

ANNUAL REPORT 2018/19



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PROTECTING THE PUBLIC, EVOLVING THE PROFESSION

The College and Association of Registered Nurses of Alberta (CARNA) exists so that the public is assured of safe, competent, ethical nursing care.

CARNA has a dual mandate as both the regulatory college and professional association for Alberta's over 38,000 registered nurses (RNs) and nurse practitioners (NPs).

CARNA's duties and authority as a regulator are set out by the *Health Professions Act* (HPA).

Through setting the qualifications for entering the profession and issuing practice permits only to those who meet the legislated requirements, CARNA ensures regulated members have the competencies to deliver high-quality care, upholding the public's trust in the profession.

CARNA establishes and oversees professional and ethical standards for the level of performance against which nursing practice can be measured.

CARNA supports professional accountability through disciplinary processes and enforcing a continuing competence program to ensure regulated members are maintaining competence in their practice.

As a professional association, CARNA strengthens the regulatory mandate by offering services, supports and resources that help members realize their professional potential and deliver exceptional care that protects the interest of the public.

CARNA values providing progressive, innovative leadership that encourages professional excellence and influences health policy, advocating for an efficient and effective health-care system that makes the best use of the knowledge and skills of RNs and NPs.



MESSAGE FROM THE PRESIDENT

If I had to choose one overarching theme for the past year in nursing, there is no doubt it would be one of continual change and the demonstration of and opportunities for nursing leadership.

In March, CARNA launched the campaign, *Nursing: A Call to Leadership*, to support nurses in recognizing and acting on their leadership potential. Since then, CARNA has committed to providing resources and opportunities for nurses to grow their skills. The tagline of CARNA's campaign certainly rings true to me, "*Leadership is an action, not a title*". Nurses show leadership every day when making evidence-informed decisions, collaborating with our colleagues and communities to providing client-centred care and developing innovative solutions to issues we see in our practice settings, in our teachings and in the development of nursing and health knowledge.

Building leadership capacity has also been top of mind in national and international nursing communities. The International Council of Nurses put leadership in the spotlight by selecting

"Nurses: a voice to lead – health for all" as the 2019 Nursing Week theme. Shortly after, Canada joined *Nursing Now*, a global movement focused on creating opportunities for aspiring and emerging nurse leaders to learn leadership theory and skills.

We are now entering 2020 which has been named the *Year of the Nurse and the Midwife* in celebration of Florence Nightingale's 200th birthday. I look forward to celebrating with nurses across the province who are using their knowledge and influence to be leaders in continuing to shape the health system and improving access to quality health care.

Dennie Hycha, MN, BScN, RN
President



MESSAGE FROM THE CEO

It has been a historic year for CARNA with significant changes in the regulatory environment. Throughout this report, you will see examples of how CARNA has demonstrated its dual mandate and guiding tagline, *protecting the public, evolving the profession*.

After more than a decade of working with Alberta Health, Alberta's RNs and NPs are now under new regulations. This report details the amendments to the *Registered Nurses Profession Regulation* which have the potential to improve health service delivery for the public and give CARNA more flexibility to fully enact our mandate.

We took quick action when Bill 21: *An Act to Protect Patients* was passed by the Alberta government. We have since improved transparency regarding CARNA's disciplinary process and increased sanctions for complaints of sexual abuse and sexual misconduct.

We have also been busy launching new and innovative learning opportunities, signifying our commitment to evolving the profession and supporting regulated members in maintaining their competence and continual learning.

This has been an exciting year for nursing regulation and it's important to maintain momentum. We underwent third party reviews of some of our processes to identify areas for improvement. This report will also highlight how we plan to take what we've learned and grow as an effective regulator in the years to come.



Joy Peacock, BSN, M.Sc., RN
Chief Executive Officer and Registrar



PUBLIC REPRESENTATIVES

It is well understood that government regulates a number of health professionals in Alberta. CARNA operates under the privilege of self-governance with delegated powers as part of HPA.

Within the self-governance model, public members are appointed to CARNA's Provincial Council alongside elected, regulated members of the profession. Collectively, Council carries out the important mandate to protect and serve the public interest.

Public members enhance this work through developing, maintaining and enforcing professional regulations, such as an important bylaw revision intended to protect patients from sexual abuse and sexual misconduct.

Public members support improvements and standards of practice and provide public perspective and guidance for CARNA's operations through audit committees, policy review and finance.

The ingredients to a highly functioning public board is the presence of strong leadership where diversity and inclusion are valued, operating in a safe environment where all members can challenge (and be challenged!) on their assumptions and beliefs. CARNA's Provincial Council has modelled that behaviour elbow-to-elbow with its public members.

As we look to the future, a strong Council will be the indicator of CARNA's continued success. Foreseeable challenges include the implications of recent bylaw changes that will provide more public transparency around unprofessional conduct and staying focused on its mandate of public interest in today's polarizing political arena. There is still much work to be done.

Frank Work, QC
Janet Blayone, BA
Joann Cazakoff
Phyllis Bohachyk
Steven Armstrong, OSTJ, CD, MSc



INITIATIVES AND MILESTONES

Protecting patients from sexual abuse and sexual misconduct

CARNA supports the revisions to HPA intended to protect patients from sexual abuse and sexual misconduct. To meet the new requirements:

- New applicants are required to submit a criminal reference check and disclose any completed or ongoing conduct investigations.
- If a hearing tribunal finds a CARNA regulated member's actions constitute sexual abuse, that regulated member's practice permit will be permanently cancelled. If a hearing tribunal finds actions constitute sexual misconduct, the regulated member's practice permit will be suspended. The disciplinary actions will also be posted on CARNA's website.
- CARNA provides complainants access to funding for treatment and counselling.
- All CARNA staff completed training on trauma-informed care.

Review of CARNA's complaints and discipline processes and outcomes

CARNA engaged Harry Cayton, an internationally recognized expert in professional regulation and governance and former Chief Executive of the UK's Professional Standards Authority, to ensure our complaints and discipline processes and outcomes meet current international regulatory best practices and standards.

The review was conducted over the summer and contains 14 recommendations for action and improvement with a strong focus on increased transparency, website enhancements and internal process improvements. Mr. Cayton's report and CARNA's action plan to address each of Mr. Cayton's recommendations is published on the CARNA website, nurses.ab.ca.

New and revised practice documents

In 2019, CARNA produced or revised a number of documents to support nurses in their practice.

New

- *Infection Prevention and Control Standards*
- *Harm Reduction Practice Advice*
- *Use of Title “Doctor” and “Dr.”: Practice Advice*
- *Incorporating a Restricted Activity into Practice: Guidelines*
- *Mentoring: Practice Advice*
- *Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests*
- *Restricted Activities*

Revised

- *Entry-Level Competencies for the Practice of Registered Nurses*
- *Complementary and Alternative Health Care and Natural Health Products Standards*
- *Medical Assistance in Dying: Guidelines for NPs*
- *Medication Guidelines*
- *Medication and Vaccine Injection Safety Guidelines*

All documents are available at nurses.ab.ca.

Evolving professional development

CARNA regulated members now have access to *My Learning Space*, an online portal where they can find learning modules on leadership, documentation, CARNA's practice standards and more. Whether through case studies, interactive quizzes or social media-based video, CARNA is always seeking effective and innovative ways for nurses to grow their careers.

New regulations and RN prescribing

On May 1, 2019, a revised *Registered Nurses Profession Regulation* came into force supporting nursing practice, improving access to care for Albertans and providing more flexibility for CARNA as a regulator. Under the new regulations:

- RNs can become authorized to prescribe Schedule 1 drugs (except controlled drugs and substances) and order common diagnostic tests within a specific clinical practice setting.
- Applicants can write the NCLEX-RN as many times as they need within two years of completing their education. NCLEX's policy that candidates can only take the exam every 45 days still applies.
- Before receiving their first permit, applicants must complete an eLearning course on Jurisprudence.
- Applicants may be eligible to apply for a provisional permit which will allow them to practise while they meet registration requirements. Provisional permits have a minimum condition of indirect remote supervision. If a provisional permit holder fails the NCLEX exam twice, their permit will be cancelled.

Canada joins *Nursing Now* campaign

Canada has joined the global movement *Nursing Now* to raise the profile of nursing across Canada and the world. A partnership between the Canadian Nurses Association (CNA) and Canadian Indigenous Nurses Association, *Nursing Now Canada* has established three key areas of focus including a nursing leadership pillar, chief nursing officer pillar and Indigenous pillar.



Nursing: a call to leadership

Leadership is an action, not a title. This campaign was unveiled to support nurses across Alberta, in any role, in recognizing and acting on their leadership potential. Through multiple platforms, social interactions, mobilization and learning, nurses are sharing information surrounding nursing leadership.

The key components of this campaign include making pledges and sharing them on social media, sharing stories of nursing leadership and engaging in a mentorship program.

CARNA sponsored four Alberta nurses to attend the *Dorothy Wylie Leadership Institute* in Toronto where participants engage in a study of leadership principles, models, behaviours, skills and tools.

Advocating for Indigenous health

CARNA continues to prioritize advocating for the health of Indigenous people. The Indigenous Advisory Committee has supported Council in responding to the Truth and Reconciliation Commission's *Calls to Action* that are relevant to nursing. CARNA continually endeavors to incorporate cultural sensitivity in its processes by revising policy and developing education for staff and regulated members.

Indigenous issues have been highlighted in *Alberta RN* and a course on Indigenous health, *Stronger together: Learning through Indigenous Perspectives*, is in development. CARNA staff are learning about Indigenous issues through lunch and learns, Indigenous craft making and sharing and dispelling myths during Indigenous History Month.

WHAT COMES NEXT?

The Year of the Nurse and the Midwife

The World Health Organization named 2020 the *Year of the Nurse and the Midwife* to honour Florence Nightingale's 200th birthday. CARNA is honoured to kick off the year by partnering with CNA to host a two-day policy leadership workshop. Emerging and established nurse leaders will debate and examine real-world policy issues, learn to act strategically in tackling these challenges and influence policy.



Improving the continuing competence program

Under the new RN regulations, regulated members will start recording feedback in the planning process of their practice reflection. Feedback must connect to their learning objective and identify an area of improvement. Additionally, the new requirements allow regulated members to choose any practice indicator within the standards to complete and document their self-assessment. In order to monitor the effectiveness of the program, the Competence Committee may require a regulated member to complete a competence assessment.

CARNA is also making enhancements to MyCCP, the online system where regulated members complete their continuing competence requirement to improve user experience. Significant feedback collected over the last several years is being used to update MyCCP, including transitioning to a single record model. In the new MyCCP, RNs will now document and report on one learning plan for the current practice year. NPs will document and report two learning plans.

Publication of Hearing Tribunal notices and findings of unprofessional conduct

In September 2019, Council approved revisions to CARNA's bylaws governing the publication of upcoming hearing tribunal notices and findings of unprofessional conduct. These revisions allow CARNA to bring its hearing tribunal processes in line with regulatory best practice.

For hearings, decisions and appeals occurring on or after Nov. 15, 2019, CARNA will publish notices and findings of unprofessional conduct and disciplinary measures, including the name of the regulated member on its website.

Summaries of unprofessional conduct and the name of the regulated member will be published in *Alberta RN*. Sensitive, personal or health information will be redacted from hearing/appeal notices, findings and summaries at the discretion of the Registrar.



New Strategic Directions

Our Vision

Excellence in nursing regulation and practice for the health of all Albertans.

Our Mission

To serve the public by:

- regulating registered nurses in order to promote and support safe, competent, ethical nursing care
- providing progressive, innovative leadership that encourages professional excellence and influences health policy

Our Values

Integrity: Demonstrating consistent, fair, honest and open communication and behaviour

Respect: Accepting and appreciating diversity and difference. Listening with tact and sensitivity

Accountability: Answering to and accepting responsibility for decisions, actions and results within one's sphere of authority; includes transparency

Professionalism: Adhering to standards of behaviour that reflect positively on the profession of nursing and on the organization



Strategic Goals

1. Safe, competent, ethical nursing care

- Integrate Right-touch regulation and risk-based decision-making throughout all regulatory processes and programs
- Evaluate and continuously improve regulatory processes and programs to ensure implementation of best practices to demonstrate value to the public
- Engage the public, registered nurses, employers and other stakeholders to understand their needs and enhance the transparency in our regulatory processes

2. Engagement, influence and leadership

- Be a trusted voice for the public, government, members and other partners regarding public health policy
- Continue to be a leader in cultural sensitivity, humility and Indigenous health in Alberta
- Positively influence association viability over the long-term in Alberta, in regions and at the national level

3. An engaged team of professionals living our cultural values, driving towards our strategic goals

- Instill cultural values throughout CARNA
- Develop leaders and systems that contribute to achieving strategic goals
- Ensure teams demonstrate CARNA's values and are accountable for results

4. Sustainable operational excellence

- Design, prioritize and implement strategies to address known critical risks
- Leverage data to evaluate effectiveness of current programs and identify areas where new regulatory tools and processes are required



STATISTICS

Regulated member data is shared with the national nursing database managed by the Canadian Institute for Health Information (CIHI) to support health care resource planning at the provincial and national level. All statistics were recorded as of Sept. 30, 2019.

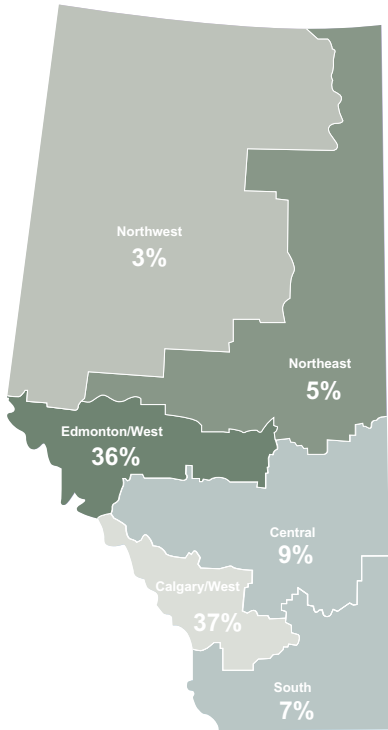
Regulated members

Practising regulated members	2019	2018
Certified graduate nurse	11	14
Graduate nurse	217	348
Graduate nurse practitioner	26	25
Nurse practitioner	640	581
Registered nurse	37,918	37,491
Total	38,812	38,459

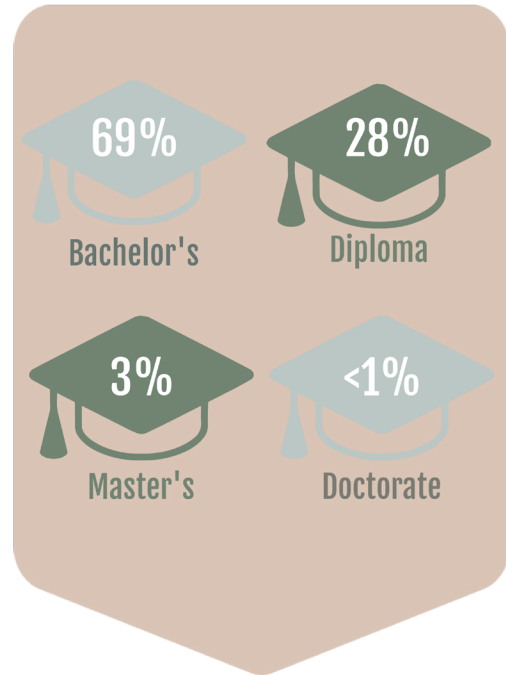
Non-practising regulated members	2019	2018
Associate	1,251	1,119
Retired	514	490
Student	0	1
Limited temporary permit	63	127
Total	1,828	1,737

SNAPSHOT OF NURSING IN ALBERTA

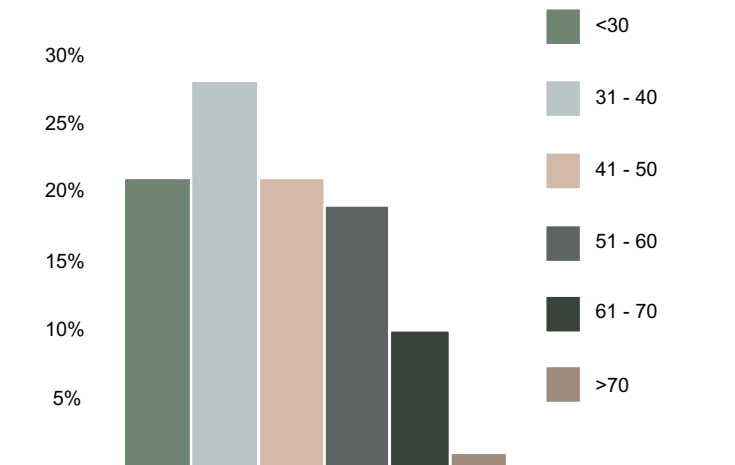
Regulated members by region



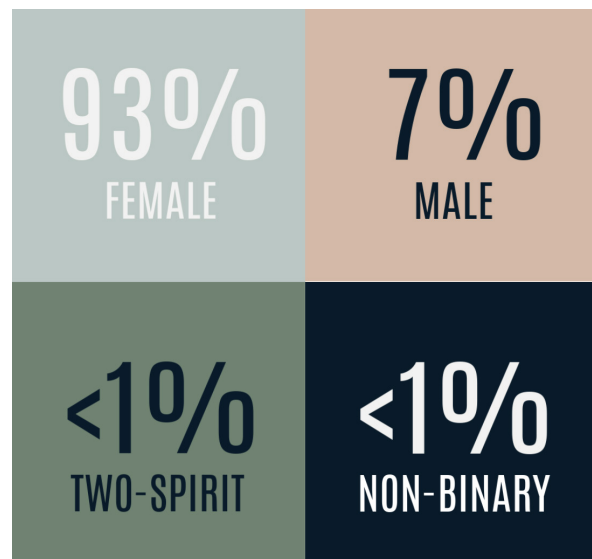
Highest level of nursing education



Regulated members by age



Regulated members by gender



NEW REGULATED MEMBERS

<i>New regulated members</i>	2019	2018
<i>Registered nurses</i>	1,925	1,825
<i>Applicants</i>	2,042	2,812
<i>Nurse practitioners</i>	79	53
Total	4,046	4,690

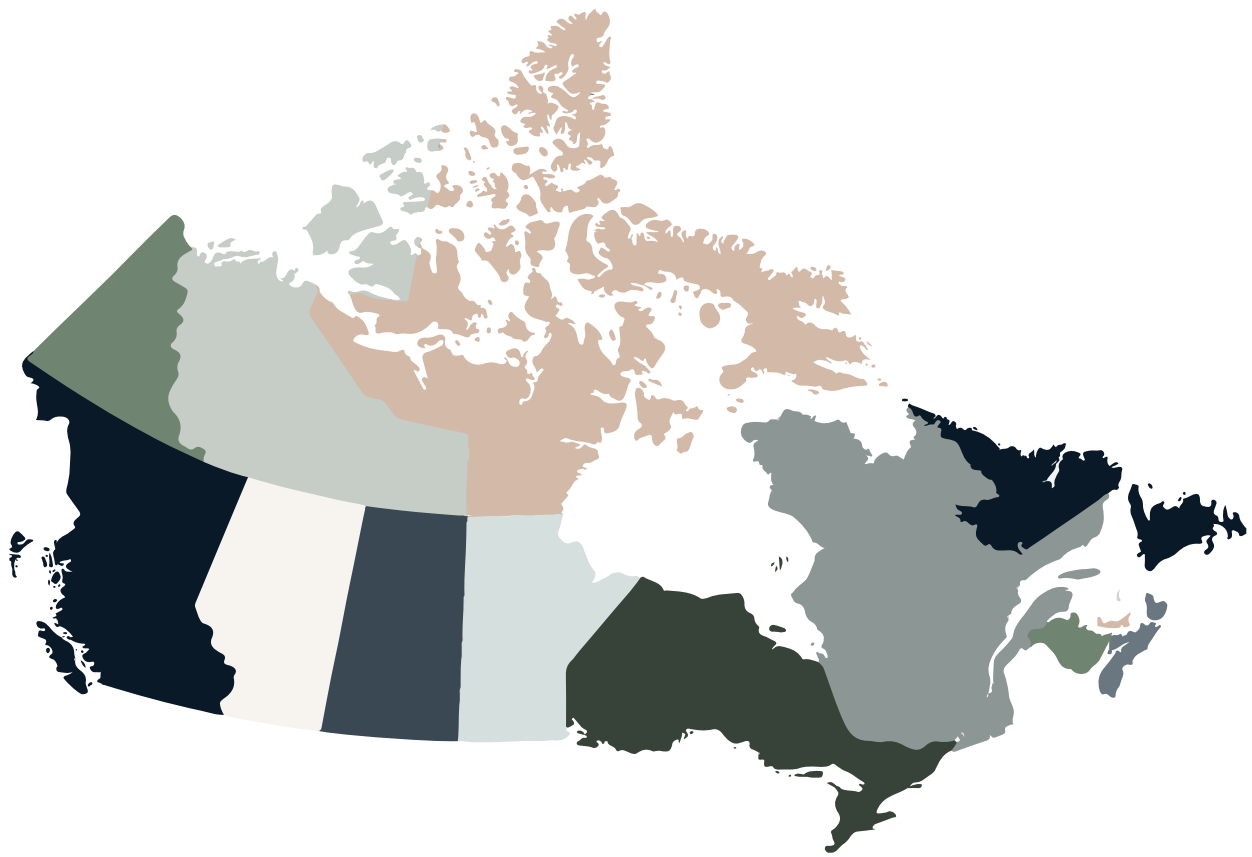
<i>Courtesy permits issued</i>	2019	2018
Total	25	34

New RN regulated members by route



Internationally educated regulated members

	2019
Asia	123
North America	28
Europe	9
Oceania	8
Africa	5
South America	1
Total	174



Canadian (excluding Alberta)

	2019
Ontario	132
British Columbia	72
Saskatchewan	50
Manitoba	25
Quebec	22
Newfoundland and Labrador	18

	2019
Nova Scotia	18
New Brunswick	16
Prince Edward Island	3
Northwest Territories/ Nunavut	1
Yukon Territories	0
Total	357

PROFESSIONAL CONDUCT

CARNA is committed to protecting the public through managing, investigating and resolving complaints about RNs and NPs. The complaint and professional discipline process is outlined in the HPA.

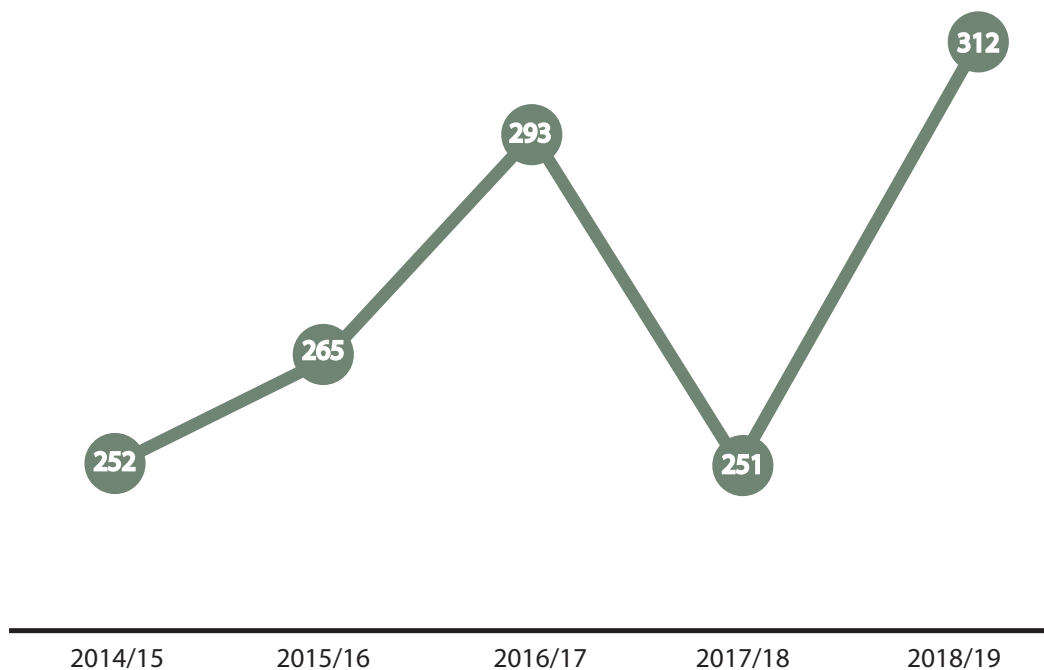
All statistics were recorded as of Sept. 30, 2019, including:

- number of complaints
- initial disposition of complaints
- number of investigated complaints
- disposition of investigated complaints, including dismissals, hearings and complaint resolution agreements, number of appeals
- matters dealt with under section 118 of the HPA.

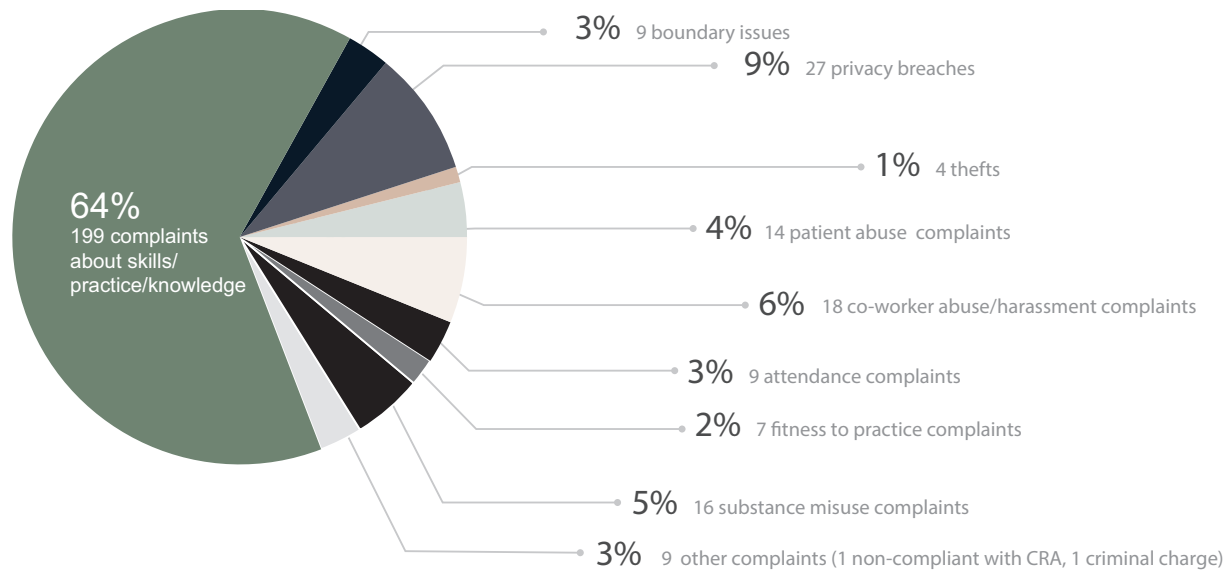
Complaints received over the last five years

The conduct process begins when a complaint is made against a registered nurse or nurse practitioner. The volume of complaints received in the 2018/2019 membership year increased by 24 per cent over the last membership year. In addition to the increase in number of complaints, there continues to be an increase in complexity of complaints submitted, resulting in additional resources being used to manage complaints in a comprehensive, fair and timely manner. The professional conduct department continues to evaluate new approaches to complaint resolution processes and implementation of principles of Right-touch regulation to manage complaints.

Number of complaints



Nature of complaints



Complaints alleging sexual abuse or sexual misconduct

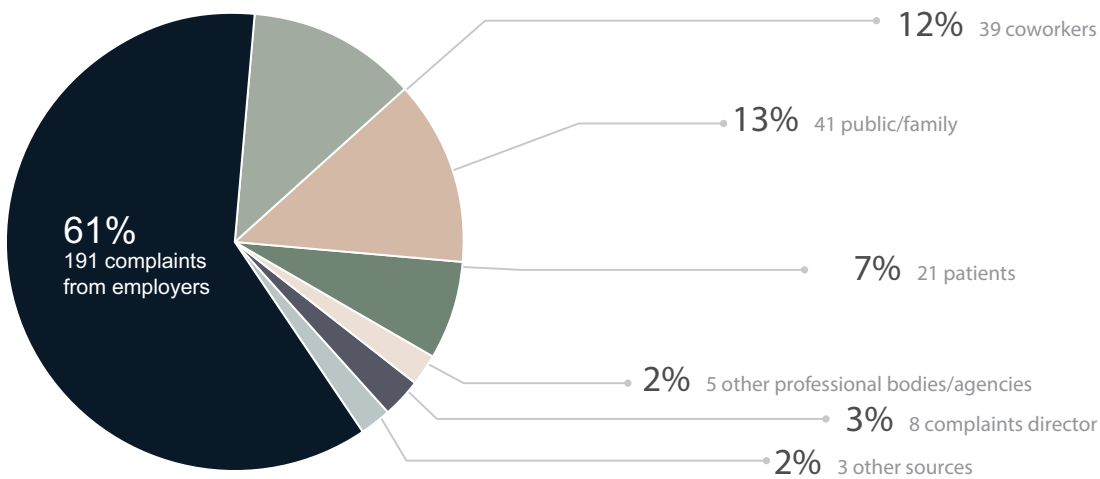
Under changes to the HPA that came into force on April 1, 2019, all health profession regulators are required to report on complaints alleging sexual abuse or sexual misconduct. CARNA has established a patient relations program for patients who come forward with complaints of sexual abuse or sexual misconduct by offering counselling to patients who require support.

Hearings related to complaints of sexual abuse or sexual misconduct

There were **no** hearings held relating to complaints of sexual abuse or sexual misconduct. Accordingly, there were **no** findings, based in whole or in part, of sexual abuse or sexual misconduct.

Reporting Period:	April 1, 2019 – December 31, 2019		
	Related to sexual abuse	Related to sexual misconduct	Total
Number of complaints	2	1	3
Number of patients that accessed the fund	0	0	0
Amount of money dispersed	\$0	\$0	\$0

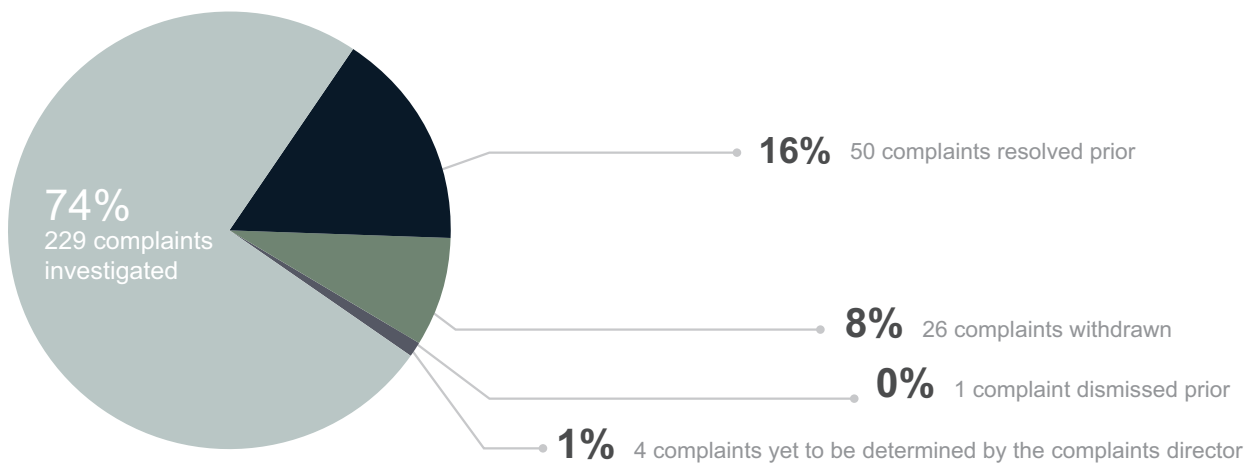
Source of complaints



Employers submitted about 61 per cent of the complaints received during the membership year. The HPA outlines employer mandatory reporting requirements regarding suspensions, terminations and resignations related to incidents of unprofessional conduct.

Action on complaints

The majority of complaints received by CARNA are investigated; however, when appropriate, CARNA may take steps to resolve a complaint without an investigation.



Incapacity

When there are concerns about a regulated member's fitness to practice, CARNA may implement restrictions on their practice permit to ensure protection of the public.

On 17 occasions, CARNA had reasonable grounds to conclude that a regulated member was incapacitated and directed them to cease practising until certain conditions were met.

Interim measures during an investigation (section 65)

Under section 65 of the HPA, CARNA may decide to place conditions on a regulated member's practice permit pending the outcome of a complaint. The conditions may include restricting the regulated member's practice setting or suspension of the practice permit. In this membership year, CARNA invoked section 65 on 12 occasions.

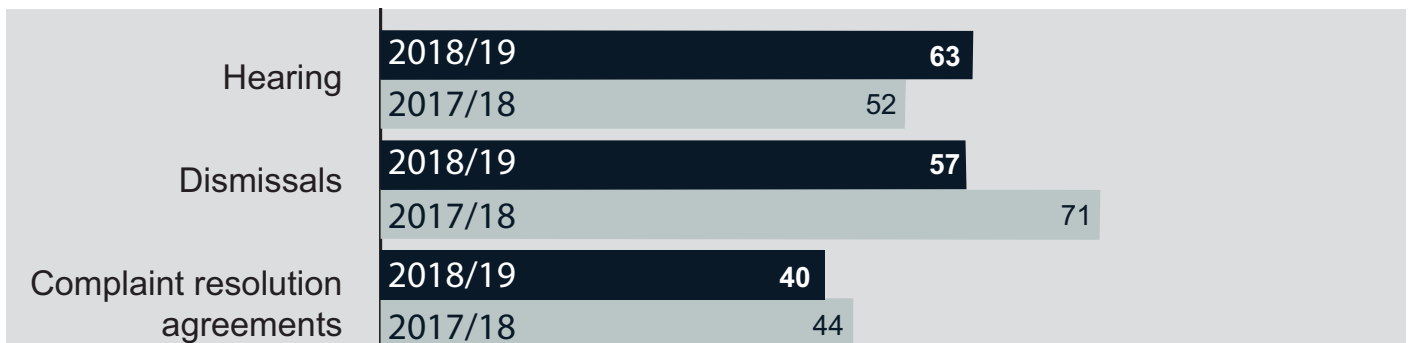
Resolution of complaints

When an investigation of a complaint reveals insufficient evidence of unprofessional conduct, CARNA will dismiss the complaint with reasons. Thirty-six per cent of investigated complaints were dismissed by CARNA in the membership year.

When there is evidence of unprofessional conduct, complaints can be resolved through a referral to a hearing, a disciplinary process or a complaint resolution agreement (CRA). A CRA is an informal non-disciplinary resolution process. While hearings can take several months to resolve a matter, CRAs usually take 30-60 days to negotiate and sign.

Both hearings and CRAs result in conditions or requirements to address the unprofessional conduct and to bring the regulated member's practice back up to standard. Conditions and requirements are tailored for the specific circumstances and may include course work, supervised practice, performance evaluations or limited practice. In the most serious cases, a regulated member's permit can be cancelled.

Complaints director decisions following investigation



Hearings and outcomes of hearings

In the 2018/19 practice year, 50 complaints were heard by the hearing tribunal. Decision summaries of the findings of unprofessional conduct and sanctions ordered by the hearing tribunal were published in *Alberta RN*.

Reviews by complaint review committee

In the 2018/19 practice year:

- 15 requests were received for a review of the decision of the complaints director
- 12 reviews of a complaint dismissal were held (decision has not been received at the time of this report)
- 2 reviews are scheduled, but were not heard this fiscal year

Appeals of decisions of the hearing tribunal

In the 2018/19 practice year, one request for a review of a decision of the hearing tribunal was received.

CONTINUING COMPETENCE

All registered nurses, nurse practitioners and certified graduate nurses who engage in practice are required to participate in CARNA's continuing competence program (CCP). The CCP requires members to reflect on their practice through self-assessment, to complete a learning plan, and to evaluate the impact of the learning activities.

<i>Directed audits of incomplete continuing competence plans</i>	<i>2019</i>	<i>2018</i>
Incomplete continuing competence plans initially submitted	616	717
Continuing competence plans re-opened and resubmitted as complete	392	258
Total conditions imposed	121	16
Waived	70	3
Met requirements by due date and condition cleared	12	1
Requirements in progress and due date extended	11	1



REGULATORY COMMITTEES

Regulatory committees carry out CARNA's responsibilities as outlined in HPA. This section includes highlights of the annual report submitted to Provincial Council by regulatory committees. Visit nurses.ab.ca to learn more about the role of each regulatory committee.

Appeals committee

The appeals committee hears appeals of hearing tribunal decisions.

Complaint review committee

The complaint review committee reviews decisions made by the complaints director to dismiss a complaint.

Hearing tribunal

Each hearing tribunal is composed of two or three regulated members and one public representative selected from the overall list of hearing tribunal members by the hearings director. See the statistics section for a summary of the hearings.

Registration committee

The registration committee reviews complex applications for registration and practice permits. The registration committee held a total of nine meetings during the 2019 practice year.

CARNA made decisions on 16 additional files related to currency of practice and good character, as well as requests for practice permits after passing the registration exam after more than three attempts.

Registration review committee

The registration review committee hears reviews of decisions made by the registrar, registration committee or the competence committee. There were no registration reviews conducted in the 2018/19 year.

Continuing competence committee

The competence committee is responsible for the continued development, operation and evaluation of the CCP. Committee members determine whether a member has met the CCP requirements for a practice permit or complied with conditions assigned to meet the CCP requirements. They provided consultation on the revised policies, including those supporting the *Registered Nurses Profession Regulation* changes.

The committee also oversaw the evaluation and enhancements to the CCP online platform to improve user experience.

Nursing Education Program Approval Committee

The Nursing Education Program Approval Committee (NEPAC) approves Alberta nursing education programs that lead to initial entry as an RN or NP or re-entry to practice as an RN in Alberta. Programs are reviewed to ensure they meet NEPAC's standards and criteria. Regulated members are appointed by Provincial Council and meet on a quarterly basis.

NEPAC reviewed and received:

- 12 annual self-reports
- 11 program change proposals
- six annual certifications
- two re-approval self-reports
- one CASN integration pilot
- one response to terms

CASN integration pilot

NEPAC is working with the Canadian Association of Schools of Nursing (CASN) to develop an integrated approach to nursing education program approval and accreditation. The goal is to provide a more efficient process for the educational institutions, NEPAC, CASN and staff.

Phasic program re-approval process

NEPAC's goal to have all the nursing education programs compliant with the 2018 Standards and Criteria for Nursing Education Program Approval by January 2021. For initial-entry RN programs, this also includes compliance with the revised *Entry-Level Competencies for the Practice of Registered Nurses (2019)*. The phasic program re-approval process will begin in September 2020. It is anticipated that it will be easier for educational institutions to submit evidence demonstrating that they have met the nursing education program approval criteria and standards.



FINANCES

We report on our activities on an annual basis and make our annual reports and financial statements available to all members and stakeholders. We are committed to serving the public interests and being accountable, transparent and efficient by publishing financial statements.

STATEMENT OF FINANCIAL POSITION

As at September 30, 2019

	2019	2018
Assets	\$	\$
Current assets		
Cash and cash equivalents	31,031,896	30,112,605
Accounts receivable	62,327	31,275
Prepaid expenses	1,408,153	1,119,976
	<hr/>	<hr/>
	32,502,376	31,263,856
Investments	7,029,531	6,438,153
Capital assets	12,033,274	11,221,552
Employee future benefits	3,768,200	2,875,800
	<hr/>	<hr/>
	55,333,381	51,799,361
	<hr/>	<hr/>
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	1,025,398	1,316,126
Accrued vacation payable	670,066	553,024
Deferred registration fee revenue	23,369,912	22,371,504
Deferred grants	22,086	29,500
Debt obligations	2,341,099	3,814,982
	<hr/>	<hr/>
	27,428,561	28,085,136
Long-term liabilities		
Debt obligations	5,577,949	2,929,635
Deferred contributions relating to capital assets	3,641,107	3,533,379
	<hr/>	<hr/>
	36,647,617	34,548,150
	<hr/>	<hr/>
Net Assets		
Invested in capital assets	2,985,802	3,263,053
Internally restricted fund	-	387,332
Unrestricted fund	15,699,962	13,600,826
	<hr/>	<hr/>
	18,685,764	17,251,211
	<hr/>	<hr/>
	55,333,381	51,799,361
	<hr/>	<hr/>

STATEMENT OF OPERATIONS

For the year ended September 30, 2019

	2019	2018
	\$	\$
Revenue		
Registration fees	22,935,155	21,279,922
CNA affiliate fee	(2,262,808)	(2,134,497)
CNPS fees	(1,825,160)	(1,382,067)
Investment income	935,937	484,189
Other fees	780,456	820,184
Amortization of deferred capital contributions	477,247	672,833
Sundry	272,465	667,782
Award gala dinner and conference	78,612	75,145
Grants	19,414	3,500
	<hr/> 21,411,318	<hr/> 20,486,991
Expenses (schedule)		
Corporate services	7,075,963	6,357,484
Registration and conduct	6,283,202	6,212,490
Professional practice support	2,797,421	2,993,871
Human resources and communications	1,801,091	1,984,842
Executive office	1,080,388	937,232
Amortization	656,798	451,622
Contribution to ARNET	737,969	338,141
Governance	434,304	390,218
Loss on disposition or impairment of capital assets	2,029	219,833
	<hr/> 20,869,165	<hr/> 19,885,733
Excess of revenue over expenses before other items	<hr/> 542,153	<hr/> 601,258
Other items		
Pension obligation adjustment	(386,200)	492,300
Pension special payment	-	(557,672)
	<hr/> (386,200)	<hr/> (65,372)
Excess of revenue over expenses for the year	<hr/> <hr/> 155,953	<hr/> <hr/> 535,886

STATEMENT OF CHANGES IN NET ASSETS

For the year ended September 30, 2019

				2019	2018
	Invested in capital assets \$	Internally restricted fund \$	Unrestricted \$	Total \$	Total \$
Net assets – Beginning of year	3,263,053	387,332	13,600,826	17,251,211	16,700,725
Excess of revenue over expenses for the year	-	-	155,953	155,953	535,886
Investment in capital asset - net	(277,251)	-	277,251	-	-
Removal of internal restriction	-	(387,332)	387,332	-	-
Remeasurements and other items of employee future benefits	-	-	1,278,600	1,278,600	(55,400)
Net assets – End of year	2,985,802	-	15,699,962	18,685,764	17,251,211

STATEMENT OF CASH FLOWS

For the year ended September 30, 2019

	2019	2018
	\$	\$
Cash provided by (used in)		
Operating activities		
Registration fees	24,790,695	23,677,040
Investment income	590,877	484,189
Other income	840,324	1,448,760
Cash paid to suppliers and employees	(24,419,600)	(22,668,821)
Interest paid on debt obligations	(311,540)	(175,785)
	<hr/> 1,490,756	<hr/> 2,765,383
Investing activities		
Proceeds on sale of investments	3,914,616	4,074,373
Purchase of investments	(4,189,963)	(4,215,384)
Purchase of capital assets	(1,470,549)	(9,483,485)
	<hr/> (1,745,896)	<hr/> (9,624,496)
Financing activities		
Proceeds from debt obligations	1,370,546	6,873,263
Repayments of debt obligations	(196,115)	(128,646)
	<hr/> 1,174,431	<hr/> 6,744,617
Increase (decrease) in cash and cash equivalents during the year	919,291	(114,496)
Cash and cash equivalents – Beginning of year	30,112,605	30,227,101
Cash and cash equivalents – End of year	<hr/> <hr/> 31,031,896	<hr/> <hr/> 30,112,605

SCHEDULE OF EXPENSES

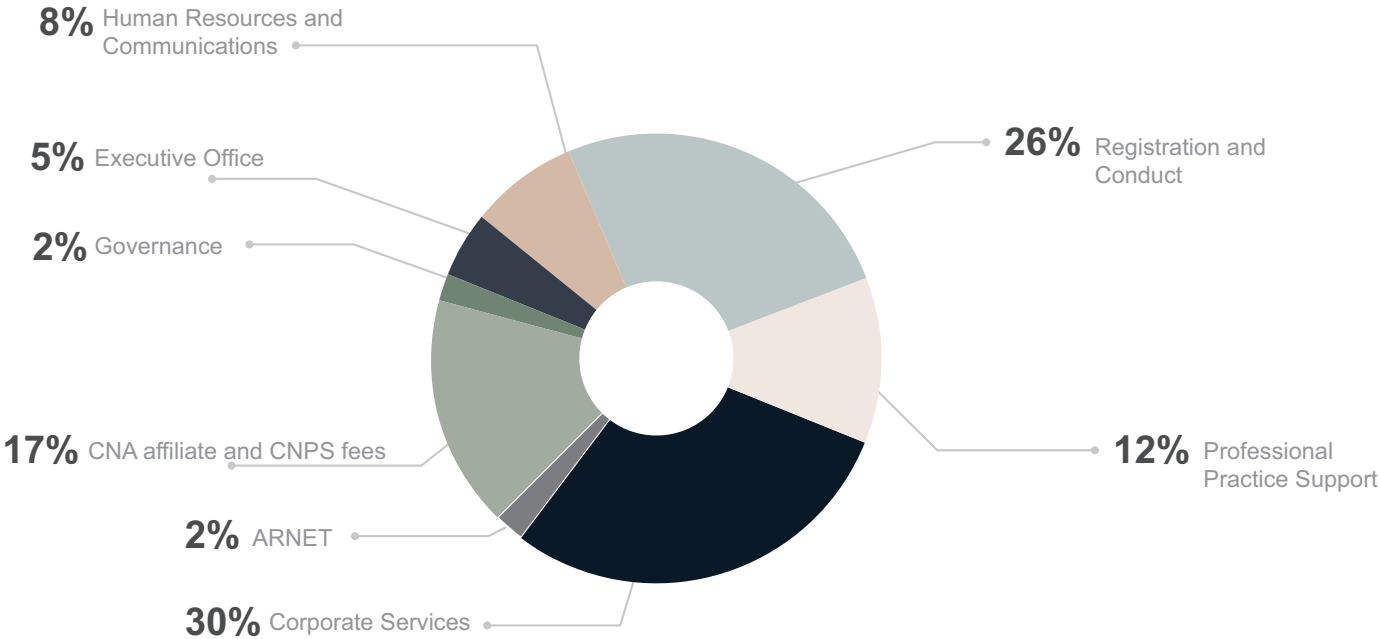
For the year ended September 30, 2019

	2019	2018
	\$	\$
Corporate services		
Operations		
Staff costs	2,427,926	2,232,211
Administration	1,648,337	1,623,245
Facilities and equipment costs	1,500,004	1,020,470
Applications and data management		
Computer consulting, software and licensing	631,986	479,820
Business process improvement		
Staff costs	460,637	517,543
Information management		
Staff costs	302,987	374,164
Library and records	83,294	74,255
Record retention and destruction	20,792	35,776
	<u>7,075,963</u>	<u>6,357,484</u>
Registration and conduct		
Registration services		
Staff costs	2,124,297	3,043,563
Legal fees and support	243,634	98,981
Registration resources and operations		
Regulatory committees	143,765	111,542
Legal fees and support	28,855	-
Annual registration renewal process	63,313	62,379
NP exam and NP SEC assessment	11,241	33,342
Professional conduct and complaints		
Staff and contracted investigation costs	2,958,698	2,528,416
Regulatory committees	208,680	120,082
Legal fees and support	500,539	214,185
	<u>6,283,202</u>	<u>6,212,490</u>
Professional practice support		
Regulatory and competence		
Staff costs	1,770,797	1,748,410
Operational committee	61,321	67,573
Professional development and knowledge		
Staff costs	492,914	815,446
Resources and support	2,034	2,292
Practice support		
Staff costs	440,083	347,841
Legal fees and support	2,678	12,309
External relations	27,594	-
	<u>2,797,421</u>	<u>2,993,871</u>

For the year ended September 30, 2019

	2019	2018
	\$	\$
Human resources and communications		
Human resources		
Staff costs	705,568	748,358
Legal fees and support	160,964	233,472
Communications		
Staff costs	443,327	537,248
External communications	412,153	410,553
Member events	79,079	55,211
	<hr/>	<hr/>
	1,801,091	1,984,842
Executive office		
Staff costs	969,242	895,524
External relations	55,022	24,971
Public and government relations	36,710	13,237
Grant related costs	19,414	3,500
	<hr/>	<hr/>
	1,080,388	937,232
Governance		
Provincial Council and committees costs	371,330	304,403
Legacy fund	-	65,713
Annual general meeting	51,939	12,327
Elections	11,035	7,775
	<hr/>	<hr/>
	434,304	390,218

Breakdown by expense stream





COUNCIL AND COMMITTEES

PROVINCIAL COUNCIL MEMBERS 2018/19

President

Dennie Hycha, MN, BScN, RN

President-elect

Nicole Letourneau, PhD, RN, FCAHS

Calgary/West

Tyler Burley, MN, BScN, RN
Pritma Dhillon-Chattha, DNP(c), MHA, RN
Bronwyn White, MN, BN, RN

Central

Dwayne Nagy, BScN, RN
Ashna Rawji, MN, RN

Edmonton/West

Janelle Ostby, BScN, RN
Alicia Lobay, MN, BScN, RN
Sherri Di Lallo, MN, BScN, RN

Northeast

Jeannie Hare, RN

Northwest

Tracy King, MN, RN

South

Lisa Zubach, MSN

Public representatives

Steven Armstrong, OSTJ, CD, MSc
Janet Blayone, BA
Phyllis Bohachyk
Frank Work, QC
Joann Czakoff



GOVERNANCE COMMITTEES

Governance committees are fully accountable to Provincial Council and help to fulfill Council.

Visit nurses.ab.ca to learn more about the role of each governance committee.

Appointments committee

Provincial executive committee

Finance and audit committee

Nominations committee

Leadership review committee

CARNA College & Association of
Registered Nurses of Alberta

11120 178 Street
Edmonton, Alberta
T5S 1P2
nurses.ab.ca

