2016 Annual Report

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Championing safe nursing care

Guiding change

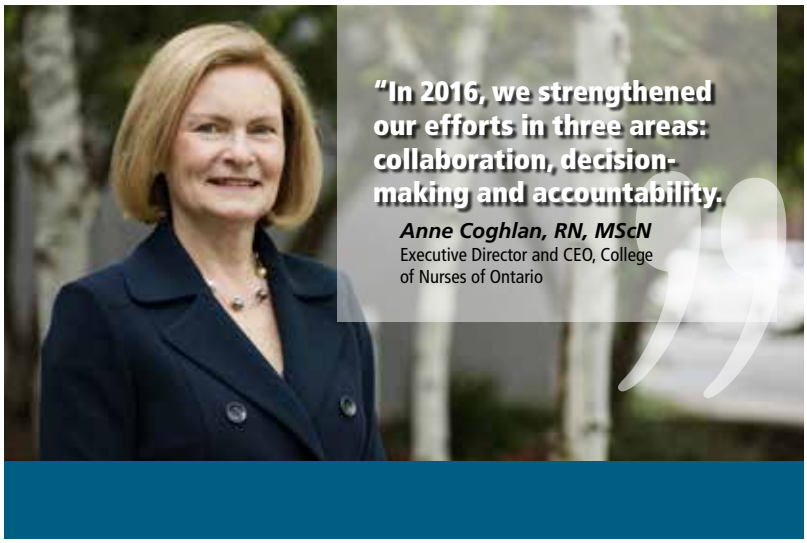
Starting safely

Staying skilled

Taking action

Statistics

Championing safe nursing care



It's an incredibly challenging and exciting time to be the regulator of the nursing profession in Ontario. Our health care system is changing rapidly, and with it, the knowledge and skills nurses need in their evolving roles. You — the public we serve, and whose safety is the focus of our regulatory efforts — are more engaged than ever. Your input and feedback is enhancing our ability to perform our role.

The digital age has increased your expectation for quick, easy access to information. You want to know how you can participate in your care decisions and access reliable information to help you make those decisions. You want to know what safe nursing care looks like and you want a voice.

The College of Nurses of Ontario (CNO) is here for you. We're working hard to anticipate change and ensure your safety is at the forefront of the standards we set and uphold. We're working with the public, nurses and other stakeholders so that our regulatory processes are ready to support the changes needed for the ongoing delivery of safe nursing care.

To continue to improve public safety, in 2016 we strengthened our efforts in three areas: collaboration, decision-making and accountability. You'll see examples of each of these throughout this report. You'll also meet a few people who are champions for change: from nurses showing their dedication to ongoing education to members of the public who, by participating in our processes, are catalysts for improvement.

We encourage your involvement — together we will continue to prepare for the future of health care in Ontario.

Anne Coghlan, RN, MScN
Executive Director and CEO

Working together

For change to be meaningful and effective, it needs the active participation of those it affects. We've been working hard to improve the level of engagement we have with all who have a stake in nursing: the public, educators, students, employers and the government, as well as nurses, nursing organizations and other regulators across Canada and around the world.

Finding ways to get more feedback

Social media has been a big help in allowing us to share information instantly and quickly receive valuable feedback in return.

For example, when proposing changes to the number of times a nursing applicant can take the NCLEX-RN (an entry exam for applicants who want to become an RN), we used social media to seek input from everyone: from the public to nurses and their employers. The response was remarkable — the largest we ever had. Even though the consultation period was 30 days less than normal, we received feedback from 190 members of the public. We also heard from 1,022 nurses, 204 applicants, 83 educators, 83 other stakeholders (primarily nursing students), and 15 nursing employers. We're looking to ramp up our use of social media and other platforms so we can continue to engage quickly and directly with our stakeholders.

For the first time, we also sought public feedback when developing a practice standard. Using surveys and focus groups, we consulted with the public about updating our practice standard for Nurse Practitioners (NPs). The results told us what you expect from NPs, and identified potential risks to public safety that NP practice represents.

Throughout this report, you'll see other examples of how in 2016 we engaged and collaborated with individuals and groups on a variety of issues, including:

- NPs prescribing controlled substances
- preventing sexual abuse of patients by health care workers
- Nurse Health Program
- privacy and confidentiality
- nursing program approval
- a new vision for governance

We were also involved in many other collaborations, including:

- **Academic Reference Group:** Early in 2016, we met with representatives of every Ontario RN program to review each school's results of the exam that RN applicants write — the NCLEX-RN. We discussed ways to ensure students have the information they need to prepare, register and take the exam. This outreach led us to form an Academic Reference Group. The group is made up of nurse educators of all education

streams (Registered Nurses, Registered Practical Nurses and Nurse Practitioners), sizes of schools and geographic locations, as well as CNO staff. They discuss regulatory issues that may affect the education process, and we seek the group's input to inform CNO's regulatory work.

- **Transparency working group:** The Ministry of Health and Long-Term Care invited CNO to participate in its Transparency working group. This group — which includes members of the public, ministry representatives, employers and regulators — identified areas for greater transparency among health care stakeholders and public-facing documents on regulatory processes, such as the complaint process.

- **Opioid crisis:** Opioid-related rates of addiction, overdoses and deaths are on the rise in Ontario and across the country. We are collaborating with other Canadian nursing regulators to develop a guidance document for Canadian regulators of RNs and NPs. The guide will help us take a standardized approach to nurses prescribing opioids, including: the education and practice needed to reduce harm; monitoring; and competencies nurses need when entering the profession that will help limit the potential for opioid abuse. We expect to have this document completed in 2017.

- **Psychotherapy:** *The Regulated Health Professions Act, 1991* (RHPA) is the governing legislation for regulated health professionals in Ontario. It identifies 14 "controlled acts" that may only be performed by authorized regulated health professionals, such as nurses. The controlled act of psychotherapy is a small aspect of the overall practice of psychotherapy. However, it is considered the part that is the highest risk to patients. It involves using a psychotherapy technique to treat a person's serious thought, cognition, mood, emotional regulation, perception or memory disorder.

  In 2016, CNO collaborated with regulators whose members are authorized to perform the controlled act: College of Occupational Therapists of Ontario, College of Psychologists of Ontario, College of Registered Psychotherapists of Ontario, and Ontario College of Social Workers and Social Service Workers. This effort resulted in a new document: *Understanding When Psychotherapy is a Controlled Act*. At the end of 2016, we sent this document out for feedback. By early 2017, we received 2,670 responses. We used this feedback to provide more clarity in the document. As of April 30, 2017, the controlled act of psychotherapy had not yet been proclaimed by the government, and we are awaiting further information from the Ministry.

Making the best decisions

Out of collaboration comes better decision-making. To ensure public safety, our decisions need to be informed by evidence. By seeking out information, we can proactively influence change, rather than react to it after it has occurred.

For example, we've been proactive in looking at how CNO is governed. As a result of an

extensive evidence-based process, in 2016 CNO's Council adopted a governance vision for 2020.

Standards and regulations are other areas where we use evidence to make good decisions about needed changes. For example, in 2016 our regulations changed so now there is no limit on the number of times RN applicants can attempt the NCLEX-RN registration exam. When we initially implemented the exam in 2015, writers had three attempts to pass it.

Canada's regulators monitored the exam's outcome, and evaluated the exam using Canadian evidence. In November 2015, a national working group began examining evidence related to the number of attempts on the RN entry exam in Canada, and computer-adaptive exams in general. The analysis shows that the exam's content, format and security features mean that writers can't pass the exam unless they have the abilities needed. For example, to pass, they must know how to: assess and respond to changes in vital signs; perform comprehensive health assessments; assess a client's need for pain management; perform calculations needed to safely administer medications; and, maintain client confidentiality and privacy.

Becoming more accountable

The government expects regulatory bodies to increase the transparency of our information. CNO has been proactive in expanding information about nurses' conduct, which we share on the Public Register Find a Nurse.

It's a great start, but we still have more work to do in the public's interest to be as transparent as possible about how and what we're doing. For example, when investigating a concern about a nurse, we comply with the law by keeping information confidential; we can only confirm we're investigating. As times change and the demand for transparency strengthens, laws, regulations and standards need to keep pace.

We shared with the government our thoughts about possible legislative changes that could enable us to share with the public relevant information about our investigations. We know that sharing more information about our processes and actions increases your confidence that we are working to protect your safety.

In addition to the work we're doing with the government and other regulators, we continue to make enhancements in two areas:

Clear Language: This ongoing initiative improves the clarity of CNO's written communication so that all of our stakeholders find what they need, understand it and use it to fulfil their needs. It helps us to maintain transparency and accountability.

Business transformation: In 2016, we continued work with the College of

Registered Nurses of British Columbia's consortium to make use of their regulator-designed technology solution. This multi-year, multi-phased initiative involves making improvements to our work processes and technology to help us deliver exceptional customer service. To make them more efficient, we're redesigning some of our business processes used by those applying to CNO or renewing their membership. The new system will also provide us with additional data that we can use to make more-informed decisions and reduce the time to investigate a public complaint about a nurse.

Guiding change

The CNO's Council — its board of directors — sets the direction for regulating nursing in the province. Council members make decisions and recommendations based on evidence. They work to ensure safe nursing care and public trust.

In 2016, Council achieved this by:

- developing a bold new vision for the governance of CNO
- improving public access to nursing services by approving changes to CNO's Registration Regulation
- beginning a review of the Code of Ethical Conduct for Council and Committee Members
- enhancing how the education of internationally educated applicants is assessed
- approving regulations to allow NPs to prescribe controlled substances
- considering a revamp of CNO's Quality Assurance Program, to ensure nurses maintain their competencies

President's message

"Council recognizes the need to lead change that reflects society's evolving expectations. It's of the utmost importance that we be more responsive and timely to current issues and trends."

Megan Sloan, RPN, RN
Council President, College of Nurses of Ontario

A theme throughout my time on CNO's Council has been the need for more public and nurse engagement to guide our decision-making. I'm pleased to say that in 2016 we received unprecedented feedback on key issues from a variety of stakeholders, thanks in large part to the increased use of technology and social media. Such feedback ensures robust discussion around the Council table and provides an opportunity for you to have a direct influence on the outcomes.

Council was involved in reviewing and approving many initiatives in 2016, all of which had a strong impact on protecting the public interest. These included supporting the following areas:

- **Registration with CNO:** Changes ensure appropriate mechanisms are in place to support safe nursing care as nurses begin their careers in Ontario.

- **The role of NPs:** Changes that Council reviewed in 2016 (and which have since been implemented) allow NPs to provide full-spectrum care to their clients. This eliminates the need to access multiple health care practitioners, provides more continuity of care, and improves support and access for the people of Ontario.

In addition, in 2016, CNO began a comprehensive review of best practices around quality assurance. We are using evidence to develop a Quality Assurance Program that will promote nursing skills and competencies through continuous education, development and engagement throughout a nurse's career.

Council recognizes the need to lead change that reflects society's evolving expectations. It's of the utmost importance that we be responsive and timely to current issues and trends. We know that our current governance model does not fully support these goals.

To that end, we developed a new vision for governance of CNO. Named Vision 2020 — after the year we're looking to implement the major components of this vision — we're now determining how to best position ourselves for the future. In the interim, as a result of the governance review, Council has already implemented changes to the way we govern, including formalizing a set of governance principles. As part of our upcoming governance changes, advisory groups will strengthen the link between the public and Council.

The governance review has put CNO at the forefront of change. Over the last year, I've had the privilege to represent Council on national and international levels. We've garnered great interest and support for our governance model from all corners of the world. I'm hopeful we'll do the same with our review of the quality assurance process. What makes me most proud of my time on Council is knowing that we're making the best possible decisions to ensure public protection in Ontario, and that we are also influencing discussion and decisions elsewhere.

In 2017, Council elected its first public-member President in its 54-year history. With this move, Council sent a message to the public, government and all other stakeholders, affirming our commitment to our mandate to act in the public's interest above all else — including competing professional interests. As Dalton Burger leads Council throughout the coming year, we can expect even greater accomplishments, while keeping the focus on your protection.

Megan Sloan, RPN, RN
Council President

Governance vision (2020)

In 2016, Council approved a vision for how CNO should be governed by 2020. The proposed model is the result of extensive expert, evidence-based and best-practice review. It aims to promote public trust and support public confidence in nursing regulation.

"The test we always used to determine if a governance best practice was 'appropriate or not' was whether this practice would sustain and enhance public trust in the College."

Don McCreesh
Member of the task force to review Council's governance

Champion for building public trust

This new vision will require some changes, including:

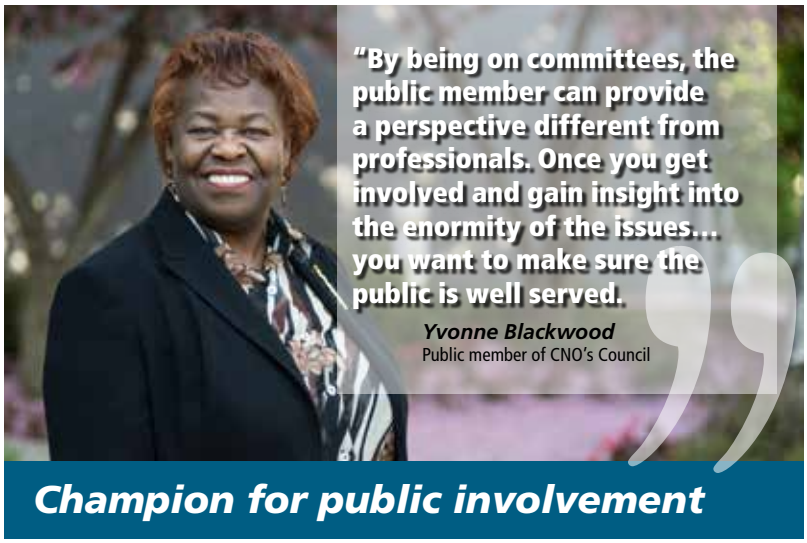
- a 12-member board made up of six members of the public and six nurses (currently, Council is composed of 14 RNs, 7 RPNs and 14 to 18 public members)
- board appointments that are based on members demonstrating governance competencies identified by the board (currently Council members who are nurses are elected by nurses, and public members are appointed by the government)
- committees composed of public and professional members who are not on the board and who are appointed based on competencies related to each committee's legislated function (currently committees are composed of Council and non-Council members)

We can only realize this vision with changes to current laws. However, Council is also looking for ways to modify aspects of governance that do not require legal changes. For example, we will seek to create a public advisory group.

Read more at Governance Vision 2020.

Committees

In addition to its governing Council, CNO also has several statutory committees. These committees are comprised of Council and non-Council members, who are nurses and members of the public. Each committee submits an annual report of its work.



Executive Committee (including Patient Relations Committee)

The Executive Committee provides leadership to Council, supports the efficient and effective functioning of Council and committees, and makes decisions between Council meetings.

In addition, Executive Committee members form the Patient Relations Committee. This committee reviews complaints made by the public and reports made by employers or nurses of verbal, physical, sexual and emotional abuse to patients, and of any boundary violations. A nurse crosses a boundary with a patient when their relationship changes from professional and therapeutic to unprofessional and personal.

In 2016, the number of sexual abuse reports and complaints CNO received doubled compared to the average number of reports between 2012 and 2015. The topic of sexual abuse of patients by health care professionals received significant attention in 2016. For example, the media heavily covered several sexual assault and harassment matters. In addition, the Ministry of Health and Long-term Care released its Sexual Abuse Task Force Report.

Patient Relations Committee 2016 year-end report

Inquiries, Complaints and Reports Committee (ICRC)

You have the right to express to CNO your concerns about nurses; CNO is required to respond to all complaints about nursing care. The ICRC reviews and takes action on public complaints and other reports of concern about nurses' practice, conduct or health. The committee assesses the information and the risk to the public, and then determines the outcome that would best serve the public.

A member of the public making a complaint can volunteer to be part of CNO's resolution program. The purpose of this process isn't to determine what happened or lay blame; it is to protect the public by improving nursing practice. It presents nurses with the chance to demonstrate accountability for their practice and provides you with an opportunity to work with CNO in resolving your complaint.

Very serious matters, such as complaints concerning physical or sexual abuse, are not suitable for the resolution process. In addition, we also consider a nurse's history with CNO, and this may affect how we deal with a complaint.

In 2016, 34 per cent of all complaints made by the public were resolved through the resolution process, and 65 per cent were investigated. In addition, 51 issues were referred to the Discipline Committee, compared to an average of 31 in the previous four years. We know that maintaining the public's confidence means addressing concerns in a way that the public and the profession can see. For example, community tolerance for the privacy of health information has changed, resulting in health professionals who access the electronic records of patients without a professional purpose receiving significant attention.

ICRC 2016 year-end report

Discipline Committee

Hearings at CNO are much like proceedings in a court of law. If the ICRC refers your complaint to the Discipline Committee, CNO will present evidence before a panel consisting of nurses and members of the public. The panel is independent of CNO, and the members' role is similar to that of a jury. They hear evidence presented by both parties and make a ruling based on that evidence.

The Discipline Committee protects the public by determining whether nurses have committed professional misconduct or are incompetent, and, if so, determining the action that will best protect the public. Depending on the matter, the panel's action can range from requiring the nurse to pay a fine to revoking the nurse's ability to practise.

In 2016, the types of matters heard included those relating to sexual abuse (7 matters), physical/verbal/emotional abuse (7 matters), accessing health information without patients' consent (7 matters), and general breaches of standards (17 matters). In 2016, 12 nurses had their registration revoked.

Discipline decisions are available on Find a Nurse and www.cno.org.

Discipline Committee 2016 year-end report

Fitness to Practise Committee

The Fitness to Practise Committee determines if a nurse is suffering from a physical or mental condition or disorder that is affecting, or could affect, their practice. If so, the committee determines if that nurse's practice should be subject to terms, conditions or limitations, or if the nurse should no longer be permitted to practise. The committee can accept agreements where the nurse acknowledges their incapacity and agrees to undergo treatment and monitoring, or it can hold a hearing.

In 2016, a total of 82 matters came before the committee. Of these, 62 were resolved through agreements, 15 were resolved through hearings, and the remainder were resolved through either a return-to-practice process, resignation or revocation.

Fitness to Practise Committee 2016 year-end report

Quality Assurance Committee

Nursing is a complex and ever-changing profession. Nurses have an obligation to keep their skills and knowledge up to date. Nurses in every setting demonstrate their commitment to continually improving their knowledge and skills by engaging in practice reflection, and by setting and achieving learning goals. They do this by participating in CNO's Quality Assurance Program.

The Quality Assurance Committee encourages nurses to participate in the program and addresses those instances when nurses do not comply with it.

In 2016, 832 nurses had their participation in the Quality Assessment program reviewed. By the end of 2016, 716 nurses had satisfactorily completed the Practice Assessment, 19 nurses were continuing to complete activities as directed by the committee, 32 nurses were granted a deferral to 2017 for extenuating circumstances, and 34 indicated they were no longer practising, chose to resign their registration or had their practice revoked.

Quality Assurance Committee 2016 year-end report

Registration Committee

The Registration Committee determines if people who want to become nurses have the knowledge, skill, judgment and character to provide safe and ethical care. To register as a nurse in Ontario, people entering the profession must meet several requirements, such as education, language proficiency and evidence of practice.

If an applicant doesn't meet a registration requirement, the application is referred to the Registration Committee. The committee carefully reviews evidence submitted by the applicant in support of their application. To ensure the review process is fair, applicants are invited to submit personal statements, documents from verified sources, and any other information that will help the committee make an informed decision.

In 2016, the committee reviewed the applications of 1,271 people who did not meet one or more of the registration requirements.

Registration Committee 2016 year-end report

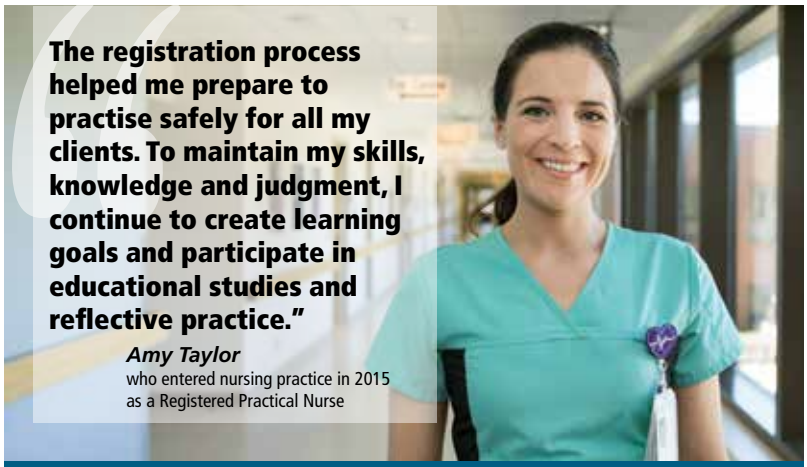
2016 Council

Nancy Sears, *RN, President (January to June)*
Megan Sloan, *RPN, RN, President (June to December)*
Pedro Andrade, *RN (June to December)*
Loy Asheri, *RN (January to June)*
Jim Attwood, *RN (January to June)*
Cheryl Barnet, *NP*
Cheryl Beemer, *RN*
Yvonne Blackwood, *public member*
Dalton Burger, *public member*
Sarah Corkey, *RN (January to June)*
Dawn Cutler, *RN (June to December)*
Renate Davidson, *public member*
Tanya Dion, *RN (June to December)*
Catherine Egerton, *public member*
Cheryl Evans, *RN*
Ashley Fox, *RPN*
Grace Fox, *NP*
Joanne Furletti, *RN (March to December)*
Deborah Graystone, *NP*
Michael Hogard, *RPN*
Terry Holland, *RPN (June to December)*
Joe Jamieson, *public member*
Andrea Jewell, *RN*
Rob MacKay, *public member*
Mary MacMillan-Gilkinson, *public member*
Connie Manning, *RPN*
Debra Mattina, *public member*
Susannah McGeachy, *NP (January to June)*
Ashleigh Molloy, *public member*
Nicole Osbourne James, *public member*
April Plumton, *RPN (January to June)*
Desiree Ann Prillo, RPN
Sandra Robinson, *NP (June to December)*
George Rudanycz, *RN*
Laura Sanderson, *RPN*
Maria Sheculski, *public member (June to December)*
Nancy Sears, *RN (January to June)*
Megan Sloan, *RPN*
Margaret Tuomi, *public member*
Devinder Walia, *public member*
Cathy Ward, *public member*
Heather Whittle, *NP*
Chuck Williams, *public member*
Ingrid Wiltshire-Stoby, *RN (June to December)*

Starting safely

Before someone begins working as a nurse in Ontario, they must assure CNO that they're able to provide safe and ethical care by meeting specific requirements. These requirements include: specific education, practice and passing an entry exam. (See Registration Requirements for the full list.)

In 2016, CNO continued working to add efficiencies to the time an applicant takes to complete the registration process. For example, we changed the exam for those applying to become RPNs from paper-based to computer based.



Champion for a safe start

Testing for knowledge, skills and judgment

As Ontario's nurse regulator, we're responsible for ensuring a new nurse is ready to care for you safely.

One way we do that is through testing.

The RN exam

Applicants to CNO who want to practise as a Registered Nurse (RN) in the province must pass an entry exam as one requirement for registration. CNO uses the National Council Licensure Examination (NCLEX-RN). To pass this exam, the writer must meet an ability level that shows they have knowledge, skills and judgment to provide safe care when they begin their first year of practice. In 2016, 4,971 applicants to CNO wrote the NCLEX-RN at least once.

To pass the exam, the applicant will need to show they can do all of the following: assess and respond to changes in vital signs; perform comprehensive health assessments; assess a client's need for pain management; perform calculations needed to safely administer medications; and maintain client confidentiality and privacy. They won't be able to pass the exam unless they have gained this knowledge in all areas.

In 2016, more than 80 per cent of Ontario writers passed the exam on their first attempt (a significant increase from approximately 69 per cent in 2015). By the end of 2016, almost 85 per cent of writers had passed after one or more attempts.

You can read the full results of this and other exams here, including a breakdown by nursing school programs.

The RPN exam

Everyone who wants to practise as a Registered Practical Nurse (RPN) in Ontario must first pass the Canadian Practical Nurse Registration Examination (CPNRE). In 2016, 4,917 applicants to CNO wrote the CPNRE at least once.

In May 2016, after collaborating with our regulatory colleagues in Canada, we implemented computer-based testing for the CPNRE, replacing the previous paper-based test. Technology is being used increasingly to deliver exams of this type, and we wanted to take advantage of the opportunities offered. For example, computer-based testing allows test writers to take the CPNRE in more cities across Canada.

By the end of 2016, almost 93 per cent of Ontario-educated RPN applicants had passed the CPNRE.

You can read here the full results of this and other exams, including a breakdown by nursing school programs.

NP exams

Nurse Practitioners (NPs) are RNs who have specific additional education and an expanded scope of practice. They have authority to diagnose, prescribe medication, perform procedures, and order and interpret diagnostic tests. CNO offers three specialty certificates for NPs: Adult, Paediatrics and Primary Health Care.

In 2016, 278 applicants to CNO wrote one of the approved NP exams at least once, with 90.5 per cent passing on their first attempt.

New entry-level competencies for NPs

As part of the Canadian Council of Registered Nurse Regulators, we worked with our regulator colleagues in other jurisdictions to develop new competencies NPs need when entering their first year of NP-related practice. Regulators across Canada will be applying these new competencies, which will begin being used in Ontario in 2018. We're releasing a document describing the competencies one year early to give stakeholders time to prepare. For example, universities will have time to update their curricula.

Improving the registration process

Everyone wanting to work as a nurse in Ontario must go through CNO's registration process, which involves meeting several requirements (see Registration Requirements for the list).

Registration can be a complex and time-consuming process for some. This is particularly true for those applying to work in Ontario from other jurisdictions around the world where requirements differ from ours, and whose nursing education programs need to be assessed. We've been working to address the timeline elements for which we have

control. For example, early in the process we're advising applicants of the requirements, the documentation needed and how they can move through the process more efficiently.

The time it took applicants to register increased in 2016, despite there being no changes to processes that would have caused this increase. We're conducting research to gain a better understanding of the delays in gaining membership with CNO. In addition, the application process remained paper-based during 2016; we'll be implementing technology improvements in 2017 that should allow applicants to move more quickly through the application process. We expect an impact on the timelines by 2018.

We've been collaborating with the Council of Ontario Universities (COU) and the Council of Ontario University Programs in Nursing (COUPN) to inform the development of education for internationally educated RN applicants. Courses will be available in 2017 for applicants with educational gaps in the following areas: self-regulation, professional accountability and responsibility, service to the public and ethics.

The Office of the Fairness Commissioner (OFC) regularly audits CNO's registration practices. Created under the *Fair Access to Regulated Professions Act (2006)*, this government agency works with regulated professions and compulsory trades in Ontario to ensure their registration processes are transparent, objective, impartial and fair. CNO regularly seeks out areas for improvement in registration practice, and every year we review our practices and submit a Fair Registration Practices Report to the OFC. In turn, the OFC creates a list of recommendations for us to put into practice. You can review CNO's 2016 report at *Fair Registration Practices Report, 2016*.

Enhancing program approval

Program Approval is a process CNO uses to evaluate nursing education programs to make sure they prepare graduates with the needed competencies. We currently use multiple approaches to approve RPN, RN and NP programs, including a range of approval structures, evaluation reviewers and frequencies of program evaluation.

In 2016, CNO's Council agreed to change the way we approve nursing education programs. Making the change means that all nursing programs will be evaluated using the same standardized approach. This change came after consulting with experts, including those in education. We'll review NP programs first, and select a third-party vendor to help implement evaluation tools and processes.

Champion for education

Staying skilled

Because health care is advancing rapidly, the way nurses must do their job and what you should expect from them are always changing, too.

So nurses can continue to provide you with safe care, CNO provides them with information to help them understand all standards. In addition, we manage a Quality Assurance Program through which nurses demonstrate their commitment to learn and continue to improve their knowledge and skills.

"Lifelong learning lets you continually reflect on your practice. It forces you to ask questions, increase your knowledge and improve your skills — all essential for safe, high-quality care."

Meredith Muscat
Nurse Practitioner who recently completed education needed to prescribe controlled substances

Champion for lifelong learning

Keeping nurses in the know

CNO provides practice standards and guidelines to support nurses in providing you with safe and ethical nursing care.

Practice **standards** inform nurses of their accountabilities. Practice **guidelines**, which often address specific practice-related issues, help nurses understand their responsibilities and how to make safe and ethical practice decisions.

In 2016, we updated, reminded and sought feedback from Ontario nurses about proposed health care and standards changes, including:

- **Medical Assistance in Dying (MAiD):** In June 2016, it became legal for eligible people to receive medical assistance in dying in Canada. The law establishes safeguards for patients and offers protection to health professionals who provide medical assistance in dying, along with those who assist in the process in accordance with the law.

  CNO kept nurses up to date on their role as laws were put in place, and we continue to monitor for additional changes. You can read more in CNO's Guidance on Nurses' Roles in Medical Assistance in Dying.

- **Privacy and confidentiality:** Privacy breaches are serious offences that negatively affect the trust between nurses and their clients, as well as public trust in the nursing profession. It's illegal for a nurse to access a person's health care information if the nurse isn't involved in their care. CNO and the government have been taking legal and regulatory steps to protect the public and hold individuals and organizations accountable when they commit privacy breaches.

In 2016, CNO kept nurses, employers and facility operators informed of the Ontario government's changes to the *Personal Health Information Protection Act* (PHIPA), including new requirements making it mandatory to inform CNO of any disciplinary action they take against a nurse who unlawfully accesses health records — even if that discipline does not result in a nurse's firing or resignation.

- **New standard for practice of NPs:** In 2016, CNO began the work to align the Nurse Practitioner practice standard with changes to national competencies for NPs and make it easier to apply in any practice setting. We sought feedback on the changes from current NPs and other stakeholders. We expect to release the revised standard in 2017.

Nurses prescribing

NPs prescribing controlled substances

Nurse Practitioners are Registered Nurses who have received additional training and experience. They have authority to diagnose, prescribe certain medications, perform procedures, and order and interpret diagnostic tests. CNO and the Ontario government worked on regulation changes to enable Ontario NPs to prescribe some medications restricted by federal law (known as controlled substances). In December 2016, Council reviewed draft regulations and approved them for circulation to nurses and stakeholders for feedback. These changes were passed into law in April 2017.

NPs frequently assess clients with conditions that may require controlled substances for management. Allowing NPs to prescribe controlled substances lets clients get the treatment they need without delay. NPs will be required to complete specific education before they can prescribe these medications.

RNs prescribing medications

In January 2016, CNO participated in the Health Professions Regulatory Advisory Council's consultation about possible models for implementing RN prescribing in Ontario. We flagged regulatory considerations for safe prescribing, which generally occurs as part of a continuum of care that includes a health assessment, diagnosis, therapeutic management and follow-up. Regardless of which RN prescribing model the Ministry chooses, we'll work with the Ministry to draft regulations and develop mechanisms that support safe practice.

Assuring quality of nursing care

Lifelong learning is essential to continuing competence. In Ontario, nurses show their commitment to remaining competent in their practice by participating in our Quality Assurance Program. The program supports nurses in practising according to CNO's standards and helps them develop in the areas for which they have identified they have learning needs.

We randomly selected 775 nurses in 2016 to participate in a Practice Assessment and have a review done by their peers. Of those selected, 92 per cent completed this assessment within the year (up from 73 per cent in 2013). To improve this measure, we're enhancing technology, revising our web-based resources for nurses and making our consultants more accessible.

In 2016, CNO began a major review of its Quality Assurance Program, and we'll be using evidence from many sources to make any needed changes. The revised program will continue to promote education and development of skills and competencies throughout a nurse's career.

Establishing a Nurse Health Program

CNO completed a review of its process for addressing nurses who suffer from substance use or mental health issues that may impact their ability to practise safely. The goals are to develop a treatment and monitoring program as an alternative to the current regulatory process, and increase prevention and public awareness through education and outreach services. This program's development will continue in 2017.

Taking action

In addition to registering people to practise as nurses in Ontario and supporting nurses in their practice, CNO holds nurses accountable to working to nursing standards.

We treat very seriously every complaint from the public and every report from employers or health care professional. Every issue is assessed to determine its risk to the public and appropriate next steps.

> **Going through the resolution process has enabled me to express my concerns and give closure to my grievance. The stages of the process reassured me that there is a platform for nurses to revisit their professional code of practice and conduct."**
>
> ***Nan Kadarnauth***
> Member of the public who participated in CNO's resolution option after raising a complaint about nursing care

Champion for accountability

A complaint from a member of the public can be handled in two ways:

Resolution: During this voluntary process, the nurse and the member of the public making the complaint work with CNO to develop an acceptable resolution that addresses the issues and promotes quality nursing care.

Investigation: When resolution is not suitable, CNO investigates the complaint. This investigation may include obtaining health records, interviewing the complainant and witnesses, and giving the nurse an opportunity to respond in writing.

Public protection is the focus of these activities. We continually look for ways to improve every stage of this process — from how the public and employers can provide information to us, to how discipline decisions are made and shared. In 2016, in the interest of positively impacting public safety, we sought public and other stakeholder feedback on a number of major issues, we made improvements to the information available and how this information is shared, and we actively participated in finding ways to help prevent the sexual abuse of patients by health care workers.

Maintaining your trust

Your health care and that of your family will most likely involve a nurse at some point. You expect that interaction to result in safe, quality care. CNO is here to provide what you need to make informed decisions about your care.

During 2016, CNO and nursing were in the media significantly more than in prior years, primarily due to several high-profile legal cases. Our annual public survey conducted at the end of 2016, found that 92 per cent of those surveyed trust nurses to provide them with safe care. Nursing remains one of the most trusted professions. This is as it should be; Ontario's 160,000 nurses continue to show they are committed to providing quality, ethical care. At CNO, our decisions and daily activities are guided by our goal to continue to meet your expectations and maintain your confidence in nurses.

To achieve that goal, the survey also asks about the respondent's last interaction with a nurse. In 2016, the survey results highlighted three areas where improvements are most needed:

- involving you in decisions about your own care
- having nurses explain their role in your care
- ensuring nurses providing your care introduce themselves to you

These areas for improvement will be part of CNO's upcoming communications to you and to nurses.

Making informed decisions

Every nurse registered in Ontario has a profile on Find a Nurse, an easy-to-use online register that provides information to the public about nurses in the province. You can search for information about nurses using their first or last names, facility names or registration numbers.

A set of transparency principles guides decision-making about what information is and is not made public. The principles help balance public protection with fairness for nurses and complainants, and the strict confidentiality requirements by which CNO is legally bound.

"With our partners, we're building a system to share nurses' registration info across Canada. It will enhance nurse mobility and give the public confidence that a nurse who practised in B.C. is safe to practise elsewhere in Canada."

Cynthia Johansen
Registrar/CEO of the College of Registered Nurses of British Columbia (CRNBC)

Champion for collaboration

We provide this information to help you make informed decisions about your health care. It also gives employers information they need to ensure a nurse is registered to work in Ontario, plus any restrictions they may have on their practice. We continue to rely on feedback from the public and other stakeholders to keep us abreast of what information is necessary for their decision-making.

To maintain all stakeholders' confidence, we also seek to be clear, open and forthright about our processes and decision-making, and to find the best ways for all parties to share information. In 2016, we made a number of information-related advancements designed to improve public safety:

- **Nurse Renewal Check** (formerly Automated Annual Verification of Renewal): Employers are obligated to confirm that nurses they employ are entitled to practise nursing in Ontario. CNO provides a service for anyone needing to check accurately and efficiently the membership status of nurses they employ on a full-time, part-time, casual or contractual basis. In 2016, after rebranding the program, CNO began to more actively promote it.

- **Unregistered practitioners:** Occasionally, CNO receives reports that individuals who are not nurses may be seeking employment in nursing or holding themselves out as people qualified to practise in Ontario as an RN, RPN or NP. We maintain a list on our website of such people who have come to our attention. In 2016, we changed this list title from "Illegal Practitioners" to "Unregistered Practitioners" to clarify the message. Moving from the term "illegal" to the less-restrictive term "unregistered" increases the list of names we can add to the page in an effort to protect the public.

- **Information on sexual abuse of a patient:** We updated information on sexual abuse issues by adding a focus on what constitutes sexual abuse beyond the legal definition, and how to contact CNO to report such abuse.

Sharing nursing information across Canada

Increasingly, nurses are moving across provinces and territories to work, and must seek registration at their new location. Having Canada's various regulators share registration and discipline information about nurses will make the registration process more efficient. In addition, it will aid public protection by ensuring that the regulator in the nurse's new location is aware of any risk issues with the nurse.

In 2015, as part of the Canadian Council of Registered Nurse Regulators, CNO began working to find a way to share such information. For this to succeed, all regulators need a common way to identify each nurse uniquely. In 2016, we led a successful test of a usable unique identifier in British Columbia and Ontario. We expect to begin a pilot of this system in 2017 and to implement it fully by 2020.

Preventing sexual abuse of patients

Sexual relations between a nurse and patient are always unethical and abusive, and are a serious breach of trust.

CNO recognizes the grievous harm and lasting effect sexual abuse by a nurse can have on a patient. When receiving care from a nurse, the nurse should be professional, respectful, knowledgeable, skillful and ethical. We continually seek ways to improve how we can act sensitively, respectfully, fairly and quickly to complaints of any such misconduct by a nurse.

In 2016, we received the *recommendations of the Minister's Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act, 1991*. After reviewing it thoroughly, we provided our feedback to the Ministry of Health and Long-term Care. Following this, the Ministry introduced Bill 87, the *Protecting Patients Act, 2016*, which received its first reading in December. The Act proposes changes to the legislation governing health care regulators, the *Regulated Health Professions Act, 1991* (RHPA).

If passed, some changes to the RHPA would include:

- defining "patient" to include former patients for a period of one year
- allowing the Minister to specify how regulators perform their functions dealing with complaints, reports and discipline matters involving sexual abuse
- expanding the list of acts of sexual abuse that result in mandatory revocation of a health care worker's ability to practise
- increasing access to patient therapy and counselling
- when requested by the Minister, regulators would provide reports and information that may contain personal information or personal health information to allow the Minister to determine if a regulator is fulfilling its duties
- giving the Minister more control over the composition CNO's statutory committees, quorum and member qualifications

The Bill also includes a number of amendments related to transparency previously adopted by CNO's Council, which resulted in more information about members being made available on the Public Register, Find a Nurse.

CNO expressed its clear commitment to protecting patients from sexual abuse during the review by the Sexual Abuse Task Force and when the Minister announced Bill 87. We support the intent and the overall objectives of Bill 87.

We're committed to ensuring each complaint of sexual abuse of a patient receives a high-priority investigation and to giving sensitive and respectful support throughout the process to those who have been abused. We will continue to work with the Ministry to do what is needed to eliminate all such abuse.

For more information on sexual abuse, including what to do if you suspect sexual abuse by a nurse, see www.cno.org/en/sexual-abuse/.

Nurses should continue to report to the appropriate regulatory college if they believe that a health care professional has sexually abused a client. You can find more information about this and other mandatory requirements in the Mandatory Reporting guide.

Statistics

This section contains statistical information about professional conduct and Practice Assessment outcomes, as well as select membership data for 2016.

Membership in the General & Extended Classes

The following membership statistics are taken from the data published in CNO's Membership Statistics Report 2016.

Total membership

	2014	2015	2016
RN	104,298	104,401	104,140
RPN	42,018	44,195	46,888
NP	2,362	2,567	2,822
Total	**148,678**	**151,163**	**153,850**

Employment status

RN	2014	2015	2016
Employed in nursing	97,217	97,292	97,474
In Ontario	95,787	96,007	96,004
Employed in non-nursing only	829	831	662
On leave	2,508	2,450	2,082
Not employed	3,738	3,828	3,922
Not specified	6	0	0
Total	**104,298**	**104,401**	**104,140**

RPN	2014	2015	2016
Employed in nursing	37,560	39,402	41,881
In Ontario	37,284	39,111	41,506
Employed in non-nursing only	1,080	1,239	1,344
On leave	1,133	1,133	1,056
Not employed	2,242	2,421	2,607
Not specified	3	0	0
Total	**42,018**	**44,195**	**46,888**

NP	2014	2015	2016
Employed in nursing	2,250	2,449	2,698
In Ontario	2,209	2,407	2,657
Employed in non-nursing only	6	4	3
On leave	61	73	63
Not employed	45	41	58
Total	**2,362**	**2,567**	**2,822**

Members employed in nursing in Ontario
Overall working status

	2014		2015		2016	
RN	#	%	#	%	#	%
Full-time	63,544	66.3	63,669	66.3	63,591	66.2
Part-time	25,114	26.2	25,237	26.3	25,239	26.3
Casual	7,129	7.4	7,101	7.4	7,174	7.5
Total	**95,787**	**100**	**96,007**	**100**	**96,004**	**100**

	2014		2015		2016	
RPN	#	%	#	%	#	%
Full-time	20,836	55.9	21,550	55.1	22,478	54.2
Part-time	13,136	35.2	13,962	35.7	15,084	36.3
Casual	3,312	8.9	3,597	9.2	3,944	9.5
Not specified	0	0.0	2	0.0	0	0.0
Total	**37,284**	**100**	**39,111**	**100**	**41,506**	**100**

	2014		2015		2016	
NP	#	%	#	%	#	%
Full-time	1,827	82.7	1,961	81.5	2,133	80.3
Part-time	337	15.3	384	16.0	458	17.2
Casual	45	2.0	62	2.6	66	2.5
Total	**2,209**	**100**	**2,407**	**100**	**2,657**	**100**

Employment positions in nursing in Ontario
Employment sector

	2014		2015		2016	
RN	#	%	#	%	#	%
Hospital	68,322	60.8	68,607	60.9	68,844	61.0
Community	22,647	20.1	22,602	20.1	22,548	20.0
Long-term care	10,139	9.0	10,135	9.0	10,141	9.0
Other	11,303	10.1	11,347	10.1	11,279	10.0
Total	**112,411**	**100**	**112,691**	**100**	**112,812**	**100**

	2014		2015		2016	
RPN	#	%	#	%	#	%
Hospital	17,395	38.0	17,737	37.0	18,431	36.3
Community	8,423	18.4	9,278	19.3	10,135	19.9
Long-term care	17,841	39.0	18,652	38.9	19,676	38.7
Other	2,083	4.6	2,314	4.8	2,563	5.0
Total	**45,742**	**100**	**47,981**	**100**	**50,805**	**100**

	2014		2015		2016	
NP	#	%	#	%	#	%
Hospital	1,077	37.5	1,169	37.1	1,277	36.5
Community	1,451	50.6	1,574	50.0	1,754	50.1
Long-term care	80	2.8	97	3.1	114	3.3
Other	261	9.1	309	9.8	356	10.2
Total	**2,869**	**100**	**3,149**	**100**	**3,501**	**100**

New members

New members are nurses who have registered with CNO after successfully meeting the requirements for nursing in Ontario. They may have become new members at any point in 2016.

Number of new **RNs** by location of initial nursing education

	2014		2015		2016	
	#	%	#	%	#	%
Ontario	3,974	84.2	3,332	82.3	3,966	85.0
Other Canadian jurisdiction	321	6.8	331	8.2	367	7.9
International	423	9.0	387	9.6	335	7.2
Total	**4,718**	**100**	**4,050**	**100**	**4,668**	**100**

Location of nursing education: Top 5 countries International **RN** new members

	2016	
	#	%
India	167	49.9
United States	43	12.8
Philippines	22	6.6
Jamaica	22	6.6
Iran	8	2.4
Other countries	73	21.8
Total	**335**	**100**

Number of new **RPNs** by location of initial nursing education

	2014		2015		2016	
	#	%	#	%	#	%
Ontario	3,460	75.8	3,643	73.5	3,319	75.4
Other Canadian jurisdiction	88	1.9	77	1.6	105	2.4
International	1,019	22.3	1,239	25.0	977	22.2
Total	**4,567**	**100**	**4,959**	**100**	**4,401**	**100**

Location of nursing education: Top 5 countries International **RPN** new members

	2016	
	#	%
India	496	50.8
Philippines	381	39.0
Iran	16	1.6
Pakistan	10	1.0
Nigeria	8	0.8
Other countries	66	6.8
Total	**977**	**100**

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College of Nurses of Ontario
101 Davenport Rd.
Toronto, ON
Canada M5R 3P1

Web: www.cno.org
E-mail cno@cnomail.org
Fax: 416 928-6507
Tel.: 416 928-0900
Toll-free in Canada 1 800 387-5526