

Passion. Purpose. Perseverance.



Passion. Purpose. Perseverance.

For most registered nurses, nursing is much more than a job. It is a career and a profession driven by a thirst for knowledge, a desire to understand and a passion for caring for others. The theme of this year's annual report – Passion, Purpose, Perseverance – speaks to the commitment registered nurses bring to their work and to the belief that ensuring patient safety is the purpose behind everything we do. It also acknowledges the perseverance and determination that registered nurses demonstrated in the face of the challenges the profession experienced this past year.



President's Report

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*Patience and perseverance
have a magical effect before
which difficulties disappear
and obstacles vanish.*

– Marin Wright Edelman



It's amazing how much can change in the course of a single year. When I began my term as president, Alberta was in the midst of an economic boom that saw our province struggling to meet the needs of a growing population. One year later, the world economy has experienced a downturn that has created a new set of challenges for governments and their citizens.

But for Alberta's registered nurses (RNs), it may simply feel like yet another ordeal in a year that has been marked by unprecedented challenges, issues and stresses.

Nursing shortages continued to demand much of our time and attention throughout 2007 – 2008. RNs found themselves coping with ever-increasing workloads, significantly more overtime and they struggled to do more with less. During my visits with nurses in communities across the province, I heard of the pressures they faced, the frustrations they felt and the worries they had about the impact of these shortages on public safety.

CARNA devoted considerable time and attention to addressing the nursing shortage and alleviating pressures on RNs and the system. Although CARNA believes that the recruitment of internationally educated nurses (IENs) is a short-term solution that must be balanced with longer-term retention and education strategies, we have introduced several initiatives designed to streamline the licensing of IENs. As part of this, Council created interim limited licensure for IENs that allows them to practice while completing requirements for full RN licensure. At the same time, we continued to work on addressing barriers to inter-provincial mobility for nurse practitioners, an increasingly significant role for RNs with advanced knowledge and skills.

Over the past year, we also collaborated with employers to encourage them to develop retention strategies that would ensure experienced nurses remain in the workforce longer, allowing them to share their knowledge with new graduates and IENs. Increasing the number of available educational seats

remains a top priority. We have worked closely with government to advocate for the need for increased funding so that post-secondary institutions can graduate more nurses.

CARNA has also dealt with many emerging issues this past year, including the dissolution of the different health regions, the creation of one provincial health board and an increased focus on infection prevention and control. Additionally, despite CARNA's efforts to address amendments that could impact CARNA's ability to self-regulate, the *Health Professions Statutes Amendment Act, 2007 (Bill 41)* was passed in the Alberta Legislature.

Although there have been many challenges this past year, there have also been many sources of inspiration. Some of that inspiration is evident in the accomplishments of CARNA Awards of Nursing Excellence recipients and the nurses who were chosen to be part of the Canadian Nurses Association 100 in 100 Centennial Awards. But for me, the greatest source of inspiration is the nurses I have met during my travels throughout the province. During those visits, I heard incredible stories of how RNs are enriching their communities, pioneering research, sharing knowledge and supporting each other. All while ensuring patients continue to receive the best possible care. These nurses personify what it means to have a passion for nursing and to understand that patient-focused care is the guiding purpose behind what we do. Most importantly, they demonstrate in everything they do that, with perseverance, we can overcome virtually any challenge.

Margaret Hadley, RN, MN, President

Executive Director's Report

Patient safety is our purpose

"It always seems impossible until it's done."

– Nelson Mandela



If there was ever any doubt of how committed nurses are to their profession, this past year proved that nursing is not for the faint of heart. Being a registered nurse, especially in Alberta, demands a level of passion, perseverance and tenacity that contradicts what people may think they know about nursing. Although the profession has endured many challenges in recent years, this past year was especially difficult.

Nursing shortages continued to exert enormous pressure on many nurses, who found themselves working almost habitual overtime simply to keep up with the growing workload. Often, what nurses were expected to do was outside the scope of registered nursing practice. In February 2008, CARNA commissioned a survey that showed almost two-thirds of members spend between 10 per cent and 39 per cent of their time performing non-registered nursing activities that could be performed by a support worker.

Instances of stress and moral distress caused by nursing shortages led CARNA to collaborate with the Provincial Health Ethics Network (PHEN) to host an ethics conference in May in Calgary. The conference proved so successful that a second conference was held in September in Edmonton. In 2009, CARNA and PHEN will consider feedback from attendees to develop ongoing support to members in this area. We also saw an increase in the number of complaints, which may be related to challenges in the workplace as well as to growing employer awareness of reporting requirements under the *Health Professions Act*.

CARNA has worked to create initiatives, processes and resources that will help alleviate the pressure on our members while ensuring that public safety remains our top priority. Over the past year, we introduced programs to streamline the licensing of internationally educated nurses (IENs) and collaborated with employers, educational institutions and the government to explore the issues surrounding IEN licensure. We have advocated tirelessly with the provincial government to increase funding for nursing education programs, including the hiring of faculty who can guide students into the nursing profession. We're working with government and employers to support the retention of experienced RNs who can share their experiences and expertise

with new graduates. In addition, we collaborated with our colleagues across Canada to facilitate the inter-provincial mobility of nurse practitioners through agreements such as the *Trade, Investment and Labour Mobility Agreement (TILMA)* and the *Agreement on Internal Trade (AIT)*.

CARNA has devoted considerable time to ensuring that safe and competent patient care remains our focus. Our Competence Committee created resource materials that helped RNs meet continuing competence requirements, while our Nursing Education Program Approval Board developed requirements to help educational institutions fulfil new entry-to-practice competencies. We also worked closely with the Canadian Nurses Association on the new *Code of Ethics for Registered Nurses*, which came into effect on Oct. 1, 2008 and sets expectations for ethical behaviour and practice for nurses in all practice settings.

We understand the importance of ensuring nurses feel fulfilled in their roles, and have begun analyzing data gathered through the Knowledge and Education Research Project, which will support more effective staffing decisions and provide a clearer basis for defining potential roles. CARNA is also continuing to collaborate with government and other health colleges to revise restricted activities authorized by the *Registered Nurse Profession Regulation* under the *Health Profession Act* relating to RN prescribing, ordering and applying X-rays and the authority of nurse practitioners to order radiation therapy.

Although we have faced many challenges and distractions this year, as a profession and an organization we have never lost sight of the fact that patient safety and quality patient care is both our purpose and our passion.

Mary-Anne Robinson, RN, BN, MSA, Executive Director

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Addressing the nursing shortage

Nursing shortages continued to impact members and dominate government and public attention throughout the 2007 – 2008 practice year. Our members told us of the pressures they faced in coping with chronic understaffing, increased overtime and the moral distress that often arises because of nursing shortages.

In response, CARNA strengthened our efforts to advocate for more spaces in registered nurse education programs and for retention strategies that support experienced nurses. Research has shown that many nurses are retiring early, often by age 56. With a workforce having an average age of 45, it is imperative that employers and government create retention strategies that will keep those nurses in the workforce longer, where they can mentor less experienced nurses.

We know, based on feedback received from a February 2008 survey, that our members believe addressing the nursing shortage should include, in order of priority:

1. encouraging employers to address quality work environments to help improve retention
2. supporting employer strategies to retain the existing RN workforce
3. lobbying government to increase funding for nursing education in order to graduate more Alberta-educated nurses
4. allocating more resources to licensing internationally educated nurses

In the coming year, CARNA will continue to communicate the importance of these priorities to government, employers and other key stakeholders.



Internationally Educated Nurses (IENs)

Although CARNA will continue to stress the value of long-term education and retention strategies, we also recognize recruitment can be part of a short-term strategy to deal with the shortages we face today. Government and employers have dramatically stepped up their efforts to recruit IENs, launching recruitment campaigns and participating in international recruitment trips abroad. CARNA has worked with employers and government to collaborate on many of those efforts. Our goal is two-fold as we are eager to ease the burden shortages create for our members and the public and are committed to ensuring IENs possess the skills and experience necessary to ensure public safety and deliver the best possible level of patient care.

While many of those recruitment efforts have been tremendously successful, they have created an unprecedented pressure on CARNA to process an increased number of applications, assess competencies and license IENs as quickly as possible. During the 2007 – 2008 practice year, CARNA received 2,339 applications from IENs, as compared to the 1,012 applications received in the previous practice year and 222 in the year before.

We are expected to handle this growing volume of IEN applications while continuing to fulfil our existing operational work related to registration, conduct and the development of nursing policy, regulations, standards and guidelines. In order to meet the demand, CARNA hired additional staff members and undertook a number of policy and process improvements. We continued to work closely with Mount Royal College in Calgary to increase IEN access to the substantially equivalent competence (SEC) assessment program, which assesses the



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SCALE

competency of IENs in different areas of practice. The program has proven so effective that the provincial government funded a second SEC assessment centre, which opened in Edmonton in late 2008 and will allow Mount Royal College to double its capacity to conduct assessments. Other Canadian jurisdictions are now investigating how to utilize the SEC assessment process through the Capacity Building for IEN Assessment Project, in which CARNA is playing a leadership role.

CARNA also participated in a task force on IENs established by the minister of health and wellness in October 2007 to act on strategies that will expedite immigration and licensing of IENs and track key capacity indicators within the health system. The work of the task force, which met frequently during the first half of the year, was suspended following the government's decision to reorganize the health authorities under Alberta Health Services.

Temporary Licensure of Internationally Educated Nurses

In an effort to expedite the licensing of IENs and meet the urgent need for nurses, CARNA created a model for the restricted temporary permit for IENs. Implemented on June 1, 2008, the permit allows IENs who require a SEC assessment and remedial education in one or two defined areas to practise as graduate nurses with restrictions while they complete the required assessment and remediation. This makes it possible for IENs to work in practice settings in a limited capacity while they continue to complete the necessary assessments, alleviating pressure on the system and fellow nurses. The new model sets out clear accountabilities for employers, IENs and CARNA to assure patient safety and a successful transition for IENs.

Almost 50 employers submitted documents to support restricted temporary permit applications in the first two months of the program.

Beyond borders – TILMA, MRA and AIT

CARNA has continued to work closely on efforts to streamline the process for registered nurses in one Canadian jurisdiction to move to another Canadian jurisdiction. The *Trade, Investment and Labour Mobility Agreement* (TILMA) between Alberta and British Columbia, came into effect on April 1, 2007 and has a target date for full implementation of April 1, 2009. Although there are few issues related to RN mobility, CARNA did have some concerns regarding discrepancies in registration and practice requirements for nurse practitioners, including definitions of the role of the nurse practitioner, core competencies and streams of practice. CARNA has devoted considerable time to addressing these concerns and will continue to work towards a resolution.

The *Mutual Recognition Agreement* (MRA) is intended to improve the mobility of RNs and NPs from one province to another. During the 2007 – 2008 practice year, CARNA worked closely with the MRA Regulatory Jurisdictional Working Group and the Labour Mobility Coordinating Group to address compliance issues between provinces and begin work on developing a MRA for nurse practitioners.

In July 2008, the Premiers' Council of the Federation announced plans to remove labour barriers across Canada, effective April 2009. Amendments to the *Agreement on Internal Trade* (AIT) have been drafted and will shift the emphasis to negotiations between regulators and their provincial government. In essence, AIT allows any health-care worker licensed in one





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province to move freely to work in another province. CARNA has expressed grave concerns about how this will impact CARNA's ability to assess applications, particularly for nurse practitioner permits. We will continue to work closely with these organizations to ensure any RNs or nurse practitioners coming from other provinces meet the same standards as our current members.

Expanding Educational Opportunities

CARNA has long advocated for increased education seats in Alberta post-secondary institutions that offer registered nursing education programs and has repeatedly stressed that education must be viewed as being a long-term solution to the nursing shortage. We realize that in order to accommodate extra nursing seats, educational institutions need more funding from the government and more nursing faculty to handle the influx of new students. CARNA has consistently advocated for increased funding and has worked closely with post-secondary institutions to ensure they have the resources and support they need to ensure they are meeting CARNA's *Entry-to-Practice Competencies for the Registered Nursing Profession* (2006). During the practice year, CARNA met several times with the deans and directors of the nursing education programs to discuss challenges, clarify expectations and look for ways to address the changing needs of the health-care system. Over the coming months, CARNA will continue to work with these institutions, government departments and employers to address the need to educate more RNs in Alberta.

Entry-to-Practice Competencies

In 2006, CARNA Provincial Council approved the revised *Entry-to-Practice Competencies for the Registered Nurses Profession*, which describes the competencies expected of new graduates from an approved nursing education program for initial entry-to-practice as a registered nurse. The 119 competencies in this document focus on the knowledge, analysis, decision-making and critical judgments that form the basis of RN practice. All of Alberta's educational institutions with entry-level nursing education programs must demonstrate that their programs of study meet the requirements. CARNA's Nursing Education Program Approval Board (NEPAB) is responsible for reviewing and approving education programs and has been working with the post-secondary institutions to facilitate the transition to the new entry-to-practice competencies. The new competencies are based on the results of a two-year, multi-jurisdictional collaborative project, which resulted in significant changes to reflect today's evolving nursing environment.

Continuing Competence Questionnaire and Audit

Continuing competence is a requirement for all RNs, nurse practitioners and certified graduate nurses in Alberta. The continuing competence process requires that members engage in a reflective practice process and document their continuing competence activities. The program also utilizes a questionnaire and document audit that provides valuable information about member compliance and the quality and effectiveness of the program.

A random sample of 1,650 members was selected to complete the competence questionnaire for the 2007 practice year, with 150 of those members randomly selected to complete the document audit.

Ensuring safe, ethical nursing care

After analyzing and assessing the information, several key findings were noted:

Self-Assessment

- 76% reported self-assessment of their nursing practice as having the greatest influence on the development of their learning plans.
- 75% used the CARNA Assessing My Practice worksheets to record their self-assessment.

Collecting Feedback

- Feedback was rated as very helpful in assisting to prioritize learning needs.
- 96% indicated they received feedback in face-to-face conversation.

Learning Plans

- Respondents reported engaging in multiple learning activities to meet their learning goals: reading books/journals (68%), attending in-services (68%), consulting with experts/peers (66%), workshops (47%), Internet research (40%), conferences (33%), presentations (27%), and courses (9%).
- 73% of respondents stated that the learning activities they completed to help meet their learning objectives were “helpful” to “extremely helpful.”

Evaluation of Influence of Learning on Nursing Practice:

- 63% of respondents reported “increased knowledge and skills” as the most important influence on their nursing practice; 41% reported that “increased confidence” had the most important influence on their nursing practice; and 41% said their “increased competence” had the most important influence

Overall perceptions of the CARNA Continuing Competence Program:

- 77% of respondents felt that the CARNA Continuing Competence Program enhances the provision of professional nursing services by registered nurses.
- 82% of respondents indicated that the CARNA Continuing Competence Program contributes to increased knowledge and the use of the CARNA *Nursing Practice Standards* by registered nurses.
- 72% of respondents stated they thought the Continuing Competence Program requirements assisted them in maintaining their competence to practice.

As of Sept. 30, 2008 only two practice permits had outstanding competence conditions and only one practice permit had been cancelled and then reinstated. These numbers indicate that members understand and respect the importance of fulfilling their competence requirements.

New Code of Ethics

In June 2008, CARNA Provincial Council adopted the Canadian Nurses Association’s (CNA) revised *Code of Ethics for Registered Nurses* (2008). The new code of ethics included information and guidance to help RNs address the many changes and challenges in modern nursing practice. The code is now divided into two parts: Part One sets specific values and ethical responsibilities through seven primary values and accompanying responsibility statements; Part Two consists of 13 statements that address social inequities affecting health and well-being.



Effective Oct. 1, 2008 the new code of ethics applies to all RNs in all practice settings and clearly sets out expectations for ethical behaviour and practice. CARNA members are expected to use it in conjunction with the *Health Professions Act, Registered Nurse Profession Regulation* and CARNA standards, guidelines and policies. The revised code of ethics is the result of an extensive three-year review and consultation process between CNA, CARNA and other provincial nursing jurisdictions.

Annual Conference Tackles Moral Distress

In May 2008, CARNA hosted a joint conference on moral distress in partnership with the Provincial Health Ethics Network (PHEN). The one-day conference, held in conjunction with CARNA's annual general meeting, focused on exploring the issues that contribute to moral distress in the health-care workplace and discussing strategies for dealing with moral distress on both a personal and organizational level.

The issue of moral distress is particularly relevant to Alberta's RNs, who are facing unprecedented nursing shortages and increasing workloads. Research has shown that working with reduced staffing levels is perceived as unsafe by many nurses and often creates moral distress. The research has also shown us that nurses working with moral distress are at risk for decreased coping, leading to decreased self-esteem and ultimately the loss of ability to provide good patient care.

Response to this timely and relevant conference was overwhelming, with the May session in Calgary welcoming a sold-out crowd of more than 350. Demand was so great, that a repeat session was organized for Edmonton in September 2008 – and it proved so popular that organizers had to add an additional 75 seats to the initial 300 seats in order to meet demand. Of those that attended the Edmonton event, more than 85 per cent indicated that they were very satisfied with the conference and 99 per cent agreed the joint venture was worthwhile.

Infection Prevention and Control

Infection prevention and control continued to attract the attention of both government and the public during the practice year. In January 2008, the minister of health and wellness released a new provincial infection prevention and control (IPC) strategy and four IPC standards documents. These standards, which came into effect Feb. 1, 2008, included guidelines for:

1. IPC accountability and reporting
2. cleaning, disinfection and sterilization of reusable medical devices for all health-care settings
3. standards for single-use medical devices
4. standards for prevention and management of methicillin-resistant staphylococcus aureus (MRSA) in health-care settings

In late April 2008, Alberta Health and Wellness hosted a teleconference with Alberta's health professional regulatory colleges to update members on the situation and discuss initiatives, including the four standards. Alberta Health and Wellness indicated that they would be developing more detailed best practices and encouraged the colleges to make the information available to members.

CARNA immediately posted the provincial IPC standards on our website and included information in several issues of our member newsletter, *Alberta RN*.

RN Reporting of Blood-Borne Virus Infection

In September 2008, Provincial Council approved a requirement for RNs to report infection with a blood-borne virus to the CARNA registrar. Previously, members who were concerned if they were involved in exposure prone procedures were required to contact the registrar.

The revisions are intended to establish a support system for nurses who report infection, while also incorporating the relevant sections under the *Health Professions Statutes Amendment Act (Bill 41)* and the principles outlined in *Guidance: Health Care Workers*

with *Blood-Borne Virus Infections in Alberta*, an interim document released in June 2008 by Alberta Health and Wellness. As part of the implementation plan for the requirement, CARNA will contract the services of an infectious disease specialist to assist with consultation and referral of members, as well as the development of educational materials and processes to implement the standard. CARNA will also continue to provide information to members on the prevention of transmission of infection and general guidelines for practice.

Regulatory Changes on Restricted Activities

In 2008, CARNA Provincial Council authorized staff to work with government to revise sections of Schedule 24 of the *Health Professions Act* and the *Registered Nurses Profession Regulation* related to:

- the protection of titles
- currency of practice requirements for IENs, Canadian transfers and those renewing the practice permit
- recognition of B.C. as an equivalent jurisdiction for nurse practitioners
- currency of practice requirements for NPs
- approval of NP educational programs by NEPAB

These changes were added to a list of proposed changes to restricted activities related to RN prescribing and ordering of X-rays and NP ordering of radiation therapy, which were approved by Council in 2006-2007. In addition, CARNA undertook an examination of other areas of the *Regulation* so that any other requested changes could be compiled in one submission to Alberta Health and Wellness. During that process we identified a number of changes to the conduct, registration and continuing competence sections of the *Regulation*.

CARNA is continuing to consult with stakeholders on proposed revisions to restricted activities authorized by the *Regulation* related to RN prescribing and ordering of X-rays, and NP ordering of radiation therapy to develop a practice framework for these activities.

Protection of Titles

In June 2008, Provincial Council approved revisions to:

- protect the titles “graduate nurse” and the initials “GN”
- allow regulated members on the CARNA Courtesy Register to use the title “registered nurse” or the initials “RN”
- protect the title “graduate nurse practitioner” and the initials “GNP”

No titles are currently assigned to members who are registered on the Temporary or Courtesy Registers.

The title “graduate nurse” and the initials “GN” are commonly used in practice for new graduates or internationally educated nurses authorized to practice in Alberta by CARNA. CARNA regulates both groups and enters them on the Temporary Register until they complete all outstanding registration requirements for full licensure, which includes the successful completion of the Canadian Registered Nurse Exam.

CARNA’s Courtesy Register lists RNs from other jurisdictions that are regulated by CARNA and authorized to practice in Alberta for a limited period of time and a specific purpose. Common practice has been to use the title “registered nurse” or the initials “RN” while in Alberta.

The title “graduate nurse practitioner” and the initials “GNP” were proposed in anticipation of the implementation of a NP examination(s) as a



registration requirement for NP status. The addition of the titles “graduate nurse practitioner” and “GNP” will help all stakeholders distinguish between members waiting to write the NP exam to finalize registration and new graduates on the Temporary Register waiting to write the Canadian Registered Nurse Exam.

Flexibility in Currency of Practice Requirements

At present, RNs demonstrate currency of practice by reporting completion, within the last five years, of one of the following: 1,125 hours of registered nursing practice, successful completion of a degree or a nursing program satisfactory to the registrar, or completion of a refresher program. CARNA noted that the current wording is not flexible enough to recognize alternatives to the refresher program, such as the remediation processes developed through Mount Royal College and the Bridge to Canadian Nursing Program. These innovative programs help suitable applicants address barriers to obtaining RN registration, alleviating the significant RN workforce shortages predicted to continue in the foreseeable future. Provincial Council’s decision paves the way to revise the *Regulation* to expedite CARNA’s ability to issue a practice permit to an eligible applicant by delegating the authority to determine currency of practice requirements to the registrar.

Addressing the Needs of Nurse Practitioners

Although RNs’ mobility within Canada has been well established for more than 10 years in a mutual recognition agreement between jurisdictions, the same cannot be said for the registration of our NP members. CARNA has, however, determined that current NP licensure requirements in B.C. do meet CARNA’s licensure requirements for safe, competent NP practice. Council’s motion to recognize B.C. as an equivalent jurisdiction will reduce barriers for NPs who relocate between our two provinces, and is an important step forward in the development of a national agreement for NPs.

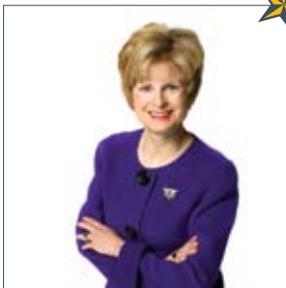
Significant variability in the registration requirements of NPs across Canada has made achieving consensus to standardize requirements challenging. Because of the ongoing nature of negotiation to achieve consensus on NP licensure, Council agreed to delegate additional authority to the Registration Committee to develop policies related to currency of practice and provide CARNA with more flexibility to adjust licensure requirements, where necessary and appropriate.



2008 CARNA Awards of Nursing Excellence

Recognizing Outstanding
Registered Nurse Practice

More than 250 friends, family and colleagues celebrated the achievements of the 2008 CARNA Award recipients during the annual awards gala held on May 23, 2008 at the Coast Plaza Hotel in Calgary.



Lifetime Achievement
Maureen Best
Calgary Health Region

Throughout her 34-year career, Maureen Best has worked tirelessly to advance the nursing profession in the areas of education, policy,

multi-disciplinary collaborative approaches, scope of practice and research at the local, provincial and national levels. An adjunct professor at the University of Calgary, Best was instrumental in reorganizing community health nursing and provided local leadership relating to the Canadian Community Health Nursing Standards. An active CARNA member who has served on Provincial Council and various committees, she also helped develop the Canadian Nurses Association Community Health Certification Exam.



Nursing Excellence in
Administration
Cathy Giblin
*Regional Manager, Nursing
Affairs Capital Health*

As regional manager of nursing affairs for Capital Health, Cathy Giblin worked to promote

maximizing nursing scopes of practice and leadership. She encourages staff to continually improve and challenge themselves, and is respected by her staff for her openness and willingness to accept and explore new ideas. She encourages staff to go beyond asking questions to developing solutions. A passionate advocate of the nursing profession, Giblin is a member of the Clinical Nursing and Practice Leaders Network and the Canadian College of Health Services Executives.



Rising Star
Angela Craig
*Cold Lake Health
Care Centre*

Less than two years after joining the Cold Lake Health Care Centre as a nursing student, Angela Craig was offered a permanent position in the

emergency room. Her enthusiasm and dedication have made her a favourite among both staff and patients, and she is often asked to share her knowledge and passion with new employees. An avid traveller whose experiences have deepened her appreciation for life in Canada, Angela is a compassionate, dedicated nurse who will enhance the nursing profession for many years to come.



Nursing Excellence
in Research
Dr. Greta Cummings
*Faculty of Nursing,
University of Alberta*

As the principal investigator of the Connecting Leadership Education and Research Outcomes program

at the University of Alberta, Dr. Greta Cummings is undertaking pioneering research on leadership in health care. Her work will examine factors that contribute to absenteeism, improved quality of nursing life and cultures of patient safety, and examines how these factors contribute to the health-care system. The recipient of several awards from the Canadian Institutes of Health Research and the

Alberta Heritage Foundation for Medical Research, Dr. Cummings has published more than 30 peer-reviewed papers.



Nursing Excellence in Clinical Practice

Ilene Burton
*Nurse Manager,
Adult Outpatient Heart
Transplant Clinic,
University of Alberta
Hospital*

As the nurse manager for the Adult Outpatient

Heart Transplant Clinic at the University of Alberta Hospital, Ilene Burton was instrumental in developing policies and procedures for outpatient care of transplant recipients and in rewriting patient education materials. Working with surgeons, cardiologists and other health-care providers, she helps patients achieve the best possible outcomes, answering questions, providing directions and personally ensuring that patients receive test results as quickly as possible. Valued by patients and their families for her compassion and expertise, Burton is an invaluable member of the transplant team.



Nursing Excellence in Education

Dr. Marion Allen
*Associate Dean, Faculty
of Nursing, University of
Alberta*

Described by students and colleagues as a "master teacher," Dr. Marion Allen is a proven

leader in education development, and was the first to offer an online doctorate-level course. Her skill, knowledge and passion for learning allow her to make abstract concepts meaningful to students so that they can get the most from their education. Her students have responded by twice selecting her to receive a

graduate teaching award. A consummate educator and impassioned advocate for life-long learning, Dr. Allen has also lent her expertise to universities in Ghana and Thailand.



The Partner in Health Award

Healing Connections Volunteer Group
Misericordia Community Hospital, Capital Health

The Healing Connections Volunteer Group is made up of breast cancer survivors who are dedicated to helping others journeying through recent diagnosis. In addition to visiting women on surgical units to share their personal stories, they provide each patient with a phone number for around-the-clock information and support. The work of the volunteers is integral to the program's success, which provides support from diagnosis and surgery on to long-term treatment. These dedicated volunteers are all past patients of Healing Connections, and often continue to provide support and guidance to patients after they have completed the program.

Canadian Nurses Association 100 in 100 Awards

As part of their 100th anniversary celebrations, the Canadian Nurses Association created the Centennial Awards to honour 100 outstanding Canadian nurses. The awards, which were created to recognize registered nurses whose work has positively influenced the nursing profession and improved the lives and health of Canadians, are one-time-only awards.



Madge Applin
*Vice-President,
Health Services
Northern Lights
Health Region*



Dr. Lillian Douglass
*Adjunct Associate Professor
Faculty of Nursing
University of Alberta*



Dr. Jeanne Besner
*Director, Research
Initiatives in Nursing
and Health
Calgary Health Region*



Dr. Phyllis Giovannetti
*Professor Emeritus
Faculty of Nursing
University of Alberta*



Cathy Carter-Snell
*Instructor and Curriculum
Coordinator
Forensic Studies and
Advanced Studies in
Critical Care Nursing
Programs
Mount Royal College*



Dr. Kathryn Hannah
*Informatics Consultant
Hannah Educational and
Consulting Services Inc.*



Barbara Dobbie
RN in private practice



Sheila McKay
*Instructor
Faculty of Nursing
Red Deer College*

All recipients were nominated by their colleagues, in recognition of their work on behalf of the nursing profession and Canada's health-care system. Alberta recipients were celebrated during CARNA's Awards of Nursing Excellence Gala on May 22, 2008 and featured monthly in *Alberta RN*.



Dr. Joanne Profetto-McGrath
*Vice Dean,
 Faculty of Nursing
 University of Alberta*



Barbara Rocchio
*Health Care Consultant
 IBH Innovative Health Care
 Consulting Inc.*



Dr. Carolyn Ross
*Associate Professor
 Faculty of Nursing
 University of Alberta*



Miriam Stewart
*Professor
 Faculty of Nursing
 University of Alberta*



CNA Centennial Award Alberta Recipients

1st Row, l – r: Cathy Carter-Snell, Dr. Carolyn Ross, Jane Ellis (CNA, Asst. CEO), Dr. Joanne Profetto-McGrath, Dr. Phyllis Giovannetti, CNA President Kaaren Neufeld

2nd Row, l – r: Miriam Stewart, Madge Applin, Dr. Kathryn Hannah, Barbara Dobbie, Dr. Jeanne Besner, Dr. Lillian Douglass, Sheila A. McKay

CARNA Provincial Council

Provincial Council sets the policies that direct CARNA in meeting its responsibilities as a regulatory college and professional association. Provincial Council is mandated by the *Health Professions Act* to manage and conduct the business affairs of CARNA. The 2007-2008 Council consisted of 16 members, including 11 elected registered nurses (president, president-elect and 9 councillors) and five public representatives appointed by the minister of health and wellness.

President
Margaret Hadley

President-Elect
Joan Petruk

Northwest
Ellen Jones

Northeast
Debra Ransom

Edmonton/West
Cheryl Deckert
Debbie Elliott

Central Region
Tammy Syrnyk

Calgary/West
Shirley Chandler
Dianne Dyer
Maureen Jamison

South Region
Heidi Watters

Public Members
Maggie Fulford
Margaret Hunziker
Mark Tims
Rene Weber
Christopher Sheard (until Feb. 2008)

Standing, L – R:
Margaret Hunziker, Ellen Jones, Tammy Syrnyk, Margaret Hadley, Heidi Watters, Debbie Elliott, Shirley Chandler, Maggie Fulford, Rebe Weber

Seated, L – R:
Mary-Anne Robinson, Mark Tims, Cheryl Deckert, Dianne Dyer, Joan Petruk, Maureen Jamison

Missing: Christopher Sheard, Debra Ransom



Governance Committees

Governance committees are fully accountable to Provincial Council and help to fulfil the responsibilities of Council specified in legislation. The chief purpose of these committees is to assist in developing policy alternatives and implications for Council deliberation.

Provincial Executive Committee

The Provincial Executive Committee acts on any urgent matters that arise between Council meetings.

Members

Margaret Hadley, President
Joan Petruk, President-Elect
Shirley Chandler
Debbie Elliott
Mary-Anne Robinson, Executive Director, ex-officio

Leadership Review Committee

The role of the Leadership Review Committee is to facilitate the annual performance review of the executive director by Council.

Members

Shirley Chandler, Chair
Tammy Syrnyk
Ellen Jones

Elections and Resolutions Committee

The Elections and Resolutions Committee recommends a slate of nominations of qualified candidates for president-elect and for Council. The committee also recommends rules governing the CARNA campaign and election process, recommends a slate of candidates for Canadian Nurses Association (CNA) offices and provides support for members submitting resolutions at both CARNA and CNA annual general meetings.

Members

Sheila A. McKay, Chair
Debbie Elliott
Gislind Moerhle
Nora Ostrup
Maureen Jamison
Terezia Sandu
Ruth Stewart

Audit Committee

The Audit Committee has the responsibility of ensuring the financial reports of the organization are a fair representation of the financial health of CARNA and that management is adhering to Canadian generally accepted accounting principles. The committee is responsible for overseeing the financial integrity and internal control systems of CARNA and assessing business risk practices and ethical behaviour.

Members

Joan Petruk, Chair
Cheryl Deckert
Dianne Dyer
Mark Tims
Rene Weber

Regulatory Committees

As part of the mandate of a self-regulated profession, CARNA regulatory committees carry out some of the college's responsibilities outlined in the *Health Professions Act*. These responsibilities include registration, continuing competence, professional conduct and approval of entry-level nursing education programs. CARNA Provincial Council appoints members to regulatory committees by recruiting volunteer members from a range of practice settings and diverse geographical regions to sit on the regulatory committees.

Registration Committee

The Registration Committee, established under Section 9 of the *Health Professions Act*, has the authority to consider and decide on an application for registration or an application for practice permit if so referred by the registrar. The committee can also cancel a practice permit if satisfied that the applicant has not met the conditions imposed when the practice permit was issued and undertake any other power or duty given to it under the *Health Professions Act*, the *Registered Nurses Profession Act* or the CARNA bylaws.

Between Oct. 1, 2007 and Sept. 30, 2008 the Registration Committee met 12 times, including seven two-day meetings, two one-day meetings and three teleconferences. In total, the committee reviewed 259 files that had been referred by the registrar or assistant registrar. Within those 259 files, there were five top categories:

- self-employed nursing practice
- request for additional writing of the Canadian Registered Nurse Exam
- request for additional temporary permits
- application for renewal of practice permits for members not meeting currency of practice requirement
- approval of nurse practitioner application

During the reporting period, the Registration Committee developed a policy manual to guide its decisions and provide consistency in the areas of:

- suspension and cancellation of practice permits
- recognition of nurses registered in an equivalent jurisdiction
- nurses applying via the substantially equivalent competencies (SEC) route
- managing unsuccessful outcomes in nursing education programs (other than entry-level programs)
- English language fluency
- recognition of previously approved self-employed practice
- reinstating practice permits
- review of entry-to-practice nursing standards and recommendations for updates to the Mount Royal College SEC process
- direction to the registrar regarding modifications to the position statement on self-employed nurses, development of a mandatory registration application package, and criteria for a peer review process for self-employed nurses.

Under the direction of Provincial Council, the committee also developed a model for the establishment of a restricted temporary permit for internationally educated nurses (IENs), which was approved by Council and implemented in June 2008.

Discussions, supported by staff presentations and review of related documents, were held on a variety of topics, including health-care workers and blood-borne infections; registration and licensure for IENs; alternative interim limited registration for IENs; registration process for nurse practitioners; framework for nurse practitioner SEC assessment; TILMA and CARNA/CRNBC meetings; and AIT in Canada.

During the reporting period, the Registration Committee held discussions on several emerging trends and issues, including: the increasing volume of IEN applications; increased volume of nurses applying for self-employed practice approval; impact of TILMA and AIT (in relation to nurse practitioners and work of committee); dealing with lapsed and inactive files; and approving licenses with restrictions.

Looking ahead, the committee is developing a process to review policies on a set, quarterly schedule and is considering requesting an increase in membership to accommodate the increased workload. The committee is also assessing what resources and processes are required to undertake a review of the Nursing Refresher Program.

Members

Anita Thomas, Chair
Laurie Lundy, Vice Chair
Laurel Diprose
Georg MacDonald
Monica Kohlhammer
Kim Scherr
Catherine Porter

Registration Review Committee

Established under Section 31, 32 and 41 of the *Health Professions Act*, the Registration Review Committee conducts a review of applications for registration when formally requested by an applicant. As part of this process, the committee may conduct a formal hearing of the applicant/member's reason for requesting a review, hear sworn testimony, and review documents submitted by the applicant/member and CARNA. Upon reviewing the matter, the Registration Review Committee may confirm, reverse or vary the decision, or may refer the application back to the registrar or the Registration Committee to make further assessment. The committee also has the authority to make any further order necessary to carry out its decision, and provide a written copy of the decision.

There were no requests for reviews received during the 2008 practice year.

Members

Rita Smith, Chair (deceased)
Catherine Mah
Naomi Thick
Karen Melon
Diane Kunyk
Fiona Jakielaszek
Kristine Smith

Competence Committee

CARNA Provincial Council established the Competence Committee to provide for regulated members to maintain competence, to enhance the provision of professional services, and to provide for practice visits for regulated members. Duties of the Competence Committee include:

- making recommendations on continuing competence requirements and the assessment of those requirements
- reviewing continuing competence requirements on application for/renewal of practice permit forms
- approving an application for a practice permit if the member meets the requirements for continuing competence
- approving an application for a practice permit conditional to completing continuing competence requirements within the time specified
- refusing an application for a practice permit
- referring a practice permit for suspension until the member has successfully completed continuing competence requirements
- referring a practice permit for cancellation if the committee is satisfied that the applicant has not met the continuing competence conditions imposed when the practice permit was issued
- providing for practice visits as part of the continuing competence program and conducting practice visits of regulated members, and
- undertaking any other power or duty given to it under the Act, the regulations or the bylaws

Regulatory Committees

Between Oct. 1, 2007 and Sept. 30, 2008 the Competence Committee held nine meetings, two in-person meetings of one-day duration, five in-person meetings of two-day duration and two teleconference meetings. Early in the year, the Competence Committee established goals for the 2008 practice year that included:

- completing and analyzing the Continuing Competence Program questionnaire and document audit on a random sample of nurse practitioners, registered nurses and certified graduate nurses.
- review and revise Continuing Competence Program policies
- review and refine Continuing Competence Program processes, including 1) correspondence and consultation with members, 2) continuing competence reporting at registration renewal, 3) committee referrals and follow-up, 4) questionnaire and document audit
- develop and implement the competence model for the CARNA database
- create and implement strategies to provide more education/information targeted at new graduates and transfers in from other Canadian jurisdictions
- provide member support, guidance and educational opportunities to assist members with meeting program requirements
- evaluate the need for an increase in human resources to further develop the Continuing Competence Program to include practice visits

During the reporting period, the Competence Committee imposed competence conditions on 784 members who had not met CARNA Continuing Competence Program requirements. Of that number, 782 had the conditions lifted when the requirements were met. Two members had outstanding competence conditions, although one practice permit was cancelled and later reinstated. The number of competence conditions related to the 2008 practice

year decreased substantially, compared to the 2007 practice year – by 101 per cent. This is attributed to several factors, including increased awareness and understanding of CARNA's reflective practice process; the availability of more detailed information about the program on CARNA's website; and improved access to educational resources.

The Competence Committee devoted considerable time to undertaking initiatives related to achieving critical success factors. Among these initiatives were reviewing and revising policies to further reflect the development of the Continuing Competence Program; revising template letters and forms; reviewing and updating the questionnaire and document audit process; and revising, updating and redesigning materials such as the reference manual, worksheets and forms.

During the 2008 practice year, 102 Continuing Competence education sessions were held with 999 CARNA members attending. These sessions are designed to assist members in understanding the reflective practice process, how to document continuing competence and provide information on the annual questionnaire/document audit process. To further assist with helping members understand the Continuing Competence Program, several articles were published in *Alberta RN* detailing program requirements and program implementation progress. Other education initiatives included presentations, displays, online presentations and the distribution of information packages just prior to each exam-writing period.

Looking ahead, the Competence Committee is exploring the possibility of integrating the questionnaire and document audit with the annual renewal and developing and implementing practice visits to assess continuing competence.

Members

Jane Manning, Chair
Bridget Faherty, Vice Chair
Mary Hanson
April Boddy
Ann Bevan
Nicole Barrett
Debbie Germaine

Nursing Education Program Approval Board

As part of our mandate as a regulated profession, the Nursing Education Program Approval Board (NEPAB) reviews and approves Alberta nursing education programs leading to initial entry-to-practice as a registered nurse. The reviews are completed to ensure that these programs are in compliance with the nursing education standards.

When the *Registered Nurses Profession Regulation* (2005) was approved and the *Health Professions Act* was proclaimed for our profession, NEPAB's *Standards for Nursing Education Programs Leading to Initial Entry-to-Practice as a Registered Nurse* (2005) came into effect. These new standards replaced the existing Universities Coordinating Council (UCC) *Regulations Governing Nursing Education Programs in the Province of Alberta Leading to Nurse Registration* (1982). To facilitate the transition, NEPAB staff provided education sessions to each of the 11 educational institutions with entry-level nursing education programs.

During the 2008 practice year, NEPAB completed six transition reviews of nursing education programs that had begun the new program approval process under the *Nursing Professions Act*, which used the UCC 1982 regulations. Five nursing education programs were reviewed using the new standards and it is anticipated that all of Alberta's entry-level nursing education programs will have begun the review process by the end of 2008.

In preparation for the transition to the new entry-to-practice requirements, NEPAB began work on a transition project that would ensure each of the

nursing education programs will provide evidence of compliance with CARNA's *Entry-to-Practice Competencies for the Registered Nurses Profession* (2006). As part of this transition project, NEPAB undertook an extensive consultation process with key stakeholder groups and developed options for the reporting requirements, as well as transition policies. In March of 2008, NEPAB reviewed the options and determined that (except for new programs), the new requirements will:

- remove the need for reporting at the course and individual competency level
- focus on reporting outcomes of program evaluation regarding the achievement of the competencies rather than course by course tracking, mapping and reporting
- allow for some choice in reporting

Between January – September 2008, NEPAB began creating a definition and reporting requirements for new programs, setting self-reporting submission requirements. The details of these new requirements will be integrated into nursing education program approval and re-approval processes. NEPAB also anticipates releasing the revised NEPAB approval mechanism and the new documents developed to support the new policies, processes and self-report submission expectations including the transition to the 2006 CARNA entry-level competencies.

In September 2008, Provincial Council delegated the authority to approve nurse practitioner education programs to NEPAB. The experience and expertise of the members of NEPAB will strengthen program approval and allow the Registration Committee to focus on areas requiring increasing attention.

In anticipation of this change, NEPAB had already begun work on developing nurse practitioner education program approval requirements and processes. This work is expected to continue throughout the coming practice year.

Regulatory Committees

Members

Alberta Nursing Education Administrator

Representatives

Joanne Profetto-McGrath, Chair

Jean Harrowing, Vice Chair

Florence Melchior

Registered Nurse Representatives

Elizabeth Tanti

Carol Ulliac, Vice Chair

Lincoln Taylor

Regional Health Authority Representatives

Heather Crawford (as of July 2008)

Annjanette Weddell

Ellen Billary (until March 2007)

Public Representative

Vacant

Professional Conduct Committees

Since the *Health Professions Act* (HPA) came into effect on Nov. 30, 2005, the professional conduct department has run a dual system regarding complaints. Under the transitional provisions of Schedule 24 of HPA, all complaints received up to Nov. 30, 2005 must be completed according to the provisions of the *Nursing Profession Act* (NPA). However, as NPA Professional Conduct and NPA Appeals Committees ceased to exist on Nov. 30, 2005, Schedule 24 of HPA also identified which persons or committees under HPA are to assume their duties and responsibilities.

Complaints received prior to Nov. 30, 2005 are referred to as NPA complaints and those received by CARNA on or after Nov. 30, 2005 are referred to as HPA complaints.

From Oct. 1, 2007 to Sept. 30, 2008, CARNA managed a total of 257 complaints, of which 14 were NPA complaints and 243 were HPA complaints. Of the 243 HPA complaints, 152 were received during the 2007 – 2008 membership year and 91 were initially received in the previous year. Of the new complaints that were received during the practice year, 78 per

cent were lodged by an employer or coworker. In total, 12 complaints were dismissed prior to investigation, with 21 complaints dismissed following investigation and 24 resolved under HPA prior to investigation. At year-end, 112 HPA cases and 4 NPA cases remain under investigation, and there were 27 HPA and eight NPA matters that had been referred to a hearing that had not commenced or was not yet completed.

Hearing Tribunals

Hearings Tribunals are appointed by the hearing director, with each hearing heard by a panel of two-to-three RN members from the Section 15 HPA membership list, as well as one public representative. Panel members preside over hearings of both NPA and HPA complaints, and at regularly scheduled compliance meetings also oversee whether a disciplined member has complied with the order arising from an NPA or HPA hearing.

During the 2007 – 2008 practice year, the Hearing Tribunals completed 41 hearings for 40 HPA complaints and one NPA complaint.

Members

Betty Anderson

Heather Anderson

Eleanor Benterud

Brenda Chomey

Susan Derk

Nancy Goddard (term ended Sept. 30, 2008)

Geraldine Gordon

James Graham

Mary Haase

Valerie Hall

Rosemary McGinnis

Donna Spaner

Kathleen (Joan) Thors

Ruth Wiseman (until Sept. 4, 2008)

In addition, the following public members participated in Hearing Tribunals

Gordon Dunn
Larry Kelly
Lawrence Tymko
Barry Whistlecraft
Aaron Zelmer

Complaint Review Committee

Complaint Review Committees are appointed by the Hearings Director and are comprised of two or three members from the Section 15 HPA membership list and one public representative. The Hearings Director appoints the chair of the Complaint Review Committee. In NPA cases, the chair reads the NPA investigation report and makes a decision to either refer the complaint to a hearing or dismiss it.

If the complainant requests a review of the dismissal of an HPA complaint, the appointed Complaint Review Committee must review the HPA investigation report and any further information to determine whether to uphold the dismissal or refer the matter to a hearing or request further investigation. Complaint Review Committees must also review any proposed settlement agreement arising from an alternative complaint resolution. The Committee has the authority to ratify an agreement, refuse to ratify an agreement or, with the consent of the parties, amend and then ratify the agreement.

During the 2007 – 2008 practice year, the Complaint Review Committee reviewed and upheld the dismissal of four complaints under HPA.

RN Members

Lynne Davies (retired Sept. 30, 2008)
LaVerna Elliot (resigned Sept. 11, 2008)
Carol Anderson
Donelda Danforth

Appeals Committee

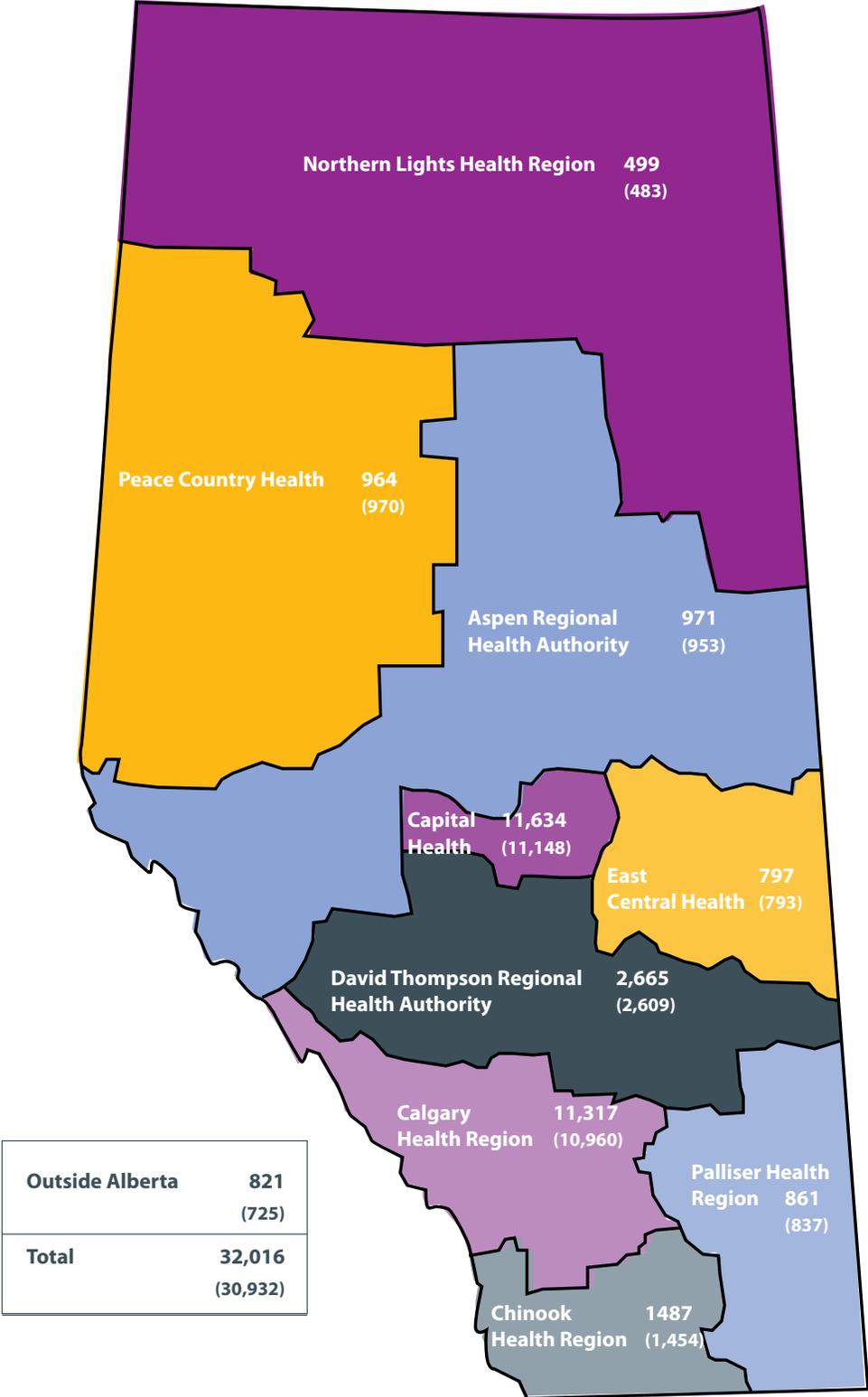
The five-member Appeals Committee is appointed by Provincial Council and consists of three RN councilors and two public representatives. The hearings director is authorized to appoint a panel from the Appeals Committee to hear appeals. The panel must consist of two regulated members and one public representative. This three-person panel is authorized to assume the duties and responsibilities of the former NPA Appeals Committee and apply NPA to complaints lodged under NPA. The panel is also responsible for presiding at appeals regarding HPA complaints and to apply HPA. The panel has the authority to handle requests for a variation of an order and to handle appeals of the member from a direction of the complaints director under Section 118 (incapacity) of HPA.

Members

Mark Tims (public representative)
Margaret Hunziker (public representative)
Cheryl Deckert
Maureen Jamison
Heidi Watters

Distribution of Practicing Members in Alberta by Home Address as of Sept. 30, 2008

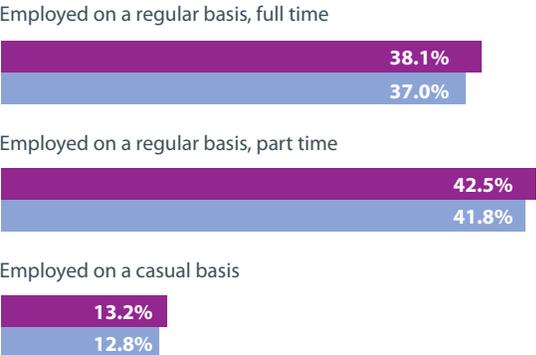
(2007 Distribution shown in paranthese)



Demographic Profile of Nursing in Alberta

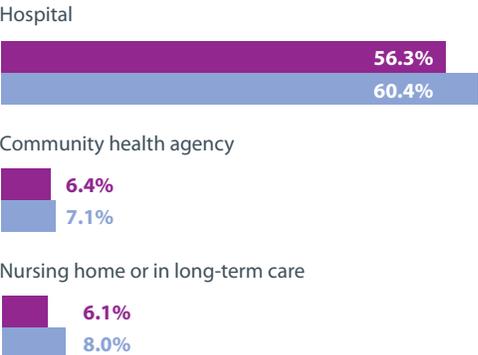
2008 2007

Working Status



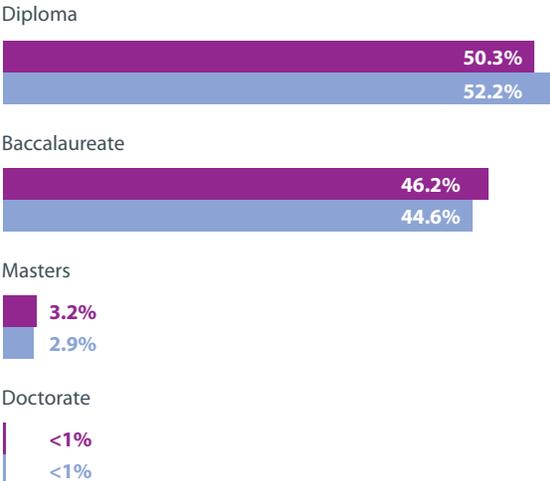
Remainder are employed in other industries and seeking employment in nursing, employed in other and not seeking employment in nursing, not employed and seeking employment in nursing, not employed and not seeking employment in nursing, did not respond or are on leave.

Top Three Employment Sectors*

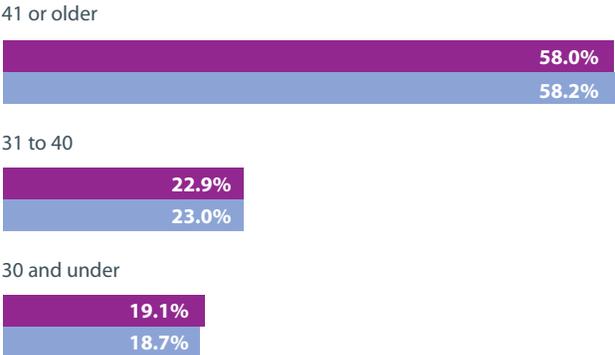


*Note: Employment sector for 11.3% of applicants was undetermined.

Highest Level of Nursing Education



Age



Gender



Registration Statistics

Table 1: Practicing Members by Status at Sept. 30, 2008

| | 2008 | 2007 |
|---|---------------|---------------|
| RN | 30,391 | 29,369 |
| NP | 257 | 206 |
| Graduate Nurse | 1,075 | 1,169 |
| CGN | 43 | 44 |
| Limited Temporary Permit | 66 | 49 |
| Temporary Permit Renew | 144 | 36 |
| Courtesy | 40 | 59 |
| TOTAL Practicing Members | 32,016 | 30,932 |
| Number of International Applications in Assessment at Sept. 30, 2008 | 592 | |

Table 2: Non-practicing Member to Practicing between Oct. 1, 2007 to Sept. 30, 2008

| | 2008 | 2007 |
|----------------------------|------------|------------|
| Associate/Retired to RN | 387 | 237 |
| Former Member to RN | 52 | 3 |
| Suspended to RN | 58 | n/a |
| Total Practicing RN | 497 | 240 |

Table 3: Non-regulated members/Non-practising as at Sept. 30, 2008

| | 2008 | 2007 |
|---|--------------|--------------|
| Associate | 1,181 | 1,143 |
| Honourary | n/a | 38 |
| Initial Non-Practising | 104 | 71 |
| Retired Nurse | 501 | 469 |
| Student | 16 | 12 |
| Former Member | 457 | n/a |
| Total Non-regulated/Non-practising | 2,259 | 1,733 |

Table 4: Temporary Permits (TPs) Issued to Graduate Nurse (GN) Members between Oct. 1, 2007 to Sept. 30, 2008

| Registration | 2008 | 2007 |
|---------------------------------------|--------------|--------------|
| Restricted Temporary Permit | 2 | n/a |
| Temporary Permit (Alberta) | 1,277 | 942 |
| Temporary Permit (Canadian) | 110 | 134 |
| Temporary Permit (International) | 277 | 209 |
| Temporary Permit (Renew) | 214 | 39 |
| Total TPs Issued to GN Members | 1,880 | 1,324 |

Table 5: Initial RN Practice Permits issued between Oct. 1, 2007 to Sept. 30, 2008 by Geographic Origin (number and per cent of total)

| | 2008 | 2007 |
|--|---------------|----------------|
| Alberta Graduate Registrations | 1,279 (60.24) | 1,181 (57.30%) |
| Other Canadian Registrations | 654 (30.80) | 694 (33.67%) |
| Non-Canadian Registrations | 190 (8.94) | 186 (9.02%) |
| Total Initial RN Practice Permits | 2,123 | 2,061 |

Registration Statistics

Table 6: Initial Registration of Alberta Graduates by Type of Nursing Education Program since 1991

| Membership Year | Diploma | | Baccalaureate | Total |
|-----------------|---------|-----------|---------------|-------|
| | College | Hospital* | University | |
| 2008 | 243 | – | 1,036 | 1,279 |
| 2007 | 171 | 1 | 1,009 | 1,181 |
| 2006 | 247 | 1 | 1,034 | 1,282 |
| 2005 | 262 | 0 | 641 | 903 |
| 2004 | 256 | 0 | 804 | 1,060 |
| 2003 | 151 | 0 | 618 | 769 |
| 2002 | 141 | 1 | 506 | 648 |
| 2001 | 124 | 2 | 456 | 582 |
| 2000 | 88 | 0 | 456 | 544 |
| 1999 | 97 | 5 | 373 | 475 |
| 1998 | 62 | 9 | 507 | 578 |
| 1997 | 123 | 19 | 526 | 668 |
| 1996 | 210 | 64 | 370 | 644 |
| 1995 | 270 | 192 | 279 | 741 |
| 1994 | 290 | 320 | 177 | 787 |
| 1993 | 317 | 399 | 147 | 863 |
| 1992 | 349 | 430 | 102 | 881 |
| 1991 | 353 | 442 | 171 | 966 |

*Alberta hospital schools of nursing have been closed for several years. Numbers reporting initial registration of Alberta graduates of hospital programs refer to graduates from those closed programs who are only now finalizing their nursing registration in Alberta.

Table 7: Geographic Origin of Canadian Initial Registrations by Province or Territory

This table shows the geographic origin of RNs who registered in Alberta for the first time in 2008 compared to the previous four years.

| | 2004 | 2005 | 2006 | 2007 | 2008 |
|-----------------------------------|--------------|--------------|--------------|--------------|--------------|
| British Columbia | 67 | 68 | 81 | 120 | 126 |
| Alberta | 1,060 | 903 | 1,282 | 1,181 | 1,279 |
| Saskatchewan | 53 | 58 | 68 | 66 | 55 |
| Manitoba | 29 | 48 | 58 | 78 | 54 |
| Ontario | 92 | 108 | 134 | 196 | 181 |
| Quebec | 14 | 11 | 19 | 22 | 35 |
| New Brunswick | 19 | 14 | 29 | 43 | 31 |
| Nova Scotia | 23 | 39 | 46 | 60 | 70 |
| Prince Edward Island | 2 | 5 | 5 | 10 | 9 |
| Newfoundland and Labrador | 17 | 32 | 78 | 93 | 75 |
| Yukon | | | | - | 2 |
| Northwest Territories and Nunavut | 2 | 4 | 3 | 6 | 16 |
| Total | 1,378 | 1,290 | 1,803 | 1,875 | 1,933 |

Table 8: Geographic Origin of International Initial Registrations by Continent

This table shows the geographic origin of RNs who registered in Alberta for the first time in 2007 compared to the previous four years.

| | 2004 | 2005 | 2006 | 2007 | 2008 |
|------------------------------------|------------|------------|------------|------------|------------|
| Africa | 7 | 7 | 8 | 9 | 5 |
| Asia | 97 | 81 | 82 | 113 | 91 |
| Europe | 32 | 32 | 21 | 29 | 44 |
| North America *Excluding Canada | 15 | 13 | 14 | 26 | 29 |
| Oceania | 12 | 8 | 4 | 8 | 15 |
| South America | 1 | 0 | 3 | 0 | 0 |
| Central America | | | 1 | 1 | 1 |
| Undetermined | | | | | 5 |
| Total | 164 | 141 | 133 | 186 | 190 |

Disposition of Complaints Continuing From Previous Years and Lodged Under *The Nursing Profession Act*

Oct. 1, 2007 – Sept. 30, 2008

The following table lists statistics regarding complaints continuing from previous years dealt with in the 2007 – 2008 membership year.

| Action Taken in 2007 – 2008 | Total | Notes |
|---|-------|---|
| Total for 2007 – 2008 | 14 | |
| Complaints Dismissed after Investigation | 1 | |
| Complainant Appeals | 0 | |
| Hearings | 1 | unskilled practice Sanction reprimand and stipulation |
| Appeals after Hearing (Panel of Council presided) | 0 | |
| Active Investigations (case still under investigation) | 4 | All 4 are under an undertaking or have lapsed practice and are not expected to return to nursing. |
| Referred to Hearing (case has been referred to hearing but hearing not completed or commenced) | 8 | 7 are under an undertaking or have lapsed practice. 5 are not expected to return to nursing. |

Note: In addition, there are at least 30 files open for persons who are still in the process of complying with an order of the Professional Conduct Committee after a hearing.

Disposition of Complaints lodged under *Health Professions Act*

Oct. 1, 2007 – Sept. 30, 2008

The following table lists statistics regarding complaints dealt with in the 2007 – 2008 membership year.

| Action Taken | For complaints received in the 2007 – 2008 membership year | Notes | For complaints initially received in a previous membership year | Notes | Total HPA complaints on which action was taken in 2007 – 2008 |
|---|--|---|---|---|---|
| Total for 2007 – 2008 | 152 | | 91 | | 243 |
| Resolved by Complaints Director or parties (s. 55(2)(a) or (a.1)) Encourage complainant and investigated person to communicate and resolve; or with consent of parties, CD attempts to resolve | 24 | Complainant was happy with discipline imposed at the workplace; or complainant withdrew complaint | 0 | | 24 |
| Referred to Alternative Complaint Resolution (ACR) by Complaints Director (s. 55(2)(b) HPA) | 0 | ACR offered in 4 cases, but in 3 cases complainant did not want ACR. In fourth case ACR is still a possibility. | 0 | | 0 |
| Request Expert to assess and write report on subject matter of complaint (s. 55(2)(e) HPA) | 0 | | 0 | | 0 |
| Referred to investigation by Complaints Director on receipt of complaint (s. 55(2)(d) HPA) | 115 | | 88 | | 203 |
| Dismissed by Complaints Director Prior to Investigation [s. 55(2)(e) or (f) HPA] After Investigation (s. 66 HPA) | 17 | | 16 | 1 prior to investigation | 33 (12 prior to investigation; 21 after investigation) |
| Being managed under section 118 (incapacity) by Complaints Director (s. 55(2)(g) HPA) | 2 | 1 resolved & undertaking lifted; 1 remains under an undertaking to not practice | 3 | 2 resolved & undertaking was lifted 1 was converted to investigation and hearing | 5 |
| Complaint Review Committees: ACR meetings to review ACR agreements | 0 | | 0 | | 0 |
| Complaint Review Committees: Complainant Appeal | 0 | 5 have been received but not heard | 4 | All upheld dismissal of complaint | 4 |
| Hearing Tribunals: Hearings | 4 | Sanction: 4 reprimands & stipulations | 36 | Sanction: 36 reprimands & stipulations | 40 |
| Appeals completed After Hearing (To Appeals Committee's Panel of Council or Court of Appeal) | 0 | | 0 | 2 appeals were received; 1 not yet commenced; 1 commenced and then put over to start again with new panel | 0 |
| Active investigations (cases still under investigation at year end) | 100 | | 13 | | 113 |
| Referred to Hearing By Complaints Director (case has been referred to hearing but hearing not completed or not commenced as of year end) | 5 | | 22 | 1 member deceased | 27 |

Note: There are at least 50 HPA cases at the post hearing, active rehabilitation phase, with members in the process of complying with the Order of the Hearing Tribunal.

Statement of Financial Position

Sept. 30, 2008

| | 2008 | 2007 |
|---|----------------------|---------------|
| ASSETS | | |
| CURRENT | | |
| Cash and cash equivalents | \$ 16,365,083 | \$ 14,383,124 |
| Accounts receivable | 158,523 | 72,097 |
| Prepaid expenses | 590,144 | 530,564 |
| | 17,113,750 | 14,985,785 |
| INVESTMENTS | 4,043,827 | 4,318,965 |
| CAPITAL ASSETS | 3,699,997 | 3,783,755 |
| | \$ 24,857,574 | \$ 23,088,505 |
| LIABILITIES AND NET ASSETS | | |
| CURRENT | | |
| Accounts payable and accrued liabilities | \$ 1,023,876 | \$ 1,022,859 |
| Accrued vacation payable | 335,873 | 290,220 |
| Deferred membership fee revenue | 11,398,626 | 9,263,785 |
| Deferred grants | 507,477 | 630,090 |
| Deferred contributions relating to capital assets | 2,391,892 | 2,151,074 |
| Deferred contributions relating to Legacy Project | 72,796 | 56,589 |
| Callable debt | 1,250,000 | 1,950,000 |
| | 16,980,540 | 15,364,617 |
| ACCRUED PENSION BENEFIT LIABILITY | 175,200 | 340,900 |
| | 17,155,740 | 15,705,517 |
| NET ASSETS | | |
| Invested in capital assets | 844,892 | 853,047 |
| Internally restricted | 194,763 | 357,683 |
| Unrestricted | 6,657,035 | 5,830,534 |
| Cumulative net unrealized gains and losses on available for sale financial assets | 5,144 | 341,724 |
| | 7,701,834 | 7,382,988 |
| | \$ 24,857,574 | \$ 23,088,505 |

The complete audited financial statements are available at www.nurses.ab.ca.

Statement of Operations

Year Ended Sept. 30, 2008

| | 2008 | 2007 |
|---|-------------------|-------------------|
| REVENUE | | |
| Membership fees | \$ 10,298,658 | \$ 9,566,787 |
| Other fees | 1,743,153 | 1,284,503 |
| Grants | 655,465 | 127,007 |
| Investment income | 568,004 | 582,909 |
| Amortization of deferred capital contributions | 399,010 | 268,530 |
| Advertising | 233,245 | 146,148 |
| Sundry | 94,590 | 64,257 |
| Annual general meeting | 39,761 | 8,815 |
| | 14,031,886 | 12,048,956 |
| EXPENSES | | |
| Regulatory services | \$ 4,351,491 | \$ 3,375,196 |
| Corporate services | 2,833,535 | 2,287,788 |
| Governance | 2,419,587 | 2,253,302 |
| Policy and practice | 2,038,496 | 1,852,429 |
| Communication | 1,385,175 | 1,144,172 |
| Amortization | 407,165 | 291,182 |
| | 13,435,449 | 11,204,069 |
| EXCESS OF REVENUE OVER EXPENSES BEFORE OTHER ITEMS | 596,437 | 844,887 |
| OTHER ITEMS | | |
| Expenses supported by internally restricted funds: | | |
| Project consulting | (87,110) | - |
| Staff development fund | (19,601) | (24,370) |
| Health Professions Act implementation | - | (6,960) |
| Pension obligation adjustment | 165,700 | (245,500) |
| Loss on disposal of capital assets | - | (2,770) |
| | 58,989 | (279,600) |
| EXCESS OF REVENUE OVER EXPENSES | \$ 655,426 | \$ 565,287 |

Statement of Changes in Net Assets

Year Ended Sept. 30, 2008

| | Invested in Capital Assets | Internally Restricted | Unrestricted | 2008 | 2007 |
|--|-------------------------------|--------------------------|--------------|---------------------|--------------|
| BALANCE, BEGINNING OF YEAR | \$ 1,833,754 | \$ 357,683 | \$ 4,849,827 | \$ 7,041,264 | \$ 6,379,786 |
| Reclassification of prior period presentation | (980,707) | - | 980,707 | - | - |
| Balance, beginning of year as reclassified | 853,047 | 357,683 | 5,830,534 | 7,041,264 | 6,379,786 |
| (Deficiency) excess of revenue over expenses | (8,155) | (106,711) | 770,292 | 655,426 | 565,287 |
| Transfer of remaining Health Professions Act Implementation funds | - | (56,209) | 56,209 | - | - |
| Change in accounting policy | - | - | - | - | 96,191 |
| Subtotal, end of year | 844,892 | 194,763 | 6,657,035 | 7,696,690 | 7,041,264 |
| Accumulated gains, beginning of year | - | - | 341,724 | 341,724 | - |
| Change in accounting policy | - | - | - | - | 292,254 |
| Unrealized (losses) gains on available for sale financial assets arising during the period | - | - | (336,580) | (336,580) | 49,470 |
| Accumulated gains included directly in the Statement of Changes in Net Assets | - | - | 5,144 | 5,144 | 341,724 |
| BALANCE, END OF YEAR | \$ 844,892 | \$ 194,763 | \$ 6,662,179 | \$ 7,701,834 | \$ 7,382,988 |



Vision

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

Mission

The College and Association of Registered Nurses of Alberta serves the public by regulating registered nurses in order to promote and support safe, competent, ethical nursing care and providing progressive, innovative leadership that encourages professional excellence and influences health policy.



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