The Canadian Nurses Association is the national professional voice representing nearly 139,000 registered nurses in Canada. CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada’s publicly funded, not-for-profit health system.

VISION
Registered nurses: Leaders and partners working to advance nursing and health

MISSION
CNA is the national professional voice of registered nurses, advancing the practice of nursing and the profession to improve health outcomes in a publicly funded, not-for-profit health system by:
- Unifying the voices of registered nurses
- Strengthening nursing leadership
- Promoting nursing excellence and a vibrant profession
- Advocating for healthy public policy and a quality health system
- Serving the public interest

GOALS
In pursuit of the vision and mission, CNA has established the following goals:

01 GOAL
To promote and enhance the role of RNs to strengthen nursing and the Canadian health system

02 GOAL
To shape and advocate for healthy public policy, provincially/territorially, nationally and internationally

03 GOAL
To advance nursing leadership for nursing and for health

04 GOAL
To broadly engage nurses in advancing nursing and health
A MESSAGE FROM THE BOARD OF DIRECTORS

DEAR MEMBERS, COLLEAGUES AND STAKEHOLDERS,

On behalf of the CNA board of directors, I am pleased to present this snapshot of the great work we undertook in 2015, with and on behalf of our nearly 139,000 members. The style of this more concise annual report — with its focus on select initiatives and impacts — reflects an overall approach I committed to during my presidency: while remaining responsive to the broader issues, CNA should focus on one or two national priorities in which registered nurses and nurse practitioners can make a unique contribution.

The trust the public has given nurses means we have both the ability and accountability to bring our voices and actions forward. In other words, we as nurses have a responsibility to unleash our power. I believe CNA's greatest opportunity to unleash this power lies in advocating through action, expanding scope of practice and leading always. In the pages ahead, I think you’ll clearly see how each of these areas were central to CNA's 2015 operational work.

For instance, advocating through action shone through in our campaign during the lead up to the federal election. Through this initiative, CNA rallied the nursing profession, citizens and politicians to join us in championing seniors care and healthy aging. Our efforts achieved results as better health care became an election topic and the newly elected government began actively discussing health care.

As for expanding scope of practice, CNA strongly believes that prescribing authority for RNs can open the door to enhanced and equitable health-care access for all Canadians. In 2015, CNA published a broad national framework that leverages best practices for RN prescribing and for models now in use in the provinces and other countries. We hope jurisdictions who move forward with RN prescribing will use this valuable framework.

Finally, leading always is a concept that runs through CNA’s work. It’s especially true of our 2015-2019 strategic plan, which sets out to lead a shift in the health-care system to expand primary health care. For decades, primary health care has been recognized as the way to achieve a sustainable health system. Yet, the uptake hasn’t matched the enthusiasm. We believe nurses are the key to propelling that work forward and leading the way.

Without a doubt, Canada’s nurses put their mark on issues of national importance in 2015. CNA’s members — the jurisdictional associations and colleges, Canadian Network of Nursing Specialties, Canadian Nursing Students’ Association, independent members from Ontario and Quebec, and retired nurses from across Canada — contributed immensely to fuelling that work.

June 2016 marks the end of my two-year term as president. It has been a privilege, personally and professionally, to have served the nursing profession at the national level. I thank each and every CNA member, stakeholder and partner for the time, expertise and energy you gave to make 2015 a success.

Sincerely,

Karima Velji, RN, PhD, CHE
Chair and President
BOARD OF DIRECTORS

CNA’s volunteer board of directors is accountable to and governs on behalf of our members.

SEATED (left to right):
Barb Shellian, RN, BN, MN, President-Elect, CNA
Karima Velji, RN, PhD, CHE, President, CNA
Anne Sutherland Boal, RN, BA, MHS
Chief Executive Officer, CNA

STANDING (left to right):
Carole Dilworth, BA, M.Sc., Public Representative
Shannon Spenceley, RN, BN, MN, PhD
President, College and Association of Registered Nurses of Alberta
Sean Secord, RN, BScN, BScB, MN, NP
President, Yukon Registered Nurses Association
Dawn Tisdale, President, Canadian Nursing Students’ Association

Pamela Hawranik, RN, BN, MN, PhD
Network Representative
Nancy MacFadyen, RN, BN, MN
President, Association of Registered Nurses of Prince Edward Island
Zak Matieschyn, RN, BSN, MN, NP (Family)
President, Association of Registered Nurses of British Columbia
Jacquelyn Garden-Jayasinghe, RN, BN, NP, MN, CCN(C)
President, College of Registered Nurses of Nova Scotia
Robert Nevin, RN, NP
President, Registered Nurses Association of the Northwest Territories and Nunavut
Brenda Kinney, RN, MN
President, Nurses Association of New Brunswick
Vanessa Burkoski, RN, NP-PhC, BScN, MScN, DHA
President, Registered Nurses’ Association of Ontario
Regina Coady, RN, MN
President, Association of Registered Nurses of Newfoundland and Labrador
Patricia Benjaminson, RN, CON(C)
President, College of Registered Nurses of Manitoba
Tom Bursey,
MBA, CHRL, FCPA/FCMA, C.Dir., ACC, HRCCC, ICD.D
Public Representative
Judy Simpson, RN, BN, M.Ed., CHPCN(C)
Network Representative

MISSING FROM PHOTO:
Linda Wasko-Lacey, RN, BN, MSA
President, Saskatchewan Registered Nurses’ Association
FINANCIAL INFORMATION

At the end of 2015, CNA was in a positive financial position.

On December 31, 2015, CNA’s assets were at $22,818,399 and liabilities were at $1,463,975, leaving net assets at $21,354,424.

The consolidated statement of operations indicates an excess of revenues over expenses, totalling $734,878 (including amortization of capital assets). Revenues exceeded our expected budget by $211,534 (1.5 per cent), mainly due to the higher demand for exams. Expenses were below our budget projections by $1,189,412 (8.0 per cent), which reflects management’s extensive efforts to control costs and still deliver on a multitude of projects related to the strategic plan.

CNA’s good financial health will allow us to further enhance our relevance as the nationwide leader for improving health outcomes through the unified voice of Canada’s registered nurses.

Complete consolidated 2015 financial statements are available on our website.

Consolidated Statement of Financial Position

<table>
<thead>
<tr>
<th>December 31, 2015</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>4,369,846</td>
<td>7,118,631</td>
</tr>
<tr>
<td>Short-term investments</td>
<td>6,764,817</td>
<td>8,996,623</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>1,208,970</td>
<td>1,807,368</td>
</tr>
<tr>
<td>Prepaid expenses and inventory</td>
<td>205,147</td>
<td>157,743</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>12,548,780</td>
<td>18,080,365</td>
</tr>
<tr>
<td><strong>INVESTMENTS</strong></td>
<td>2,000,000</td>
<td>–</td>
</tr>
<tr>
<td><strong>CAPITAL ASSETS</strong></td>
<td>6,178,619</td>
<td>6,454,940</td>
</tr>
<tr>
<td><strong>ACCRAVED PENSION BENEFIT ASSET</strong></td>
<td>2,091,000</td>
<td>1,569,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>22,818,399</td>
<td>26,104,305</td>
</tr>
<tr>
<td><strong>LIABILITIES AND NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>958,639</td>
<td>2,008,247</td>
</tr>
<tr>
<td>Deferred revenues</td>
<td>462,283</td>
<td>1,681,594</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1,420,922</td>
<td>3,689,841</td>
</tr>
<tr>
<td>RESEARCH AND DEVELOPMENT FUND PAYABLE</td>
<td>43,053</td>
<td>2,316,918</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1,463,975</td>
<td>6,006,759</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invested in capital assets</td>
<td>6,178,619</td>
<td>6,454,940</td>
</tr>
<tr>
<td>Restricted for future pension obligation</td>
<td>2,091,000</td>
<td>1,569,000</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>13,084,805</td>
<td>12,073,606</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>21,354,424</td>
<td>20,097,546</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>22,818,399</td>
<td>26,104,305</td>
</tr>
</tbody>
</table>
Complete consolidated 2015 financial statements are available on our website.

Outcomes through the unified voice of Canada’s registered nurses.

Higher demand for exams. Expenses were below our budget projections by $1,189,412 (8.0 per cent), which reflects amortization of capital assets. Revenues exceeded our expected budget by $211,534 (1.5 per cent), mainly due to the

The consolidated statement of operations indicates an excess of revenues over expenses, totalling $734,878 (including

On December 31, 2015, CNA’s assets were at $22,818,399 and liabilities were at $1,463,975, leaving net assets at

At the end of 2015, CNA was in a positive financial position.

CNA’s good financial health will allow us to further enhance our relevance as the nationwide leader for improving health management’s extensive efforts to control costs and still deliver on a multitude of projects related to the strategic plan.

### REVENUES

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2015 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership fees</td>
<td>8,619,134</td>
<td>7,479,720</td>
<td>7,486,407</td>
</tr>
<tr>
<td>Exams/Certification/Registration</td>
<td>10,203,051</td>
<td>4,638,514</td>
<td>4,298,002</td>
</tr>
<tr>
<td>Publications/Advertising</td>
<td>981,727</td>
<td>818,885</td>
<td>972,370</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>773,838</td>
<td>797,149</td>
<td>786,400</td>
</tr>
<tr>
<td>Grants/Affinity/Sponsorship</td>
<td>448,576</td>
<td>413,392</td>
<td>390,000</td>
</tr>
<tr>
<td>Investment income/Other</td>
<td>463,719</td>
<td>187,950</td>
<td>190,897</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>21,490,045</td>
<td>21,354,424</td>
<td>14,124,076</td>
</tr>
</tbody>
</table>

### EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2015 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefits</td>
<td>9,637,774</td>
<td>7,184,706</td>
<td>7,465,649</td>
</tr>
<tr>
<td>Services/Printing/Publicity</td>
<td>4,154,520</td>
<td>1,657,768</td>
<td>1,955,120</td>
</tr>
<tr>
<td>Postage/Building/Other</td>
<td>2,302,730</td>
<td>1,725,380</td>
<td>2,005,253</td>
</tr>
<tr>
<td>Equipment/Computer services</td>
<td>1,024,807</td>
<td>643,966</td>
<td>784,898</td>
</tr>
<tr>
<td>Committees/Travel</td>
<td>916,712</td>
<td>762,293</td>
<td>790,147</td>
</tr>
<tr>
<td>Affiliation fees</td>
<td>514,068</td>
<td>595,686</td>
<td>511,316</td>
</tr>
<tr>
<td>Sundry</td>
<td>930,197</td>
<td>252,790</td>
<td>373,061</td>
</tr>
<tr>
<td>Amortization of capital assets</td>
<td>701,405</td>
<td>778,143</td>
<td>894,700</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20,182,213</td>
<td>13,600,732</td>
<td>14,790,144</td>
</tr>
</tbody>
</table>

### EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2015 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess (Deficiency) of Revenues over Expenses</td>
<td>1,307,832</td>
<td>734,878</td>
<td>(866,068)</td>
</tr>
</tbody>
</table>
2015 CNA at a glance

JANUARY: Fulfilled first of several deliverables for the CNA-Chinese Nursing Association memorandum of understanding.

FEBRUARY: Senior nurse advisor elected to core steering group of ICN’s international nurse practitioner/advanced practice nursing network.


APRIL: Published Framework for Registered Nurse Prescribing in Canada.

MAY: A CNA social media first: National Nursing Week hashtag #everystep trends on Twitter in Canada.

JUNE: New CNA member classes cast first votes at an annual meeting.

CNA recognizes pan-Canadian framework would be useful for provincial/territorial governments before they proceed further with regulating and implementing RN prescribing.

Two new member classes — the Canadian Network of Nursing Specialties and the Canadian Nursing Students’ Association — cast first votes. Room erupts in applause as members introduced.

To propose a Canadian leadership program for nursing executives in China. In January, the selected program, which is from RNAO, was delivered in Beijing.
<table>
<thead>
<tr>
<th>JULY</th>
<th>AUGUST</th>
<th>SEPTEMBER</th>
<th>OCTOBER</th>
<th>NOVEMBER</th>
<th>DECEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNA launches pre-election Health Is Where the Home Is campaign for better seniors care and healthy aging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>New CNA Manitoba member announced</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Discussions with Dubai Health Authority to pilot certification exams</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>CNA-hosted roundtable helps NPs and stakeholders lay groundwork on further implementing NP role</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Agreement signed to bring Dorothy Wylie Health Leaders Institute (DWHLI) under CNA’s stewardship</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Changes to Manitoba *Regulated Health Professions Act* means end to College of Registered Nurses of Manitoba’s relationship with CNA after 107 years, beginning of new Association of Registered Nurses of Manitoba, which will be CNA’s Manitoba member in 2016.

CNA partners with DWHLI to jointly deliver this well-respected program, starting in 2016. Honoured to have namesake Dorothy Wylie join us for signing of memorandum of understanding.
Goal 1: To promote and enhance the role of RNs to strengthen nursing and the Canadian health system

SAFE STAFFING TOOLKIT HAS PATIENT SAFETY IN MIND

Working together, CNA and the Canadian Federation of Nurses Unions created an evidence-based, safe nurse staffing toolkit. The online toolkit helps nurses and nurse managers address patient safety issues and nursing practice gaps that stem from unsafe practices in nurse staffing. It also shows them how to make a case for evidence-based safe nurse staffing in their own workplace.

Safe nurse staffing is critical to better patient care, the well-being, health and safety of nurses and other health-care providers. It also helps the health-care system function more effectively. Since becoming available on NurseONE.ca, user feedback on the toolkit has been highly positive.

ESTABLISHING A COMMON UNDERSTANDING OF RN PRACTICE

CNA updated the Framework for the Practice of Registered Nurses in Canada, using a national advisory group and consultation process to ensure it reflects current realities.

Originally published in 2007, the updated version seeks to promote a common understanding of RN practice and includes information on theoretical foundations, professional practice elements, careers, the role’s impact and its future. The framework is an essential resource for RNs as they work with others to establish a health-care system that is more responsive to the needs and priorities of Canadians.

Given the large number of regulated and unregulated health-care providers in Canada, CNA believes it is important for policy-makers, decision-makers and employers to clearly understand RN competencies and contributions and to know when RN care is the most appropriate.
Prior to the election, CNA president Karima Velji sat down with future Prime Minister Justin Trudeau to discuss seniors care and healthy aging.

**ELECTION CAMPAIGN FOCUSED ON BETTER SENIORS CARE**

From the outset, 2015 promised to be an interesting year in politics, as the 42nd federal election could be called at any point on or before October 21.

Once politicians began unofficial campaigning early in the year, CNA began a campaign of its own to get nurses engaged and make better health care a central election issue.

To achieve these goals, we focused our campaign on seniors health and healthy aging — since seniors are expected to represent 30 per cent of Canada’s population by 2030.

Through face-to-face meetings with leaders of the main federal parties, more than 70 MPs and with parliamentary staff, CNA urged the adoption of three key strategies to improve care for Canada’s aging population:

1. Establish common standards for home care across the country
2. Increase support for family caregivers
3. Improve community- and home-based health promotion

Our election strategy involved action at the grassroots level and efforts to get Canada’s nurses fully behind the recommendations. Among our activities was a special Health Is Where the Home Is project, complete with its own website, designed to help nurses speak out on health care. In response, thousands visited the site to access primers, send questions or letters to local riding candidates and express their views on our social media channels. The four town halls CNA hosted during the election campaign, bringing together federal candidates, nurses, expert panellists and residents to debate the issues, were also well-attended.

Shortly after the election, the new Liberal government’s regard for nurses’ concerns became clear when ten of the prime minister’s mandate letters to cabinet included at least some focus on health. In addition, the government acknowledged CNA as a valued partner on health-care solutions when, just weeks after being sworn in as federal health minister, Jane Philpott invited us to sit down and discuss the nursing profession’s priorities for health care.
Goal 2: To shape and advocate for healthy public policy, provincially/territorially, nationally and internationally

CALLING FOR BETTER, EXPANDED PALLIATIVE CARE

Immediately following the February 2015 Supreme Court of Canada ruling — that a ban on physician-assisted death for consenting, competent adults suffering a grievous terminal illness is unconstitutional — CNA issued a media release outlining its priorities: to support nurses on the issue and help them provide the best ethical and competent care to patients either at or near the end of life, as per our Code of Ethics for Registered Nurses.

In the lead up to the federal legislation necessary to support the Court’s decision (required in 2016), CNA was preparing for the opportunity to work with fellow health-care team members and federal/provincial/territorial governments. While doing so, other stakeholders and policy-makers began seeking our expertise. In October 2015, we were invited to be a witness before the federal government’s external panel on options for a legislative response to Carter v. Canada.

In the summer, CNA president Karima Velji was appointed to the provincial-territorial expert advisory group on physician-assisted dying, established to inform the development of policies, practices and safeguards to prepare for its legalization in the jurisdictions.

As the 2016 deadline for federal legislation approached, CNA was expecting more invitations to offer our expertise on this issue.

A resounding message in the joint position statement was that the health system needs to broaden its use of the palliative approach to care, whose central aim is helping people live well until death. It also emphasized the role of nurses as advocates for establishing high-quality palliative and end-of-life care, accessible to all Canadians in settings that best suit their care needs.

As 2016 neared, CNA continued to receive requests from nurses, nursing associations and universities for information and presentations on this important topic.
03 GOAL

**Goal 3:** To advance nursing leadership for nursing and for health

---

**CERTIFICATION PROGRAM PREPARES TO GO PAPERLESS, EXPAND INTO DUBAI**

In 2015, the merits of the CNA Certification Program — which offers a national nursing specialty credential in English and French — truly resonated with nurses, specialty associations and employers.

The Canadian Association of Nurses in Oncology, for instance, believes in CNA certification so strongly that its 2015 position statement advises RNs to obtain their oncology specialty credential by their fifth year of practice. They also recommend that “organizations providing oncology services have at least 75 per cent of their eligible RNs certified.”

In addition, the certification program went beyond Canada’s borders for the first time in 2015, after nursing colleagues at the Dubai Health Authority asked CNA to become a partner in establishing national certification for specialty practice nurses. Starting with emergency and nephrology nursing, certification had a busy year completing the extensive work that would ensure success for the first international exam (in March 2016) and maintain the integrity and rigour of our program.

CNA also announced exciting developments for the Canadian program in 2016 — just in time to celebrate certification’s 25th year. Among these innovations will be moving the application process exclusively online and establishing computer-based, paperless exams across the country. Computer-based testing will give nurses a three-week window to schedule their exam — with much more flexibility than CNA’s previous exams (on a single Saturday each year). Throughout 2015, a major focus for CNA was preparing, testing and developing new processes to make these changes possible. To do so, we formed a certification program advisory committee — consisting of members from the 20 specialty certification groups, representatives from the Canadian Network of Nursing Specialities and the Canadian Nurses Foundation, and staff from CNA certification and IT teams — to get the input and ongoing guidance we needed to launch the new system in spring 2016.

**REACH EXPANDS WITH INTERNATIONAL PRESENTATIONS**

Canadian nurses had a strong showing at the 2015 International Council of Nurses (ICN) conference in Seoul, South Korea. CNA contributed six presentations and an abstract to the scientific conference, where topics included advanced practice, leadership, collaborative advocacy, the role of RNs in community care and RNs’ use of information technology. CNA’s presentation on the status of RN prescribing in Canada and our national framework for RN prescribing garnered particular interest and followup questions from other countries.

CNA is ICN’s only Canadian member. Our work with ICN is to ensure that Canada plays an active role in global policy development. For example, at the 2015 Council of National Representatives meeting, our president and CEO represented Canada during the ICN and World Health Organization’s first professional consultation on health human resources strategies. With CNA support, Canadian experts in the field developed an evidence-based paper that framed some of the key nursing issues on global HHR. This work became part of ICN’s final submission to WHO. The need for a robust global strategy will be on the agenda for its World Health Assembly in May 2016.
Goal 4: To broadly engage nurses in advancing nursing and health

CNA lent its voice to several critical issues related to the health and well-being of Indigenous peoples. We were especially vocal when the auditor general released his findings on access to health services in remote First Nations communities. Concerns centred on the neglect for the principles of primary health care, the lack of federal support for the nurses who work in these locales, inadequate allocation of resources, and the repetition of problems from previous reports. Joining forces with the Aboriginal Nurses Association of Canada (A.N.A.C.), we publicly drew attention to the federal government’s mandated responsibility — requiring immediate action — to ensure availability and access to health services for First Nations and Inuit communities and to help these communities achieve health levels comparable to other Canadians.

We also publicly supported the newly elected federal government’s plan to launch a national public inquiry into the staggering numbers of missing and murdered Indigenous women and girls. A.N.A.C. and CNA anticipate an opportunity to participate in both the scope-setting and inquiry phases.

Recognizing the strength of collaborating on Indigenous nursing and health issues, CNA and A.N.A.C. began discussions to formalize our long-standing partnership. This was further supported by a motion passed at our 2015 meeting of members that urged us to sign an accord. By the end of 2015, we had developed the guiding principles for a formal partnership for authentic engagement, to be signed in early 2016.

Providing a National Voice

Within our long-standing universal membership model, nurses from across the country become CNA members by joining their provincial/territorial association or college. The word universal means that these associations or colleges bring all their nurse members to the national organization. With changes in the Canada Not-for-profit Corporations Act, which led to the creation of more than one membership class, CNA needed to clarify the roles and responsibilities of each member and confirm the historical principle of equity for the provincial/territorial associations or colleges (Class A members). To do so, we presented voting delegates at our annual meeting with a proposed bylaw to make universal membership for provincial/territorial associations or colleges a requirement. CNA leaders appreciated the insightful debates and discussions that took place prior to the vote on the bylaw, which delegates supported. We believe universal membership will ensure a strong, unified profession and empower nurses’ voices through CNA as a source of change at all levels.

Panellists at our annual meeting discussed nurse recruitment and retention in aboriginal, rural and remote communities.
Better home care needed
Leading up to the 2015 federal election, CNA called for common standards for home care. In 2016, we’re partnering with the Canadian Home Care Association and the College of Family Physicians of Canada in a consultation series that will develop an action plan for better home care.

New partners in leadership
CNA signed an MOU with the Dorothy Wylie Health Leaders Institute in 2015, paving the way for the first residential institute, which will be offered in fall 2016.

CNA to emphasize primary health care
We began carrying out key aspects of our strategic plan for 2015-2016, focusing on leading a shift to primary health care. Recognizing our expertise in this area, in 2016 the federal government invited us to develop a brief on dementia care.

Working together for Indigenous health
In 2015 we began discussing how we might formalize our long-standing partnership with the Aboriginal Nurses Association of Canada. This led to the signing of a partnership accord in early 2016 that will strengthen our work to advance Indigenous rights, equity and social justice to help reduce and prevent diseases and discrimination in health care.