Leading in Change

2017 ANNUAL REPORT

College of Nurses of Ontario
Leading in Change
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Welcome to CNO

Mission:
Regulating nursing in the public interest

Vision:
Leading in regulatory excellence

We are the College of Nurses of Ontario (CNO) and we are here to uphold safe nursing care for the public. We oversee the 175,000 nurses who provide care to the people of Ontario.

How do we do this? In four main ways:

1. We set the requirements for becoming a nurse in Ontario

2. We inform nurses of their accountabilities, and tell the public and other stakeholders what they can expect from nurses

3. We respond to your concerns about nurses’ conduct, competence and health

4. We ensure nurses engage in continuous quality improvement throughout their careers
Nurses in Ontario

Approximately 175,000 nurses

119,200 REGISTERED NURSES (RNs)

55,760 REGISTERED PRACTICAL NURSES (RPNs)

3,344 NURSE PRACTITIONERS (NPs)

As of December 31, 2017

For more statistics about nurses and nursing, visit www.cno.org/stats
Executive Director and CEO’s message

Every day, we work to advance public protection in Ontario by influencing health care regulation. At one of our 2017 Council meetings, patient advocate Judith John challenged us to always remember the people at the heart of health care. We know it’s important for you to be confident in the care nurses provide. Nursing practice is changing to meet the needs of patients and families. We are here to make sure those changes happen safely.

Leaders need to listen. In our desire to be a responsive regulator, CNO continues to use innovative ways to listen to the public and respond to your expectations of us. We are always striving to improve and to fulfill our commitment to being a public-facing organization. As part of our contribution to the larger health care system, we are participating in The Long-Term Care Homes Public Inquiry. In our day-to-day work, we are dedicated to identifying and preventing risks to patient safety.

Our colleagues in regulation have responded positively to our efforts to create progressive dialogue on national and international stages. We look forward to more opportunities to lead changes that keep patient safety our top priority. Together with Ontario’s nurses, we are committed to meeting the public’s expectations of us — now and in the future.
President’s message

Council has one focus when governing and setting CNO’s strategic direction: to ensure safe nursing care and public trust.

As a member of the public, you are at the core of our discussions and decision-making. So that this focus continues, in 2017 we implemented a new Code of Ethical Conduct for Council and committee members. The new Code makes clear there is no role for advocacy or bias for the profession: just focus on the public interest.

We’re modernizing the way Council is structured to keep pace with the public’s changing needs. CNO’s future board will have equal numbers of public members and nurses working together to regulate the profession. It will also benefit from the diverse perspectives that advisory groups offer, and benefit from appointing members based on their experience, knowledge and skill.

A new approach for our Quality Assurance Program is in the works, too. In a survey of the public that we conducted in 2017, you responded with strong support for nurses to demonstrate to their regulator that they’re taking steps to improve their skills. Our goal is to assure the public even more that nurses show continuing competence and quality improvement through the whole of their careers.

We’re modernizing the way Council is structured to keep pace with the public’s changing needs.

Read more about Council’s new vision
www.cno.org/governance2020

Find out more about our Council at
www.cno.org/council

CNO’s committees address patient abuse, as well as public concerns about nurse practice and conduct, and the effect of nurse health on public safety. They also ensure that nurses are competent when they start to practice, and are committed to continuous quality improvement. Read about each committee at www.cno.org/committees
Five highlights from 2017
RN prescribing

We will make sure RN prescribing is safe

RN prescribing is happening — in Canada and other parts of the world. In 2017, the Ontario government approved legal changes that will let RNs prescribe certain medications. Now it’s our job to ensure RN prescribing will be safe.

Currently, RNs can’t prescribe medications (NPs and doctors can). Because prescribing and diagnosing can pose risk to patients, we are moving to make sure RNs have the knowledge, skill and judgment they need to add this new area to their practice.

To start, we’re exploring RN prescribing of select medications: immunizations and contraception, plus smoking cessation, travel health and topical wound care. Right now, we’re working on new laws for the Ministry of Health and Long-Term Care to consider by the end of 2018.

When the change is implemented, only RNs who meet the requirements we set, including successfully completing additional education, will be able to prescribe. They will need to comply with laws and standards about prescribing, and maintain their competence in this area.

In our 2017 survey of the public, more than 80% supported this change. You told us RN prescribing will result in quicker access to, and shorter wait times for, these treatments. You also said it will give NPs and doctors more time to focus on patients with complex cases.

Our work continues — consulting with RNs and other groups, and reviewing relevant evidence. The goal is to ensure you know what you can expect from your nurse: how to identify which RNs can prescribe, the type of medications they can prescribe and where to turn if you have any concerns.

For more information, visit www.cno.org/journey-to-rn-prescribing.
Protecting Patients Act

We’re protecting patients from sexual abuse

All complaints of sexual abuse are serious. That’s why we give each complaint a high-priority investigation, along with sensitive and respectful support to the people involved in our processes.

Ontario laws have changed to help stop sexual abuse of patients by health professionals. CNO advocated for these changes in the name of patient safety. When the government passed The Protecting Patients Act, 2017, it expanded the list of sexual abuse acts that results in revoking a nurse’s registration.

Now if it’s determined that a nurse’s conduct is likely to expose patients to harm or injury, we can suspend or restrict the nurse sooner than we could before. We can also suspend a member earlier if we find them guilty of sexually abusing a patient. As well, there is expanded funding for therapy and counselling for anyone alleging sexual abuse by a nurse.

Government has now prohibited any sexual relationship between health care providers and patients for one year after professionals have provided care. CNO promoted this change, too, to support clear professional boundaries between health care providers and patients.

Read more about our work at www.cno.org/sexualabuse.

The new law requires us to publicize criminal charges and findings against nurses. While we were already doing most of this on our online public Register, Find a Nurse, we have made additions to increase public transparency. Now, we post all allegations against a nurse that are referred to our Discipline Committee. Even if a discipline hearing does not find professional misconduct or incompetence on the nurse’s part, that outcome appears on the Register for 90 days. In addition, you can see if a nurse has been cautioned orally, had their registration revoked or is required to complete remedial activities. Discipline decisions are available on Find a Nurse and www.cno.org.

You are entitled to information about your care provider. Use Find a Nurse at www.cno.org. +

Making information public

WHAT’S NEW ON FIND A NURSE

→ Specified allegations against a nurse
→ When an investigation into a nurse’s conduct is referred to the Discipline Committee
→ Status of hearings before a Panel of the Discipline Committee
→ Cautions/remedial activities stay on the Register indefinitely (we used to remove them after three years)
Opioids, which are highly addictive, are one type of controlled substance used primarily to treat pain. The liberal use of opioids for treating chronic non-cancer pain has contributed to the current opioid addiction and overdose crisis in North America.

We’re addressing this issue with numerous resources to support NPs working in this area. We revised our NP practice standard, and added information to our website for determining non-opioid prescription and therapy options available for treating patients with chronic non-cancer pain.
New education supports safe practice

89% NPs who completed the education to prescribe controlled substances

80% NPs who completed the education and now prescribe controlled substances in their practice

Top 5 conditions NPs prescribe controlled substances for

1. Acute pain
2. Anxiety
3. Chronic non-cancer pain
4. Sleep disorders
5. Palliative symptoms

2017 CNO survey of more than 900 NPs
Our practice support services exist to help nurses understand their accountabilities when providing care. To ensure we have the best processes in place for patient protection, in 2017 we created a new way of delivering practice support and developing relevant educational materials — not only for nurses, but for members of the public, nurse employers, unions, nursing associations and government, too.

What resources do our stakeholders need? How can we improve their access to them? To answer these and other questions, we examine potential risks, legislation, hot topics and trends to develop materials centred on public safety. Together with groups such as the Ministry of Health and Long-Term Care and the Ontario Hospital Association, we identify common issues and trends affecting various health care sectors.

One result is an online service of practice support that provides nurses with consistent information within a swift timeframe. When nurses contact us about their practice, 95% of their questions are answered within 24 hours. We are able to track the information nurses request and use this to develop the right resources for preventing risk to public safety.

Find out more about how this program supports safe practice at www.cno.org/practicesupport. 

We changed the way we deliver practice support services to nurses.
The new process confirms that all approved programs meet comprehensive standards that put safety first. It provides an objective foundation for consistently and regularly approving the province’s programs. As well, it helps ensure our Program Approval and decision-making processes are clear, open and transparent.

What sets our process apart is the amount of evidence and consultation we put into it. To develop the pilot, we sought input from front-line nurses, nursing educators and leaders, clinical instructors, students and other regulators. The goal is to deliver a quality process that is sustainable over time.

There are more than 90 nursing programs in the province, which we’ll monitor each year. Every seven years, we will conduct a comprehensive review to ensure that a program’s structure, curriculum and outcomes prepare graduates to practice nursing safely. Annually, we’ll monitor selected data, such as nursing registration exam results. Council will use this information to make decisions about program approval. You can find the approval status of all Ontario nursing education programs at www.cno.org/programs.

Some of what went into developing Program Approval:

- We piloted a new process for ensuring graduates are ready to practice safely.
- One way CNO helps ensure graduates are prepared to practice is by approving all of Ontario’s entry-level nursing education programs. In 2017, we began piloting a new process for approving these programs with six nursing schools.

- The new process confirms that all approved programs meet comprehensive standards that put safety first.
- It provides an objective foundation for consistently and regularly approving the province’s programs.
- As well, it helps ensure our Program Approval and decision-making processes are clear, open and transparent.
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- Annually, we’ll monitor selected data, such as nursing registration exam results. Council will use this information to make decisions about program approval.
- You can find the approval status of all Ontario nursing education programs at www.cno.org/programs.
Year at a glance

93% Public who say they trust nurses

89% Public who said the last nurse they interacted with treated them with respect

86% Public who feel they could trust the last nurse they interacted with to provide them with safe nursing care

13,500 Applications from people seeking to become a nurse

10,165 New nurses

2x Nurses who renewed their registration in the opening three weeks using our new application, compared to 2016

14% New nurses who were educated outside of Canada

25% Decrease in median number of days we take to register internationally educated RN applicants (since 2016)

5 Unregistered practitioners we identified

2017 CNO survey of 1,013 members of the public
48% Nurses in Ontario ages 35-54

801 Nurses we randomly selected and whose practice we assessed as part of our quality assurance program

61% Most RNs work in hospitals

49% Most NPs work in the community

38% Most RPNs work in Long-term care facilities or 36% hospitals

6,126 Questions from stakeholders about nursing practice

On our way to going paperless, we scanned 125,000 pages into our new customer relationship system

Going cashless with 165,897 credit card payments for annual membership renewal

37 Members on our board (16 public, 14 RNs and 7 RPNs)

2.5 million Visits to www.cno.org

61% of the workforce is aged 35-54 and most work in hospitals. Long-term care facilities and hospitals are the primary workplace for NPs, while RPNs are primarily community-based.
2017 Council Members

Megan Sloan RPN, RN, President  January–June
Dalton Burger Public Member, President  June–December
Pedro Andrade RN
Cheryl Barnet NP
Cheryl Beemer RN
Yvonne Blackwood Public Member  January–June
Dalton Burger Public Member
Dawn Cutler RN
Renate Davidson Public Member
Tanya Dion RN
Catherine Egerton Public Member
Cheryl Evans RN
Ashley Fox RPN
Grace Fox NP  January–June
Joanne Furlotti  January–June
Deborah-Jane Graystone NP
Michael Hogard RPN  January–June
Terry Holland RPN
Joe Jamieson Public Member
Andrea Jewell RN
Dale Lafontaine Public Member  April–December
Rob MacKay Public Member  January–June
Mary MacMillan-Gilkinson Public Member
Connie Manning RPN
Debra Mattina Public Member  January–June
Ashleigh Molloay Public Member
Nicoie Osborne James Public Member
Kathleen Patterson RPN  June–December
Tania Perlin Public Member  June–December
Judy Petersen Public Member  June–December
Desree-Ann Prillo RPN
Sandra Robinson NP
George Rudanycz RN
Maria Sheculski RN
Megan Sloan RPN  January–June
Naomi Thick RN  June–December
Margaret Tuomi Public Member
Kimberly Wagg RPN
Devinder Walia Public Member
Cathy Ward Public Member
Terah White RPN
Heather Whittle NP
Chuck Williams Public Member
Ingrid Wiltshire-Stoby RN
Christopher Woodbury Public Member  November–December

CNO’s 2017 Leadership Team

Anne Coghnlan  Executive Director & Chief Executive Officer
Janet Anderson  Chief Quality Officer
Stephen Mills  Chief Administrative Officer
Elizabeth Horlock  Director, Human Resources
Farah Ismail  Director, Practice Quality
Deborah Jones  Director, Communications
Brent Knowles  Director, Analytics & Research
Kevin McCarthy  Director, Strategy
Karen McGovern  Director, Professional Conduct
Cathy Stanford  Director, Information Systems
Paul Brennan  Manager, Reports & Prosecutions
George Ianni  Manager, Information Technology
Chris Leslie  Manager, Systems Development
Allison Patrick  Manager, Quality Assurance Program
Nancy Peroff-Johnston  Manager, Practice Support
Ravi Prathivaththi  Manager, Business Support
David Proctor  Manager, Facilities
Sheryl Sarfin  Manager, Complaints
Anne Marie Shin  Manager, Education Program
Michael Van Viegen  Manager, Customer Service
Suzanne Vogler  Manager, Entry-to-Practice

To the Council of the
College of Nurses of Ontario

The accompanying summary financial statements, which comprise the summary statement of financial position as at December 31, 2017, and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of the College of Nurses of Ontario for the year ended December 31, 2017. We expressed an unmodified audit opinion on those financial statements in our report dated June 7, 2018.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the College of Nurses of Ontario.

Management's Responsibility for the Summary Financial Statements
Management is responsible for the preparation of a summary of the audited financial statements on the basis described in the note to the summary financial statements.

Auditor's Responsibility
Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

Opinion
In our opinion, the summary financial statements derived from the audited financial statements of the College of Nurses of Ontario for the year ended December 31, 2017 are a fair summary of those financial statements, on the basis described in the note to the summary financial statements.

Toronto, Ontario
June 7, 2018
Chartered Professional Accountants
Licensed Public Accountants
## Summary Statement of Financial Position

<table>
<thead>
<tr>
<th>December 31</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$24,013,457</td>
<td>$30,366,903</td>
</tr>
<tr>
<td>Investments</td>
<td>$7,556,455</td>
<td>$10,363,024</td>
</tr>
<tr>
<td>Amounts receivable</td>
<td>$190,087</td>
<td>$50,480</td>
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<tr>
<td>Prepaid expenses</td>
<td>$648,142</td>
<td>$642,730</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>$32,408,141</td>
<td>$41,423,137</td>
</tr>
<tr>
<td>Investments</td>
<td>$8,306,173</td>
<td>$8,513,103</td>
</tr>
<tr>
<td>Capital assets</td>
<td>$7,836,511</td>
<td>$7,378,666</td>
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<tr>
<td>Intangible assets</td>
<td>$433,740</td>
<td>$202,006</td>
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<tr>
<td>Defined benefit asset</td>
<td>$552,916</td>
<td>$291,426</td>
</tr>
<tr>
<td><strong>Total investments</strong></td>
<td>$17,129,340</td>
<td>$16,385,201</td>
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<tr>
<td><strong>Capital and intangible assets</strong></td>
<td>$49,537,481</td>
<td>$57,808,338</td>
</tr>
</tbody>
</table>

| **LIABILITIES** |       |       |
| Current liabilities |       |       |
| Accounts payable and accrued liabilities | $7,095,228 | $8,103,181 |
| Deferred membership and examination fees | $17,979,825 | $28,589,787 |
| **Total current liabilities** | $25,075,053 | $36,692,968 |

| **NET ASSETS** |       |       |
| Invested in capital and intangible assets | $8,270,251 | $7,580,672 |
| Unrestricted | $16,192,177 | $13,534,698 |
| **Total net assets** | $24,462,428 | $21,115,370 |

|       | $49,537,481 | $57,808,338 |

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## Summary Statement of Operations

**Year ended December 31**

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership fees</td>
<td>34,110,126</td>
<td>27,697,108</td>
</tr>
<tr>
<td>Credential evaluations, endorsements and transcripts</td>
<td>2,294,288</td>
<td>2,217,962</td>
</tr>
<tr>
<td>Examinations</td>
<td>2,006,256</td>
<td>1,915,471</td>
</tr>
<tr>
<td>Investment income</td>
<td>448,573</td>
<td>432,314</td>
</tr>
<tr>
<td>Other</td>
<td>200,409</td>
<td>236,471</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>39,059,652</td>
<td>32,499,326</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee salaries and benefits</td>
<td>21,693,109</td>
<td>21,495,192</td>
</tr>
<tr>
<td>Consultants</td>
<td>4,945,242</td>
<td>3,274,042</td>
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<tr>
<td>Legal services</td>
<td>2,590,297</td>
<td>2,364,848</td>
</tr>
<tr>
<td>Equipment, operating supplies and other services</td>
<td>2,866,527</td>
<td>3,149,368</td>
</tr>
<tr>
<td>Taxes, utilities and amortization</td>
<td>1,243,421</td>
<td>1,303,237</td>
</tr>
<tr>
<td>Examination fees</td>
<td>1,547,959</td>
<td>1,357,164</td>
</tr>
<tr>
<td>Non-staff remuneration and expenses</td>
<td>838,987</td>
<td>798,157</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>35,725,542</td>
<td>33,742,008</td>
</tr>
<tr>
<td><strong>Excess of revenues over expenses (expenses over revenues) for year</strong></td>
<td>3,334,110</td>
<td>(1,242,682)</td>
</tr>
</tbody>
</table>
1. **Basis of presentation**

These summary financial statements have been prepared from the audited financial statements of the College of Nurses of Ontario (the "College") for the year ended December 31, 2017, on a basis that is consistent, in all material respects, with the audited financial statements of the College except that the information presented in respect of changes in net assets and cash flows has not been presented and information disclosed in the notes to the financial statements has been reduced.

Complete audited financial statements are available to members upon request from the College.