

# 2003

CANADIAN NURSES ASSOCIATION

# ANNUAL REPORT



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CANADIAN NURSES ASSOCIATION  
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

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CANADIAN NURSES ASSOCIATION  
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

## Vision

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Registered nurses collectively contributing to the health of Canadians and the advancement of nursing.

## Mission

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CNA's mission is to advance the quality of nursing in the interest of the public.

In pursuit of the vision, CNA has established the following ends:

- Public policy incorporates the determinants of health and the principles of primary health care and expands the application of the principles of the Canada Health Act across the health care continuum.
- Public trust in nurses is maintained.
- The nursing profession achieves its full potential.
- The Canadian nursing profession contributes to the advancement of global health and equity.



## Message from the President



The year 2003 was one I will not soon forget. Health care is changing at an unprecedented rate and registered nurses (RNs) are responding. Whether it is by applying new knowledge and technology to their practice, advocating for improved services for their patients, making the case to decision-makers for increased investment in health or collaborating on research, nurses are working to ensure that safe, competent and ethical care continues to be provided to all Canadians.

These are indeed exciting and challenging times in health care and, to paraphrase the theme from the 2003 National Nursing Week, the Canadian Nurses Association (CNA) is at the heart of these changes. We have accomplished many goals in this last year. Memorable achievements include representing the nursing voice at the World Health Assembly, meeting regularly with politicians, government officials and advisors, sitting on the interim patient safety institute and collaborating with our colleagues in other areas of health to achieve common goals and objectives.

The deaths of Tecla Lin and Nelia Laroza, the two nurses who contracted SARS while caring for others, were a poignant reminder to all of us of the hazards nurses face every day on the job. Every precaution must be taken to ensure safety in the workplace, not only for our patients, but for ourselves and those we work with.

I feel a tremendous sense of pride as I reflect on the many accomplishments of CNA, our profession and our members. It has been an honour to represent a group of professionals that has dedicated itself to advancing the quality of nursing practice. While my term as president is ending, I know our work is not yet finished and our commitment will continue until it is.

A handwritten signature in cursive script that reads "Robert Calnan". The ink is dark and the signature is fluid and legible.

Robert Calnan, RN, BScN, M.Ed  
President, Canadian Nurses Association

**END:**

**Canadian public policy incorporates the determinants of health and the principles of primary health care and expands the application of the principles of the Canada Health Act across the health care continuum.**

# Public Policy

Increasing awareness and understanding of nursing issues and the nursing perspective among policy decision-makers is an important step in influencing the health agenda. Initiatives undertaken served to keep policy-makers informed about the relevant issues facing the nursing profession, in particular, the need to ensure that health care system remains publicly funded and not-for-profit and to influence health and public policy decisions.

In January 2003, CNA, in partnership with three other national health care associations, met with the federal and provincial/territorial deputy ministers of health to discuss health human resources, primary health care and funding prior to the first ministers' meeting and the tabling of the federal budget.

The *2003 Health Accord*, reached between the prime minister and provincial ministers in February 2003, reflected priorities for investment advocated by nurses: primary health care, home care, palliative care, mental health services and pharmacare. The accord also called for the creation of a Health Council.

Throughout 2003, CNA lobbied for the creation of the Health Council, seeing it as an integral component to renewing the health care system and ensuring accountability through regular reporting on health system performance. CNA also lobbied to ensure that the nursing voice would be reflected on the council. When the 25-member council was announced in December 2003, there were four nurses among its members (Jeanne F. Besner, Deborah Fry, Simone Comeau Geddry and Donna Hogan).

Patient safety was an issue of concern to the nursing community in 2003. Along with chairing forums on patient safety, developing a position statement, collaborating on national initiatives and working with other stakeholders on research projects, CNA was a member of the interim patient safety committee established to oversee the planning of a national institute. Last December, the federal government announced the creation of the Canadian Patient Safety Institute. Two of the nine members of the founding board are nurses (Dr. Patricia Petryshen and Wendy McKnight Nicklin).

*"However, the real measure of this agreement will be whether or not health services are more accessible. Canadians will know if their governments got it right when they see improvements at the bedside. And for the Canadian Nurses Association, improvements at the bedside or in community care means having enough health-care professionals to deliver services."*

(Rob Calnan, "National health agreement must solve staff shortage," in response to the Health Accord, *The Ottawa Citizen*, 10 Feb. 2003).

*“Governments across Canada must act swiftly to recruit and retain nurses in order to avoid a health system catastrophe.”*

(Rob Calnan, the *Edmonton Sun*,  
30 July 2003)

## **Public Health**

Public health was a dominant issue in 2003. The outbreak of Severe Acute Respiratory Syndrome (SARS) demonstrated that the public health system was not adequately prepared to manage a large-scale health epidemic. While the greatest concentration of SARS cases was in Ontario, mainly in and around Toronto, the SARS crisis pointed to the need for investments and initiatives to strengthen the public health infrastructure in Canada to respond to future outbreaks. Among those who died from SARS were two nurses, Nelia Laroza and Tecla Lin.

CNA was vocal and visible in advocating for action to strengthen the public health system. For example, CNA submitted briefs to the National Advisory Committee on SARS and Public Health and to the Standing Senate Committee on Social Affairs, Science and Technology on public health issues and emergency preparedness.

In its presentations, CNA called for a national approach to eradicating communicable diseases, including the implementation of a national immunization program, a national public health strategy, which included the creation of a national public health agency, and the creation of a national communications infrastructure to ensure the dissemination of timely, accurate and consistent information, especially during a public health crisis. The 2004 Speech from the Throne, under the new government of Paul Martin, and the subsequent federal budget supported the creation of a national public agency and earmarked funding for a national immunization strategy.

CNA, working with the Canadian Public Health Association, the Canadian Institutes for Health Research and others, established a coalition to increase attention and action on public health. The coalition has grown to over 50 organizations and has made presentations to the Prime Minister’s Office, the health minister and others.

## **Mental Health**

CNA participated with nine other health stakeholder groups, including the Canadian Mental Health Association, to improve the collaboration between experts in mental health and primary care providers. It has also made two presentations to parliamentary committees on the issue of mental wellness and treatment of mental illness.

## **Health Human Resources**

CNA continued to advocate for a national health human resources strategy. Overseen by a national multi-stakeholder steering committee, which includes CNA, *Building the Future: An Integrated Strategy for Nursing Human Resources in Canada* is the first national study led by nursing stakeholder groups, including professional nursing organizations, unions, employers, researchers, educators, physicians, provincial and territorial governments and the government of Canada. CNA is participating in the development of demand projection models for RNs, licensed practical nurses (LPNs) and registered psychiatric nurses (RPNs).

CNA issued the annual report on nursing education programs. It identifies the number of students, faculty and programs available. CNA also worked with the Canadian Institute for Health Information (CIHI) on the annual report on nursing in Canada.

## ***Integration of Foreign-Educated Nurses***

CNA worked on the implementation of a national, standardized approach to facilitate the integration of internationally educated nurses into the Canadian workforce. Part of this work has involved the development of a proposal submitted to Human Resources Skills Development. The proposal received approval in early 2004 and will identify and assess the current practices and policies with respect to licensure of international applicants for each of the three regulated nursing groups (RNs, LPNs and RPNs).

## ***Primary Health Care***

In 2003, CNA participated in the development of several requests for funding for projects. Five of the projects were approved by Health Canada's Primary Health Care Transition Fund. CNA is an active participant in each of the five projects and is leading one. This \$8.8 million dollar project seeks to integrate and sustain the role of the nurse practitioner in primary health care. Initiatives will be undertaken in areas such as government legislation and self-regulation, education and practice.

## ***Privacy Legislation***

CNA worked with other health stakeholders and Health Canada to develop factual information for health professionals on the impact of the new federal privacy legislation on their practice.

## ***Tax Policy***

CNA works with other national associations of professionals including accountants, lawyers and engineers to advocate changes to the tax regulations regarding continuing education. As of January 2004, nurses and other professions can deduct the costs of continuing education.

### **Presentations and Briefs**

- *Brief to the National Advisory Committee on SARS and Public Health: Lessons Learned and Recommendations*
- *Presentation to House of Commons Standing Committee on Health: Study on Prescription Drugs*
- *Brief to Senate Committee on Mental Health*
- *Brief to the Standing Committee on Finance: Pre-budget Consultations, Building the Economy*
- *Brief to the Standing Senate Committee on Social Affairs, Science and Technology, Public Health in Canada – Strengthening the Foundation*

### **Open Letter**

- *Open Letter to Canada's First Ministers (February 2003 – jointly signed with the Canadian Healthcare Association, Canadian Medical Association and Canadian Pharmacists Association)*

### **Position Statements**

- *Joint Position Statement on Scopes of Practice*
- *Peace and Security*

### **Discussion Papers**

- *Value of Nurses in the Community*
- *Barriers to Effective Collaboration Between Nurse Practitioners and Family Physicians*
- *Measuring Attrition Among Students in Nursing Programs in Canada: A Discussion Paper and a Pilot Process for Studying the Issue*
- *Nursing Leadership Development in Canada –*  
A descriptive status report and analysis of leadership programs, approaches and strategies: domains and competencies; knowledge and skills; gaps and opportunities.
- *Men in Nursing*

**END:**

**Public trust in nursing is maintained.**

# Regulatory Policy

- Close to 12,000 nurses have specialized nursing certification.
- The McGill University Health Centre was awarded CNA's Employer Recognition Award for championing RNs working toward specialized nursing certification and in pursuing professional continuing competence opportunities that enhance patient care. The Maimonides Geriatric Centre received an honourable mention.

CNA has made a commitment to protecting the Canadian public and promoting self-regulation. This is best achieved through national standards and competency setting. Fundamental to achieving this end are a number of important initiatives.

## **Canadian Registered Nurses Exam (CRNE)**

The CRNE provides a way to ensure that entry-level nurses possess the competencies to practise safely, ethically and competently. These competencies are evaluated and updated annually and are reviewed and evaluated more comprehensively every five years. CNA began the five year review cycle this year. The revised CRNE will be ready for June 2005.

To keep nurses, regulatory bodies and the public informed of issues related to the CRNE, CNA has developed and issued a series of information bulletins. The first bulletin was released in December.

## **LeaRN**

CNA is developing a series of tools and resources to assist nurses in meeting the requirements to become licensed as RNs in Canada and to better integrate them into the Canadian health care system. The first in the series is the launch of a new, web-based tool to assist CRNE writers called the LeaRN™ CRNE Readiness Test. This tool, available at cost in both English and French, is a simulated, shortened format of the CRNE. It provides an opportunity for CRNE writers to take a simulated test using former CRNE questions prior to writing the actual licensure examination. It will be particularly valuable to internationally educated nurses who may not be familiar with multiple choice testing or the Canadian health care system.

## **Nurse Practitioner Exam**

All nursing regulatory bodies fully endorsed a national assessment tool for nurse practitioners, and CNA is excited to be working with stakeholders in developing one. In March, CNA hosted a session of the Nurse Practitioner Competency Review Committee, comprised of 12 nurse practitioners from across the country to draft the core competencies for nurse practitioners. A total of about 50 core competencies, which will apply in a variety of settings, were developed and accepted by the regulatory authorities. These are being reviewed to determine which will be required for licensing and integrate them into a nurse practitioner assessment tool.

*"If you don't have enough registered nurses, you simply cannot provide adequate care. If somebody comes into emergency and you don't have the nurses, then you're backed up in emergency. Someone could be booked to have brain surgery, but if you don't have nurses, you can't do the operation. If you don't have nurses to provide some care, you can't send people home from hospital and free up beds for the next person."*

(Rob Calnan, "Where Have All the Nurses Gone?" Readers Digest – February 2003)

## Certification

CNA now offers certification exams in 14 specialty areas. Specialty certification allows nurses to build on the solid foundation of their education and experience and to illustrate currency in their chosen specialty area. CNA's voluntary national certification program is for nurses who meet rigorous practice, continuous learning and testing requirements in their specialty. By achieving certification, RNs commit to a national standard and understanding of their professional accountability to the public of maintaining their competency in a nursing specialty.

The critical care pediatric certification examination was offered for the first time in 2003. It was developed thanks to a \$44,000 grant from the Hospital for Sick Children in Toronto.

Two new certification exams for nursing, palliative hospice nursing care and gastroenterology care were developed and finalized in 2003 for the April 2004 writing date. These were developed in collaboration with the Canadian Hospice Palliative Care Association Nurses Group and the Canadian Society of Gastroenterology Nursing and Associates. Each group initiated the process for designation in a specialty area of nursing with CNA and contributed considerable financial support. The Hospice Palliative Care Association Nurses Group worked with CNA and Health Canada's Secretariat on Palliative and End-of-Life Care, which granted \$20,000 to the exam development.

## Nursing Ethics

CNA and the CNA Ethics Committee collaborated with the Nurse Affinity Group of the American Society for Bioethics and Humanities in sponsoring *Nursing Ethics: Cross-Border Challenges and Leadership* in Montreal. This was the first joint Canada-United States nursing ethics event. Its aim was to contribute to the dissemination of knowledge and research between the two countries and provided the opportunity for nurses from both countries to work together.

## The Relative Value of Nursing Work: A Study in Progress (co-authored)

*Canadian Journal of Nursing Leadership*, 16(2)

## Ethics in Practice

- Ethical Distress in Health Care Environments
- Privacy and Health Information: Challenges for Nurses and for the Nursing Profession

## Fact Sheets

- *Legislation, Regulation and Education of the Nurse Practitioner in Canada*

## Bulletins

- CRNE Bulletin, Number 1

## Abstracts/ Presentations

- Self-Regulation and Legal Liability: Is There a Relationship?  
  
Presented at the 6th International Conference on the Regulation of Nursing and Mid-Wifery, October 2003.
- Regulation and Codes of Ethics: A Canadian Perspective (co-authored)  
  
Presented at the 6th International Conference on the Regulation of Nursing and Mid-Wifery, October 2003.

**END:**

**The nursing profession achieves its full potential.**

# Nursing Policy

CNA has taken great strides to ensure that the profession of nursing continues to develop to meet growing demands for patient care. Activities for 2003 supported CNA's work to improve professional practice settings for nurses and enhance patient care and safety.

It is important to note that CNA's associate, affiliate and emerging national nurses groups have grown to 32 in number and boast memberships totaling over 15,000 nurses. They have also grown in their understanding of policy development and the promotion of nursing. The relationship of mutual support between these groups and CNA enormously enhances our capacity to advocate for nursing.

## **Quality Worklife Indicators**

Worklife indicators for nurses are gaining increased recognition and value by our health partners. CNA continued its partnership with the Canadian Council on Health Services Accreditation (CCHSA) on many issues, but especially in developing a new domain for the accreditation process, which is worklife. In March 2003, five of CNA's recommended indicators were included in the accreditation program publication, *Indicators*, and tested by nurse researchers at the University of Toronto. Three of these five were recommended for feasibility testing and more will be pilot tested in 2004. CNA provided the national nursing voice on the advisory committee for this research and facilitated nursing representation from Alberta, Nova Scotia and Saskatchewan.

## **Nursing Informatics**

Nursing informatics is a growing nursing area and is shaping the future of nursing. CNA raised awareness of its potential and current uses among nurses by participating in research on the capacity for teaching nursing informatics in schools of nursing.

In the last year, CNA has enhanced its relationship through partnerships and discussion with Canada Health Infoway Inc. and with CIHI. CNA's input and participation was sought for planning the CIHI Partnership Symposium for spring 2004.

Numerous initiatives to inform nurses on issues related to nursing informatics were undertaken. CNA is advancing its position on the need for national data collection that reflects nursing practice. This advocacy, and the involvement of nurses at the provincial/territorial, national and international forums, has grown through collaboration with the jurisdictional members and the Canadian Nursing Informatics Association.

*"Rob Calnan, president of the Canadian Nurses Association, said the fact that so many nursing jobs are now part-time and casual employment instead of full-time positions also has to be reversed and that more emphasis has to be placed on flexible working hours."*

(Rob Calnan, *National Post*,  
30 July 2003)

## **Scope of Practice**

CNA agrees that all health professionals should work to their full scope of practice, carrying out the roles, responsibilities and functions that they are educated, competent and authorized to perform. Ensuring appropriate staffing levels and mix is critical to patient care outcomes and concerns among nurses continue to grow.

To increase the support for nurses who are struggling with these issues, CNA first analyzed the results of its consultations in the discussion paper *Unique Role of the Registered Nurse*. There was strong interest in the paper but widely varied directions coming out of the consultation.

CNA pursued other avenues of support through further policy development to confirm a position statement on the principles of *Scopes of Practice* and develop another on *Staffing Decisions for the Delivery of Safe Nursing Care*. CNA entered into a small research project with hospitals undergoing and evaluating changes in staff mix; results are expected in late 2004.

As well, CNA hosted an invitational think tank Patient Safety: Developing the Right Staff Mix in December. Participants included RNs, licensed practical nurses, registered psychiatric nurses, researchers, educators, administrators and policy-makers. Concluding remarks for the day indicated that much research is already available but not being used, that more research is needed for particular settings and that a collaborative approach is needed for good patient outcomes. The final report will be made available on CNA's web site.

## **Patient Safety**

Inherent to nursing is providing safe, competent, ethical care to patients. As the health care provider with the greatest amount of patient contact, nurses are often the first to recognize when things go wrong and are in an excellent position to take appropriate action to avoid adverse events from occurring. The nursing perspective on patient safety is critical to keeping patients safe. CNA held a forum in February with over 60 participants who identified issues of the most concern to nursing. The report provided the basis for CNA's work over the year and the key concepts for a position statement on *Patient Safety* accepted in November. Other materials have been prepared with jurisdictional partners and the Patient Safety Research Cluster at the University of Toronto, in preparation for public dialogue following the release of Canada's first national research on adverse events in hospitals. In recognition of this important issue, patient safety is one of two themes at the CNA 2004 Biennium Convention.

CNA worked intensely over the summer and fall as a member of the interim committee that succeeded in establishing the Canadian Patient Safety Institute (CPSI) in December. Two nurses now sit as members of the founding CPSI Board of Directors.

*"There is a strong commitment to primary health care with some key target dates. We see a vision that sustains a not-for-profit publicly focused health care system."*

(Lucille Auffrey, in response to former Federal Minister of Health Anne McLellan's speech at Ottawa University, The Canadian Press, 22 Jan. 2003)

**Position Statements**

- *Clinical Nurse Specialist (revised)*
- *Nurse Practitioner (revised)*
- *Patient Safety*

**Hepatitis C**

Workshop Presentations and Other Resources (online)

***Nursing NOW***

- International Classification for Nursing Practice: Documenting Nursing Care and Client Outcomes
- Measuring Nurses Workload
- Primary Health Care – The Time Has Come

**Sigma Theta Tau**

- Hosted an event to celebrate and promote the work of Sigma Theta Tau Canadian chapters in Toronto at the Sigma Theta Tau international meeting

***Nursing Knowledge***

Furthering its role as a provider of quality educational resources for RNs, CNA developed and distributed *Hepatitis C: A Nursing Guide* to 15,000 nurses. Many more nurses and interested individuals used CNA's web site to download the guide. Guides were also distributed through the Canadian Hepatitis C Information Centre.

CNA completed several projects around hepatitis C, thanks to funding provided by Health Canada. Projects focused on assisting nurses to mentor and teach, providing resources for nurses to prevent the spread of hepatitis C and caring for those who have contracted the virus. Resources for nurses, which can be modified for use within individual institutions, are available on CNA's web site under Education.

***Nursing Research***

Nursing research is taking on new importance in a health care system that demands evidence for practice. Following on an initiative from Health Canada's Office of Nursing Policy, called Pathfinding for Nursing Science in the 21<sup>st</sup> Century, CNA led a working group to explore options for creating a unified voice for nursing research in Canada. This work is in developmental stages.

***Preserving Nursing History***

Archiving of the Canadian Nursing History Collection was completed by the Canadian Museum of Civilization with support from CNA. A partnership with the Canadian Nurses Foundation, the Museum of Civilization, the Canadian War Museum and the National Archives proceeded with plans to develop a multimedia exhibition on nursing history.

**END:**

***The Canadian nursing profession contributes to the advancement of global health and equity.***

# International Policy & Development

CNA's work extended beyond Canada's borders through its membership in the International Council of Nurses (ICN), the Commonwealth Nurses Federation (CNF) and its international development programs. Through these initiatives, CNA shared the expertise of Canadian nurses and contributed to improving the health of people around the world.

Thanks to Government of Canada funding provided through the Canadian International Development Agency (CIDA), CNA continued and expanded its work in other countries through the International Health Partnership Program.

## ***International Health Partnerships***

The goal of CNA through the International Health Partnership Program is to strengthen the contribution of nurses and the nursing profession to the advancement of global health and equity. International health partners in this program are the national nursing associations of Ecuador, El Salvador, Ethiopia, Indonesia, Nicaragua and Vietnam. Also included is the South African Development Community (SADC) AIDS Network of Nurses and Midwives.

Sharing the common goal of improving the health of people around the world, nursing leaders from Ecuador, El Salvador, Nicaragua, Vietnam, Ethiopia and Indonesia gathered in Ottawa with representatives from the 14 member nations of SADC for one week in the fall. Together, they shared their expertise and practical advice.

## ***Canada-South Africa AIDS Initiative***

The AIDS epidemic in South Africa is staggering. Estimates put the rate of infection between 22 to 25 per cent of the population. Women, children and those living in poverty are the most vulnerable to the disease.

Nurses, who make up 75 per cent of South Africa's health professionals and provide most of the front-line care, are in an optimal position to manage this epidemic. Yet many are working without appropriate resources and support to provide the care their patients need.

In collaboration with the Democratic Nursing Organization of South Africa (DENOSA), CNA began work on a new five year project entitled the Canada-South Africa Nurses HIV/AIDS Initiative, a first for CNA where CIDA funding comes from the Multilateral Branch. This exciting project will advance the role of South African nurses with the goal of improving the quality of care to HIV/AIDS patients and their families and of strengthening health and nursing policy.

## **Kosovo Quilt**

CNA, in collaboration with the Canadian Public Health Association (CPHA) – CIDA funded program in Kosovo, is involved in the development and the implementation of a project aimed at Strengthening of Nursing in Kosovo since 2000. CNA continued its work in the Maternity Training Project to provide upgrading of clinical skills and nurse midwives by Canadian nurses and midwives. As part of this project, the Canadian government reconstructed the largest labour and delivery unit in Kosovo's capital city of Pristina. While the birthing rooms were adequate, they lacked warmth. Recognizing a need to increase the comfort of the rooms, RNs from British Columbia initiated a project to cover the bare walls with hand made quilts. The Quilt of Hope project symbolizes solidarity, care, joy and hope.

*"We believe that no matter what kind of health care system we have, the viability of that system is dependant on a vibrant nursing community."*

(Rob Calnan, interview with *Newsline*, 9 Feb. 2003)

## Reports

- *International Policy & Development Annual Report for CIDA*
- *Canada Report for SEW Forum*

## Position Statements

- *Global Health and Equity*
- *Peace and Security*

## International Study Tours

- Hosted study tour with Japanese Nurses Association
- International Health Partnership Study Tour

## International Representation

- Launch of Dr. Ginette Lemire Rodger's campaign for ICN President
- CNA President joined ICN's delegation at the 2003 World Health Assembly
- CNA hosted two receptions celebrating Canadians and Canada Day during ICN's conference at the Council of National Representatives

## International Liaison

CNA further cemented its leadership role in fostering national and international networks for Canadian nursing and international health interest groups by participating in and initiating activities throughout the year.

CNA continued to be strategic and proactive in asserting the importance of the nursing contribution at the World Health Assembly (WHA). Rob Calnan was invited to join ICN's delegation at the May 2003 WHA meetings in Geneva, Switzerland.

Just prior to attending the 2003 ICN Conference in Geneva with CNA Executive Director Lucille Auffrey, CNA President Rob Calnan attended the Commonwealth Nurses Federation (CNF) in London, England where delegates from all over the Commonwealth made a point of thanking Canada for its work and involvement around the world. Lynda Kushnir Pehrul, a member of the CNF Board of Directors, and a past CNA president, was also in attendance at this meeting.

Visibility and knowledge exchange of CNA initiatives occurred through three papers delivered at ICN's Conference *Building Excellence Through Evidence*. Themes included Informed Career Planning, Les infirmières dans un partenariat mondial and Global Health Partnerships.

At the ICN Council of National Representative meeting, following the conference, CNA stood proud as Indonesia became a member, knowing that this accomplishment was made possible through CNA's work and support in strengthening Indonesia's relationship between its national nursing association and the public. By supporting the development of the Indonesia nurses association since 1998, CNA helped Indonesia qualify for ICN membership.

CNA is working in partnership with the Vietnamese Nursing Association to strengthen its membership through leadership training, research and increasing membership and in supporting Vietnam in its application for membership with ICN.

In September, Lucille Auffrey and Linda Silas, Canadian Federation of Nurses Unions president, attended the ICN Socio-economic Workforce (SEW) meeting in Oslo, Norway.

## International Study Tour

Strengthening the nursing practice and nursing organizations in other countries is another of CNA's priority areas. Two representatives from the Japanese Nurses Association came to CNA House on a two-week study tour. The objective of the visit was to learn from CNA's experience how to plan, implement and monitor an international development program so that they could eventually establish their own. Besides spending time at CNA House, the tour included visits to the Japanese Embassy, CIDA, the University of Ottawa's Centre for Global Health and CPHA.

## National Nursing Week

The 2003 National Nursing Week theme *Nursing: At the heart of health care* focused on the important role nurses play as Canada reforms its health care system. To mark the many nursing achievements during this celebration week, CNA worked in collaboration with the *Globe and Mail* to develop a special supplement highlighting the significant contributions of nurses.

To increase awareness of the contributions RNs make to the community and the health care system, two English and two French public service announcements (PSAs) were produced. The English PSAs focused on nurses working in the community and on health promotion, while the two French PSAs focused on the broad and changing role of the nurse, primary health and working in collaborating teams. These were distributed to almost 400 radio stations across the country, resulting in an estimated media value of \$837,600. The PSAs were played in all provinces over the course of 14 weeks.

CNA marked the International Nurses Day theme “Nurses Fighting the AIDS Stigma, Caring for All” on 12 May 2003 with an invitational session breakfast attended by over 50 representatives from the federal government, civil society, nursing groups, as well as faculty and post-graduate students from the University of Ottawa.



## Queen's Golden Jubilee 2003 Recipients

The Commemorative Medal for the Queen's Golden Jubilee was created to mark the Queen's Golden Jubilee as Queen of Canada. CNA was identified as a partner by the Department of Heritage and was asked to select recipients who have made outstanding contributions to the nursing profession.

CNA recognized 20 individuals who have embodied the principles of CNA and the Canadian health care system in their collective contributions as researchers, educators, administrators and visionaries at a reception held in their honour on 9 February 2003.

CNA acknowledges six nursing leaders who have made significant contributions to CNA and who received the Commemorative Medal for the Queen's Jubilee from other organizations: Dr. Helen P. Glass, Dr. Hugutte Labelle, Dr. Shirley Stinson, Dr. Helen K. Mussallem, Dr. Verna Huffman and retired Lt.-Col. Harriet J.T. Sloan.

### ***CNA Presidents***

Rachel Bard, CNA President, 1996-1998  
Dr. Alice Baumgart, CNA President, 1990-1992  
Lorine Besel, CNA President, 1984-1986  
Robert Calnan, CNA President, 2002-2004  
Helen Evans, CNA President, 1986-1988  
Joan Gilchrist, CNA President, 1976-1978  
Fernande Harrison, CNA President, 1992-1994  
Lynda Kushnir Pekrul, CNA President, 1998-2000  
Dr. Ginette Lemire Rodger, CNA Executive Director, 1981-1989,  
CNA President, 2000-2002  
Isobel McLeod, CNA President, 1964-1966  
Dr. Judith Ritchie, CNA President, 1988-1990  
Eleanor Ross, CNA President, 1994-1996  
Helen Taylor, CNA President, 1978-1980  
Sister Mary Felicitas Wenkel, CNA President, 1967-1970

### ***CNA Executive Directors***

Lucille Auffrey, CNA Executive Director, 2001-present  
Dr. Mary Ellen Jeans, CNA Executive Director, 1996-2001  
Judith Oulton, CNA Executive Director, 1989-1995

### ***Other Nursing Leaders***

Dr. M. Josephine Flaherty, Principal Nursing Officer, Health Canada, 1977-1994  
Patricia McLean, Executive Director, Canadian Nurses Protective Society, 1982-present  
Dr. Judith Shamian, Executive Director, Nursing Policy, Health Canada, 1999-present

## Nursing Leadership Conference

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In February CNA gathered almost 600 nurses from across Canada with diverse roles in leadership, clinical care, education, public and community health, research, administration, policy development and federal and provincial governments for the eighth national, biennial Nursing Leadership Conference.

The theme, *Building the Future*, reflected the innovative solutions that nurses are finding in the face of rapid changes to the health care system. The conference provided the nursing profession with the opportunity to discuss how best to guide and lead these changes, rather than react. Empowering presentations drove home the message – nursing leadership and collaboration is pivotal in revitalizing the health care system.

## Media Relations

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CNA continued to be the voice of nurses across Canada through pro-active media relations initiatives.

- CNA used the tabling of the National Advisory Committee on SARS and Public Health report, *Learning from SARS*, as an opportunity to strengthen the voice of nursing and position CNA as an active participant on current public health policy issues.
- On 11 November, CNA paid tribute to the heroism of nurses who served during the First and Second World War and the Korean War and recognized nurses still serving on Canadian bases around the world through the laying of flowers at the Nursing Sisters' Memorial and at the National Cenopath.
- To mark World AIDS Day, CNA highlighted its partnership with organizations such as the SADC in its involvement in the war against HIV/AIDS.

## Message from the Executive Director



Throughout this past year of an ever changing, constantly challenging, but always dynamic landscape, CNA has continued its work in advancing the two key priorities set by our board. The first is promoting a publicly funded, not-for-profit health system focused on the primary health care model, while the second is to advance quality professional practice environments for nurses so they can provide safe, ethical and competent care and enhance patient safety for Canadians.

The strength of CNA's work comes from the vibrancy and relevance of its four sectors, each a driving force in advancing our ends.

- CNA's public policy sector was actively involved in keeping our members informed of key health care and nursing issues, lobbying to advance the health system renewal and make it more accountable, promoting the development and implementation of a national nursing strategy and advocating for a system based on primary health care principles.
- The nursing policy sector continued to promote nurses as knowledge workers. They also built our nursing research capacity, advanced quality professional practice environments, developed our partnerships to advance worklife indicators and improved the safety of patients.
- Our regulatory policy sector remained committed to fostering consistent regulatory policies across the country to ensure that the trust Canadians have in RNs continues. It began the cycle to develop a new CRNE, took first steps in establishing a national exam for the nurse practitioner and enhanced and developed its certification program to provide nurses with the opportunity to demonstrate their specialized expertise.
- Finally, the international policy and development sector worked jointly with nurses around the world through various initiatives and projects, to improve global health and social justice.

One of my priorities this year was to take advantage of every opportunity to meet with nurses either here or abroad. I met with nurses from as far away as Ireland, closer to home in Edmonton and in CNA's own backyard of Ottawa. The breadth of knowledge, level of expertise, creativity used in finding innovative solutions to problems and commitment to caring for others have cemented my belief that CNA must continue its work in ensuring that Canada maintains an accessible, publicly funded health care system that will meet the needs of today and the growing demands of tomorrow.

I renew my commitment to supporting you, CNA's members, in improving the quality of practice settings, advancing the nursing profession, lobbying for a national health human resources strategy, listening to your ideas and working together to meet and overcome the challenges we are faced with. My energy comes from you, your care, your knowledge, your innovation and your hearts.

A handwritten signature in dark ink, reading "Lucille Auffrey". The signature is written in a cursive, flowing style.

Lucille Auffrey, RN, MN  
Executive Director  
Canadian Nurses Association









[www.cna-aiic.ca](http://www.cna-aiic.ca)



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**CANADIAN NURSES ASSOCIATION**  
**ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA**