



COLLEGE & ASSOCIATION  
OF REGISTERED NURSES  
OF ALBERTA

# CARNA Annual Report

## 2012-2013



LISTENING & LEADING



SHAPING THE FUTURE

View online at [www.carnaannualreport.ca](http://www.carnaannualreport.ca).

## Listening and leading

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No one understands the importance of listening better than registered nurses and nurse practitioners. For us, taking the time to listen to patients is the most critical first step in providing expert care.

As your regulatory college and professional association, we are committed to making listening and engaging a priority in everything we do, including this annual report – which is our first completely web-based publication. We’ve designed it with the goal to make it easier for you to learn about what we’re doing and what we’re working towards, while creating opportunities for you to tell us about what matters to you. It will help all of us to engage and lead more effectively together.

Our ongoing commitment to regulatory excellence and to ensuring your voices are heard at all levels, has driven much of our work this past year. From collaborating with other health regulators and nursing jurisdictions, to providing input that will shape provincial health policies and legislation, we worked to share your collective experience and wisdom. We also worked to strengthen and enhance our regulatory processes and communication strategies, to support your professional commitment and obligation to uphold public safety.

At the same time, we looked for ways to continue connecting with members, travelling the province to meet in person and utilizing social media to engage and exchange ideas and information. You’ll find more detail on that work, along with how we define and uphold professional excellence and increase public understanding of the important role of registered nurses and nurse practitioners, in this report.

We know there will be challenges, as we saw this past year with our renewal process and health system changes. We also know that every challenge provides an opportunity to listen, learn and grow so that together we can continue to provide the quality expert care and services all Albertans deserve.

Mary-Anne Robinson  
Chief Executive Officer

Dianne Dyer  
President

## Shaping the future of nursing

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CARNA is both the regulatory college and professional association for Alberta's more than 35,000 registered nurses, including nurses in direct care, education, research and administration, as well as nurse practitioners.

As your regulatory college, CARNA establishes the educational and other requirements for entry to practice as an RN or NP and the continuing competence requirements of practicing members. We also establish and oversee standards of practice, a code of ethics and disciplinary processes to support professional accountability. Our commitment to regulatory excellence strengthens public confidence in the ability of registered nurses to provide quality care.

As your professional association, we strengthen our regulatory mandate by offering services, supports and resources that help members realize their professional potential and deliver the safe, competent, quality care that protects the interest of the public. We also work to shape provincial health policies that focus on wellness and prevention, and support nursing's commitment to the physical, mental, social and spiritual elements of health.

**This past year, we made progress on several ongoing projects and initiatives that will help shape the future of our profession:**

- Implementing site visits in the approval of nursing education programs
- New NCLEX RN Exam
- Jurisprudence Requirement of Registration
- IEN Learning from Experience Research Project
- NP Prescribing of Controlled Substances
- Primary Health Care
- Family Care Clinics
- RN Regulation Changes
- Relational College Project
- Communications and Media Relations
- Social Media and Website Redesign

These projects reflect the changing realities of Alberta's health-care system and demonstrate CARNA's commitment to exemplifying excellence in self-regulation, ensuring competence and quality care, exploring opportunities to share nursing expertise and engaging with our communities. They represent only a fraction of the ongoing work that CARNA does on behalf of members and the profession.

### **Highlights of the year ending Sept. 30, 2013 include:**

- the number of practicing registrants increased less than 3 per cent to 35,514 from 34,711 in 2012
- initial registrations issued increased 16 per cent to 2,476 from 2,140 in 2012
- initial registrations issued to applicants from other provinces or territories increased more than four per cent to 597 from 571 in 2012
- initial registrations issued to applicants from outside of Canada increased more than six per cent to 180 from 169 in 2012
- staff responded to more than 46,000 phone calls in registration from applicants and members in the seven months since we launched our new phone system in March 2013. We also responded to more than 10,000 registration-related emails during the practice year.
- staff logged more than 2,200 telephone conversations, email correspondences, individual consultations and group meetings to provide members support and guidance on the Continuing Competence Program.
- nearly 1,200 members attended the 120 education sessions on the Continuing Competence Program offered across the province
- 200 new complaints were submitted – representing less than 0.1 per cent of the total 35,514 practitioners
- seventy-two of the new complaints, or 36%, were resolved within 30 days of receipt by being settled or dismissed
- the proportion of complaints submitted by co-workers about disrespectful behaviours from colleagues in the workplace increase six percentage points to 20 per cent of new complaints in 2013 from 14 per cent of new complaints in 2012
- a slight increase in breaches of confidentiality, in particular breaches related to Netcare and other electronic records was noted in the complaints submitted

More detailed statistics and other important demographic information and trends can found in the Statistics section on page 26.

## Exemplifying excellence in self-regulation

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Self-regulation is both a privilege and a responsibility. It demands that we develop, define and enforce standards that will help members deliver the safe, quality nursing care patients expect and deserve. That responsibility drives us to continuously improve processes that will support excellence. And it encourages us to collaborate with regulator colleagues and organizations that are equally committed to exemplifying excellence. This is the foundational work that guides what we do and how we do it and these are just some of the successes we realized in relation to self-regulation this year.

### Implementing NEPAB site visits

CARNA's Nursing Education Program Approval Board ([NEPAB](#)) reviews Alberta nursing education programs to ensure compliance with nursing education standards. Over the past few years, NEPAB has worked closely with educational institutions to develop a site-visit framework that will be a routine component of any program's re-approval process.

In 2013, NEPAB began implementing site visits, visiting the first of the educational institutions that was seeking re-approval of its initial entry-to-practice as a registered nurse program. As part of this, NEPAB recruited and trained expert reviewers for the site visits. It also finalized implementation materials and strategies for initial entry-to-practice as a nurse practitioner re-approval site visit.

### New NCLEX-RN exam

CARNA worked closely with other Canadian RN regulators and the National Council of State Boards of Nursing (NCSBN) to introduce the [NCLEX-RN exam](#). The new exam, which is scheduled for launch in 2015, is a computer-adaptive exam that will be delivered year-round at a variety of testing sites. It will improve the consistency, rigour and security of the entry-to-practice exam – a cornerstone of excellence in self-regulation.

This past year, a working group representing all of the regulatory bodies that will use the new NCLEX-RN exam began operational planning to identifying key policy decisions and establish consistent approaches. A call for member volunteers was overwhelmingly successful, with more than 300 applications from Alberta RNs who wanted to [participate](#). NCSBN has also indicated that they will be contacting recent Alberta graduates to ask about the knowledge, skills and abilities required during the initial year of practice.

## Jurisprudence requirement for registration

Jurisprudence refers to a nurse's competence in understanding and applying the legal framework that governs nursing practice in Alberta. CARNA began developing a jurisprudence requirement for [CARNA members in 2010](#), and since then has worked to develop a framework and content for the requirement, while determining how to deliver it to members. This past year, CARNA worked with members to identify what is most important for nurses to know, using interviews, focus groups and a member-wide survey.

Initially the requirement, which is slated for a staggered implementation in 2014, will be mandatory for new registrants. Eventually, renewing registrants will also complete it as part of their continuing competence requirement. Twenty subject matter experts are currently reviewing the items that were identified by members and developing content for the module.

## IEN Learning from Experience research project

The IEN Learning from Experience research [project](#) was created to improve the efficiency and the quality of the assessment decision-making process regarding IEN applications for CARNA registration.

The five-year research project – funded by Alberta Health through Health Canada's Internationally Educated Health Professionals Initiative – used a retrospective review of IEN application data and registration outcomes to revise IEN application processes. Four major policy and process changes were [identified](#) and implemented in August 2013. Over the next two years this new approach will be evaluated and assessed to determine its effectiveness.

## Supporting NP labour mobility

Throughout the past year, CARNA has worked closely with the Canadian Council of Registered Nurse Regulators (CCRNR) to help establish a national NP Practice Analysis. This analysis will develop a national approach for NP entry-level examinations, which will help support full labour mobility for Canadian NPs. It also aims to support the integration of internationally educated NPs in the public interest.

Human Resources Services Development Canada (HRSDC) approved funding for the project in the summer of 2013, and CCRNR has created a working group – which includes CARNA – that is now communicating with stakeholders to coordinate the various phases of the project. The working group will also be responsible for recommending individuals to participate in a research advisory group and will act as a liaison between CCRNR and the vendor.

## NP prescribing of controlled substances

In November 2012, the federal government passed the New Classes of Practitioners Regulations (NCPR), which provides nurse practitioners with additional authority to prescribe controlled drugs and substances (CDS). Since then, we have been working to review NP competencies and develop guidelines and standards for NP prescribing.

We have worked closely with educators to finalize CDS content that will be added to the curriculum of all NP education programs by Sept. 1, 2015. We have also developed a transition plan that will help currently practicing NPs meet the required competencies for prescribing. An update was included in the [November 2013 NP update](#).

## Work with other Alberta regulated health professionals

CARNA has worked with the Alberta Federation of Regulated Health Professionals ([AFRHP](#)) to develop processes that enhance self-regulation and advocate on issues of shared concern. This past year, CARNA worked with AFRHP on a joint submission to the government regarding revisions to the *Health Professions Act* and on refining processes for triplicated prescriptions. We also participated in a number of AFRHP educational meetings and sessions on subjects that impact the nursing profession.

CARNA worked closely with the Alberta College of Pharmacists (ACP) and the College of Physicians and Surgeons of Alberta (CPSA) on several projects, including revised medication administration standards. We also developed a consistent response to the federal government's new *Marihuana for Medical Purposes Regulation*, which we conveyed in a letter to [Health Canada](#). We will continue to look for opportunities to engage, collaborate and lead on issues of mutual interest to our respective members.

On a national stage, we also were involved in ongoing work and collaborations that support our commitment to exemplifying excellence in self-regulation including:

- [National Nursing Assessment Service](#)
- [Canadian Council of Registered Nurse Regulators \(CCRNR\)](#)

## Ensuring competence and quality care

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Alberta's *Health Professions Act* requires all regulatory colleges like CARNA to develop and administer a continuing competence program that assesses if members are maintaining their competence and advancing their skills throughout their careers. Over the past several years, CARNA has made several improvements to our continuing competence program, which includes three elements – practice reflection, continuing professional development and assessment. In 2011, CARNA launched *MyCCP*, an online tool that allowed members to document how they were meeting the program requirements. And in March 2012, new features were added to make it easier for members to enter details of their learning plans. These changes allowed CARNA to eliminate the administration of an audit questionnaire due to the improved thoroughness of CCP records.

This past year, an online web-based survey was used to gather data on the effectiveness of the *MyCCP* online reporting and recording. Between Oct. 26 and Nov. 8 2012, more than 7,000 members participated in the survey, sharing their feedback on its effectiveness and areas for improvement. In response to the question “How did *MyCCP* influence your reporting of your continuing competence requirements?” members told us:

- 60% allows me to report the completion of *MyCCP* record at any time during the practice year
- 48% eliminates the need to submit paper documents if selected for an audit
- 31% error messages alert me if something was missing
- 30% restricts me from further changes once I report my record
- 10% other

The summary of the survey results is available on the CARNA website [www.nurses.ab.ca](http://www.nurses.ab.ca).

Since the survey results were received, CARNA has been working to address the concerns expressed by respondents – including undertaking improvements to the online reporting system.

## Exploring opportunities to share nursing expertise

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Helping members work to their full potential has been a priority focus for CARNA for many years. We have continued to work to increase public understanding of what registered nurses and nurse practitioners do to protect the health of Albertans. CARNA has also worked with legislators and other health-care providers to support members in their current, expanded or new roles by putting RN and NP expertise to work on initiatives that will strengthen and improve our health-care system. These are some of our efforts from this past year.

### Primary Health Care

Primary health care's (PHC) focus on putting people first, listening to their needs and concerns, and helping them access the health-care provider that is right for them, echoes the registered nursing profession's commitment to delivering expert, compassionate care. And that makes CARNA and its members ideally suited to provide advice and insight as the province moves toward making PHC a priority focus for Alberta's health-care system.

In 2012, CARNA's president was invited to serve on the Minister's Advisory Committee on Primary Health Care (PHC). The committee advises the minister on a range of primary health care initiatives, including an evaluation of the three Family Care Clinic pilot sites and the further development of the Family Care Clinic model. In addition, CARNA's CEO was invited to be part of Alberta Health's Primary Health Care Strategy Working Group (SWG) charged with guiding the development of a primary health care strategy. Expert advisory groups (EAGs) have been created to help guide the development of the overall PHC strategy, and CARNA's CEO has been asked to co-chair the Home Health EAG. Not only was the SWG co-chaired by an NP, but registered nurses and nurse practitioners also participated in all of the other EAGs. CARNA has also worked to encourage members to share their thoughts and insights regarding PHC.

### Family Care Clinics

One of the models the province is exploring to strengthen Alberta's PHC system is the creation of Family Care Clinics (FCC). It's a model CARNA was quick to embrace as it provides community-driven, needs-based primary health care in communities that may currently be underserved. So far, three FCC clinics have opened – one each in Slave Lake, Calgary and Edmonton.

It is expected that more FCCs will open in communities across Alberta in the coming years and will be tailored to meet the specific needs of each community. Registered nurses and nurse practitioners are expected to play an integral role in the multidisciplinary FCC teams, which will rely heavily on the education, health prevention and disease management strategies that are synonymous with our profession. During these meetings CARNA worked to make sure that the

insight and experience of RNs and NPs is heard and respected during FCC planning and implementation.

## RN Regulation Changes

CARNA continued to work with the Government of Alberta on the revisions to *the Registered Nurses Profession Regulation* and on several related documents, including the *Standards for Registered Nurse Prescribing and Ordering of Laboratory Tests*. As part of this, CARNA worked to develop a policy and implementation plan, reviewing and revising relevant policies and processes. Work on development of standards and competency documents also proceeded in anticipation of an approved final draft.

## Engaging with our communities

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CARNA's education, awareness and advocacy efforts are guided by our commitment to listen to, and engage with, our many communities. We work to share information with the public about the work nurses do to strengthen our health-care system, and deliver the safe, quality, expert care all Albertans deserve. We strive to make sure our profession's expertise, experience and insight helps influence the decisions that will impact our patients and the public. And we look for ways to listen and learn from members so that CARNA can respond to the issues, challenges and opportunities that matter to them. This past year, CARNA's president toured the province extensively in order to engage with members face-to-face and encourage dialogue and sharing. No matter how much technology makes possible, this personal interaction with members will always remain a priority for CARNA.

The following describes just some of the other ways in which we engaged with our communities this past year.

### Relational College project

Over the past two years, CARNA has worked closely as part of a group of four western Canadian nursing regulators to shift how we work and how we communicate with members. Our research indicated that while CARNA enjoys collaborative relationships with external stakeholders, and shares the common goal of public safety with regulated members, members sometimes view regulators in a negative light and do not participate as fully as they could as members of a self-regulated profession.

This collaborative project focused on how we could better engage with members, while improving the processes and procedures that are essential to our role as a regulatory college. As part of this work, CARNA conducted focus groups with members, as well as stakeholder interviews and surveys that asked what we could do better. This feedback helped guide the development of a more consistent approach for all four colleges, who are now working together to develop common communications tools and language. An implementation project is in progress to develop strategies and identify what has to change to integrate that approach into everything we do as a college and association. This past year, CARNA staff began taking workshops to incorporate a relational approach into their communications work and CARNA began conducting an audit of all of our communications tools to identify areas for improvement.

## Communications and media relations

Communications and media relations are an important part of our education, awareness and advocacy work. In addition to producing a variety of [print communications materials and publications](#), CARNA also utilizes e-newsletters and emails to reach members with relevant, timely information. We are paying special attention to prioritizing these communications so we don't overwhelm members with too many emails.

Targeted [media relations strategies](#) were also used to make sure that the voice of registered nurses is heard whenever issues that impact our profession are in the news. This past year, CARNA's CEO and president were quoted in numerous print articles and radio and television interviews. They also wrote letters to the editor on issues relating to patient safety, primary health care and changes to nursing care delivery.

In addition, CARNA regularly undertakes [public awareness advertising campaigns](#) focused on increasing understanding of the importance of the work registered nurses and nurse practitioners do within our health-care system.

## Social media and website redesign

The use of online tools and social media will continue to play an important role in CARNA's engagement strategy. This past year, our president utilized her monthly blog to address issues that matter to nurses and invite comments and feedback. CARNA continued to use [Facebook](#), [Twitter](#) and [YouTube](#) to connect with members and the public, and expanded our use of webinars on a wide-range of [topics](#).

We devoted considerable time this year to a redesign of the informational website that will improve access to CARNA resources, while incorporating many of the guidelines that have emerged through our relational college project. CARNA staff has been working with a web developer to define deliverables and test various design and platform options. Phase one has now been completed, and work is underway to edit and migrate existing content to a new site and create any new required content. We are currently aiming to have the new website ready for launch in the spring of 2014. We are also working to address the issues that arose during the online renewal process, better integrate *MyCPP* and accommodate the new jurisprudence model.

## Advocacy and education

Our commitment to delivering safe, quality care drives us to advocate on behalf of both patients and the entire health-care system. This past year, much of our advocacy work focused on addressing the potential impact on health care and implications for patient safety as a result of the workforce changes that are taking place in Alberta and the controversial [workforce transformation project](#). We will continue to meet with elected officials and health leaders to make sure member concerns and experiences are considered during the planning process.

Our commitment to patient safety and ensuring safe, quality, competent care prompted us to share our concerns about Alberta Health Services' (AHS) new physician assistants' demonstration project. Physician assistants (PA) are a new category of health-care provider who will work under the supervision of physicians and provide direct patient care. CARNA has identified several issues with the introduction of PAs into health-care settings and was quick to share those concerns during meetings with AHS and the College of Physicians and Surgeons of Alberta (CPSA) this past summer. We have also sent a letter to AHS outlining our concerns and provided information to members about how they were to work with PAs, and posted FAQs about PAs on [our website](#).

Protecting our patients and the public also guided our response to the federal *Marihuana for Medical Purposes Regulation* that was announced in December 2012 and took effect in [June 2013](#). CARNA, the Alberta College of Pharmacists (ACP) and CPSA all shared similar concerns about the regulation, which CARNA detailed in a letter to Health Canada in [February of 2013](#). That letter noted our concerns about the lack of clinical evidence proving that marihuana is effective in the treatment of symptoms or disease, the fact that marihuana has not gone through the usual drug approval process and the safety concerns for NPs who might be providing medical marihuana from their place of work. CARNA will continue to voice our concerns about this regulation and its potential risks.

CARNA also continued our work on a seniors care policy pillar, identifying gaps in the system and developing strategies that will allow registered nurses and nurse practitioners to deliver the quality care older adults need and deserve.

## Council and committees

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### Provincial Council 2012 – 2013



|                 |  |
|-----------------|--|
| President       | Dianne Dyer                                      |
| President-elect | Shannon Spenceley                                |
| Northwest       | Jerry Macdonald                                  |
| Northeast       | Carrie Rosa                                      |
| Edmonton/West   | Alison Landreville, Marg Spilchen                |
| Central         | Lisa A. Barrett, Sheila McKay                    |
| Calgary/West    | Jeanne Besner, Dory Glaser-Watson, Kevin Huntley |
| South           | Janet Lapins                                     |
| Public Members  | Margaret Hunziker, Mark Tims, Rene Weber         |

## Governance Committees 2012/2013

Governance committees are fully accountable to provincial council and help to fulfill council responsibilities 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 Provincial Council meetings.

- Dianne Dyer, Chair
- Kevin Huntley
- Carrie Rosa
- Shannon Spenceley
- Mary-Anne Robinson, CEO, ex-officio

### Leadership Review Committee

The Leadership Review Committee facilitates the annual performance review of the Chief Executive Officer.

- Jeanne Besner, Chair
- Lisa-Anne Barrett
- Dianne Dyer
- Margaret Hunziker
- Jerry Macdonald
- Shannon Spenceley
- Marg Spilchen

### Finance, Audit and Pension Committee

The Finance, Audit and Pension Committee ensures that CARNA financial reports fairly represent the financial health of the organization and that management is adhering to generally accepted Canadian accounting principles.

- Shannon Spenceley, Chair
- Janet Lapins
- Sheila McKay
- Mark Tims
- Rene Weber

## Elections and Resolutions Committee

- Janet Lapins, Chair
- Aurora Cyganik-Barker
- Donna Fayat
- Lucille Fewer
- Sheila McKay
- Teresita Nolasco
- Joan Petruk
- Brenda Rennie-Koch
- Tammy-Rae Syrnyk

## Appointments Committee

The Appointments Committee solicits applications from members to serve on CARNA regulatory committees and the Nursing Education Program Approval Board, reviews the applications submitted and recommends candidates to Council for appointment.

- Margaret Hunziker
- Alison Landreville
- Jerry Macdonald
- Carrie Rosa
- Marg Spilchen

## Regulatory Committees 2012/2013

CARNA's regulatory committees carry out some of the College's responsibilities as a self-regulating profession as outlined in the *Health Professions Act*.

## Registration Committee

- Fiona Jakielaszek, Chair
- Christine Evanochko, Vice-Chair
- Faisal Kassam
- Sue Koshy
- Lisa McKendrick-Calder
- Linda Nutting
- Valerie Sasso
- Kristine Smith
- Susan VanDelft

For information on the role of the Registration Committee, visit [nurses.ab.ca](http://nurses.ab.ca).

## Registration Review Committee

- Jocelyn Ashton
- Kathryn Gordon
- Yvonne Ibbotson
- Lia Nudelman
- Kim Scherr
- Anita Thomas

For information on the role of the Registration Review Committee, visit [nurses.ab.ca](https://nurses.ab.ca).

## Competence Committee

- Susan Prendergast, Chair
- Inge Kassteen, Vice-Chair
- Carol Brouwer
- Mary Mark
- Laurel McKee
- Mariann Marangoni-Zuege
- Shaunna Yasinski
- Stephanie Zettel

For information on the role of the Competence Committee, visit [nurses.ab.ca](https://nurses.ab.ca).

## Complaint Review Committee

- Betty Anderson
- Leanne Betts
- April Boddy
- Robyn Brownlee
- Valerie Hall
- Nancy Goddard
- Diane Adams, Public Representative
- Nancy Brook, Public Representative
- Micheal Dungey, Public Representative

For information on the role of the Complaint Review Committee, visit [nurses.ab.ca](https://nurses.ab.ca).

## Hearing Tribunal List

Hearing Tribunals are comprised of three to four individuals appointed by the hearings director and include two or three members from the list of regulated CARNA members and one public representative.

### Members

- Elaine Belsek
- Nancy Goddard
- Kimberly Boyko
- Elva Hammarstrand
- Susanne Brick
- Sandra Hirst
- John Bradbury
- Willy Kabotoff
- Brenda Chomey
- Geraldine Lasiuk
- Stacey Contenti
- Karen Lewis
- Judith Cote
- Kimberly Nickel
- Tracey Cowden
- Robert Sharman
- Nadine Evanoff
- Brian Stalker
- Ardene Vollman
- Peter Van Bostelen, Public Representative
- Nancy Brook, Public Representative
- Michael Dungey, Public Representative
- William Fayers, Public Representative

For information on the role of Hearing Tribunals, visit [nurses.ab.ca](http://nurses.ab.ca).

## Appeals Committee

- Jeanne Besner
- Sheila McKay
- Carrie Rosa
- Mark Tims (until July 31, 2013)
- Dr. Rene Weber (until July 31, 2013)

For information on the role of the Appeals Committee, click [here](#).

## Nursing Education Program Approval Board

### Nursing Education Program Representatives

- Jean Harrowing, Chair
- Cynthia Tibbetts, Vice-Chair
- Cyndee Senevirante

### Registered Nurse Representatives

- Yvonne Balon, Vice-Chair
- Safiya Mohamed
- Kathryn Kane-Upton

### Employer Representatives

- Noreen Linton
- Louise Kashuba
- Public Representative
- Douglas Fletcher

For more information on the Nursing Education Program Approval Board, click [here](#).

## Financials

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The CARNA Finance, Audit and Pension Committee wishes to draw attention of readers to Note 14 in the notes of the audited financial statements. Note 14 states that CARNA adopted Canadian Accounting Standards for Not-for-Profit Organizations on Oct. 1, 2012 with a transition date of Oct 1, 2011.

The complete audited financial statements are available on the CARNA website at [www.nurses.ba.ca](http://www.nurses.ba.ca).

## Statement of Financial Position

September 30, 2013

|   | September 30<br>2013 | September 30<br>2012<br><i>(unaudited)</i><br><i>(Note 14)</i> | October 1<br>2011<br><i>(unaudited)</i><br><i>(Note 14)</i> |
|---|----------------------|--|---|
| <b>ASSETS</b>                                     |                      |  |   |
| <b>CURRENT</b>                                    |                      |  |   |
| Cash and cash equivalents                         | \$ 25,640,995        | \$ 22,597,011  | \$ 21,265,469   |
| Accounts receivable                               | 65,542               | 83,066   | 43,651  |
| Prepaid expenses                                  | 861,221              | 748,194  | 742,649   |
|   | <b>26,567,758</b>    | 23,428,271   | 22,051,769  |
| <b>INVESTMENTS</b>                                |                      |  |   |
|   | <b>4,999,395</b>     | 4,919,158  | 4,711,054   |
| <b>CAPITAL ASSETS</b>                             |                      |  |   |
|   | <b>3,549,814</b>     | 3,211,629  | 2,887,980   |
| <b>ACCRUED PENSION BENEFIT ASSET</b>              |                      |  |   |
|   | <b>1,334,300</b>     | 1,626,800  | -   |
|   | <b>\$ 36,451,267</b> | \$ 33,185,858  | \$ 29,650,803   |
| <b>LIABILITIES AND NET ASSETS</b>                 |                      |  |   |
| <b>CURRENT</b>                                    |                      |  |   |
| Accounts payable and accrued liabilities          | \$ 1,265,839         | \$ 762,018   | \$ 763,235  |
| Accrued vacation payable                          | 584,151              | 578,509  | 525,706   |
| Deferred registration fee revenue                 | 17,556,057           | 16,774,121   | 14,781,785  |
| Deferred grants                                   | 224,777              | 157,816  | 16,592  |
| Deferred contributions relating to capital assets | 3,322,376            | 3,208,430  | 3,035,851   |
| Deferred contributions relating to Legacy Project | 158,050              | 140,260  | 122,847   |
| Callable debt                                     | -                    | 50,000   | 350,000   |
|   | <b>23,111,250</b>    | 21,671,154   | 19,596,016  |
| <b>ACCRUED PENSION BENEFIT LIABILITY</b>          |                      |  |   |
|   | -                    | -  | 90,900  |
|   | <b>23,111,250</b>    | 21,671,154   | 19,686,916  |
| <b>NET ASSETS</b>                                 |                      |  |   |
| Invested in capital assets                        | 819,048              | 819,949  | 824,975   |
| Internally restricted fund                        | 706,210              | 72,289   | 163,133   |
| Capital reserve fund                              | 620,000              | -  | -   |
| Unrestricted fund                                 | 11,194,759           | 10,622,466   | 8,975,779   |
|   | <b>13,340,017</b>    | 11,514,704   | 9,963,887   |
|   | <b>\$ 36,451,267</b> | \$ 33,185,858  | \$ 29,650,803   |

**Statement of Operations**  
**Year Ended September 30, 2013**

|   | 2013                | 2012<br><i>(unaudited)</i><br><i>(Note 14)</i> |
|---|---------------------|--|
| <b>REVENUE</b>  |                     |  |
| Registration fees   | \$ 17,807,981       | \$ 15,661,591                                  |
| CNA affiliate fee   | (1,858,195)         | (1,787,867)                                    |
| CNPS fees   | (806,699)           | (532,901)                                      |
| Other fees  | 1,619,988           | 1,610,797                                      |
| Amortization of deferred capital contributions            | 448,215             | 353,345  |
| Investment income   | 431,811             | 472,066  |
| Grants  | 175,671             | 198,305  |
| Sundry  | 167,734             | 118,157  |
| Advertising   | 124,543             | 130,160  |
| Annual general meeting and conference                     | 111,719             | 102,189  |
|   | <b>18,222,768</b>   | <b>16,325,842</b>                              |
| <b>EXPENSES</b>   |                     |  |
| Registration services                                     | 4,289,909           | 4,102,610                                      |
| Corporate services  | 3,711,938           | 3,405,469                                      |
| Policy and practice                                       | 2,925,010           | 2,692,832                                      |
| Professional conduct                                      | 1,980,910           | 1,766,948                                      |
| Communications  | 1,451,468           | 1,523,857                                      |
| Governance  | 866,306             | 847,049  |
| Amortization  | 444,347             | 356,082  |
|   | <b>15,669,888</b>   | <b>14,694,847</b>                              |
| <b>EXCESS OF REVENUE OVER EXPENSES BEFORE OTHER ITEMS</b> | <b>2,552,880</b>    | <b>1,630,995</b>                               |
| <b>OTHER ITEMS</b>  |                     |  |
| Pension obligation adjustment                             | (292,500)           | 1,717,700                                      |
| Pension special payment                                   | (418,988)           | (1,707,034)                                    |
| Project consulting  | (16,079)            | (86,711)                                       |
| Staff development fund                                    | -                   | (4,133)  |
|   | <b>(727,567)</b>    | <b>(80,178)</b>                                |
| <b>EXCESS OF REVENUE OVER EXPENSES</b>                    | <b>\$ 1,825,313</b> | <b>\$ 1,550,817</b>                            |

**Statement of Changes in Net Assets**  
**Year Ended September 30, 2013**

|                            | 2012<br>Balance<br><i>(Unaudited)</i><br><i>(Note 2, 14)</i> | Excess of<br>revenue over<br>expenses | Transfer    | 2013<br>Balance |
|----------------------------|--|---------------------------------------|-------------|-----------------|
| Invested in Capital Assets | \$ 819,949   | \$ (901)                              | \$ -        | \$ 819,048      |
| Internally Restricted Fund | 72,289   | (16,079)                              | 650,000     | 706,210         |
| Capital Reserve Fund       | -  | -                                     | 620,000     | 620,000         |
| Unrestricted Fund          | 10,622,466   | 1,842,293                             | (1,270,000) | 11,194,759      |
|                            | \$ 11,514,704  | \$ 1,825,313                          | \$ -        | \$ 13,340,017   |

|                            | 2011<br>Balance<br><i>(Unaudited)</i><br><i>(Note 14)</i> | Excess of<br>revenue over<br>expenses | Transfer | 2012<br>Balance<br><i>(Unaudited)</i><br><i>(Note 14)</i> |
|----------------------------|---|---------------------------------------|----------|---|
| Invested in Capital Assets | \$ 824,975  | \$ (5,026)                            | \$ -     | \$ 819,949  |
| Internally Restricted Fund | 163,133   | (90,844)                              | -        | 72,289  |
| Unrestricted Fund          | 8,975,779   | 1,646,687                             | -        | 10,622,466  |
|                            | \$ 9,963,887  | \$ 1,550,817                          | \$ -     | \$ 11,514,704   |

14. COMPARATIVE FIGURES

Some of the comparative figures have been reclassified to conform to the current year's presentation and have not been audited under Accounting Standards for Not-For-Profit Organizations (ASNPO). Users may reference Note 2 regarding the first time adoption of ASNPO in the current year.

The prior year comparative figures were originally prepared and audited under Canadian Generally Accepted Accounting Principles (GAAP). Users may refer to the prior year audited statements under GAAP which are available.

**Schedule of Expenses**  
**Year Ended September 30, 2013**

**(Schedule 1)**

|  | 2013                | 2012                |
|--|---------------------|---------------------|
| <b>REGISTRATION SERVICES</b>                                     |                     |                     |
| Staff costs  | \$ 2,315,754        | \$ 2,203,503        |
| Registration services  | 1,155,045           | 1,061,297           |
| Continuing competence  | 643,439             | 644,830             |
| IEN Application Process Improvement (LFE) grant related expenses | 175,671             | 181,980             |
| International applicant communications grant related expenses    | -                   | 11,000              |
|  | <b>\$ 4,289,909</b> | <b>\$ 4,102,610</b> |
| <b>CORPORATE SERVICES</b>  |                     |                     |
| Staff, legal and consulting costs                                | \$ 2,378,339        | \$ 2,227,873        |
| Building and equipment   | 606,730             | 508,952             |
| Bank and processing fees   | 549,737             | 511,401             |
| Office support   | 177,132             | 157,243             |
|  | <b>\$ 3,711,938</b> | <b>\$ 3,405,469</b> |
| <b>POLICY AND PRACTICE</b>                                       |                     |                     |
| Policy and practice costs  | \$ 1,257,024        | \$ 1,130,251        |
| Regional coordinator program and nursing events                  | 1,174,780           | 1,128,602           |
| NEPAB  | 493,206             | 433,979             |
|  | <b>\$ 2,925,010</b> | <b>\$ 2,692,832</b> |
| <b>COMMUNICATION</b>   |                     |                     |
| Staff and consulting costs                                       | \$ 892,231          | \$ 918,412          |
| Alberta RN   | 229,645             | 238,177             |
| Member services  | 129,886             | 115,384             |
| Communications and public awareness                              | 120,940             | 170,412             |
| Library and archives   | 77,508              | 81,472              |
| Centennial celebration project                                   | 1,258               | -                   |
|  | <b>\$ 1,451,468</b> | <b>\$ 1,523,857</b> |
| <b>PROFESSIONAL CONDUCT</b>                                      |                     |                     |
| Staff costs  | \$ 1,068,154        | \$ 885,578          |
| Conduct investigation officers                                   | 604,493             | 451,027             |
| Committee costs  | 308,263             | 430,343             |
|  | <b>\$ 1,980,910</b> | <b>\$ 1,766,948</b> |
| <b>GOVERNANCE</b>  |                     |                     |
| Provincial Council and committees                                | \$ 394,284          | \$ 358,081          |
| Contributions to ARNET   | 303,292             | 293,099             |
| Annual General Meeting   | 77,020              | 70,493              |
| Professional fees  | 59,957              | 53,892              |
| CNA board meetings and CNA Biennium delegates costs              | 18,334              | 58,278              |
| Elections  | 13,419              | 13,206              |
|  | <b>\$ 866,306</b>   | <b>\$ 847,049</b>   |

## Statistics

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The information submitted by applicants for initial registration and for annual renewal of registration builds on our understanding of our members and guides the development of nursing standards, policies, research and programs to strengthen the profession and support individual practitioners.

Member data is also shared with the national nursing database managed by the Canadian Institute for Health Information (CIHI) to support health-care resource planning at the provincial and national levels.

### Per cent of members by region

| Practicing Members      | Calgary/West | Central | Edmonton/West | Northeast | Northwest | South | Other | Total |
|-------------------------|--------------|---------|---------------|-----------|-----------|-------|-------|-------|
| Total Regulated Members | 37%          | 9%      | 36%           | 5%        | 3%        | 7%    | 3%    | 100%  |

### New registrants

| New Registrants by Route of Entry                    | 2013         | 2012         |
|--|--------------|--------------|
| RN applicants from approved education programs (AB)  | 1,662        | 1,369        |
| RN applicants from equivalent jurisdictions (Canada) | 597          | 571          |
| RN applicants through substantial equivalency        | 180          | 169          |
| Initial Nurse Practitioners                          | 37           | 31           |
| <b>Total</b>   | <b>2,476</b> | <b>2,140</b> |

| <b>Applicants from equivalent jurisdictions (Canada)</b>       | <b>2013</b> | <b>2012</b> |
|--|-------------|-------------|
| Ontario  | 195         | 174         |
| British Columbia   | 122         | 151         |
| Nova Scotia  | 65          | 43          |
| New Brunswick  | 31          | 36          |
| Saskatchewan   | 50          | 52          |
| Newfoundland and Labrador                                      | 39          | 42          |
| Quebec   | 29          | 24          |
| Manitoba   | 43          | 36          |
| Prince Edward Island   | 16          | 7           |
| Northwest Territories/Nunavut                                  | 6           | 6           |
| Yukon Territories  | 1           |             |
| <b>Total applicants from equivalent jurisdictions (Canada)</b> | <b>597</b>  | <b>571</b>  |

| <b>Initial RNs through substantial equivalency</b>       | <b>2013</b> | <b>2012</b> |
|--|-------------|-------------|
| Asia   | 128         | 111         |
| North America  | 27          | 32          |
| Europe   | 13          | 13          |
| Oceania  | 8           | 5           |
| Africa   | 4           | 4           |
| South America  | -           | 4           |
| <b>Total Initial RNs through substantial equivalency</b> | <b>180</b>  | <b>169</b>  |

## Number of Temporary Permits Issued by Location of Education

| Location of education          | 2013         | 2012         |
|--------------------------------|--------------|--------------|
| Alberta                        | 1,497        | 861          |
| Other Canada                   | 46           | 72           |
| Outside of Canada              | 181          | 108          |
| Renewed                        | 53           | 82           |
| Restricted Temporary Permit    | 1            | 11           |
| <b>Total Temporary Permits</b> | <b>1,778</b> | <b>1,134</b> |

## Demographics

| Age          | Per Cent of Total |
|--------------|-------------------|
| < 30         | 21.43%            |
| 31-40        | 24.15%            |
| 41-50        | 22.61%            |
| 51-60        | 22.02%            |
| 61-70        | 9.29%             |
| >70          | 0.60%             |
| <b>Total</b> | <b>100.00%</b>    |

| Gender       | Per Cent of Total |
|--------------|-------------------|
| Female       | 93.77%            |
| Male         | 6.23%             |
| <b>Total</b> | <b>100.00%</b>    |

| Highest Level of Nursing Education | Per Cent of Total |
|------------------------------------|-------------------|
| Diploma                            | 43.91%            |
| Baccalaureate                      | 50.01%            |
| Masters                            | 3.40%             |
| Doctorate                          | 0.30%             |
| Not reported                       | 2.38%             |
| <b>Total</b>                       | <b>100%</b>       |

### Number and types of regulated members

| Registration Category          | 2013          | 2012          |
|--------------------------------|---------------|---------------|
| Certified Graduate Nurse       | 33            | 32            |
| Graduate Nurse                 | 1,032         | 1,123         |
| Graduate Nurse Practitioner    | 19            | 20            |
| Nurse Practitioner             | 346           | 331           |
| Registered Nurse               | 34,084        | 33,205        |
| <b>Total Regulated Members</b> | <b>35,514</b> | <b>34,711</b> |

| Courtesy Permits Issued | 2013 | 2012 |
|-------------------------|------|------|
| Total                   | 33   | 9    |

| Limited Temporary Permits Issued | 2013 | 2012 |
|----------------------------------|------|------|
| Total                            | 122  | 196  |

| Applicants returning to practice | 2013 | 2012 |
|----------------------------------|------|------|
| Total                            | 556  | 378  |

| <b>Non-Practicing Member Category</b> | <b>2013</b>  | <b>2012</b>  |
|---------------------------------------|--------------|--------------|
| Associate Member                      | 1,532        | 930          |
| Retired Member                        | 623          | 498          |
| Student                               | 5            | 1            |
| Initial Non-Practicing                | 86           | 85           |
| <b>Total Non-practicing members</b>   | <b>2,246</b> | <b>1,525</b> |

## Complaints and discipline

### Summary of trends

- Complaints related to abuse, harassment, bullying or disrespectful behaviour in the workplace continue to be submitted to CARNA.
- Complaints related to drugs and/or alcohol abuse were comparable to last year, with three cases in 2012-13 and two cases in 2011-12. Two of the three cases this year involved unprofessional conduct in the workplace. One was not related to unprofessional conduct in the workplace and was managed under incapacity.
- The number of new complaints submitted by co-workers about disrespectful behaviours increased from 24, or 14 per cent of all new complaints in 2012 to 41, or 20 per cent of all new complaints in 2013.
- Breaches of confidentiality increased slightly, particularly breaches related to *Netcare* and other electronic records.
- An increase in the number of complaints withdrawn by the individual submitting the complaint particularly when CARNA confirms that the process requires that their name, without contact information, is included in the copy of the complaint forwarded to the registered nurse.

| <b>Summary of activity October 1 – September 30</b>      | <b>2013</b>   | <b>2012</b>   |
|--|---------------|---------------|
| New complaints received Oct. 1 – Sept. 30.               | 200           | 173           |
| Complaints carried over from previous years on October 1 | 199           | 229           |
| Total complaints managed during the year                 | 399           | 402           |
| Complaints carried over at Sept. 30                      | 215           | 202           |
| <b>Total number of regulated members</b>                 | <b>35,666</b> | <b>34,720</b> |

| <b>Disposition of new complaints</b>          | <b>2013</b> | <b>2012</b> |
|---|-------------|-------------|
| Resolved prior to investigation or dismissed* | 47   24%    | 42   24%    |
| Directed to be assessed for incapacity**      | 2   1%      | 1   0.5%    |
| Referred to Alternative Complaint Resolution  | -   -       | -   -       |
| Resolved by informal resolution               | 4   2%      | 1   0.5%    |
| Admission by member of unprofessional conduct | 1   0.5%    | 5   3%      |
| Referred directly to a hearing                | 1   0.5%    | 0   -%      |
| Complaints withdrawn by complainant           | 25   12%    | 9   5%      |
| Complaints referred to an investigation       | 120   60%   | 115   60%   |

\*Section 55 (e) (f) of the Health Professions Act states that a complaints director may dismiss a complaint as trivial or vexatious, or due to insufficient or no evidence of unprofessional conduct.

\*\*Section 118 of the Health Professions Act states that if a complaints director has grounds to believe that a regulated member is incapacitated, whether or not a complaint has been made, the complaints director may direct the regulated member to submit to specified physical or mental examinations and to cease providing professional services until such time as the capacity assessment report is received and the complaints director is satisfied the regulated member is no longer incapacitated.

| <b>Source of new complaints</b>       | <b>2013</b> | <b>2012</b> |
|---------------------------------------|-------------|-------------|
| Employer, Mandatory reporting         | 103 (51%)   | 94 (54%)    |
| Employer, Filing of written complaint | 18 (10%)    | 20 (12%)    |
| Patient/family/public                 | 30 (15%)    | 30 (17%)    |
| Co-workers/colleagues                 | 41 (20%)    | 24 (14%)    |
| Other*                                | 8 (4%)      | 5 (3%)      |
| <b>Total new complaints</b>           | <b>200</b>  | <b>173</b>  |

## Summary of all closed and ongoing cases

|  |             |             |
|--|-------------|-------------|
| <b>Total cases closed as at Sept. 30, 2013</b>     | <b>184</b>  |             |
| Resolved prior to investigation or dismissed       | 89          |             |
| Withdrawn by complainant                           | 26          |             |
| S. 118 Order (incapacity) lifted                   | 1           |             |
| Resolved during investigation                      | 2           |             |
| Informal resolution                                | 2           |             |
|  | <b>2013</b> | <b>2012</b> |
| Carried over at end of reporting period (Sept. 30) | 215         | 202         |
| Investigations stage                               | 144         | 134         |
| Pending hearings                                   | 45          | 46          |
| Being managed under s.118                          | 19          | 18          |
| Managed under informal agreement                   | 7           | 3           |
| Appeal   | 0           | 1           |

## Summary of Complaint Review Committee reviews of dismissal

|  |             |             |
|--|-------------|-------------|
|  | <b>2013</b> | <b>2012</b> |
| Total requests by complainants for review of dismissal | 11          | 6           |
| Request for review withdrawn                           | 5           | 0           |
| Waiting to be heard                                    | 2           | 3           |
| Dismissals upheld by Committee                         | 4           | 3           |

## Summary of Hearings

|   |             |
|---|-------------|
| <b>Total Hearings</b>                                     | <b>106</b>  |
| Hearings held   | 61          |
| Hearings pending  | 45          |
| Hearings either partly or completely closed to public     | -           |
| <b>Nature of hearings</b>                                 | <b>2013</b> |
| Contested   | 1           |
| Consent   | 49          |
| Partial consent   | 6           |
| Admission of unprofessional conduct                       | 5           |
| Unopposed   | 0           |
| <b>Outcome of hearings</b>                                | <b>2013</b> |
| Caution and no publication                                | 2           |
| Caution and publication                                   | 1           |
| Reprimand and publication                                 | 7           |
| Reprimand, conditions and publication                     | 36          |
| Reprimand, permanent undertaking and publications         | 2           |
| Reprimand, fines, costs and publications                  | 2           |
| Reprimand, fines and/or costs, conditions and publication | 5           |
| Reprimand, conditions, undertaking and publication        | 3           |
| Reprimand, suspension, fine, conditions and publication   | 1           |
| Permanent undertaking and no publication                  | 2           |

## Summary of Appeals

| <b>1</b> | <b>Carried over from previous year</b>                             | <b>Dismissed with costs by Appeals Committee</b>  |
|----------|--|---|
| 2        | s. 118 Orders issued by the Complaints Director                    | Appeal to Appeals Committee withdrawn by member   |
| 1        | Appeal dismissed by the Alberta Court of Appeals on Sept. 18, 2012 | Application to take leave to the Supreme Court of Canada dismissed by SCC on March 28, 2013 |

## Status of complaints at end of reporting period, Sept. 30, 2013 compared to previous year

|  | <b>2013</b> | <b>2012</b> |
|--|-------------|-------------|
| Total new complaints referred to investigation | 120         | 115         |
| Dismissed                                      | 4           | 9           |
| Remain as investigations                       | 100         | 102         |
| Resolved during investigation                  | 2           | 0           |
| Referred to hearing                            | 9           | 4           |
| Admission by member of unprofessional conduct  | 5           | 4           |
| Remained managed under s.118 (incapacity)      | 0           | 1           |
| Informal resolution – agreement completed      | 0           | 4           |

|  | <b>2013</b> | <b>2012</b> |
|--|-------------|-------------|
| Total complaints carried over from previous year | 199         | 229         |
| Investigation stage                              | 132         | 163         |
| Referred to hearing                              | 43          | 46          |
| Being managed under s.118 (incapacity)           | 19          | 16          |
| Remaining managed under informal agreements      | 5           | 3           |
| Hearing decisions appealed by member             | 0           | 1           |
|  | <b>2013</b> | <b>2012</b> |
| Total complaints carried-over as investigation   | 132         | 163         |
| Converted to s.118                               | 2           | 2           |
| Dismissed  | 38          | 68          |
| Referred to hearing                              | 47          | 58          |
| Remain as investigations                         | 44          | 32          |
| Withdrawn  | 1           | 0           |
| Managed under informal agreement                 | 0           | 1           |

## Continuing Competence Program Monitoring

All registered nurses, certified graduate nurses and nurse practitioners who practice any number of hours during the year are required to participate in CARNA's professional development program. For details about the CARNA Continuing Competence Program, visit [nurses.ab.ca](http://nurses.ab.ca).

### Competence conditions issued on practice permits

|   | 2013       | 2012     |
|---|------------|----------|
| Failure to implement a learning plan during the practice year   | 185        | 152      |
| Remediation/further information required as a result of selection for the annual random or directed audit | 16         | 36       |
| Total conditions imposed  | 201        | 188      |
| Conditions cleared by due date  | 193        | 187      |
| Conditions not cleared by due date and extended   | 3          | 1        |
| Conditions remaining outstanding*   | 35         | 17       |
| <b>Total Practice Permits Suspended/Cancelled</b>   | <b>4/1</b> | <b>2</b> |
| <b>Total Practice Permits Reissued after Suspension</b>   | <b>2</b>   | <b>2</b> |
| <b>Total Practice Permits Suspended/Cancelled</b>   | <b>3</b>   | <b>0</b> |

## Audits

The number of member audit files referred to the Committee for secondary review decreased from 15 in 2012 to 11 in 2013, reflecting an ongoing decrease noted in previous years.

| <b>Random audit</b>                  | <b>2013</b> | <b>2012</b> |
|--------------------------------------|-------------|-------------|
| Total members selected for audit     | 153         | 318         |
| Waived                               | -           | 4           |
| Met requirements                     | 143         | 295         |
| Remediation required/met             | 2           | 1           |
| Remediation requirements in progress | 5           | 14          |
| Requirements outstanding*            | 3           | 4           |

  

| <b>Directed Audit</b>                | <b>2013</b> | <b>2012</b> |
|--------------------------------------|-------------|-------------|
| Total selected                       | 7           | 126         |
| Waived                               | -           | -           |
| Met requirements                     | 7           | 122         |
| Remediation required/met             | -           | -           |
| Remediation requirements in progress | -           | 1           |
| Requirements outstanding *           | -           | 3           |

*\*Former registrants who no longer hold a practice permit*

For more details about Continuing Competence Program monitoring including annual and directed audits, visit [nurses.ab.ca](http://nurses.ab.ca).

## CARNA Practice Consultations

CARNA policy and practice consultants provide confidential consultation on issues that directly or indirectly affect the delivery of safe, competent and ethical care, except in the safety category. Consultations on issues related to scope of practice, legal/ethical and nursing practice standards have consistently received the highest number of consultations over the last four years.

| Issue category                        | 2013         | 2012       |
|---------------------------------------|--------------|------------|
| Scope of Practice                     | 404 (30%)    | 269 (29%)  |
| Legal/Ethical                         | 289 (21%)    | 196 (21%)  |
| Nursing Practice Standards            | 224 (16%)    | 155 (17%)  |
| Information/ Networking               | 147 (11%)    | 33 (4%)    |
| Safety                                | 126 (9%)     | 158 (17%)  |
| Health Care Reform                    | 77 (6%)      | -          |
| Relationships                         | 42 (3%)      | 41 (4%)    |
| Transitions/Independent Practice      | 21 (2%)      | 40 (4%)    |
| Education                             | 21 (2%)      | 3 (<1%)    |
| Public Health Issues                  | 6 (<1%)      | -          |
| Graduate Nurse                        | -            | 17 (2%)    |
| Internationally-Educated Nurses       | -            | 4 (<1%)    |
| Pandemic                              | -            | -          |
| <b>Total individual consultations</b> | <b>1,362</b> | <b>916</b> |
| Unable to respond*                    | 186          | 181        |

*\*Requests received but attempts to follow-up were unsuccessful.*

In addition to the consultations listed above, more than 500 individuals across Alberta participated in 19 group consultations or discussions facilitated by CARNA policy and practice consultants in response to complex issues that arose within practice settings.

For more information about CARNA Practice Consultation, visit [nurses.ab.ca](https://nurses.ab.ca).