ARNNL Council, for the approval of the Minister of Health and Community Services. The draft regulations cover the registration and licensure process, the approval of nursing education programs, the professional conduct review process, and the CCP. We remain hopeful that ARNNL’s regulations will be completed in 2011.

Council has the authority to make, amend or repeal by-laws. The following amendments were made this year:

- Article I: Honorary Membership – amended to give Council authority to approve the process and appoint honorary members.
- Article X: Chapters – repealed; the chapter structure has been deemed unviable.
- Article XII: Auditors – amended to specify rules of procedure regarding the conduct of the annual audit and to repeal Council authority to appoint auditors, which is now the authority of members at the annual meeting.
- Article XIV: Reserve Funds – created new by-law to give Council the authority to establish reserve funds in policy (e.g., conduct review, building contingency) and report to members at the annual meeting.
- Article XV: Trust Membership Fund – repealed and established in policy.

Throughout the year Council approved a number of standards and policies to guide nursing practice including:

- Approval Process for Nurse Practitioner (NP) Education Programs (ARNNL, 2010)
- Canadian NP Core Competency Framework (CNA, 2010)
- NP Competencies Validation Process (ARNNL, 2010)
- NP Standards Committee Terms of Reference revised to clarify its authority to establish standards and to provide consultation to the Minister of the DHCS on NP regulations and standards.
• Excessive Hours of Work: Professional and Union Considerations (ARNNL & NLNU, 2011)
• Test of English Language Policy for Internationally Educated Nurses (IENs) whose English language test scores expire during the registration process.

Council also approved an extension to the ARNNL approval of the Memorial University of Newfoundland (MUN) and Centre for Nursing Studies (CNS) MN NP (Specialist) and BN (Post-RN) NP education programs to accommodate program transition to the national standard of MN-NP (Adult and PHC/Family and All-Ages streams).

Council also approved the following administrative policies:
• An increase in the NP examination fee to cover the costs of administration. The fee for 2011 is $1,282 (+ HST), which is an increase of $205.
• Criteria for awarding honorary membership in ARNNL.
• Criteria for the establishment of sponsorships.
• Criteria for the establishment of reserve funds.

Annual Meeting
The 56th annual meeting was held on June 18, 2010 in St. John’s and by audio conference throughout the province. This was the first instalment of ARNNL’s new meeting format: on even years, the agenda deals with business only and is one half day in length. On odd years, the meeting agenda includes business and education and is two full days in length. In addition to the usual business sessions, a highlight of the meeting was the presentation of the Awards for Excellence to deserving members. Meiko Walsh, RN, BN received the Elizabeth Summers Novice Nurse Award, Joan Bursey, RN, BN, MHS received the Award for Excellence in Nursing Administration, Judith Wells, RN, BN, MN received the Award for Excellence in Nursing Research, and Sandra MacDonald, RN, BN, MN, PhD received the Award for Excellence in Nursing Education. There were no resolutions submitted to the meeting. Auditor Ernst and Young reported that ARNNL’s financial statements were clean and the audit unqualified. Members welcomed new President, Beverly White, and newly elected councillors. Members extended a heartfelt thank you to outgoing President Jim Feltham for his passion and commitment to the profession.

Nominations Committee
As reported at last year’s meeting, Cathy Stratton was elected President-Elect, and Anne Doyle, Western region councillor, was elected to fill a resignation for 2010-2011.

In 2011 an election is required to fill the Eastern region and Western region councillor positions for a three-year term of office. The Nominations Committee is pleased to report that a call for nominees resulted in two nominations for each position, and an election is required. The results of the election will be announced at the annual meeting.

Public Representatives
The RN Act (2008) increased the number of public representatives on Council from two to four. Council was delighted to receive the Minister of Health and Community Services’ public appointments for 2011-2014: Walter Arnold (Grand Falls-Windsor), Irene Baird (St. John’s), Dr. Carmel Doyle (St. John’s), and Ray Frew (Pasadena). Council extends a sincere thank you to outgoing public representative Bea Courtney, who contributed immensely to achieving Council’s vision and mandate.

Resolutions Committee
The resolutions committee issued a call for resolutions in the January 2010 edition of ACCESS and on the ARNNL website. There were no resolutions submitted.

Linkage with Members and the Public
Meetings were held with the public (one focus group), members (22 meetings, including eight in the Western region) and stakeholders (e.g., Executive Team Western, MUN Research Chair on Healthy Aging, Chief Nursing Officers) throughout the year to increase Council and staff understanding of issues affecting nursing and health, and to work toward collaborative strategies to improve the health care system. Common themes and concerns were identified and included: quality of health care, especially in long-term and community care; changes in scope of practice and skill mix; recruitment, retention and succession planning; challenges precepting students and mentoring new graduates and managers; professionalism; and the need for health system reform.

Linkage with NLNU
ARNNL Council and the Newfoundland and Labrador Nurses’

ARNNL ORIENTATION DVD PRODUCED
ARNNL is pleased to announce the creation of its first orientation DVD for novice nurses and new nursing employees. Produced in association with Henge Production and Consulting Ltd., the 11-minute DVD features an overview of ARNNL and its mandate and services, and includes interviews with members, Council, Workplace Representatives (WPRs) and staff. The DVD is designed to be used throughout the province as part of nursing orientation programs, encouraging RNs to get involved in the many activities ARNNL undertakes to promote excellence in nursing.
Union (NLNU) Board of Directors held a joint meeting in June to discuss the Nurse Fatigue and Patient Safety Research Report (CNA & Registered Nurses Association of Ontario, May 2010). Common messages were developed to inform stakeholders about the seriousness of nurse fatigue and its impact on the quality of health care and patient safety. A number of joint initiatives are underway, including the forthcoming document, Excessive Hours of Work: Professional and Union Considerations. ARNNL and NLNU continue to collaborate on our Nursing Innovations Conference, which is held biennially. Regular liaison meetings are held to address issues of common concern.

**Canadian Nurses Association (CNA)**

CNA is the national professional voice of RNs in Canada; membership consists of 11 provincial and territorial nursing associations and colleges. ARNNL’s President is a member of the Board of the CNA. In 2010 CNA engaged in a governance and strategic planning process resulting in the development of “A Strategy for Renewal” focused on broadening CNA’s influence, advancing the profession, and improving our public health system. CNA provides key supports and resources for ARNNL as will be evident throughout this report.

**Canadian Council of RN Regulators (CCRNR)**

Council supported ARNNL’s participation as a founding member in the creation of this new national organization of provincial and territorial nursing regulatory bodies. The purpose of CCRNR is to promote excellence in regulatory practice, and serve as a national forum and voice for interprovincial/territorial, national and global matters for nursing regulation. Regulation is complex and increasingly international in scope. This new organization will provide a means to develop national approaches to advance nursing regulation. It is anticipated the CCRNR will be incorporated under federal legislation in 2011.

**Financial Position**

The audited financial statements for 2010-2011 will be distributed to members attending the annual meeting and posted at www.arnnl.ca. The statements will show a deficit. This deficit was projected and a necessary fee increase, which came into effect with the April 1, 2011 licensure year, approved. (Information explaining the need for a fee increase is posted at www.arnnl.ca).

**3.0 Administration**

Over the past year, staff completed implementation of the recommendations of Goss Gilroy Inc.’s 2008 organizational review. Some highlights of this year’s improvements to ARNNL’s operations and services include:

- The implementation of a three-year strategic operational planning process.
- The development and implementation of an online registration process.
- Increased use of technology-based member self-access tools (e.g., CCP e-tutorial, online registration for education sessions, Trust scholarship applications online, and FAQ fact sheets).
- Enhanced job enlargement and staff development for administrative staff.
- Revised staff performance appraisal process.

An affinity partnership has been established with TD Insurance Meloche Monnex for home and auto insurance. The first mail-out promotion to members is planned for spring 2011.

ARNNL has 14 permanent, one part-time and one contractual staff member. This year it was necessary to establish a new position, Regulatory Officer, reporting to the Director of Regulatory Services, to assist with meeting the escalating requirements of regulatory services. In addition, the Director of Communications position was restructured as a Communications Officer position, reporting to the Executive Director. In addition, staff was hired on a short-term contract basis to assist with registration renewal, IEN credential assessment and module development, delivery of CCP sessions, and to conduct PCR investigations.

**4.0 Progress Toward Achieving Council Ends**

Highlights of ARNNL’s accomplishments and activities are reported under the 2010-2011 End (Goal) statements.

**End 1 – The Vision of ARNNL is ‘Excellence in Nursing’**

The first End, ‘Excellence in Nursing,’ incorporates three mega Ends: Public Protection, Quality Health Care and Healthy Public Policy.

**End 2 – Public Protection**

Ensuring Safe, Competent, Ethical RNs, NPs and IENs

- 95% (n=215) of the 226 Bachelor of Nursing (BN) graduates successfully wrote the Canadian Registered Nurse Exam (CRNE) for the first time. The CRNE is the final measure of competence that all graduate nurses must attain before they can be registered and licensed.
- 100% (N=6) of the NP-Primary Health Care (PHC) NL graduates successfully wrote the Canadian Nurse Practitioner Exam (CNPE) Family & All-Ages. As with the CRNE, this is the final measure of competence that an NP-PHC graduate must attain to obtain registration and licensure.
- ARNNL supports the ongoing development of the CRNE and CNPE exams, including participation in the revision of the Canadian Nurse Practitioner Core Competency Framework (2010) and the Family/All-Ages Competency Blueprint Development Committee. ARNNL members
continue to provide their expertise as item writers for both exams, and as markers for the CNPE.

- ARNNL's Competencies in the Context of Entry-Level RN Practice was developed through comprehensive processes at the national and provincial levels. A national working group has developed a jurisdictional collaborative process to revise the competencies beginning in 2011.

- A new position statement on Requisite Skills and Abilities for Entry into RN Practice is underway; anticipated completion date is fall 2011. This statement, intended for prospective nursing students, admissions officers and career counsellors, will provide information about the capabilities nursing students must possess in order to meet entry-level requirements.

- ARNNL is working with MUNSON and the CNS to achieve national standards for NP education and practice as recommended by the Canadian Nurse Practitioner Initiative (2006). Goals include: preparing NPs at the Master of Nursing (MN) degree level; moving to three streams of practice – NP (Family & All-Ages), NP (Adult), and NP (Pediatrics); and having NPs write the national exam, available in all three streams, for registration and licensure. MUNSON is submitting a new program with two streams, MN-NP (PHC/ Family & All-Ages) and MN-NP (Adult), for review and preliminary approval. This will be an important milestone in the continued development of the NP role in our province, and bring the preparation of NPs in line with national standards.

- ARNNL provides web access to its register through the RN & NP Member Search Tool, so that the public can confirm a person is an RN or NP. In 2010, more than 34,000 searches were conducted using this tool. The list of nurses who have been sanctioned for conduct deserving of sanction is also posted. It is ARNNL’s legislative responsibility to be transparent by making this information available to the public.

INTERNATIONALLY EDUCATED NURSE APPLICATIONS INCREASE

There has been a significant increase in applications from Internationally Educated Nurses (IENs): 197 applications were received in 2010-2011 and 199 applications in 2009-2010, for a total of 396 applications, compared to a total of 65 applications from 2005 to 2009. A total of 224 IEN applicants were assessed to be eligible to receive an interim license (IL). IENs request an IL in 2010-2011 and 199 applications in 2009-2010, for a total of 396 applications, compared to a total of 65 applications from 2005 to 2009. A total of 224 IEN applicants were assessed to be eligible to receive an interim license (IL). IENs request an IL upon obtaining nursing employment in the province. In 2010, 20 IENs requested an interim license, and 12 IENs moved to full registration and licensure as practicing members.

ARNNL has put considerable effort into the development of resources to assist IENs transition to nursing in Newfoundland and Labrador. Under the overall leadership of Provincial Chief Nurse, Anita Ludlow, and with funding from Health Canada, ARNNL worked with the CNS, subject matter experts, and other stakeholders to lead the development of four new online learning modules: Jurisprudence: The Legislation and Rules Governing the Practice of Nursing in Newfoundland and Labrador, The Scope of Registered Nursing Practice, Medication Administration in Nursing, and Mentorship. These modules join five other modules that were developed last year: The Canadian Health Care System, Nursing Process, Communications in Nursing, Cultural Awareness and Responsiveness for Mentors of IENs, and Appreciating Diversity in the Workplace for RHA Personnel. All modules are or will soon be available online at www.practicenl.ca (click the Continuing Nursing Education portal).
and develop a national assessment service for IENs among Canadian nursing regulators represented by Licensed Practical Nurses (LPNs), RNs, and Registered Psychiatric Nurses (RPNs).

- The CNS worked with ARNNL to develop a Competency Based Assessment Program to provide future IEN applicants, and other nurses whose education credentials may not clearly document equivalency, an opportunity to demonstrate that they are prepared to meet ARNNL’s entry-level competencies.

**Professional Conduct Review**

The Professional Conduct Review (PCR) process is used to assess an allegation that, and to intervene when, a member’s practice or conduct is unacceptable and deserving of sanction. The PCR process is authorized by the RN Act (2008) and it is prescriptive. The increasing number of allegations, complexity of cases, and the legalization of the PCR process has resulted in substantial program costs for a second consecutive year. The Act gives the Director of PCR authority to attempt to resolve an allegation where it appears it may be resolved satisfactorily. Allegations that are not resolved are referred to a Complaints Authorization Committee (CAC), appointed from Council members, for decision. The CAC may consider an allegation a complaint and refer it to an Adjudication Tribunal, convened from the Disciplinary Panel, for a hearing to dispose of the complaint. The CAC may also recommend that Council suspend, restrict or further investigate a member’s practice. Figure 1 and Table 1 (page 11) show the number, source and outcomes of allegations and complaints. This year:

- 21 reports were filed alleging a member engaged in conduct deserving of sanction, including several reports that a member’s nursing employment had been terminated. This represents an all-time high in the number of allegations reported. The majority of allegations originated in the practice setting. The allegations fell into one or more of the following categories:
  - Professional misconduct – 13
  - Professional incompetence – 10
  - Breach of the Act or Regulations – 5
  - Incapacity or unfitness to engage in the practice of nursing – 2
  - Conduct unbecoming a RN – 7

There is an increasing number of allegations related to members’ failure to uphold two Standards for Nursing Practice: (i) Standard 4: Professional Interactions and Advocacy; and (ii) Standard 3: Competent Application of Knowledge, more specifically, professional incompetence regarding knowledge of and ability to meet complex care needs, appropriate documentation, and/or safe administration of medications.

- The CAC met 12 times to review allegations lodged against 23 members.
- Acting on CAC recommendations, Council suspended two members’ licenses and restricted the license of another member pending the outcome of a disciplinary hearing.
- Adjudication tribunals were convened to conduct hearings into complaints against three members who were found guilty of conduct deserving of sanction. As required by the Act, the outcomes were published in the member’s local newspaper.
- Two members were suspended for six and 24 months respectively, and a third member was suspended indefinitely. All are required to meet conditions for reinstatement of their practicing license.
- Education/consultation sessions were held to assist Council, members, employers, student nurses, and the public to understand the PCR process.

**Improving Member Understanding of ARNNL**

- The Workplace Representative (WPR) Program continues to grow. There are now 110 WPRs – the highest number since the program began 17 years ago! WPRs volunteer to serve as a liaison to increase awareness of ARNNL’s supports for professional nursing practice. To that end, ARNNL provides education and resources to support WPRs. For example, this year 10 WPRs attended an orientation workshop, and WPRs received support to attend the joint ARNNL-NLNU Innovations Conference and ARNNL Documentation Workshop.
• Staff continues to pursue initiatives to improve member and student nurses’ understanding of ARNNL’s legislative and professional mandates. This year, staff conducted 44 member education sessions on professional accountabilities, 21 sessions with students on ARNNL’s mandate and work, responded to over 3,000 member contacts on issues related to practice or licensure, and published relevant articles in ACCESS.

• The website, www.arnnl.ca, provides members with information to increase their understanding of ARNNL’s roles, programs, and services. This year a number of videos were posted, including ARNNL President Beverly White’s inaugural address to the membership, and CNA President Judith Shamian’s salute to NPs. The site is now interactive, with e-tutorials, online registration for ARNNL education events, the Member Search Tool, and more. We hope to increase the number of e-tutorials offered in the future.

END 3 – QUALITY HEALTH CARE

Promoting Quality Work Environments

CNA and RNAO released its Nurse Fatigue and Patient Safety Research Report (2010) to document the rising levels of nurse fatigue in Canada. The report found that nurse fatigue is “largely due to heavy workloads and ever increasing cognitive, psychosocial and physical work demands” (p. 1). Many ARNNL members report working excessive hours and being ‘emotionally spent’ at the end of a shift. A 2009 motion to the annual meeting asked “ARNNL to explore the effects of overtime on the RN and how this can affect public safety.” As nurse fatigue has professional and labour implications, ARNNL and NLNU collaborated on the development of common advocacy messages and initiatives to raise awareness of the impact of fatigue on the quality of client care and nurse work life. One of our first initiatives is the recently approved joint guidelines Excessive Hours of Work: Professional and Union Considerations, which provide RNs with information to consider when working or requesting others to work excessive hours. The document addresses the fact that nurses owe a duty of safe, competent and ethical nursing care to clients; yet, at the same time, have the right, as well as the responsibility, to take care of themselves. A joint public release is being planned for May 2011.

The Quality Professional Practice Environment (QPPE) Program continues to provide assistance for nurses and their employers in creating and maintaining quality workplaces. This program is offered in collaboration with the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) and uses an action research framework to empower nurses to solve problems and influence change in their workplaces. Since its inception in 2005, 15 sites have participated in the QPPE Program. In 2010 two new sites were established: one at the Mental Health Program, West 2A, Waterford Hospital, St. John’s, and another at the Inpatient and Obstetrical Services, Labrador Health Centre, Happy Valley-Goose Bay. The QPPE program has been introduced in all regions of the province in a variety of settings. Members report the program is having a positive effect on work life and client care.

ARNNL, if they have not already done so. ARNNL is working with the CNA, the Canadian Association of Advanced Practice Nurses (CAAPN) and RAs remain committed to achieving ARNNL’s Orientation Programs for RNs: Best Practice Guidelines and have made progress in meeting the orientation time frame for new graduates (eight to 12 weeks), and nurses moving to a new practice area (six weeks). In addition, the DHCS has developed an Orientation Framework for IENs and related online learning modules for both IENs and health professionals supporting their transition to nursing in NL.

Client safety remains a priority for ARNNL. Approximately 600 calls to ARNNL are from members consulting staff on appropriate solutions to their practice concerns. RN managers report improvements in the number of formalized processes to determine safe and appropriate nurse-client ratios, although member calls to ARNNL indicate that shortages (often unplanned) continue to negatively influence staffing levels. ARNNL supports safer health care systems through consultations, education sessions, standards and positions, and the QPPE program.

Working to Full Scope of Practice

• Members report that the complexity of client care requires the use of all nursing competencies within work environments. The provincial health system continues to develop programs that allow more RNs and NPs to increase their personal scope of practice (e.g., patient navigators, NP radiation oncology, NPs and RNs in addictions clinics, privacy officers, and Vice-Presidents of the RHAs). ARNNL continues to provide support to RHAs as they plan the implementation of ARNNL’s Scope of Nursing Practice: Definition, Decision-Making and Delegation to establish new nursing roles. RHAs are in various stages of implementing The Ottawa Hospital Model of Nursing Clinical Practice or other care models (e.g., case management), which support an RN’s ability to work to their full scope and enhance accountability.

• Twenty-three members consulted ARNNL about independent nursing practice and the establishment of a private nursing business (e.g., foot care, counselling, new modalities in holistic and complementary nursing services). This is a small increase over last year (N =20). All RNs in independent practice are asked to notify ARNNL, if they have not already done so. ARNNL is working to improve its processes to provide guidance to independent practitioners as it relates to their additional professional and legal obligations to provide safe, ethical care.

• The Clinical Nurse Specialist (CNS) role is underutilized in health care. These advance practice nurses provide direct and indirect care to clients with complex needs, and have a significant focus on implementing best practices and providing clinical leadership for unit/system change. ARNNL is working with the CNA, the Canadian Association of Advanced Practice Nurses (CAAPN) and
provincial nursing leaders to develop priorities for action to ensure sustainability and growth of the CNS role.

- Over 160 RNs attended an ARNNL education session on the process to certify death. RNs and NPs are now authorized to complete the medical portion of a certificate of death in the absence of a physician (Vital Statistics Act, 2009).

- ARNNL provided input into the CLPNL’s Competency Profile for LPNs of NL. This new document articulates a range of competencies that can be included in the LPN’s scope of practice for both entry-to-practice and advanced roles. ARNNL provided feedback on the need for guidelines regarding the education and authorization process for the adoption of new competencies/roles, and the inclusion of specific competencies perceived to be specialty RN practices.

Ensuring Adequate Numbers of RNs and NPs are Recruited and Retained

Ensuring an adequate supply of RNs to meet the increasing demand for RNs and NPs is an ongoing priority for ARNNL. As the statistics and figures in this report show, there has been improvement on a number of workforce indicators, for example, the supply is increasing, the vacancy rate is decreasing, the retention of new graduates is increasing, and the percentage of RNs working in full-time positions continues to surpass the national benchmark. We believe Government’s contract with the NLNU, combined with other financial incentives and the availability of full-time positions, play an important role in these positive trends. However, members in some regions and practice settings continue to report chronic understaffing requiring increased overtime, and are challenged to meet the demands for relief, filling full-time positions, and releasing nurses to assume other positions.

- The supply of RNs is increasing with 6,262 practicing RN licenses and 469 non-practicing licenses issued for a total of 6,731 members this year. This is an all-time high.

**FIGURE 1.** Number of Allegations by Source for Licensure Years 2006-07 to 2010-11

<table>
<thead>
<tr>
<th>Licensure Year</th>
<th>Total</th>
<th>Public</th>
<th>Employer</th>
<th>ARNNL Initiated</th>
<th>Fellow Employee</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-07</td>
<td>7</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>2007-08</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>2008-09</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>2009-10</td>
<td>18</td>
<td></td>
<td></td>
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<td></td>
<td>18</td>
</tr>
<tr>
<td>2010-11</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>21</td>
</tr>
</tbody>
</table>

**TABLE 1. DISPOSITION OF COMPLAINTS LODGED UNDER THE REGISTERED NURSES ACT1 April 1, 2010 – March 31, 2011**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Attempt to Resolve3</td>
<td>5</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>Investigation/ADR4 ordered by the CAC5</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Registrant required to meet with CAC</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Caution or Counsel issued by CAC6</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Referred to Hearing Tribunal</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Allegation referred to the CAC but not heard</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>CAC recommended to Council to Suspend/Restrict member license4</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>ADR pending</td>
<td>35</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>ADR Finalized</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Monitored under ADR Agreement</td>
<td>8</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Conditions of ADR completed</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Investigations commenced or completed</td>
<td>7</td>
<td>5</td>
<td>12</td>
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<tr>
<td>Withdrawn by Complainant</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Appeal of Decision of the CAC</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hearing Tribunals</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Monitoring of Order of PCR Panel/Adjudication Tribunal</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Dismissed by CAC</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**NOTES**

1. The complaints/allegations are those in which action was taken in reporting year 10/11.
2. With passing of the new RN Act (June 2008), a complaint is now received as an allegation.
3. Disposition of a complaint/allegation may require more than one action.
4. Complaints lodged in a previous year with an action(s) required in 2010/2011, the total number of allegations/complaints lodged from 2006 to 2010 (n = 63).
5. Section 22 provides authority to the Director of PCR to attempt to resolve an allegation.
6. Alternative Dispute Resolution – ADR
7. Complaints Authorization Committee (established September, 2008) – CAC
8. Section 23 provides authority to the CAC to issue a caution/counsel when there is a determination of conduct deserving of sanction
9. Section 23 provides authority to the CAC to make recommendations to ARNNL Council.
10. Including an ADR to resolve a complaint lodged prior to 2006.
representing a 2.7% increase in members with practicing licenses, and is the sixth year in a row showing growth in the supply of RNs (Figure 2).

- As of October 2010 there were a total of 325 vacant RN bargaining unit positions (of which 202 were posted externally) in the province (DHCS’ Health Professional Vacant Position Report, October 2010). This represents a vacancy rate of 3.9% (an acceptable rate is considered to be 2%) and a decrease in the total number of vacancies by 62 positions since October 2009. This is positive as it continues the downward trend in vacancies noted in last year’s report.

- 105 practicing NP licenses were issued representing a 5% increase over last year (Figure 3).

- 116 members re-entered the workforce (i.e., were issued a practicing license, but held a non-practicing license or were lapsed in 2009-2010).

- 243 members converted to a non-practicing license or did not renew a license, 33% (n=80) were 58+ years of age.

- The highest level of education attained by practicing members is: Diploma in Nursing (53%), BN (40%), MN (3%), PhD in Nursing (0.2%, n=10), and 3% have degrees in other areas.

- The average age of all members with a practicing license is 43 years. The average age of members practicing in long-term care, management, and nursing education is 49 years.

- 112 practicing RNs reached the usual retirement age of 58 years by March 31, 2010.

- The number of RNs reporting that they are employed in a management position increased slightly (n=15) to 430 (Figure 7).

- There was a 22% increase in the number of faculty aged 55+ years (n=45 in 2009 and 55 in 2010).

- Just over 90% of practicing RNs graduated in Newfoundland and Labrador, which means our workforce continues to be primarily “homegrown.”

- 292 RNs received an initial (new) practicing license. The majority of these were NL graduates (70%) with 22% from other Canadian provinces/territories and 8% were IENs (Figure 4).

- 86% of the 226 graduates of the Bachelor of Nursing class of 2010 became members of the provincial workforce in the year that they graduated (i.e., were issued a practicing license and employed in nursing in NL). This is up from 79% of the graduating class of 2009. In addition, 78% of the graduates of the class of 2009 were retained in the provincial workforce in 2010-2011 (i.e., the year after graduation) (Figure 5).

- Employment data continued to show a positive trend in the percentage of RNs working full-time (Figure 6). With 74% of all members and 73% of new NL graduates employed in full-time positions, NL continues to surpass the national target of 70%.

- The number of practicing RNs reporting that they are employed in a management position increased slightly (n=15) to 430 (Figure 7).

- 294 students were accepted to, and 141 qualified applicants turned away from, the BN Program, Collaborative & Fast Track Options, all sites (MUNSON Annual Report to ARNNL, March 2011).

- Enrolment in MUN’s BN (Post RN) program is up, with 143 students actively enrolled in one or more courses this year as compared to 120 in 2009, and 37 in 2008 (MUNSON Annual Report to ARNNL, March 2011).

INNOVATIONS CONFERENCE HIGHLIGHTS
MENTAL HEALTH

In September, 150 health care providers gathered over two days to explore innovations in mental health at the 6th Biennial joint ARNNL-NLNU Innovations Conference in St. John’s. Although the majority of participants were RNs, the conference was open to all health care providers. The theme – Mental Health: Our Common Denominator – set the stage for discussions around the fact that the mental health of our clients is a consideration in all practice areas. Presentations focused on the importance of the therapeutic nurse-client relationship and the role of health care professionals as advocates for reducing stigma, accessing services, and clients’ rights to self-determination. This conference and the networking opportunities it presented advanced ARNNL’s objective to enhance advocacy capacity amongst RNs.
The MN program continues to be in demand; 93 students are currently enrolled, with 87% enrolled in part-time studies (MUNSON Annual Report to ARNNL, March 2011). The DHCS’ Provincial Workforce Planning Committee completed an integrated workforce action plan which has been presented to Government for approval and ultimately, funding of strategic priorities. The plan provides the direction needed to meet the demands for RNs, NPs, managers and other providers in the province.

Fostering Knowledgeable, Visionary Nursing Leaders

ARNNL’s multifaceted Nursing Leadership Strategy guides our efforts to advance nursing leadership in the province. This year ARNNL continued to communicate the impact of nursing leadership issues on client care and system outcomes. We advocated for the importance of improving quality of work life and the critical need for succession planning to ensure nursing leaders will be available in the future. A new advisory group of front line clinical managers was established to provide insight and direction on nursing management and leadership issues.

The ARNNL Survey of Nurses in Management Positions is conducted every two to three years to obtain information from nurse managers to inform ARNNL’s policy and advocacy directions. The 2010 survey had a response rate of 26% (n=96). Highlights of the results include:

- Managers have a large span of control – 48% of respondents with staff reporting to them indicated that they have more than 30 direct reports; seven out of 10 (72.6%) reported that they are required to travel for their position.
- In spite of large spans of control, 74% (n=71) reported that they are satisfied/very satisfied with their current role. Nearly three-quarters (73%) reported that they are satisfied with their level of decision-making within their organization.
- Support for future nurse leaders is needed. Although 60% (n=56) indicated that their organization’s efforts to provide support for future nurse leaders were ineffective, 62% (n=59) indicated that they are working with another nurse to develop their leadership potential.
- Alarmingly, almost half (49%) of survey respondents reported that they plan to retire by 2020.

Implementing Best Practices

- As part of an overall strategy to improve the quality of nursing documentation, ARNNL partnered with Eastern Health and Healthcare Insurance Reciprocal of Canada (HIROC), to offer a workshop on ARNNL’s Documentation Standards for RNs (2010). The day provided an opportunity for 203 nurses to learn and refresh best practices for quality documentation.
- Client Rights: Self Determination and Living with Risk – Practice Dilemmas, was the theme of the 8th annual provincial educational video/audio conference held in partnership with the NL Social Workers Association and the NL Health Boards Association in February. Over 650 health professionals (approximately 300 RNs) attended this thought-provoking session.
- At the request of RHAs, 33 education sessions on varying topics (e.g., accountability, documentation, and scope of practice) were offered. Nine ARNNL provincial

LONG-TERM CARE AND COMMUNITY SERVICES HIGHLIGHTED AS A PUBLIC POLICY PRIORITY

In 2010, ARNNL continued to advance the area of Long-term Care and Community Support Services (LTC CSS) by advocating on several fronts. In September 2010, ARNNL presented a brief entitled Staying Close to Home to the DHCS during the provincial government’s Long-Term Care and Community Support Services Strategy Consultation. In that brief and roundtable discussion, ARNNL made the following recommendations:

- Strengthen the focus on health promotion in the LTC CSS Strategy;
- Implement a Chronic Disease Prevention and Management Strategy;
- Establish a Comprehensive Caregiver Strategy;
- Implement Rehabilitative and Restorative Care Programs for hospitalized seniors;
- Enhance community and home support services; and
- Strengthen Primary Health Care.

ARNNL envisions a LTC CSS system in which the public has access to a range of long-term care and community support services, with standards in place to ensure these services are accessible, affordable, provide quality health and residential services, allow for client self-determination and choice, and blend seamlessly with other health services.
education teleconferences were held, covering topics such as evidence-informed practice and lung health, with attendance ranging from 50 to 175 participants per session. A total of 1,300 RNs attended all teleconferences; a notable increase, which staff believes is related to the new CCP requirements.

- CNA’s NurseOne web portal and www.arnnl.ca continue to provide access to a wide range of reliable resources for professional development. In April 2010 NurseONE launched a new registration process to track usage more accurately. Since then, only 302 ARNNL members have registered with NurseOne. This represents just 16% of the total NL registrants prior to April (N=1,909). Usage is needed to demonstrate that NurseONE is valued by nurses, and to ensure its future – if we don’t use it, we will lose it! Register at www.nurseone.ca.

- There are 15 ARNNL Special Interest Groups (SIGs) that provide educational opportunities on standards of specialized practice and are a resource to ARNNL. This year ARNNL awarded its evidence-based funding grant to the Association of Occupational Health Nurses of Newfoundland and Labrador for the development of a website for information dissemination. The annual reports of some of these special interest groups are published in this report.

- ARNNL advocates the need to increase professional development opportunities as a key strategy to improving quality of care, and for the recruitment and retention of RNs in the provincial workforce.

END 4 – HEALTHY PUBLIC POLICY

ARNNL initiatives undertaken in this End bring nursing perspectives to public policy tables and have the potential to make significant improvements in health.

INFLUENCING PUBLIC POLICY

- Council continues to advocate that the sustainability of quality health services is dependent on the implementation of a comprehensive future-focused provincial health strategy. Consequently, during pre-budget consultations, and at other opportunities, ARNNL advocated that Government must effect the changes required to embrace a PHC model and a whole-of-government approach to health, in both programming and budgeting. ARNNL indicated that the lack of government leadership in this regard limits RHAs ability to advance PHC initiatives at the required rate, and limits their impact on population health and potential cost saving benefits.

- ARNNL was pleased to participate in Government’s consultative processes on the development of a long-term care and community support services strategy. ARNNL put forth recommendations to ensure that individuals are staying close to home for as long as possible.

- ARNNL applauds our Government’s Poverty Reduction Strategy, which is an excellent example of how a whole-of-government approach can lead to transformative social change. ARNNL participated in the Poverty Reduction Roundtable Consultations focusing on the impact of poverty on personal health and the cost of health care.

- ARNNL lobbied the federal government to express the profession’s displeasure with its plan to stop the mandatory long form census and the defeat of the Climate Change Accountability Act.

- ARNNL co-hosted two public sessions in St. John’s to help increase public awareness of:  
  - The Building Blocks for a Healthy Community: How to Identify and Mobilize the Assets in Local Neighbourhoods and Towns, with guru John McKnight; and

IMPROVING MEMBER SERVICES: ONLINE REGISTRATION RENEWAL LAUNCHED

On Jan. 17, 2011, following much preparation, ARNNL launched its Online Registration Renewal Program. This renewal format offers all members a fast, easy, and secure method to complete and pay for their annual practicing license or non-practicing membership. As of March 31, nearly 26% of ARNNL’s membership renewed their annual license or non-practicing membership online. Nine per cent of payroll deduction participants renewed online.

To help members navigate the online renewal module, ARNNL developed several resources to accompany the launch, including FAQ fact sheets, a help feature within the online module, and live online support. All these resources are accessible through www.arnnl.ca.

The response to this program has been overwhelmingly positive. Member feedback indicates that the process is fast and convenient, that the system is user-friendly, and members have confidence in the security of the program. As with all member interactions, ARNNL’s chief priority is to keep member information safe and secure. The online renewal system’s industry-standard encryption technology ensures that all information entered is protected. ARNNL joins many other provincial and national organizations in offering members access to this web-based technology.

Members who availed of the online registration system will automatically receive licensure renewal information via email next year. ARNNL would like to thank those who accessed the Online Registration Renewal Program and encourages all members to utilize this service in 2012.
Housing, Poverty, and Mental Health: Playing Musical Chairs, with Innovations Conference guest speaker Dr. Cheryl Forchuk, RN.

- ARNNL continues to put forth nursing’s voice on a variety of public policy initiatives by participating in numerous provincial government committees that influence health and health system policy (e.g., Provincial Wellness Council, Provincial Advisory Committee on Skill Mix in Long-Term Care, and the Tele-Health Advisory Committee).

### Building Capacity in Advocacy

ARNNL is committed to supporting members’ advocacy roles by advocating for healthy public policy in the public’s interest. ARNNL encourages members to use its policy statements and briefing papers to ensure nursing’s positions are heard. Advocacy initiatives over the past year have included:

- **Mental Health: Our Common Denominator** – this was the theme of the joint ARNNL-NLNU Innovations Conference held in September. Evaluations indicated that the 130 conference participants, from nursing and other professional and stakeholder groups, gained new information to strengthen their advocacy capacities. Improving access to mental health services is a pillar of ARNNL’s advocacy focus.

- ARNNL worked with CLPNNL and WPRs to develop a poster depicting the **7 Steps to Health and Wellness**, which was disseminated to workplaces to advocate for and raise awareness about wellness.

- ARNNL also supported RNs advocating in other policy areas, such as legislation to ban smoking in vehicles, warnings on cigarette packages, smoking reduction, climate change, and condemnation of the removal of the census long form.

Finally, ARNNL continues to lend its support to many community-based healthy public policy advocacy groups, some examples include:

- Canadian Cancer Society, NL Environment Network and NL Lung Association, to support a ban on the use of cosmetic pesticides.
- Alliance for the Control of Tobacco and NL Lung Association, to promote tobacco control.
- Autism Society, to help develop an education program for health professionals.
- Heart and Stroke Foundation and the Aging Issues Network, to seek support for their programs.
- Seniors Resource Centre, to explore means of collectively supporting similar messaging in the government’s consultation process on the Long-Term Care and Community Support Services Strategy.

### 5.0 CONCLUSION

ARNNL had another very productive year advancing the profession’s legislative mandate in pursuit of its vision – Excellence in Nursing. We are delighted to have successfully integrated new practices and processes into our profession that not only move ARNNL forward as a modern progressive regulatory body, but most importantly, support members to move forward in their practice and professionalism.

Given all the strengths and expertise we are building on, the future of nursing in Newfoundland and Labrador does indeed look bright as we advance excellence in nursing.

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### MEMBER SATISFACTION SURVEY

As part of our ongoing efforts to improve service and demonstrate accountability, ARNNL commissioned a survey to investigate members’ satisfaction with the quality of its services and programs.

For more information, please visit ‘Survey Results’ in the Publications section on www.arnnl.ca.
**REGISTRATION TRENDS**

**FIGURE 2.** Number of Practicing and Non-Practicing RN Licenses Issued by Licensure Year (2006-07 to 2010-11)

![Graph showing the number of practicing and non-practicing RN licenses issued by licensure year (2006-07 to 2010-11)](image)

**FIGURE 3.** Number of Nurse Practitioners and Clinical Nurse Specialists\(^1\) with Practicing Licenses by Licensure Year (2005-06 to 2010-11)

![Graph showing the number of nurse practitioners and clinical nurse specialists with practicing licenses by licensure year (2005-06 to 2010-11)](image)

\(^1\) Number who meet the CNA definition of Clinical Nurse Specialist (i.e., MN prepared)

**FIGURE 4.** New (Initial) Practicing Members by Original Jurisdiction and Licensure year (2006-07 to 2010-11)

![Graph showing the number of new practicing members by original jurisdiction and licensure year (2006-07 to 2010-11)](image)

**FIGURE 5.** Percentage of NL Graduates Employed in Nursing in NL in the Year Following Graduation (2005 to 2009)

![Graph showing the percentage of NL graduates employed in nursing in NL in the year following graduation (2005 to 2009)](image)

**FIGURE 6.** Percent of Practicing RNs and New NL Graduates Employed Full Time in Nursing in NL by Licensure Year (2006-07 to 2010-11)

![Graph showing the percent of practicing RNs and new NL graduates employed full time in nursing in NL by licensure year (2006-07 to 2010-11)](image)

**FIGURE 7.** Number of Practicing RNs and Number Employed in Management Positions by Licensure Year (2006-07 to 2010-11)

![Graph showing the number of practicing RNs and number employed in management positions by licensure year (2006-07 to 2010-11)](image)
There are 15 Special Interest Groups (SIGs) involved in various specialties within the nursing profession. ARNNL benefits from their expert advice and input, and extends a warm thank you to everyone involved.

- Association of Occupational Health Nurses of Newfoundland and Labrador (AOHNNL)
- Canadian Association of Neuroscience Nurses (CANN)
- Canadian Association of Nurses in Oncology, Newfoundland Branch (CANO)
- Canadian Council of Cardiovascular Nurses (CCCN)
- Newfoundland and Labrador Chapter of the Canadian Society of Gastroenterology Nurses & Associates (NL-CSGNA)
- Newfoundland and Labrador Diagnostic Imaging Nurses Association
- Newfoundland and Labrador Emergency Nurses Association (NLENA)
- Newfoundland and Labrador Gerontological Nurses Association
- Newfoundland and Labrador Infection Control Association (NLICA)
- Newfoundland and Labrador Nurse Practitioner Association (NLNPA)
- Newfoundland and Labrador Operating Room Nurses Association (N&LORNA)
- Newfoundland and Labrador Psychiatric/Mental Health Nurses (PSIGNAL)
- Newfoundland Chapter of the Nurses Christian Fellowship
- Newfoundland and Labrador Nurses Respiratory Society (NLNRS)
- Urology Nurses of Canada - Newfoundland & Labrador Division

ASSOCIATION OF OCCUPATIONAL HEALTH NURSES NEWFOUNDLAND AND LABRADOR (AOHNNL)
Denise Maher, President

EXECUTIVE:
Vice President – Jennifer Gibbons
Secretary – Cathy Bradbury
Treasurer – Helen Williamson

NUMBER OF MEMBERS: 28

OBJECTIVES:
- To share information, offer and provide educational opportunities to team members, and network with ARNNL and the Canadian Occupational Health Nurses Association (COHNA).
- To foster recognition that health promotion must include aspects of prevention, maintenance, and monitoring of the health of individuals and their environments.
- To assess employee health status during employment to determine whether they can perform their work while maintaining physical, mental and emotional well-being.
- To ensure adequate medical care for injuries or acute illness which occur in the workplace.
- To ensure compliance with Health and Safety Legislation.

HIGHLIGHTS:
- Monthly meetings were held during the fall, winter and spring, and will continue.
- The Annual Spring Conference of the AOHNNL was held on June 4, 2010.
- The Annual Christmas Social was held in December 2010.
- An education/information session was held with a guest speaker regarding the Continuing Competency Program.
- Bylaws and OHN guidelines were updated/amended.
- Nominated two members to COHNA as opposed to one in previous years. This will allow more consistency and availability for teleconference participation.

LOOKING AHEAD:
- AOHNNL website development is in progress (anticipated date of completion – June 2011).
- Annual AOHNNL Spring Conference is scheduled for June 3, 2011.
- Maintenance of monthly member meetings.
- Maintenance of email correspondence and information sharing with all members.
CANADIAN COUNCIL OF CARDIOVASCULAR NURSES (CCCN)

Jill Bruneau, President

EXECUTIVE:
Donna Best, Patricia Grainger, Rody Pike and Joanne Andrews

NUMBER OF MEMBERS: Approximately 30

OBJECTIVES:
- To promote the CCCN national vision and mission at the provincial level:
  - CCCN vision: Advancing cardiovascular nursing through leadership, advocacy, research and knowledge translation.
  - CCCN mission: To be the voice for cardiovascular nursing in Canada and to promote the health and well-being of Canadians through standards, research, education, health promotion, specialty certification, advocacy and strategic alliances.

HIGHLIGHTS:
- One of the key objectives of CCCN-NL for 2010-2011 was to increase our nursing membership across the province.
- Partnerships were formed within the community with the Heart and Stroke Foundation and a local dietician for a Health Promotion Day, held on Feb. 22, 2011. This event targeted both the public and hospital staff for blood pressure screening and counseling on sodium reduction in everyday living.
- CCCN-NL promoted professional education sessions for cardiovascular nurses in June 2010 on the role of the nurse in caring for patients with ICDs. In September 2010, a session was held on methods to reduce sternal wound infections in CV surgery patients.
- Online learning opportunities for CCCN members through national webinars.
- In January 2011, a health promotion event was held for CCCN-NL members which included a free skating evening for nurses and their families. It was a successful, healthy heart activity with over 40 people in attendance.

LOOKING AHEAD:
- Plan to continue recruitment efforts to increase membership provincially.
- Professional education sessions on various cardiovascular topics of interest for fall 2011.
- Promote certification in Cardiovascular Nursing through the Canadian Nurses Association.

NEWFOUNDLAND AND LABRADOR NURSE PRACTITIONER ASSOCIATION (NLNPA)

Kelly Power-Kean, President

EXECUTIVE:
Vice President – Wanda Emberley-Burke
Secretary – Heather Rumsey
Treasurer – Geri Dalton
Communications Director – Donna Daley
Past President – Sueann Kean

NUMBER OF MEMBERS: 46

OBJECTIVES:
The objective of the Newfoundland and Labrador Nurse Practitioner Association (NLNPA) is to support and promote the development of nurse practitioner education and practice in Newfoundland and Labrador.

HIGHLIGHTS:
- Participation in Provincial Nursing Network.
- Participation in the Canadian Association of Advanced Practice Nurses (CAAPN).
- Participation in the National Nurse Practitioner Council.
- Participation in formulating the ARNNL NP Verification of Competencies Process.
- Updated NLNPA website.
- NLNPA Annual Conference held in September 2010 in St. John’s.
- Representative on ARNNL NP Standards Committee.

LOOKING AHEAD:
- Official launch of NLNPA revised website.
- Continue to promote the role of NPs.
- Donation of Automated External Defibrillator (AED) in association with NL Heart and Stoke Foundation.
- Participation in national advocacy workshop in Ottawa.
- Participate in ARNNL’s NP Committees.
NEWFOUNDLAND AND LABRADOR NURSES RESPIRATORY SOCIETY (NLNRS)
Siobhainn Lewis, President

EXECUTIVE:
Secretary – Roseanne Angel
Treasurer – Bertha Schofield

MEMBERS AT LARGE: Mary Basha, Judy Best, Geri Cashin, Lois Woodrow, Mabel Jacobs Winsor, Susan Snelgrove

NL LUNG ASSOCIATION REPRESENTATIVE: Greg Noel – Ex-Officio

OBJECTIVES:
- To promote respiratory health.
- To promote educational opportunities for nurses to assist in keeping their knowledge of respiratory health and illness current.
- To facilitate nursing research related to respiratory health and illness.
- To further the objectives of the NL Lung Association and act as an advisory body on nursing matters.
- To liaise with the Canadian Nurses Respiratory Society, ARNNL, and other groups on matters related to respiratory health.

HIGHLIGHTS:
- To participate in public education regarding respiratory health care.

LOOKING AHEAD:
- Efforts are underway to increase membership for 2011.

NEWFOUNDLAND AND LABRADOR PSYCHIATRIC/MENTAL HEALTH NURSES (PSIGNAL)
Karen Whitehorne, President

EXECUTIVE:
Secretary – Michelle Case
Treasurer – Amelia Hawkins
Events Coordinator – Bev Chard

NUMBER OF MEMBERS: 27

OBJECTIVES:
- To promote awareness of the roles of mental health nurses.
- To provide consultation and support to members and to professional groups (e.g., CNA, ARNNL, and Canadian Federation of Mental Health Nurses) on professional practice issues.
- To partner with consumers and other health care and related organizations.
- To contribute to the development of standards of practice for Psychiatric/Mental Health Nursing.

HIGHLIGHTS:
- We have just re-organized after a one-year hiatus.

LOOKING AHEAD:
- We are planning to revitalize the group and organize an Education Day.
**IN MEMORIAM**

Sympathy is extended to family and friends of members who have passed away since the 2010 Annual Meeting.

<table>
<thead>
<tr>
<th>NAME</th>
<th>SCHOOL OF NURSING</th>
<th>YEAR OF GRADUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anonsen, Dorothy Carol (nee Powers)</td>
<td>Mercy School of Nursing of St. Francis Xavier College, Illinois</td>
<td>1947</td>
</tr>
<tr>
<td>Avery, Elizabeth Anne (nee Meadus)</td>
<td>S.A. Grace Hospital</td>
<td>1945</td>
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<tr>
<td>Brophy, Catherine (nee Hanlon)</td>
<td>General Hospital</td>
<td>1959</td>
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<tr>
<td>Cameron, Isabelle Kirby</td>
<td>General Hospital</td>
<td>1938</td>
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<tr>
<td>Chafe, Dorothy “Dot”</td>
<td>S.A. Grace Hospital</td>
<td>1948</td>
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<tr>
<td>Collins, Margaret Mary</td>
<td>St. Clare’s</td>
<td>1953</td>
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<tr>
<td>Dewling, Ruby (nee Skinner)</td>
<td>General Hospital</td>
<td>1948</td>
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<tr>
<td>Driscoll, Olive R. (nee Pack)</td>
<td>S.A. Grace Hospital</td>
<td>1942</td>
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<tr>
<td>Faulkner, Marjorie “Midge” (nee Vardy)</td>
<td>General Hospital</td>
<td>1953</td>
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<tr>
<td>Foley, Beulah M.</td>
<td>St. Clare’s</td>
<td>1947</td>
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<tr>
<td>Hoyles, Clemeth Jean</td>
<td>General Hospital</td>
<td>1951</td>
</tr>
<tr>
<td>Hulan, Judith Madonna (nee Gillis)</td>
<td>Western Memorial School of Nursing</td>
<td>1988</td>
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<tr>
<td>King, Ruth (nee Morgan)</td>
<td>General Hospital</td>
<td>1948</td>
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<tr>
<td>Kiss, Kathleen “Kay” (nee Withers)</td>
<td>St. Clare’s</td>
<td>1962</td>
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<tr>
<td>Lawlor, Bertha</td>
<td>St. Clare’s</td>
<td>1950</td>
</tr>
<tr>
<td>Lewis, Jean E.C.</td>
<td>Alder Hey Childrens Hospital, Sifton General Hospital, England</td>
<td>1940</td>
</tr>
<tr>
<td>Mackay, Yvonne Marilyn (nee Taylor)</td>
<td>General Hospital</td>
<td>1965</td>
</tr>
<tr>
<td>Moskovits, Lilian (nee Perletz)</td>
<td>Bellevue &amp; Mills School of Nursing, New York</td>
<td>1946</td>
</tr>
<tr>
<td>Myler, Sylvia Jean (nee Gillard)</td>
<td>S.A. Grace Hospital</td>
<td>1962</td>
</tr>
<tr>
<td>Penney, Shirley</td>
<td>General Hospital</td>
<td>1960</td>
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<tr>
<td>Scurlock, Grace (nee Coaker)</td>
<td>S.A. Grace Hospital</td>
<td>1960</td>
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<tr>
<td>Sellars, Mercedes (nee Johnson)</td>
<td>St. Clare’s</td>
<td>1981</td>
</tr>
<tr>
<td>Smith, Helen (nee Noseworthy)</td>
<td>General Hospital</td>
<td>1952</td>
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<tr>
<td>Smith, Rita Marie</td>
<td>Muhimbili Medical Centre Tanzania</td>
<td>1940</td>
</tr>
</tbody>
</table>
THE ‘SELF’ IN SELF-REGULATION

COMMITTEE MEMBERS AND EXTERNAL REPRESENTATIVES
April 1, 2010 – March 31, 2011

GOVERNANCE

Council
White, Beverly, President (as of June 2010)
Stratton, Cathy, President-Elect (as of June 2010)
Frew, Ray, Public Representative
Arnold, Walter, Public Representative (as of February 2011)
Baird, Irene, Public Representative (as of February 2011)
Doyle, Dr. Carmel, Public Representative (as of February 2011)

Peyton Murphy, Evelyn, Practice
Alyward, Cathy, Advanced Practice
Manuel, Madonna, Education/Research
Burke, Cathy, Administration
Rodgers, Patricia, Eastern Region
Evans, Sandra, Central Region
Doyle, Anne, Western Region (as of June 2010)
Pittman, Beverly, Labrador/Grenfell Region
Earle, Pegi, Executive Director (non-voting)
Feltham, Jim, President (until June 2010)
Courtney, Bea, Public Representative (until February 2011)
Brennan, Janice, Western Region (until February 2010)

Appointments Committee
Alyward, Cathy
Doyle, Anne (as of June 2010)
Peyton Murphy, Evelyn
Power, Lynn, ARNNL Staff

Audit Committee
Pittman, Beverly
Rodgers, Tony, Public Representative
Stratton, Cathy (until October 2010)
Gear, Sandra (as of October 2010)
Burke, Cathy, Chairperson
Earle, Pegi, Executive Director
Dewling, Liz, ARNNL Staff

Standing Committee on Linkage with Owners
Alyward, Cathy
Frew, Ray
White, Beverly, Chairperson (until June 2010)
Stratton, Cathy, Chairperson (as of June 2010)
Wells, Julie, ARNNL Staff
Earle, Pegi, Executive Director

Nominations Committee
Brockerville, Jackie
Foss-Jeans, Traci
Rixon, Colleen
Wells, Carla
Pilgrim, Patricia, Chairperson
Fitzgerald, Christine, ARNNL Staff

Resolutions Committee
Stratton, Cathy, ARNNL Council, Chairperson
Evans, Sandra, ARNNL Council

Note: The names of direct care nurses appear in bold.

McDonald, Sharon, Workplace representative
Andrews, Daphne, Alternate Workplace representative
Hodder, Harvey, Parliamentarian
Osmond, Michelle, ARNNL Staff

ADVANCED NURSING PRACTICE

NLCHI Pharmacy Network Information Governance Committee
Oldford, Karen

Nurse Practitioner Continuing Education Committee
Best, Donna
Collins, Carmel (as of March 2011)
Dalton, Gerilynn (until March 2011)
Emberley-Burke, Wanda
Fowlow, Alisa (as of March 2011)
Kean, Sueann (until March 2011)
McIsaac, Beverley, ARNNL Staff
O’Brien-Connors, Peggy (as of March 2011)
Roberts, Nadine (as of March 2011)

Nurse Practitioner Hours of Practice Committee
Beeso, Eileen
Haynes, Marilyn
Kean, Sueann
Stagg, Glenda

McIsaac, Beverley, ARNNL Staff

Nurse Practitioner Marketing Committee
Bradbury, Gary (until March 2011)
Cahill, Denise (until March 2011)
Daley, Donna (as of March 2011)
Foote, Jackie (until March 2011)
Kean, Sueann (until March 2011)
Murphy, Karyn (as of March 2011)
Power-Kean, Kelly (until March 2011)
Roberts, Ada (as of March 2011)
Rumsey, Heather
Ryan, Colleen (until March 2011)
Sampson, Donnie (until March 2011)
Sinnicks-House, Ellisa (as of March 2011)
Stagg, Glenda (as of March 2011)
Lockyer, Janice, ARNNL Staff (until October 2010)
O’Neill, Jennifer, ARNNL Staff

Nurse Practitioner Standards Committee
Barron, Kelly
Best, Donna
Brown, Heather
Best, Donna
Brown, Heather
Budgen, Christine (until September 2010)
Doyle-Barry, Irene
Efford, Kimberly
Greene Feder, Marcy
Hatcher, Dr. Lydia
Ludlow, Anita
Oldford, Karen
Priddle, Margot, Newfoundland & Labrador Pharmacy Board
Riggs, Carol Ann
Vardy, Dr. Cathy
McIsaac, Beverley, ARNNL Staff

Nurse Practitioner Streams of Practice Committee
Best, Donna (as of June 2010)
Boone, Cheryl (as of June 2010)
Bursey, Joan (as of July 2010)
Greene Feder, Marcy (as of June 2010)
Rolfe, Joyce (as of June 2010)
Simms, Joanne (as of June 2010)
Bruneau, Jill (as of June 2010)
McIsaac, Beverley, ARNNL Staff

Nurse Practitioner Verification Process Working Group
Doyle-Barry, Irene
Budgen, Christine
Oguntuase-Mukiite, Elizabeth
Parsons, Donna
Power Kean, Kelly
McIsaac, Beverley, ARNNL Staff

ADVOCACY FOR HEALTH AND THE PROFESSION

Advisory Committee on Nursing Administration
Billard-Croucher, Darlene
Brown, Heather (as of September 2010)
Compton, Glenda
Currie, Elizabeth
Fisher, Paul, CLPNNL
Goodyear, Rosemarie (until August 2010)
Jones, Louise
Learning, Marjorie (until July 2010)
Ludlow, Anita
McDonald, Catherine
McFetridge-Durdle, Dr. Judith
Nicholas, Julie (as of October 2010)
Norman-Robbins, Linda
Reid-White, Betty (until July 2010)
Rowsell, Joan
Simpson, Ozette (as of October 2010)
Skinner, Tina (as of July 2010)
Smith, Collette
Stuckless, Trudy
Osmond, Michelle, ARNNL Staff
Power, Lynn, ARNNL Staff
McIsaac, Beverley, ARNNL Staff
Lewis, Siobhainn, ARNNL Staff
Earle, Pegi, Executive Director/Chairperson

Workplace Representative (WPR) orientation workshop, February 2011
Autism Society Education Working Group
Cindy Saunders

Awards for Excellence and Honorary Membership*
Committee
Elliott, Pamela (until October 2010)
Stanley Newton, Lorelei (until October 2010)
Thistle, Elsie
Wells, Carla
Woodman, Nicole
Baker, Pamela, Chairperson
Power, Lynn, ARNNL Staff
*Honorary Membership has moved to the Appointments Committee as of February 2011.

Breastfeeding Group
Cousens, June
Hiller, Linda, Dietician
Hopkins, Janie
Murphy-Goodridge, Janet
Nolan, Donna, Dietician
O’Neill, Lisa
Royle, Catherine
White, Marilyn
Woodrow, Janine, Dietician
Power, Lynn, ARNNL Staff

Clinical Managers Advisory Committee
Cooze, Darryl
King, Marlean
Lane, Charmaine
LeDrew, Holly
Pelley, Joanne
Philpott, Krista
Scott, Lori
Smith, Wavey
Verch, Ann
Wheeler, Colleen
Lewis, Siobhainn, ARNNL Staff

NL Integrated Stroke Strategy Advisory Committee ISAAC-2, Heart & Stroke Foundation
Slade, Virginia (Jenny)

CNA BOARD OF DIRECTORS
White, Beverly, President (as of June 2010)
Feltham, Jim, President (until June 2010)
Earle, Pegi (Executive Director/Advisor, non-voting)

CNA COMMITTEE ON RESOLUTIONS
Grainger, Patricia

COMMUNICATION WITH MEMBERS
Workplace Representatives (WPR)
Albrechtons, Barbara
Alyward, Paul
Andrews, Daphne
Baker, Laura
Barrett, Mary Elaine
Bartlett, Vanessa
Benger, Bernice
Bennett, Mary Jane
Beson, Colleen
Best, Tina
Bolger, Cavell
Boone, Shannon
Breeze, Yvonne
Brockerville, Jacqueline
Brown, Glenn
Burton, Claudia
Butt, Cynthia
Cake, Cathy
Callahan, Amy
Cashin, Selina
Chaytor, Mabel
Christopher, Vicki
Clarke, Anneliese
Clarke, Heather
Codner, Alexandra
Coombs, Sherri-Lee
Crotty, Patricia
Dewing, Robert
Dillon, Sean
Durdle, JoAnne
Dyson, Melissa
Elliott, Barbara
Fitzpatrick, Constance
Foss, Diane
Foster, Claudine
Gale, Cheryl
Gillard, Lori Ann
Gosse, Sherry
Goudie, Joan
Gould, Paula
Healey Dove, Nancy
Hollett, Michelle
Jarrett, Karen
Johnson, Gloria
Kelly, Tina
Kieley, Colleen
King, Krista
Lane, Helen
Layden, Melvin
Layden, Sherry
Lundrigan, Daniele
Lundrigan, Elaine
Lundrigan, Joanne
Marshall, Cindy
Mason, Carol Ann
McCarthy-Woodrow, Lynette
McDonald, Sharon
McKenna, Angela
Meadus, Robert
Metcalfe, Pamela
Molloy, Catriona
Morgan, Natalie
Morris, Karen
Moulton, JoAnn
Nolan, Christopher
Norman, Sarah
Oates, Karla
O’Driscoll, Rhonda
Peach, Jenelle
Peddle, Joanne
Peyton, Kim
Philpott, Christa
Pittman, Beverly
Porter, Ashley
Porter, Laurie
Purchase, Andrea
Ralph, Penny
Reid, Beverley
Reid, Susan
Richards, Karla
Robert, Laurie
Rooney, Catherine
Rowell, Anne
Roy, Glenda
Sears, Deborah
Sheppard, Stacey
Short, Theresa
Singleton, Irene
Skinner, Beth
Slade, Virginia (Jenny)
Slaney, Ann-Marie
Smith, Heather
Smith, Karen
Squires, Liam
Stokes, Peggy
Street, Karen
Sullivan, Gerrianne
Tapp, Glenda
Thistle, Elsie
Thorne, Darlene
Todhunder, Karen
Tucker, Bernadette
Tulk, Karen
Walsh, Dawn
Walsh, Mario
Ward, Colleen
Weeke, Colleen
Williams, Anne
Power, Lynn, ARNNL Staff
Lewis, Siobhainn, ARNNL Staff

WPR Outgoing
Durfy-Sheppard, Denise
Healey, Joanne
Mercer, Shelagh
Oliver, Doreen
Power, Kathy
Scott, Lori
Snow, Nicole
Spurrell, Lima
Stagg, Jennifer
Sullivan, Gerrianne
Temple, Tammy
Warford, Kim

EDUCATION
BN (Collaborative) Approval Committee
Batstone, Angela (until March 2010)
Brennan-Hunter, Andrea
Diamond-Freake, Sylvia
Gardiner, Bob, Department of Education
Kearney, Dr. Anne
Mackenzie, Theresa (as of June 2010)
Turner, Barbara
Walsh, Lorna
Smith, Sharon, Chairperson
McIsaac, Beverley, ARNNL Staff

Nursing Innovations
Green, Rhonda
Luther, Donna
Miller, Marlene
Pollett, Heather, Canadian Mental Health Association of Newfoundland & Labrador (CMHA-NL)
Priniaux, Mary
Whitehorne, Karen
Lewis, Siobhainn, ARNNL Staff

NP Program Approval Committee
Best, Donna
Greene Feder, Marcy
Griffiths, Beverley
Hodgkinson, Lisa
Power-Kean, Kelly
Rolle, Joyce
Simms, Joanne
Stagg, Glenda
Strong, Glenda, Public Representative
McIsaac, Beverley, ARNNL Staff
Jones, Louise, Chairperson

LEGAL SERVICES
Canadian Nurses Protective Adjudication Committee
Dobbin, Renee
Earle, Gloria

Canadian Nurses Protective Society (CNPS) Board of Directors
Watkins, Kathy

WPR Administrative Support Persons
Burns, Stan
Downing, Gail
Hatt, Michelle
Learning, Marjorie (until June 2010)
NURSING PRACTICE

CNA Working Group - Evaluation Framework to Determine the Impact of Nursing Staff Mix Decisions
Morgan, Annette

Documentation Standards Working Group
Barron, Andrea
Dormody, Cathy
Follett, Joan
Fry, Peggy
Noble, Joanna, HIROC
Puddester, Sherri
Rumsey, Heather
Dawe, Sandra
Power, Lynn, ARNNL Staff

Documentation Strategy Advisory Committee
Barrett, Mary Elaine
Champagne, Karen (until October 2010)
Cooper, Dora, NLCHI
Cull, Ruth (as of October 2010)
Fequet, Julie
Gladys Brown (until October 2010)
Kraft, Arlene, HIROC (until October 2010)
Meadus, Robert
Noble, Joanna, HIROC
O’Neill, Janice, College of Licensed Practical Nurses of Newfoundland & Labrador (CLPNNL)
Osmond, Patricia
Pittman, Beverly
Quinlan, Kelly
Skinner, Tina
Templeton, Janet
Wheeler, Doreen
Power, Lynn, ARNNL Staff

Nursing Practice Committee
Brown, Cindy
Buckle, Carolyn
Byrne, Cynthia
Diamond-Freake, Sylvia
Dumaresque, Janet
Goulding, Valery
Hunt Smith, Heather
O’Dell, Rufina
Pike, Karen (as of December 2010)
Reddy, Jeannie
Sheppard, Rhonda
Skinner, Tina (as of June 2010)
Tobin, Brenda
White, Susan (until December 2010)
McIsaac, Beverley, ARNNL Staff (until September 2010)
Lewis, Siobhainn, ARNNL Staff (as of September 2010)
Power, Lynn, Chairperson/ARNNL Staff

Quality Professional Practice Environment Steering Committee
Buckle, Carolyn
Diamond-Freake, Sylvia
Halleran, Madonna
Hancock, Amanda (as of June 2010)
Ludlow, Anita (until February 2011)
Mitchell, Lorraine

Morgan, Annette (until February 2011)
O’Neill, Janice, CLPNNL
Prideaux, Mary, NLNU
Skinner, Tina (as of February 2011)
Sheppard, Suellen (as of February 2011)
Squires, Deborah (as of February 2011)
White, Beverly
White, Shelly
Bennett, JoAnna, ARNNL Staff
Wells, Julie, ARNNL Staff
Power, Lynn, Chairperson/ARNNL Staff

Requisite Skills and Abilities Committee
Alteen, Anna Marie
Baird, Erin
Brown, Dianne
Browne, Jennifer, Student Affairs & Services, MUN
Castagne, Christine
Colbourne, Peggy
Kieley, Colleen
King, Renee
Strickland, Paula
Tracey, Anne Marie
Webber, Karen
Lewis, Siobhainn, ARNNL Staff

PROFESSIONAL CONDUCT REVIEW (PCR)

Complaints Authorization Committee
Alyward, Cathy, ARNNL Council
White, Beverly, ARNNL Council (until June 2010)
Stratton, Cathy, ARNNL Council
Doyle, Anne, ARNNL Council (as of June 2010)
Brennan, Janice, ARNNL Council (until June 2010)
Burke, Cathy, ARNNL Council
Evans, Sandra, ARNNL, Chairperson
Frew, Ray, Public Representative
Manuel, Madonna, ARNNL Council
Peyton Murphy, Evelyn, ARNNL Council
Pittman, Beverly, ARNNL Council
Rodgers, Patricia, ARNNL Council
Courtney, Bea, Public Representative, Vice-Chair (until January 2011)
Arnold, Walter, Public Representative (as of February 2011)
Baird, Irene, Public Representative (as of February 2011)
Doyle, Dr. Carmel, Public Representative (as of February 2011)

Disciplinary Panel
Moyst, Debbie, Chairperson
Andrews, Juanita (until February 2011)
Best, Heather
Bungary, Nancy (until February 2011)
Christopher, Jeanette
Dawe, Debbie (until February 2011)
Diamond-Freake, Sylvia (until February 2011)
Dubbin, Renee
Downey, Charlene
Finch, Sherry (Murray)
Langdon, Alana
Luther, Donna
Marsh, Tonya
Morgan, Arthur
Power, Suzy
Snow, Nicole  
Tobin, Brenda  
White, Kimberley  
**Rideout, Joanne** (as of February 2011)  
**Rixon, Colleen** (as of February 2011)  
Winsor, Wanda (as of February 2011)  
Rauman, Peggy (as of February 2011)  
Cody, Dr. Ann, Public Representative (May 2009)  
Newton, Darren, Public Representative (May 2009)  
Cashin, Ron, Public Representative (May 2009)  
Wade, Edward, Public Representative (May 2009)  
West, Dr. Patricia, Public Representative (May 2009)  
Woolridge, Judy, Public Representative (May 2009)  
Mackenzie, Theresa, Public Representative (as of February 2011)  
Kelly, Melodie, Public Representative (as of February 2011)

**REGISTRATION**

**Board of Examiners**

Earle, Gloria  
Rowsell, Joan  
Webber, Karen  
Norman-Robbins, Linda, Chairperson  
McIsaac, Beverley, ARNNL Staff  
Osmond, Michelle, ARNNL Staff

**Canadian Nurse Practitioner Exam (CNPE) Committee**

Greene Feder, Marcy (until January 2011)  
Emberley-Burke, Wanda (as of January 2011)

**CNPE – Family/All Ages Blueprint Development Committee**

Sampson, Donnie

**CNPE Item Writing Participants**

Barry, Irene  
Emberley-Burke, Wanda  
**Daley, Donna**  
Power-Kean, Kelly  
McIsaac, Beverley  
Sampson, Donnie  
**Sibley, Nicole**

**CNPE Item Revision Participants**

Greene Feder, Marcy

**Canadian Registered Nurse Exam (CRNE) Committee**

Watkins, Kathy (until January 2011)  
White, Marilyn (as of January 2011)

**CRNE Item Writing Participants**

Case, Michelle  
Clarke, Heather

**QPPE Team, Inpatient and Obstetrical Services, Labrador Health Centre, Happy Valley-Goose Bay**  
**QPPE Team, Mental Health Program, West 2A, Waterford Hospital, St. John’s**
Canadian NP Core Competency Framework Committee

Sampson, Donnie
McIsaac, Beverley, ARNNL Staff

Staff Advisory Committee on Continuing Competence

Baird, Joanne
Bragg, Dorothy
Burke, Cathy
Fitzgerald, Sharon (until September 2010)
Grainger, Patricia
Greene Feder, Marcy
Hewitt, Fatima
Hoddinott, Lisa
Hunt Smith, Heather
McDonald, Rhonda
Rowsell, Anne
Walsh, Bradley, ARNNL Staff (as of December 2010)
McIsaac, Beverley, ARNNL Staff

ARNNL Education and Research Trust

Board of Directors

Andrews, Daphne, Director at Large (until June 2010)
Dalton, Carole, Director at Large (until November 2010)
Fowler, Eleanor, Labrador Regional Director
Grant, Penny, Director at Large
LeDrew, Holly, President (as of June 2010)
Parrill, Cindy, Western Regional Director
Porter, Suzette, Eastern Rural Director
Roy, Glenda, Central Regional Director
Simms, Beverly, Northern Regional Director (as of September 2010)
Tizzard, Erin, Eastern Urban Director (until June 2010)
Tobin, Brenda, President (until June 2010)
Smith, Sharon, President-Elect (as of June 2010)
Templeton, Janet, Eastern Urban Director (as of June 2010)
Wells, Julie, ARNNL Staff/Trust Coordinator
Earle, Pegi, Executive Director/Secretary-Treasurer

Awards Committee

Doyle-Barry, Irene (as of September 2010)
Kelly, Larry (until May 2010)
LeGrow, Diane
Manning, Ann
Pippy, Sharon
White, Shelly (as of September 2010)
Woodford, Isabel (until May 2010)
Wells, Julie, ARNNL Staff/Trust Coordinator

Research Award Review Committee

Kennedy, Alice
Ludlow, Valerie
Warford, Kim
Wells, Carla
Wells, Julie, ARNNL Staff/Trust Coordinator

ARNNL Staff Representation on Other Committees/Consultation Processes

National

Canadian Institute for Health Information Health Human Resources Database
Canadian Council of Registered Nurse Regulators
Founding Group
Canadian Nurse Practitioner Exam Examination Council
Canadian Registered Nurse Exam Examination Council
Jurisdictional Collaborative Project to Revise Entry-Level Competencies
National Nursing Assessment Service Working Group
National Standards for Nursing Practice Working Group Committee
National Toolkit for Family Practice Advisory Committee
Nurse Practitioner Core Competency Framework Committee
Nurse Practitioner Education Approval Committee
Registration Counterparts Language Proficiency Working Group

Provincial

ARNNL-NLNU Liaison Meeting
Centre for Nursing Studies, Academic Council
Canadian Mental Health Association – NL Provincial Advocacy Committee
DHCS, Provincial Wellness Advisory Council
DHCS, Health Line Advisory Committee
DHCS, Personal Health Information Act Steering Committee and Education Working Group
DHCS, Provincial Nursing Network
DHCS, Provincial Workforce Planning Committee
DHCS, Provincial Working Group Recruitment of IENs
DHCS, Provincial Advisory Committee for Staff Mix in Long Term Care
Health Profession Regulators Network
Memorial University of Newfoundland (MUN), School of Nursing, Academic Council
MUN BN Collaborative Program Advisory Committee
Newfoundland and Labrador Centre for Health Information (NLCHI), Board of Directors
Newfoundland & Labrador Public Health Association
NLCHI, NL Pharmacy Network Advisory Committee
NLCHI, Tele-Health Advisory Committee
Provincial Injury Prevention Coalition
Provincial Pesticide Control Coalition
Provincial Seniors Nutrition Working Group
Provincial Wound Care Advisory Committee
Western Regional School of Nursing, Academic Council
ARNNL EDUCATION AND RESEARCH TRUST CELEBRATES 25 YEARS!

2011 marks the 25th year that the Trust has been fostering nursing knowledge for the benefit of the public at large. When the Trust started out in 1986, there was $5,000 to award in scholarships for basic nursing students. Today, all practicing ARNNL members are members of the Trust and a $10 investment, collected during annual licensure, ensures a secure future for the Trust’s scholarship and awards program.

Highlights of Awards for 2010-2011

- A total of 102 scholarships, awards, and bursaries were awarded to RNs in 2010-2011 (Figure 1); the majority of applications (92%) were from first-time applicants.
- The total amount awarded was $56,250. The majority of available funds – over 75% – went to practicing RNs, with the remaining amounts going to BN students. Almost 40% of the funds were awarded to support RNs pursuing continuing education such as attending conferences, completing post-basic courses or writing the CNA Certification exam (Figure 2).

New Scholarships

- The Health Archives and Museum Board of NL created the Kay Daley Scholarship for Nursing Leadership to honor Kay Daley, a well-known leader in nursing education in our province. This scholarship will support nurses pursuing continuing education that enhances their leadership capacity.
- The Yetman family has created a scholarship to recognize oncology nurses in NL. The Peter and Elizabeth Yetman Oncology Nursing Scholarship will assist nurses in any area of practice related to oncology to participate in a continuing education program or event.
- In recognition of the 25th Anniversary of the Trust and in support of the Canadian Nurses Foundation (CNF) Nursing 4.0 fundraising campaign, an ARNNL scholarship has been created to support members enrolled in PhD programs. This scholarship, valued at $5,000, will be administered by CNF. The first of four donations was made in 2010 with plans for the scholarship to be available in 2015.
Figure 1. Number of Trust Awards (1987 – 2010)

- Number of Awards
- Year
- 1987: 7
- 1992: 7
- 1997: 21
- 2002: 21
- 2006: 68
- 2007: 80
- 2008: 97
- 2009: 81
- 2010: 102

Figure 2. Where the Award Money Went in 2010-11

- Research (9%)
- Post Basic BN (7%)
- Graduate (25%)
- Continuing Education (38%)
- BN (Basic) (21%)

Eastern Region award recipients & special guests.

Western Region award recipients & special guests.