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THE STANDARD OF CARE.

Council briefing package

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Council Observers

Your guide to good meeting etiquette

1. Turn down the volume

- no side conversations
- turn off or mute cell phones
- don't use personal electronic devices except to access the Council meeting package
- don't try to communicate with Council Members

2. Privacy, privacy, privacy

- don't take photos at Council
- don't record Council meetings

3. Scent-free is key

- no perfume, scented lotion or aftershave

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Council
Wednesday & Thursday, March 11 and 12, 2020

Agenda

Wednesday, March 11
9:00 a.m. to 5:00 p.m.

9:00 a.m.	**1. Agenda**	Decision
9:10 a.m.	**2. Minutes of meeting of December 4 and 5, 2019**	Decision
	3. Strategic Issues	
9:15 a.m.	3.1 Approval of CNO's 2021-2024 Strategic Plan	Decision
10:30 a.m.	**Break**	
10:45 a.m.	3.2 Proposal to combine the membership of the Discipline and Fitness to Practise committees	Decision
11:30 a.m.	3.3 Scope of practice changes 3.3.1 RPN scope of practice: proposed revised Controlled Acts regulation: for circulation 3.3.2 RN prescribing: proposed amendment to by-laws related to the Register: for circulation	Decision Decision
12:00 p.m.	**Lunch**	
1:00 p.m.	3.4 Governance Work Group Report Richard Steinecke, legal counsel attending • Interim Nominating Committee Terms of Reference and By-Law amendments	Decision

2:00 p.m.	3.5 Nursys™ Canada: A national database for sharing nurse registration and discipline information across jurisdictions.	Information
2:45 p.m.	**Break**	
3:00 p.m.	3.6 Statutory committee reports 3.6.1 Patient Relations, Cheryl Evans 3.6.2 Inquiries, Complaints and Reports, Cheryl Evans 3.6.3 Discipline, Terry Holland 3.6.4 Fitness to Practise, Naomi Thick 3.6.5 Quality Assurance, Maria Sheculski 3.6.6 Registration, Judy Petersen	Information
4:00 p.m.	3.7 2019 Strategic Performance Report	Information
4:30 p.m.	**4. Election and appointments: 2020-2021 Council** 4.1 By-Law amendments to allow for electronic voting for the Executive Committee	Decision
5:00 p.m.	**Recess**	

Thursday, March 12, 2020

9:00 a.m. to 5:00 p.m.

	4. Election and Appointments: 2020-2021 Council	
9:00a.m.	4.2 Appointment of Scrutineers	Decision
9:15 a.m.	4.3 Election of the Executive Committee	Information
10:15 a.m.	**Break**	
	5 Reports	
10:30 a.m.	5.1 Executive Director Update	Information
11:00 a.m.	5.2 Executive Committee meeting of February 20, 2020	Decision
11:10 a.m.	5.3 Finance Committee meeting of February 20, 2020	Decision
11:40 a.m.	**6 Council Operations and Governance** 6.1 Finance Committee Terms of Reference	Decision
noon	**Lunch**	

1:00 p.m.	**4 Election and Appointments: 2020-2021 Council**	
	4.4 Appointment of Statutory Committee Chairs	Decision
	4.5 Appointment of Statutory Committee members	Decision
	4.6 Appointments to Sub-Committee on Compensation	Decision
	4.7 Confirmation of appointment to fill committee vacancy	Decision
2:00 p.m.	**7 Discussion item(s) added by Council members**	
2:15 p.m.	**8 Evaluation of the Council meeting**	
	9 Conclusion	
2:30 p.m.	**10 Honouring outgoing members**	

11. Information Items

11.1 Council election results
11.2 The Importance of Teamwork, Grey Areas, 02-20

Next Meeting:

First meeting of the 2020-2021 Council: June 3 and 4, 2020

2020-2021

ANNUAL PLAN FOR COUNCIL

MARCH

2020

- Annual reports of statutory committees
- Current Strategic Plan: 2019 annual performance report
- Elections (Executive) and committee appointments
- Governance
- Nursys (Canada)
- Proposal to merge the Discipline and Fitness to Practise committees
- Public Outreach Strategy
- Scope of practice changes
  - RPN initiation
  - RN prescribing
- 2021-2025 Strategic Plan

JUNE

2020

- 2019 Annual Report & audited financial statements
- Appointment of the auditor
- Governance
- Public Outreach Strategy
- Program Approval: Baccalaureate, NP and PN
  - RPN initiation
  - RN prescribing
- Standing committee appointments

2020-2021 ANNUAL PLAN FOR COUNCIL

SEPTEMBER 2020

- Dates of Council meetings in 2021
- Governance

DECEMBER 2020

- 2021 Budget
- Governance

MARCH 2021

- Annual reports of statutory committees
- Elections (Executive) and statutory committee appointments
- 2021-2025 Strategic Plan: 2020 annual performance report

Council is individually and collectively committed to regulating in the public interest according to the following principles:

Accountability

- We make decisions in the public interest
- We are responsible for our actions and processes
- We meet our legal and fiduciary duties as directors

Adaptability

- We anticipate and respond to changing expectations and emerging trends
- We address emerging risks and opportunities
- We anticipate and embrace opportunities for regulatory and governance innovation

Competence

- We make evidence-informed decisions
- We seek external expertise where needed
- We evaluate our individual and collective knowledge and skills to continuously improve our governance performance

Diversity

- Our decisions reflect diverse knowledge, perspectives, experiences and needs
- We seek varied stakeholder input to inform our decisions

Independence

- Our decisions address public interest as our paramount responsibility
- Our decisions are free of bias and special-interest perspectives

Integrity

- We participate actively and honestly in decision-making through respectful dialogue
- We foster a culture in which we say and do the right thing
- We build trust by acting ethically and following our governance principles

Transparency

- Our processes, decisions and the rationale for our decisions are accessible to the public
- We communicate in a way that allows the public to evaluate the effectiveness of our governance

Approved by Council, September 2016

Minutes

Present

C. Evans, Chair
F. Cardile
D. Cutler
T. Dion
S. Douglas
C. Egerton
A. Fox
G. Fox
D. Graystone
R. Henderson
T. Holland
A. Jewell
M. Klein-Nouri
D. Lafontaine
D. LiChong
C. Manning
J. Petersen
L. Poonasamy
D. A. Prillo
S. Robinson
G. Rudanycz
M. Sheculski
N. Thick
D. Thompson
A. Vidovic
K. Wagg
D. Walia
J. Walker
C. Ward
T. White
H. Whittle
C. Woodbury
R. Woodfield

Regrets

K. Patterson
T. Perlin

Staff

A. Coghlan
C. Gora
J. Hofbauer, Recorder
D. Jones
E. Horlock
B. Knowles
K. McCarthy
S. Mills
C. Stanford
C. Timmings

Agenda

The agenda had been circulated.

Motion 1

Moved by T. Holland, seconded by M. Sheculski,

That the agenda for the December 4 and 5, 2019 Council meeting be approved.

CARRIED

Minutes

Draft minutes of the September 12, 2019 Council meeting had been circulated.

Motion 2

Moved by C. Woodbury, seconded by R. Woodfield,

That the minutes of the Council meeting of September 12, 2019 be approved.

CARRIED

Long-term care public inquiry

Council received a final report of CNO actions in response to the 10 recommendations of the public inquiry specifically addressed to CNO.

A. Coghlan highlighted CNO's actions. She noted that CNO will be sharing its report extensively. This addresses CNO's commitment to the Commissioner to share CNO's response to the recommendations with the public.

A major finding of the inquiry was that there are systems issues that need to be addressed collaboratively by a variety of stakeholders. CNO will send its report to the Minister of Long-Term Care and express its commitment to work with partners, including government, to address the systems issues identified in the report.

Council discussed some of the issues within the system and the roles of various partners. A. Coghlan highlighted the tools CNO is preparing to support nurses and employers in understanding reporting accountabilities. It was noted that the *Code of Conduct* supports the public in understanding what to expect from nurses.

Governance Work Group

C. Evans introduced the report of the Governance Work Group. She highlighted the accomplishments to date.

Committee Appointments & Board Education

G. Fox updated Council on the second year of the pilot of appointments of statutory committee members based on competencies and attributes. In response to a question, it was confirmed that the process will continue to involve a third party, which brings independence, oversight and rigor to the process.

G. Fox also highlighted the completion of board education, noting that it has been integrated into the process for the 2020 Council election.

Nominating Committee of the Future

A. Jewell highlighted the Governance Work Group's recommendations regarding the Terms of Reference for the Nominating Committee that will come into effect following legislative change.

There was discussion about the membership of the future Nominating Committee and about the quorum provisions in the draft Terms of Reference. There was concern that the proposed quorum provisions could result in a decision being made by very few members. Through a show of hands, it was confirmed that the quorum for the future Nominating Committee will be four. No other changes to the Terms of Reference were proposed.

Motion 3

Moved by N. Thick, D. Cutler,

> That Council approve the Terms of Reference for the future Nominating Committee, as they appear in attachment 1 of the Work Group's report and with the change that quorum requires four members.

CARRIED

Interim Nominating Committee – Establishment

J. Petersen highlighted the recommendation of the Governance Work Group that Council establish an interim Nominating Committee, and the rationale. It was noted that this continues Council's approach of implementing evidence-based governance change that is possible without legislative change. The interim committee's terms of reference will need to include the role of the Election and Appointments Committee related to Council and Executive Committee elections.

Motion 4

Moved by T. White, seconded by D. Lafontaine,

> That Council implement a time-limited (up to three years) interim Nominating Committee to replace the Election and Appointments Committee in 2020.

CARRIED

The goal is to have the interim Nominating Committee in place for the appointment of committee members for 2021. It was noted that the timeframes for moving this forward are tight.

Interim Nominating Committee - Leadership

C. Evans declared a conflict of interest. She informed Council that she has asked J. Petersen to chair and left the meeting.

J. Petersen and members of the Governance Work Group highlighted the rationale for the recommendation that the immediate Past-President be the Chair of the Interim Nominating Committee.

Following discussion, by show of hands, it was identified that Council supported that the immediate Past President chair the interim Nominating Committee.

C. Evans rejoined the meeting and assumed the chair.

Follow-up Action

Draft terms of reference for Interim Nominating Committee to March 2020 Council
Executive Director and CEO

Scope of Practice Changes

C. Evans noted that scope of practice is changing for all nurses. At this meeting, Council is discussing the changes to RPN scope of practice proposed by the Minister of Health.

A. McNabb, Strategy Consultant, highlighted the consultation undertaken in relation to the proposed changes in RPN scope of practice and the regulatory mechanisms in place to support safe patient care.

Motion 5

Moved by M. Sheculski, seconded by D.A. Prillo,

> That Council approve the proposed regulatory approach, as described in the decision note, to ensure public protection when RPNs are permitted to initiate the additional controlled acts as directed by the Minister of Health.

CARRIED

Follow-up Action

Draft amendment to Controlled Acts regulation to March 2020 Council
Executive Director and CEO

Recess

At noon, Council recessed until 9:00 a.m. on Thursday, December 5, 2019.

Thursday, December 5, 2019

Agenda

C. Evans highlighted changes to the order of items in the agenda.

Finance Committee report

A. Fox highlighted the report of the Finance Committee meeting of November 14, 2019.

Council members had received copies of the unaudited financial statements for the nine months ending September 30, 2019. Council was informed that the year-to-date operating surplus of $12.3M is a $5.3M favourable variance from the budgeted surplus. The result of the favourable variance and delay in some capital expenditures is an accumulated surplus of $28.0M. This is over CNO's surplus guidelines. A. Fox noted that the Finance Committee is not concerned because there is a plan to move into the approved range.

Motion 6

Moved by A. Fox, seconded by G. Rudanycz,

> That the unaudited financial statements for the nine months ending September 30, 2019 be approved.

CARRIED

A. Fox reported that the Finance Committee received a report from the Sub-Committee on Compensation that the staff compensation in the proposed budget is congruent with Council's Compensation Principles and best practices in human resources.

S. Mills highlighted the 2020 operating and capital budgets and the projections through 2023. He noted that there is more uncertainty in the budget than usual because of the scope of some of the projects, such as the building renovation. He shared with Council a projection of the revenues, expenditures and surpluses, including the accumulated operating surplus, through 2023.

A. Fox reported that the Finance Committee had discussed the budget in detail and is confident it provides the resources needed to meet CNO's regulatory mandate, advance the current strategic plan and lay the framework for implementation of the new strategic plan beginning in 2021.

Motion 7

Moved by A Fox, seconded by C. Egerton,

> That the 2020 operating and capital budgets be approved.

CARRIED

A. Fox reported on the Finance Committee's discussions related to terms of reference and membership on the Sub-Committee on Compensation.

PN Registration Exam

C. Evans noted that, in September, Council approved the REx-PN as the exam for registration as a Practical Nurse, effective January 2022. E. Tilley, Strategy Consultant, highlighted how the format, rigor and security of the new exam make it such that candidates can only pass if they meet the competencies to enter practice. The plan for transition between the current and future exam was highlighted.

Motion 8

Moved by N. Thick, seconded by D. Lafontaine,

> That an unlimited number of attempts to successfully complete the REx-PN be approved to come into effect when the exam is implemented on January 4, 2022.

CARRIED

It was noted that the Canadian Practical Nurse Registration Exam is a Council approved examination. Council needs to set an end date for its approval of the exam as a registration exam for Ontario applicants.

Motion 9

Moved by T. Holland, seconded by D. Prillo,

> That December 31, 2021 be the end date for the Canadian Practical Nurse Registration Examination (CPNRE) as the approved entry-to-practice examination for registration as a Registered Practical Nurse (RPN) in the General class.

CARRIED

Follow-up Action

Inform stakeholders of the change Executive Director and CEO

QA Program of the Future

Council was updated on the development of the self-assessment tools for future QA: the Practice Reflection Worksheet and Action Plan (previously called learning plan). The evaluation of the tools was positive and, as a result, the plan is to make them available to nurses in 2020. Suggestions were made about options for enhancing communication with nurses who have been selected to participate in practice review.

Nursys Canada

Discussion of Nursys Canada was deferred to the March Council meeting. It was identified that more information will be available at that time.

Risk-Based Regulation: Program to Prevent Sexual Abuse of Patients

E. Tilley presented the interventions being undertaken as CNO begins to act based on the extensive research on sexual abuse of patients by nurses undertaken in 2018. It was noted that CNO resources on sexual abuse will be enhanced over the coming year, including education for nurses and for employers. The Code of Conduct informs the public of what they should expect from a nurse.

Executive Director's Update

Council was informed that the government of British Columbia released a consultation paper in November 2019 in response to Harry Cayton's report, *An Inquiry into the performance of the College of Dental Surgeons of British Columbia* (April 2019). The congruity between the recommendations in the consultation paper and Council's governance vision was noted. Council was informed that CNO is taking the opportunity to highlight publicly the alignment of the British Columbia governance recommendations and Council's governance vision. A. Coghlan noted that CNO continues to indicate its willingness to discuss with government changes needed to enact Council's governance vision.

A. Coghlan highlighted the process for development of CNO's new Strategic Plan. She noted that a final draft plan will be discussed by Council in March of 2020. A strategic plan roadmap is being developed which will set out how the plan will be implemented.

Council was informed that, starting November 2019, the Inquiries, Complaints and Reports Committee (ICRC) began to receive its information using MeetX. Council and all committees now receive information through MeetX. C. Evans noted that feedback has been positive. This change removes the risk of a breach of confidential information during transmission of the committee packages to committee members.

A. Coghlan informed Council that CNO is launching a public awareness campaign about what the public can expect from a nurse. A pilot is being developed and will take place in Thunder Bay and London early in 2020. Council will be updated in March and will receive the results of the pilot and details of the final strategy in June.

Council was informed that the Auditor General's 2019 annual report raises some issues related to the public inquiry. It was noted that CNO was consulted by the Auditor General. There are opportunities arising from the Auditor General's report for CNO and the Ministry to collaborate on issues relevant to the public inquiry.

A. Coghlan informed Council that:

- C. Timmings has been appointed Chief Quality Officer and
- C. Gora has joined CNO as Director of Professional Practice.

Executive Committee

Draft minutes of the Executive Committee meeting of November 14, 2019 were circulated to Council.

Confirming Committee Appointments

In accordance with By-Laws, the Executive makes appointments to fill committee vacancies. The appointments take effect immediately but must be confirmed by Council at its next meeting.

Motion 10

Moved by A. Vidovic, seconded by S. Robinson,

> That the appointment of Diane Thompson to the Discipline and Registration committees be confirmed.

CARRIED

Expense policies

Based on input from the Sub-Committee on Compensation, the Finance Committee has recommended changes to the expense policies for Council and committee members.

Motion 11

Moved by A. Vidovic, seconded by J. Walker,

> That the proposed revised expense policies for Council and committee members, as they appear in attachment 2 to the briefing note, be approved to come into effect on January 1, 2020.

CARRIED

Follow-up Action

Update policies and share with Council and committee members
Executive Director and CEO

By-laws re. committee appointments

Council received by-law amendments to move the appointment of standing committees, except the Sub-Committee on Compensation, from the March to the June Council meeting.

C. Evans noted that these by-laws do not require circulation. She reminded Council that a 2/3 majority is required to pass a by-law.

Motion 12

Moved by G. Fox, seconded by C. Manning,

> That the by-law amendments, as they appear in attachment 2 to the briefing note, to move appointment of Council members to standing committees from the March to June Council, be approved.

CARRIED

Follow-up Action

Update By-Law
Implement timing changes for appointments
Executive Director and CEO

Using technology to elect the Executive Committee

Council supported the use of technology to elect the members of the Executive Committee. Some logistical issues were flagged. It was noted that a small amendment to CNO's by-laws may be required to allow for electronic elections.

Follow-up Action

Update By-Law, if needed, in March
Implement virtual election in March
Executive Director and CEO

NNAS Internationally trained nurses/nursing shortage

D. Graystone, who had requested that this item be added to the Council agenda, introduced the item. She identified that the timeframe for nurses educated in the United States getting registered in Ontario has increased with the implementation of the National Nursing Assessment Service.

S. Vogler highlighted the process for assessment of international applicants, including those from programs in the United States. She informed Council about some changes for the future which may have a positive impact on timelines.

A. Coghlan highlighted the national and international collaborative work to support mobility. She reminded Council that CNO has a very robust program approval process and has confidence that other Canadian jurisdictions do as well. She identified that the International Nurse Regulator Collaborative is embarking on a research study about legislative barriers to mobility and similar conversations are beginning with the National Council of State Boards of Nursing. To support mobility, regulators need to understand and have confidence in each others' regulatory processes.

C. Evans noted that the discussion illustrates both the importance and the complexity of the issue. She identified that only part of the process is controlled by CNO.

In March, Council will receive an update on the current Strategic Plan including the KPI related to the time to become registered. In the report, the KPI is broken down to show the parts of the process that are within CNO's control.

With a show of hands, Council confirmed that the issue has been addressed at this time. Council also indicated a need for future updates on this topic.

Next Meeting

Council will meet again on March 11 and 12, 2020

Conclusion

At 3:00 p.m., on completion of the agenda and consent, the Council meeting concluded.

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Chair

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

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Agenda Item 3.1

Decision Note – March 2020 Council

Strategic Plan 2021 – 2024

Contact for Questions

Kevin McCarthy, Director of Strategy

Decisions for Consideration

That Council approve the new CNO Strategic Plan, Strategy 2021-2024, attachment 1 to this briefing note, to come into effect January 1, 2021.

That Council approve the sunsetting of the current CNO Mission and Vision by December 31, 2020.

Public Interest Rationale

CNO's purpose is to protect the public by promoting safe nursing practice. With the rapid pace of change in the current Canadian health care environment, CNO needs a robust Strategic Plan to continue to deliver its purpose effectively and efficiently. Strategy 2021-2024 (Strategic Plan) charts a path for greater impact – for patients and the system they rely on to stay safe. The new Strategic Plan builds on CNO's current capabilities and achievements to better deliver its public safety mandate.

Background

CNO's current 10-year strategic plan will end December 31, 2020. Planning to renew the strategy was initiated in the fall of 2018.

To position CNO for continued leadership and relevance in a rapidly changing world, staff used best practices, evidence and lessons learned from the last strategic plan to set the new strategic direction. Staff also wanted to think differently and engage widely as they worked with Council to develop the Strategic Plan.

CNO partnered with an external group (Level5 Strategy) to develop an innovative planning approach. The approach was based on three key phases and supported important collaboration between Council and staff throughout the process. The three phases were:

- **Gather information:** Complete a comprehensive environmental scan including consultation with stakeholders.

- **Create the future:** Write detailed descriptions of CNO's potential future (strategic narratives) based on challenges and opportunities in the environmental scan.

- **Write the strategic plan:** Use the narratives to draft the new Strategic Plan.

A Steering Committee was established at the March 2019 Council meeting to provide oversight to the planning process and to create the descriptions of CNO's potential future. The committee was comprised of the Executive Committee of Council (five members) and five members of staff (the Chief Officers, the Director of Strategy and the Director of Communications).

Council provided important feedback and direction at each phase of the project including:

- **June 2019 2-day workshop:** Council and staff reviewed the results of the environmental scan and validated the important themes emerging that would inform the new strategy. Council and staff also discussed the question "why CNO exists", or CNO's purpose. At the end of the 2-day workshop, Council gave permission to the Steering Committee to write the strategic narratives based on these themes.

- **September 2019 workshop:** Council reviewed and endorsed the new future direction as described by the draft strategic narratives and purpose statement. Council gave permission for staff to start writing the strategic plan to be guided by the purpose statement and narratives.

- **December 2019 workshop:** Council approved the final strategic narratives and purpose statement and endorsed the preliminary direction of the new strategic plan.

On February 13th, the Steering Committee endorsed the final draft of the Strategic Plan. At the March 2020 Council meeting, staff will present to Council the final Strategic Plan for approval. The approved plan will come into effect on January 2021.

Next Steps

With approval, staff will continue work in 2020 to support and implement the strategy including:

- Develop an operating plan and budget for Council approval
- Develop performance metrics
- Develop a communications and engagement plan for staff and stakeholders
- Create the pubic facing Strategy 2021 – 2024 document

Attachments

- Strategy 2021-2024. Final draft plan for approval. March 11, 2020.

Strategy 2021-2024

Final draft plan for approval

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March 5, 2020

Not for distribution.

Table of contents

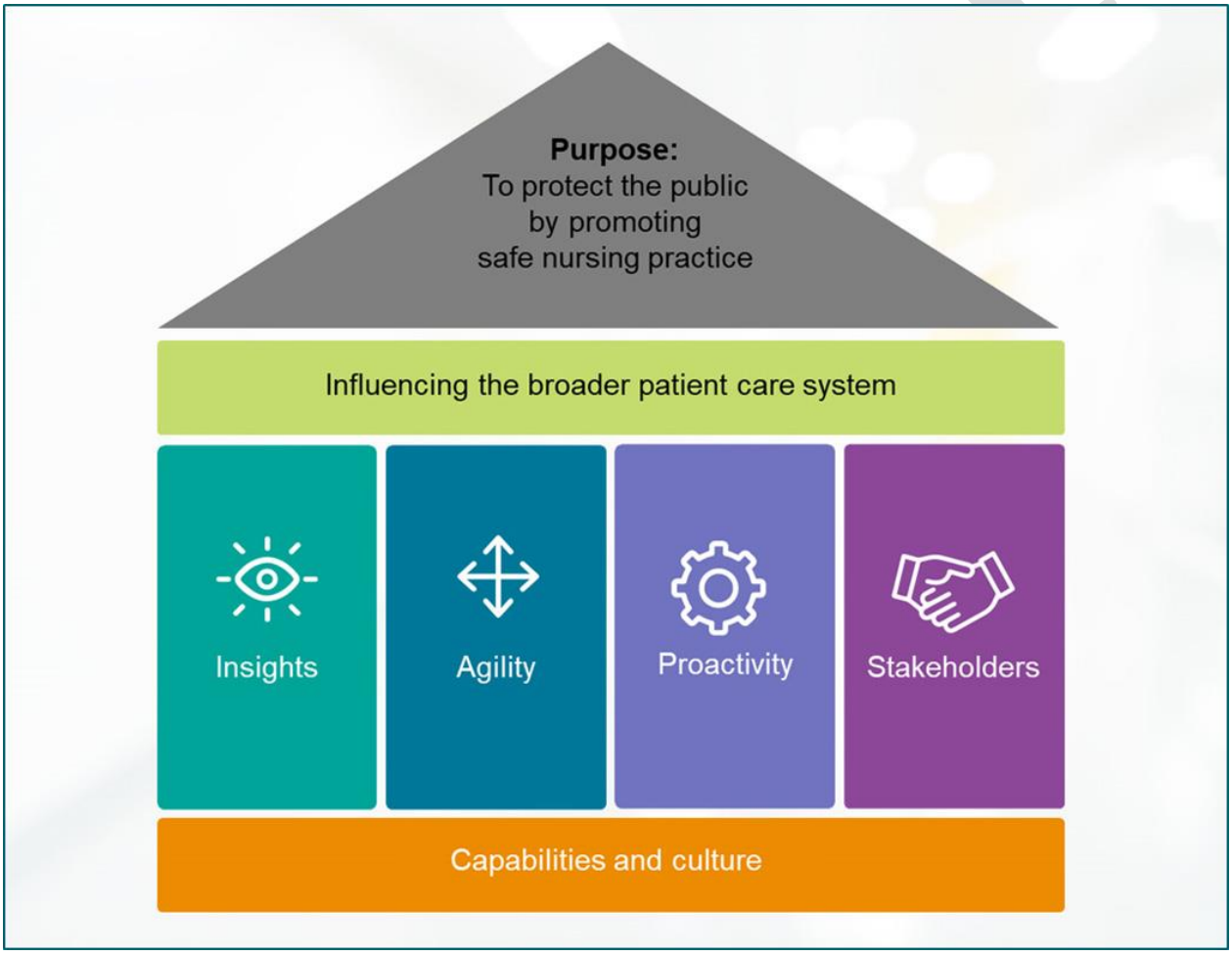
Strategic Plan in brief

Introduction

CNO's purpose is to protect the public by promoting safe nursing practice. With the rapid pace of change in the current Canadian health care environment, we need a robust Strategic Plan to continue to deliver our purpose. Building on the solid foundation we have, we are becoming a more agile and proactive organization that is committed to a whole-system approach to nursing regulation. We are excited to embrace and make significant strategic and operational changes across the organization over the next four years, to strengthen our position as a leader in patient safety.

Strategy 2021-2024 (Strategic Plan) provides a direction for CNO by identifying the goals and supporting actions required for success. This new Strategic Plan positions CNO to influence the broader patient care system in four main ways: insights, agility, proactivity and stakeholders (see Figure 1 below). CNO's capabilities and its culture provide a strong foundation that will continue to grow and evolve in order to execute this plan.

Figure 1: Strategic Plan 2021-2024 overview



Background

Strategic Plan 2011-2020: CNO's achievements and accomplishments

In 2011, CNO launched a 10-year strategy centred on three objectives:

- Building confidence in nursing regulation
- Advancing the use of CNO knowledge
- Leading in regulatory innovation

It was enabled by four strategies:

- CNO uses evidence-based approaches
- CNO optimizes technology
- CNO pursues strategic partnerships
- CNO promotes a culture of leadership and innovation

Since the 2011 Strategic Plan was enacted, CNO has experienced an increasing pace of change brought about by several factors. These include: changing patient expectations; the rapid development of new technologies; changing scopes of practice; and new thinking about regulation and its function. Despite the enormity of change in Canadian health care, CNO has successfully navigated this environment, introducing increasingly proactive elements to its initiatives. This has resulted in landmark regulatory successes that continue to influence the system. Some of the highlights include:

- **Governance Vision 2020** – After an external review of our governance structure, CNO created an evidence-based plan to enact major changes to the size, structure and associated processes of its Council (board), so it is better focused on the public's needs and interests. Vision 2020 also includes a plan to enact necessary legislative change to enable this evolution, paving the way for other regulators. Most importantly, this plan increases CNO's ability to respond to change and have a direct and positive impact on patient safety. This is an example of how we established CNO as an innovator in regulatory evolution, and why we are increasingly recognized as a leader in our field with the ability to influence the health care system in Ontario and across Canada.

- **Nurses' Health Program** – In January 2019, we collaborated to implement a program to enhance public safety by encouraging nurses in Ontario with substance use and/or mental health disorders to seek treatment. This ongoing program offers a proven approach to assessing and treating these disorders, informed by research indicating confidential professional health programs are highly effective in aiding recovery and protecting the public. The program recognizes these disorders as illnesses and takes a non-punitive approach emphasizing recovery. We developed it in collaboration with several organizations, including the Ontario Nurses' Association, Registered Nurses' Association of Ontario and Registered Practical Nurses Association of Ontario.

- **Risk-Based Sexual Abuse Project –** We completed a research study to better understand contributing factors to patient sexual abuse at the hands of nurses. Understanding root causes of sexual abuse allows CNO to take a more preventive approach to reducing the risk of sexual abuse by nurses, and to positively impact the patient care system. The research study methods that we used demonstrate our ability to take an analytics-driven, proactive approach to regulation. This included guiding the research with a Risk-Based Regulation framework; identifying specific data correlations to better predict when sexual abuse may occur; and collaborating with other regulators, nurses, legislators and agencies to prevent it.

- **Program Approval** – CNO developed an objective process to assess and measure a nursing education program's ability to meet standardized criteria. This transparent score-carding approach facilitates CNO Council's decision-making process when approving education programs. It is dynamically informed by our data. For instance, one part of this process identifies the most commonly cited standards from data we receive about complaints and reports about nurses. These "foundational standards" are a mandatory part of an entry-level curriculum. When reviewing the curriculum, our process assesses how these are integrated into theory, application and evaluation opportunities. This upstream regulatory approach aims to reduce downstream complaints and reports, and thereby proactively mitigate the risk of harm to the public.

Building on these successes, CNO will continue to develop its capabilities to sense and respond to changes proactively within its operating environment, to better fulfil its commitment to public safety. This new Strategic Plan is driven by a strong commitment to continuously improve and build on achievements to maintain – and further – CNO's position as a leader in Ontario and Canadian health care regulation.

Overview of our operating environment

CNO operates at the centre of increasing patient expectations, an evolving regulatory landscape, changing scopes of practice and rapid technological innovation. Some examples of the changes we observe include:

- **Increasing patient expectations** – Patient expectations of convenience, quality service and integrated care have heightened due to increasingly widespread access to information. Patients are partners in the health care system and expect an unprecedented degree of involvement in, and personalization of, their care. Canadians have been vocal in their support of virtual care. This is fundamentally altering methods, locations and speed of health care delivery. In response, nurses are requesting regulatory mechanisms enabling nursing practice to exist across geographic boundaries and practice settings, arguing it leads to better care overall. CNO will ensure

regulation enables these mechanisms, while navigating and mitigating real concerns about patient safety, data privacy and accountability.

- **Evolving regulatory landscape** – Concepts such as Right-Touch Regulation and Risk-Based Regulation are fundamentally changing the approach to regulatory activities in Ontario, across Canada and around the world. CNO will continue to innovate and evolve regulatory concepts and approaches, while ensuring our decisions are evidence-based.

- **Changing scopes of practice** – Evolving patient need, and expectations are driving changes in the practice scopes of an array of health care practitioners involved in care delivery (such as nurses and pharmacists), as well as increased use of unregulated roles (for example, Personal Support Workers and Developmental Service Workers) within the patient's circle of care. Interprofessional collaboration or team-based care delivery benefits from an integrated regulatory environment that advocates for patient-centred care. CNO continues to support safe nursing care by being proactive and agile in implementing regulatory change. We also ensure that accountabilities and responsibilities remain clear in an increasingly complex environment.

- **Rapid technological innovation** – The increasing prevalence of digital technologies in health care provides new challenges for health care practitioners and regulators alike. Virtual care, self-diagnostic tools and other innovations can improve access to health care and its delivery, but inevitably drive potential for new harms. CNO will support nurses and the patient care system in realizing these benefits, while proactively mitigating against potential harms.

CNO's purpose

CNO's Strategic Plan is driven by our purpose:

Purpose statement: *To protect the public by promoting safe nursing practice.*

We created our purpose statement to unite CNO around a clear explanation of **why** CNO exists, **how** it approaches this purpose and **what** actions are required to achieve it.

- **Why:** CNO exists to prevent the *occurrence* of harm to the public, by promoting safe nursing practice through regulatory oversight of nursing professionals and supporting collaborative initiatives. This is a more proactive interpretation of our public safety mandate. To support this new regulatory approach, CNO must culturally align and support a way of operating that enables us to be more proactive and perform our major strategic activities.

- **How:** CNO aims to prevent harm before it occurs primarily by continually educating nurses about safe nursing practice and supporting their continued competence in delivering nursing care. We are a partner in safety in the patient care system. To support positive patient outcomes, we will operate in a more agile way, and adopt a more insights- and data-driven approach to deal more proactively with potential harms. Resources will be allocated toward initiatives aligned with our strategic purpose and priorities.
- **What:** CNO uses a comprehensive approach to identify potential sources of harm, working through a continuous process to understand and address them before they can negatively impact the public. CNO proactively engages with stakeholders to identify, understand, prioritize and address potential sources of harm. All regulators exist to support health care professionals' work to provide safe care to patients. Working together makes a greater impact on patient safety across the health care system.

CNO's role influencing the patient care system

CNO recognizes that its important role in supporting patient safety is just one piece of the broader system. Looking forward, we have an opportunity to influence the broader health care system to create better patient safety outcomes and generate and sustain public trust. This means working with, influencing and being influenced by other patient care system stakeholders, and creating partnerships that can significantly and sustainably affect the system.

With safe and ethical patient care at the heart of everything we do, and a culture that enables us to do so, CNO aspires to influence the system by enabling nurses and collaborating with a broad range of industry stakeholders such as patient groups, health care regulators, regulated and unregulated health care professionals, employers, academic partners and government bodies. System influence is a core theme and a key outcome that crosses every pillar of the Strategic Plan. The ultimate measure of CNO's long-term success will be our ability to positively impact public safety through meaningful collaboration with other partners in the patient care system.

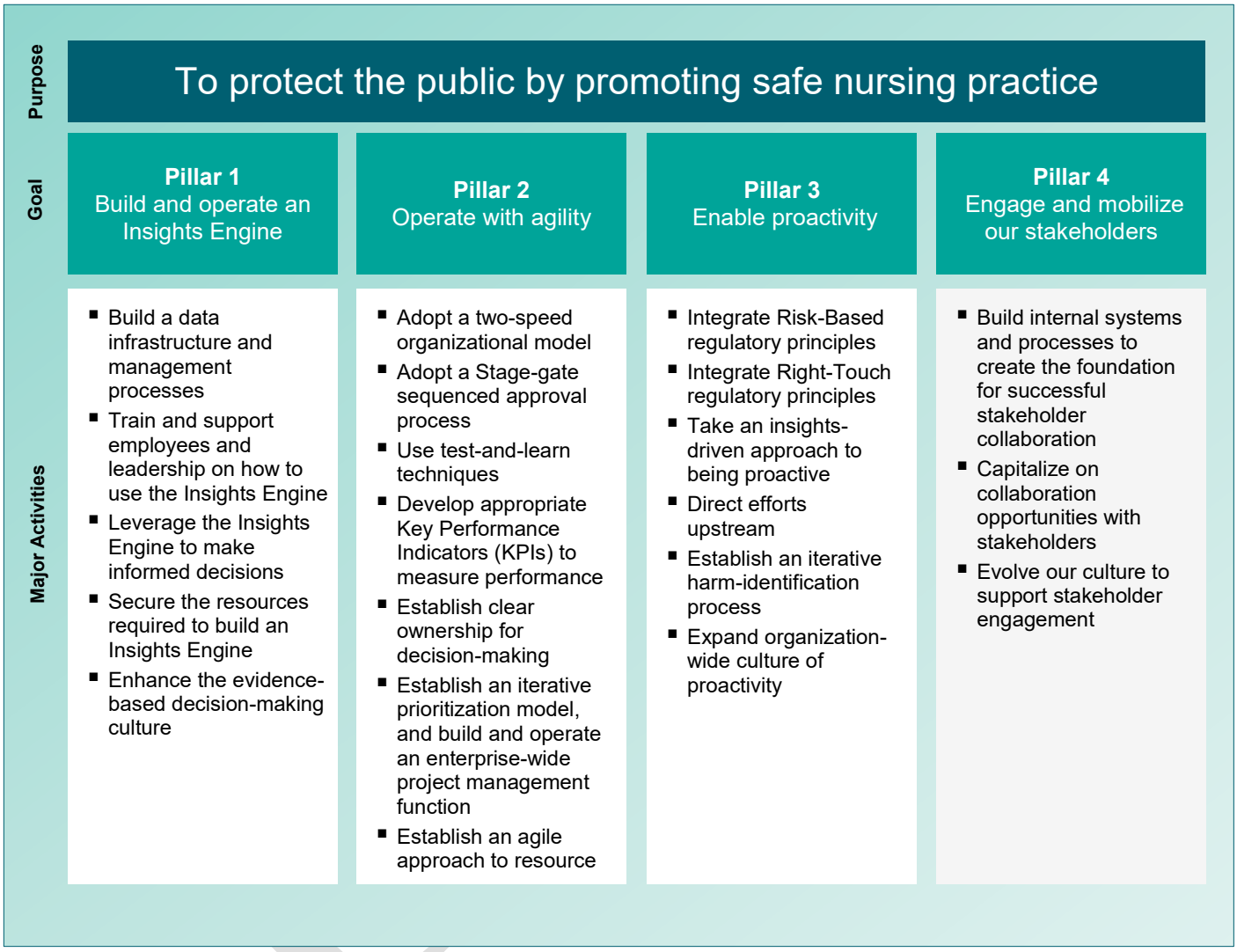
Overview of strategic pillars

To fulfil its commitment to protect the public by promoting safe nursing practice, CNO has developed four goals to support Strategic Plan 2021-2024 (see Figure 2 below on page 8). In the next four years, CNO will take action to:

1. Build and operate an Insights Engine
2. Operate with agility
3. Enable proactivity
4. Engage and mobilize our stakeholders

Accomplishing these goals will evolve CNO's role as a leader in regulation and influence reduced harms in the patient care system. This will benefit the health care sector in Ontario and beyond.

Figure 2: Four pillars

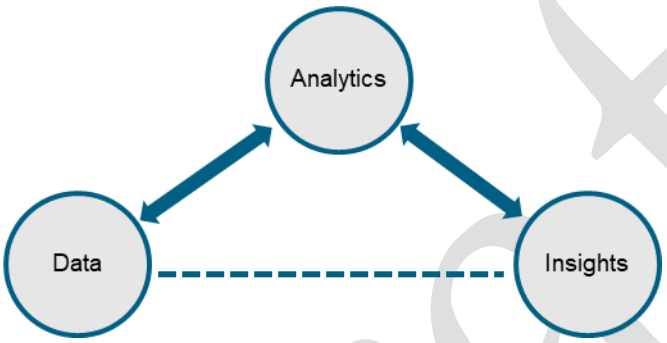


Pillar 1 - Build and operate an Insights Engine

Goal

To establish the foundation for achieving our Strategic Plan's goals, CNO must first enhance organization-wide, evidence-based insights backed by data. This requires building and operating an Insights Engine consisting of three core sections: data, analytics and insights. The data is manipulated through analytics to support business, industry and regulatory insights. See Figure 3 below for an illustration of CNO's Insights Engine's core components.

Figure 3: CNO's Insights Engine



The analytics capability translates insight (business) needs into data requirements. While Insights and Data capabilities understand each other's functions, Analytics communicates between both "business" and "data."

Major activities

Build a data infrastructure and management processes to support the Insights Engine

We recognize data as an enabler for CNO across the organization. CNO wants to continue leveraging data to produce insights, both for ourselves and others that work with us, to guide major decisions that will positively influence the patient care system.

To do this, we will ensure our data is accessible to those within CNO who need it to make decisions. Organizational data will be centralized into a single organization location, such as a data warehouse. Our data governance will ensure trustworthy and reliable data for decision-making. All staff will understand their accountability for contributing to and using data. Accordingly, CNO will strengthen guidelines and processes for managing information. Specific CNO staff roles will have clear data permissions, so we provide data necessary for driving analytic inquiries to the right individuals. We will structure, understand and manage external data from stakeholders as part of a coordinated effort to generate meaningful insights for ourselves and others in the patient care system. In addition, we will take necessary steps (such as implementing data cleaning and ensuring the presence of quality meta-data) to ensure leaders across CNO can make traceable and transparent decisions based on data they access through the Insights Engine.

Train and support staff on CNO's Insights Engine

CNO will build a dynamic Insights Engine, customized to the organization's needs. This engine allows us to connect the journey from raw data to its analysis and, finally (and most importantly), to the generation of insights. In this model, staff across the organization are trained on how to contribute to and apply this Insights Engine and understand how it benefits their work. To assist in our transition to an insights-based, analytics-driven organization, we will form a decision support team to support learning and applying CNO's Insights Engine across the organization. We recognize the journey from data to insights is ever-changing, and ongoing evolution of our related skills and capabilities is needed.

Leverage CNO's Insights Engine to make decisions

As the Insights Engine matures, it will be leveraged to inform critical decisions throughout the organization, as well as more broadly as a decision tool for others that influence the patient care system. Widespread use of the Insights Engine provides an informed view of organization-wide performance, and supports development and tracking of internal performance metrics, project performance and operational results. All teams will use our Insights Engine; however, its greatest value is helping us identify where to take proactive approaches to regulation and preventing harm. When appropriate, we will enable and encourage our external stakeholders to use our Insights Engine and stored data to help them solve pressing challenges, deliver positive system-level changes and provide them with opportunities to contribute their data to the Insights Engine. We will encourage Insights Engine use to create a shared platform with our stakeholders and partners.

Secure the resources required to build CNO's Insights Engine

Across all CNO's teams, we will ensure we have the necessary capabilities to setup, run and continue to improve our Insights Engine. We will rely on specialists with a strong understanding of our core business and existing data structures to manage our data and fulfil our insights needs. CNO's Leadership Team will make data- and insights-driven decisions using the Insights Engine, setting the tone for all staff.

Enhance an evidence-based, decision-making culture

The activities listed above will ensure CNO has the capabilities and functionalities to make evidence-based decisions. This will also require continuously promoting a culture where all staff value data, identify as data stewards, and are responsible for generating and embracing data insights to make evidence-based decisions. Continued efforts to build a more robust Insights Engine will support our system influence goal. Our decision-making will use more than data. We will balance evidence-based decisions with the context of the broader environment. We will encourage everyone reviewing any analysis to ask the question, *Is the data appropriate and accurate?* This healthy skepticism is instrumental in ensuring we continue making high-quality and informed decisions based on data.

Use the Insights Engine to influence the patient care system

We are building the Insights Engine as both an internal decision-support tool and a tool for others in the patient care system to make decisions that create positive change. The goal of the Insights Engine is to enable our organization to positively influence the patient care system through the decisions it helps us and others make.

Resourcing

- Organizational leadership is needed to drive CNO to become a more systematic organization, integrating data and information technology.
- Data architecture expertise will be required to identify the necessary components for supporting a robust Insights Engine.
- Business analysts with detailed understanding of their business will support the structured and ad hoc reporting needs of their business areas.
- Data analytics experts will be required to analyze data from the Insights Engine.

Pillar 2 – Operate with agility

Goal

An agile organization is able to anticipate, and react quickly and effectively, to change. CNO will implement agile approaches to our work, when it is appropriate and safe to do so. We will operate in a way that allows us to respond more quickly to opportunities and emerging challenges. This could mean pivoting among our priorities, reallocating our resources and adjusting our operating plans. In the rapidly changing health care environment, we need to be able to respond quickly by seizing opportunities, re-prioritizing and reallocating resources. To transition to an organization that is agile, here are practices we will put into place.

Major Activities

Adopt a two-speed organizational model

Some initiatives are more appropriate to approach at a slower speed, while others require a quicker response. We will identify and categorize initiatives at one of two speeds. *Speed One* is a slower speed used for regulatory initiatives related directly to our public safety mandate, which requires a higher degree of certainty. *Speed Two* is a faster-paced speed, when permission is given to be agile and iterative. Establishing these two different speeds will help us keep pace with rapid changes in technology, the environment and stakeholder needs, while avoiding inappropriate risk.

Adopt a stage-gate approval process

To effectively manage projects in an agile fashion, CNO looks to adopt a stage-gate (or sequenced) approval process for our initiatives. This means we will be rigorous about how we approve new projects and monitor those in progress. By using a stage-gate approval process, we will establish disciplined project approvals and checkpoints. At each of these checkpoints we will evaluate the project's ability to deliver its goals. These conversations will centre on reviewing interim milestones that are achieved, and help us identify any important project dynamics that have arisen since the previous check-in. This project discipline will ensure we are consistent and methodical in our approach to choosing where we spend our collective efforts.

Key Performance Indicators (KPIs) will help us establish and communicate goals, and clearly define the expectations of initiatives. If, at any stage, we notice an initiative's KPIs indicate the project will not meet its defined objective, we will be prepared to act on that information in an appropriate and efficient manner. The stage-gate process will be implemented and enforced for all projects across the organization to minimize exceptions. Each stage gate will have *teeth,* ensuring we continue to deploy our efforts on initiatives that best advance the initiatives selected for execution. This process will require constant and consistent collection of information about the costs and benefits of each project.

Use test-and-learn techniques

CNO will encourage staff across the organization to test new ideas and learn from them. We will build on a culture that supports continuous learning. We will engage in ongoing organization-wide dialogue that emphasizes learning as a result of success and openly share failures. To support learning and continuous improvement, we will become comfortable taking well-informed and calculated risks to test beliefs and hypotheses. This test-and-learn environment, also known as *fail fast, learn fast*, will be encouraged within CNO's operationally focused initiatives and our regulatory obligations and initiatives to varying degrees, depending on the level of risk.

Develop appropriate performance measures for initiatives

As mentioned above, KPIs will play a key role in helping us measure whether our initiatives are achieving their objectives. CNO will have clear criteria for taking on projects or activities and will establish KPIs at the outset to show what we intend to accomplish with each initiative. Our KPIs will be jointly defined by the initiative owner and those supporting its delivery. We will use two types of KPIs: leading (those that predict what will occur) and lagging (those that show what has occurred). We will use both types of KPIs to monitor and assess initiatives.

Develop clear ownership for decision-making

CNO will continue enhancing internal guidelines for decision-making ownership by being clear about who is responsible, accountable, consulted and informed for a given project or scope of work. Leadership will provide clear direction and enable teams to form and take action. By delineating and respecting clearly established ownership and accountability,

everyone (from the Leadership Team to frontline staff) will be clear on how to continue driving efforts to help us achieve our purpose.

Establish an iterative prioritization model and build and operate an organization-wide project management function

CNO aims to establish a model that allows for continuous assessment of priorities to align initiatives with strategic goals. Our Insights Engine will be leveraged to provide information required to make decisions about priorities. Once decisions are made, CNO will allocate resources based on priority. This will ensure we can deliver exceptional solutions for the most pressing challenges. As information and context change, CNO's priorities may change as well. We can still reconsider priorities. To enable this, we will retain close relationships with stakeholders who trust us to keep them up-to-date with where we are going and how we want to get there.

As well, we will build an organization-wide project management function to create a perspective on the initiatives that are in progress and upcoming. This will require ongoing evolution of how we plan and manage projects. By leveraging the Insights Engine to track initiative KPIs, we will support informed decisions about each project with an organization-wide view. The project management function will require that project managers across the organization have the necessary tools, templates and reporting standards to do their jobs. This centralized view with standardized organizational processes will produce a clear, comprehensive and consistent understanding of how initiatives are progressing throughout the entire organization, while allowing project owners to remain in control. By implementing this more disciplined approach to project management for projects at CNO and with our partners, we can realize the combined potential to influence the patient care system.

Establish an agile approach to allocating resources

To establish agile and fluid resource allocation, CNO will enhance our understanding of where our resources are deployed and what they are achieving. A singular organizational resource allocation process will ensure everyone in the organization understands what others are working on – now and in the future. This will allow CNO to continue improving its ability to accurately predict how to allocate resources. We will balance operational and regulatory initiatives and help set clear expectations for staff throughout the organization. This will lead to more cross-functional teams, increased collaboration, and more efficient completion of projects and initiatives.

Use our operational agility to positively influence the patient care system

By operating with greater agility and project management discipline, CNO will better coordinate and manage internal and external resources, increasing our ability to contribute to an effective and safe patient care system.

Resourcing

- We will create a project management function as a centre of excellence at CNO to identify and create roles that support agility-based capabilities.
- The project management function's various roles will establish guidelines, build organizational tools and processes, and establish a governance structure that guides CNO's functionally based project managers.

Pillar 3 – Enable proactivity

Goal

Proactivity means identifying and working on issues early, before they mature to patient harm. CNO seeks to mitigate harm by focusing on its upstream contributors before they become a harm affecting patients and the public. This shift will be enabled by our new Insights Engine, a tool that will help us connect the dots and better understand harm.

Major activities

Integrate principles of Risk-Based Regulation

CNO will continue to evolve as a leader in health care regulation by applying Risk-Based regulatory principles, which prioritize issues based on their likelihood of occurring and their potential impact. By understanding these two variables, we can understand at a high level how our finite resources should be allocated toward reducing harms. To prioritize our efforts effectively we will be guided by data and insights (see Figure 4 below, for an example).

Figure 4 - How CNO could prioritize its finite resources against multiple harms

Harm 1 is the result of actions and behaviours A and B, and has a 50% chance of occurring and a 50% severity if it does occur.
From a high level, that means its risk score is 25% (50% * 50% = 25%).

Harm 2 is the result of actions and behaviours D, E and F, has a 20% chance of occurring and a 40% severity if it does occur.
From a high level, that means its risk score is 8% (20% * 40% = 8%).

Harm 3 is the result of actions and behaviours G, H and I, and has a 10% chance of occurring, and a 90% severity if it does occur.
From a high level, that means its risk score is 9% (10% * 90% = 9%).

In this highly simplified version of how CNO expects to manage harms (and the contributors to them), we would prioritize Harm 1 given its higher harm score, while spending a smaller amount of effort (proportionate to their risk score) on Harms 2 and 3 (and their contributing actions and behaviours, for example).

Once we are clear on where to allocate our efforts, CNO seeks to change or influence policies and decisions that drive upstream actions and behaviours contributing to harm occurrence. This is an ongoing and dynamic process. To enable this Risk-Based approach, CNO will communicate with our stakeholders to create a common understanding of why and how we are prioritizing and addressing specific harms. Using the Insights Engine as support, we will continue to work together to identify the linkages between policy, decision, actions, behaviours and harms.

Integrate principles of Right-Touch Regulation

CNO will enhance our use of Right-Touch regulatory principles to enable proactivity. This is consistent with the Risk-Based principles outlined above. Right-Touch regulatory principles advocate for regulators to respond to issues in a manner proportional to the harm they represent. In our example on page 15 (Figure 4), Harm 1 has a much greater risk score than Harms 2 and 3. This suggests the responses we formulate should be proportional to the risk score, which reflects the projected impact to patients. Formulating regulatory solutions that respond in proportion to the harm's impact will ensure we don't create regulations that over- or under-control, creating excessive burden to those in the safety system. A critical component in ensuring our responses are proportional to the harms we seek to prevent will be discerning when to use our authority as a regulator. As a result, to deliver great Right-Touch Regulation, we will build partnerships with others in the patient care system so they can use their influence to impact the system, reducing our direct involvement as appropriate, while still achieving positive patient care outcomes. The combination of an Insights Engine and the understanding of upstream actions and behaviours will enable our Right-Touch approach. The Strategic Plan ties five key components together: (i) evidence-led, (ii) insights-informed, (iii) Risk-Based regulatory framework, (iv) Right-Touch principles and (v) desire to positively influence the system by guiding our policies, strategies and oversight.

By implementing the regulatory concepts above (Risk-Based and Right-Touch Regulation), with the other elements described in this Strategic Plan, we will continue to lead in applying regulatory principles and in regulatory reform.

Take an insights-driven approach to being proactive

An insights-driven approach to proactive risk management with Right-Touch principles will change and mature the nature of CNO's stakeholder relationships. Specifically, we will work with other regulators and employers to understand policies, actions and behaviours that lead to harm. Our collective ability to connect the dots across the entire life cycle of harm will broaden the breadth, depth and maturity we require of our stakeholder relationships. In strengthening these relationships, we will build a more complete understanding of what proactive responses could be applied to manage a harm, either by CNO alone or in partnership with our stakeholders. When our partners inform us of opportunities to reduce harm and we inform them, the overall system will be positively influenced. Seeking external engagement will ensure that we remain best-in-class at identifying harms, while also reinforcing CNO as a proactive leader in Canadian health care. In future, we hope to always ask ourselves: *What was the root cause of this adverse outcome?* before we ask: *How can we fix it (this harm)?* In doing so, we can proactively manage and prevent harms from occurring. We must

understand why a harm occurs and who is in the best position to influence or impact it, to understand how to best prevent it.

Direct efforts upstream

Above, we describe our approaches to managing harms during this next strategic period. Looking forward, there will be a simple measure to understand if we have been successful in being a more proactive regulator. If we are spending more time working to address policies, systems and decisions driving positive actions and behaviours, and less time managing harms once they have occurred, we will know we are being a more proactive regulator. In future, we want to be an organization that prevents harms by quickly determining and managing their root causes and directing efforts upstream. In focusing our efforts upstream, we hope to inspire, encourage and actively partner with others to do the same to better the patient care system.

Establish an iterative harm-identification process

CNO will establish an ongoing harm-identification process to support our aspirations to be more proactive. This will allow us to sense and identify harms already occurring or emerging in the environment, before they impact the public. Once these actions, behaviours and harms are identified, we will build dynamic dashboards that clearly communicate what our data identifies as the greatest harms. These dashboards will be available to all decision-makers across the organization, providing them with the information they need to make good decisions and apply Risk-Based and Right-Touch principles.

Promote a culture of proactivity across CNO

CNO's culture is increasingly proactive. We are encouraging all staff to consider what actions we can take to prevent harm – not just react to it. We will define cultural shifts that are required to further enable and support proactive thinking and actions; identify gaps and plan initiatives to help close the gap between our current state and desired end state culture. Initiatives planned to shape our culture will have clearly defined KPIs based on encouraging and reinforcing behaviours that enable us to be more proactive, such as using evidence, change management, collaboration, communication and curiosity. Monitoring these KPIs will ensure we are making real progress in fostering a culture that enables proactivity.

Proactivity means different things across the scope of our operations, but a consistent approach to taking action (based on insights) to address root causes, will prevent harm from occurring. For example, our Insights Engine could show that patient harm could be reduced if members received additional training on proper administration of new technological solutions. CNO would then seek to provide such education, either directly or through our stakeholder partnerships. The initiatives for conducting this training will prioritize how this action is expected to reduce harm in the patient care system (not just on when and how we conduct training) including resources and timing. This kind of work will need the operation and application of the Insights Engine, integrated collaboration across functions and integrated stakeholder

relationships. We will continue to develop all these capabilities throughout this Strategic Planning cycle to reach our desired culture of proactivity.

Using our proactive approach to regulation to benefit the patient care system

Proactive regulation is the essence of effective regulation. By working to understand and address the contributors to harm in the patient care system, we ultimately can reduce the amount of harm that occurs, to the benefit of the public and the system.

Resourcing

- No additional roles are required. All individuals across CNO will need to embrace proactivity as a responsibility and an expectation.

Pillar 4 – Engage and mobilize our stakeholders

Goal

CNO will collaborate and engage with existing and newly identified stakeholders to work toward our shared purpose. This will enable us to make a greater collective impact on the patient care system.

Major activities

Build internal systems and processes to create the foundation for successful stakeholder collaboration
To help us understand our stakeholders' activities on a systematic and ongoing basis, CNO will build a centralized, organization-wide stakeholder-management system. This system's purpose is to nurture our ongoing stakeholder relationships, as well as to deepen our understanding and appreciation of shared priorities and interest in public safety. In this system, we will track our stakeholders' strategic interests to identify opportunities to support and collaborate. CNO will be vigilant in ensuring data quality in this system remains a top priority. We will use quality data, powerful analytics, actionable insights and a common purpose to engage and support stakeholders in our common goal of harm reduction. This system will allow us to access the information we need to make informed decisions about prioritization so we can maximize our collective impact on the patient safety system.

To do this, CNO will explore and learn how to mature its stakeholder management processes internally, supported by a stakeholder-management strategy with clearly communicated accountabilities. Staff will be empowered throughout the organization to maintain and develop working relationships with stakeholders. We will develop tools and templates

to support CNO's consistent messaging internally and externally. A stakeholder management system will highlight meaningful opportunities to collaborate with our stakeholders and drive results. Successful stakeholder engagement will build stakeholder awareness and support for CNO's work. It will also inspire others to participate in mutually beneficial projects that positively influence the patient care system.

Capitalize on collaboration opportunities with stakeholders

A key part of creating our evidence-based, insights-driven regulatory framework will be establishing a view to upstream actions and behaviours CNO might not have currently. Collaborating with stakeholders on harm reduction will help all parties improve their ability to understand the complex dynamics of the patient safety environment. With this information, both CNO and others can prioritize where to focus efforts and resources. This will help us answer the question*, Who can best help us advance our patient safety mandate, and who can we best help to do the same?* We will prioritize delivering positive patient outcomes in collaboration with stakeholders who can best help us advance our purpose, based on insights from our collective data.

The patient care system is complex and multifaceted. Given the many influencers in a patient's circle of care, CNO recognizes the benefits of working with these influencers to improve patient safety. By working broadly with other stakeholders, we will identify meaningful ways to engage and develop proactive solutions to prevent harm and positively influence the patient care system. Stakeholder engagement, and our ability to generate insights will be key to designing responses to both existing and potential harms.

We understand that some stakeholders naturally are more interested and willing to work with us than others – we believe this is typical of all organizational relationships. Therefore, we will build solutions with stakeholders who recognize the value of collaborating with us to support patient safety. CNO will engage with influential members of the patient care system to nurture relationships or push for important initiatives to gain traction with these stakeholders. Where there is momentum, we will build upon it, being opportunistic in delivering our patient safety mandate.

Evolve our culture to support stakeholder engagement

Even though CNO already partners with stakeholders, our goal is to change the magnitude and depth of our engagement with them. To fully realize the vision articulated within this pillar, we will make a purposeful and disciplined effort to engage with our stakeholders. This stakeholder engagement and seamless collaboration will allow us to deliver initiatives that make meaningful advances in patient care. As we further engage with our stakeholders, their challenges will become our challenges, their opportunities will become our opportunities, and our organizations will become more reliant on each other to achieve the greatest impact. Developing closer stakeholder relationships will provide CNO with the opportunity to give and receive new perspectives on harms or their contributing root causes, and to access shared resources to address challenges and build solutions with greater reach and impact.

As an organization, we will become more strategic and think differently about how to focus our efforts and build partnerships to drive the greatest impact. We will build stakeholder understanding of the power of collaboration while establishing CNO's expanded leadership role.

Work with our stakeholders to benefit the patient care system

CNO is one piece of the patient care system. By sharing greater insights and collaborating on harm reduction initiatives, we will be positioned to have a targeted and coordinated impact on the patient care system. By sharing resources and expertise, we will support Ontarians' continued access to high-quality and safe patient care.

Resourcing

- Influencers will help us build on our existing relationship management expertise broadly across the organization.
- Government relations will also play a key role; looking forward we will continue building and improving our existing government relations function and approach.
- Relationship managers will be required – one for each key stakeholder. We encourage relationship-building across all levels of CNO, while looking to formalize stakeholder relationship managers who own the organization-to-organization-level relationship. This ensures a single point of contact who understands and manages the breadth of activities occurring from relationships throughout both organizations.

Continue to develop organizational capabilities and culture

To ensure we have the foundational elements required to deliver our Strategic Plan, CNO is considering how our organizational capabilities and culture will evolve to support the success of the Strategic Plan.

Organizational capabilities

CNO recognizes the need for continued evolution of our organizational capabilities to deliver on the goals in this Strategic Plan. This section describes the organizational capabilities we will enhance and build in all roles in the organization.

The capabilities listed below are not an exhaustive list of the organizational capabilities we need to deliver on the goals in our Strategic Plan. However, they represent the capabilities we will prioritize at an organizational level. By developing these organizational capabilities, we will enhance our ability to promote safe nursing practice.

Leadership throughout the organization

As we work to maintain our leadership status in the field of Canadian health care regulation, we fully appreciate our need to continue to be bold. All individuals throughout the organization will be supported to take well-informed risks, with the intent of improving the patient care system, the broader health care system and the operational systems within

which we work. CNO understands their part of being a leader is being willing to push forward despite uncertainty or ambiguity. We will become more comfortable making decisions with incomplete information, ensuring we advance important initiatives. Our leadership will be characterized as thoughtful and measured. When making major decisions that impact our public safety mandate or operational effectiveness, we will take the necessary time to ensure our choices do not have unintended consequences. Finally, we will share our expertise and mutual understanding to influence those with the potential to positively impact patient safety. Going forward, we will encourage staff throughout the organization to demonstrate leadership by actively seeking opportunities to influence and be influenced by others to deliver on our mandate.

Insights-driven mentality

Curiosity is a foundational capability in creating an insights-driven approach to how we work. Emphasizing the importance of curiosity will encourage all staff to understand issues and challenges at a fundamental level, resulting in higher-quality decisions and, ideally, better patient outcomes. Based on our understanding of a given situation, we will also look for everyone at CNO to effectively prioritize key challenges and issues based on data-generated insights. With this prioritization in mind, we can align resources (time, effort, money, etc.) with the work's priority level. To prioritize effectively, we will support each other in our decision-making around data. We will all have a role as data stewards to ensure the integrity and purpose of the data we collect, use and share. This will reinforce our ability to make effective insights-driven decisions. Finally, we will acknowledge that at times we may not have complete information. With this insights-driven mentality, we will be flexible in considering new information as it becomes available, and give ourselves permission to reconsider insights as our curiosity guides us towards new information.

Clear decision ownership

By establishing clear decision ownership, everyone at CNO will be clear about who is ultimately accountable for making decisions. This will ensure that we continue to operate effectively while reducing the "blame game" that can result from unclear accountability. Clear decision ownership will be supported by our understanding that those responsible for providing inputs to decisions are empowered to do so, by assisting the accountable decision owner in making an informed decision by ensuring relevant information is accessible. At times, we will have many responsible entities supporting a decision through work products and output, but there will always be only one final decision maker, the decision owner. CNO will look to leaders across the organization to empower teams and staff throughout CNO and provide them the opportunities, as appropriate, to leverage their assigned accountability. To support our success, we will continue training and enriching the next generation of decision-makers at CNO.

Transparent communication

Given the ongoing importance of clarity and openness within our organization, we will enhance our ability to communicate transparently. An important part of transparent communication is knowing who should be communicated with and understanding the issues well enough to clearly share the message content with them. CNO will continue developing our ability to identify who will be affected by decisions and working to understand and consider their input. Once we identify the right groups, we will communicate clearly and with tact, providing needed information while understanding that how a message is delivered is equally as important as the message itself. By communicating with openness and tact we will continue to engage and share our perspectives and recommendations with those they will affect.

Change readiness

Given our rapidly evolving environment, we recognize the importance of being ready for change and will continue meeting the demands of our environment. As we respond to change, we will remain supportive of individuals impacted by changes in our organization and environment. We will identify those impacted by our decisions; engage and support change leaders; understand the needs of those impacted; consider how we can smooth transitions; and incorporate, as appropriate, the perspectives of all those affected by emerging change.

Relationship-building and collaboration

We understand that the ability to build strong relationships and collaborate with others both internally and externally is a major contributor to our ability to influence the patient care system. CNO will continue to build relationships to realize the value these synergies can bring to our organization and the patient care system. However, we understand that building valuable relationships is a two-way street, and should provide value to all parties involved, including nurses and patients. Fostering mutually beneficial relationships also requires us to maintain informal working relationships that support and augment our more formalized engagement periods. This relationship-building approach will be applied to internal and external relationships at CNO.

CNO's culture

CNO's strong culture is an important enabler of CNO's Strategy 2021 – 2024. As our culture evolves during this strategic journey, we will foster an environment where everyone at CNO understands how their work aligns to the strategic goals, and where they feel able and inspired to embrace the operational changes required to realize our purpose. Continuing to nurture a culture that embodies the goals of our Strategic Plan will be foundational to our success.

Conclusion

Through the successful delivery of the goals and activities outlined above, CNO will advance its purpose: protecting the public by promoting safe nursing practice. Although we understand that significant effort and time will be required to realize the goals outlined in our Strategic Plan, we are excited to embrace the challenge as we remain committed and accountable to achieving our desired outcomes. Creating a better patient care system and protecting the public is at the core of everything we do. By using our newly designed Insights Engine, our increasingly agile and proactive approach, and our engagement with stakeholders throughout the patient care system, we will drive change directly, while encouraging and enabling others to do the same. The result: multiple stakeholders working together to build a better patient care system in Ontario and across Canada.

Glossary

Agility: A measure of the speed at which an organization can react to various factors, and strategically pivot accordingly

Analytics: When data is combined to identify trends or patterns

Data: Informational inputs, as close as possible to their original format

Harm: Sources or issues that cause negative consequences to patients

Insights: Business meaning or interpretation that results from analyzing data

Insights Engine: System through which data and analytics are combined to create meaning

Key Performance Indicators (KPIs): Metrics that assess or predict the success of initiatives, or the organization as a whole

Right-Touch Regulation: Regulatory principle that refers to responding to issues in a manner that is proportionate to the harm they represent

Risk-Based Regulation: Regulatory principle that refers to addressing the potential occurrence of harm, based on the risk and likelihood of occurrence

Stage-gate: The process of implementing initiatives in stages, revisiting their execution at regular intervals to assess success and next steps

Test and learn: Implementing an initiative in a controlled fashion to test its viability and learn how it may be executed more effectively in subsequent iterations

Two-speed organization: Speed and degree of certainty with which initiatives are implemented. Speed One (slower) is for initiatives that require a higher degree of certainty before implementation. Speed Two (fast) is for initiatives that we can iterate and improve in an ongoing fashion.

Upstream: The earlier stages of a nurse's journey when actions (such as training or implementing standards) can prevent harm.

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Agenda Item 3.2

Decision Note – March 2020 Council

Proposal to combine the membership of the Discipline and Fitness to Practise Committees

Contact for Questions or More Information

Stephen Mills, Chief Administrative Officer

Decision, in principle, for consideration

That Council approve in principle that beginning in June 2020, the membership of the Discipline and Fitness to Practise Committees will be increased by cross-appointing members, such that every member of the Discipline will become a member of Fitness to Practise and every member of Fitness to Practise will become a member of Discipline.

Background

It is proposed that starting with the 2020-2021 committees, all of the members of the two adjudicative committees will be on both committees. If Council approves the decision, that will mean that the members appointed to each of those committees tomorrow will become members of both.

There is no plan to merge the committees into one – the Procedural Code requires we have a Discipline Committee and a Fitness to Practise Committee. What it does mean is that a member might serve one month on a Fitness to Practise consent order and the next month on a Discipline panel. At those meetings – they will be a member of the specific committee.

To effectively manage the scheduling and other committee functions, it is proposed that there be one chair. The Executive will be meeting following Council's decision to recommend the committee chairs to Council.

Activities like orientation and the mid-year meeting will involve all members. When they come together, for ease of reference, the term "Hearings Committee" can be used.

Why is this change being proposed?

The Discipline and Fitness to Practise Committees both play a key role in public safety – addressing the most serious concerns about a nurse's conduct, competence or capacity. Recently, these committees have seen changes in workload.

As the data below from the 2019 Annual Report of the Inquiries, Complaints and Reports Committee (ICRC) shows, CNO has seen an increase in the number of complaints and reports investigations ordered[1] in 2018 and 2019:

	2015	2016	2017	2018	2019
Investigators Appointed	138	205	267	587	804
Year over year % increase	18%	49%	30%	120%	37%

Concurrently, ICRC referrals to the Fitness to Practise Committee declined, with 21 matters referred to the Nurses' Health Program, which launched in 2019. The table on the next page shows ICRC referrals to the committee and year over year percentage changes.

ICRC Referrals	2015	2016	2017	2018	2019
Referrals to Fitness to Practise	77	74	61	76	37
Year over year % increase / (Decrease)	26%	(4%)	(18%)	25%	(51%)

Reflecting the information above, the table, below, shows the year over year change in new matters referred to the Discipline and Fitness to Practise committees. Both committee roles are adjudicative, and the legislative framework and skills required are fundamentally the same.

	2014	2015		2016		2017		2018		2019	
	#	#	Inc/ (Dec)	#	Inc/ (Dec)	#	Inc/ (Dec)	#	Inc/ (Dec)	#	Inc/ (Dec)
Discipline	22	23	5%	53	130%	37	(30%)	53	43%	62	17%
Fitness to Practise	85	115	35%	87	(24%)	82	(6%)	93	13%	49	(47%)

The key driver for this proposal relates to public safety requirements that CNO address serious adjudicative matters in a timely manner. With increasing referrals, this will become a challenge unless adjudicative resources are also increased.

[1] Any matter referred to an adjudicative committee goes through an investigation.

In addition, this proposal provides a larger pool of members for each committee:

- to alleviate panel conflicts (e.g. work in the facility as the nurse);
- to address nurses who come before Discipline repeatedly, thus diminishing the pool of possible panel members (Discipline panels cannot include individuals who have prior knowledge about the nurse being considered);
- to offer greater variety of hearing lengths to better fit with individual committee member availability (e.g. some members are available for 1 day and others prefer multi-day hearings) and facilitate establishing panels; and
- there will be a greater pool of candidates for training in specific roles (pre-hearing chair, panel chair, decision writer).

Legal counsel was consulted about this change on a preliminary basis. He reported that many health regulatory colleges have taken the same approach and established a combined committee. He noted that in some cases, the new committee is commonly referred to as a "Hearings Committee." He noted that by-law changes will be needed to implement this change. The Articles related to the structure of the Discipline and Fitness to Practise committees (Attachment 1) will need to be revised.

It is recognized that the appointed committee members who have applied to serve on the Fitness to Practise Committee may not have the time availability as those who applied for Discipline. They would not be expected to meet that Discipline Committee time commitment for the balance of their current term. As is the case with both committees, members are invited to participate on panels and can accept or decline depending on their availability.

Next Steps:

If Council approves this change in principle:

- by-law amendments to implement this change will be prepared for the June Council meeting;
- Council will appoint one person to chair both committees; and
- once the by-law amendment passes in June, everyone appointed to Discipline and Fitness to Practise committees in March 2020 will become members of both committees.

Attachment 1 Committee structure by-law provisions

15. Statutory Committees

15.01 The statutory committees of the College are the Executive Committee, Registration Committee, Inquiries, Complaints and Reports Committee, Discipline Committee, Fitness to Practise Committee, Quality Assurance Committee and the Client Relations Committee as well as any other committees required under the RHPA.

(Amended June 2009)

19. Discipline Committee

19.01 The Discipline Committee shall be composed of

i) not fewer than five or more than six elected councillors each of whom was elected as an RN;

ii) not fewer than two or more than three elected councillors each of whom was elected as an RPN;

iii) not fewer than seven or more than eleven public councillors;

iv) not fewer than six or more than nine RNs who are appointed committee members; and

v) not fewer than three or more than six RPNs who are appointed committee members.

(Amended June 2011)

20. Fitness to Practise Committee

20.01 The Fitness to Practise Committee shall be composed of

i) not fewer than one or more than three elected councillors each of whom was elected as an RN;

ii) not fewer than one or more than two elected councillors each of whom was elected as an RPN ;

iii) not fewer than three or more than seven public councillors;

iv) not fewer than three or more than six RNs who are appointed committee members; and

v) not fewer than one or more than three RPNs who are appointed committee members.

(Amended June 2011)

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Agenda Item 3.3.1

Decision Note – March 2020 Council
RPN scope of practice: proposed revised Controlled Acts regulation

Contact for Questions

Kevin McCarthy, Director of Strategy

Decision for consideration

That Council approve for notice and circulation, proposed changes, as shown in Attachment 1 to the briefing note, to Part III, Controlled Acts of Ontario Regulation 275/94: General, as amended, made under the *Nursing Act, 1991*.

Public Interest Rationale

The implementation of the proposed regulations will allow patients, in community settings, to receive more timely care.

Background

In June 2019 CNO received a letter from Ontario's Minister of Health requesting that CNO make the necessary regulatory amendments to authorize RPNs to perform of the following procedures without first obtaining an order:

- irrigating, probing, debriding and packing a wound
- venipuncture to establish peripheral intravenous access and maintain patency using a solution of normal saline (0.9 per cent), in circumstances in which the individual requires medical attention and delaying the venipuncture is likely to be harmful to the individual
- assisting with health management activities that require putting an instrument beyond the labia majora and, assessment that requires putting an instrument, hand or finger beyond the labia majora
- assessing an individual or assisting an individual with health management activities that requires putting an instrument or finger beyond an artificial opening into the patient's body

In December 2019, Council supported that regulation development proceed with no additional regulatory requirements. Information that informed Council's decision can be found in the December 2019 briefing note. The attached draft regulatory amendments have been prepared by legal counsel following Council's direction.

Next Steps

- If Council approves the proposed regulation, it will be circulated.
- Consultation feedback will be shared with Council in June for your consideration.

Attachments

1. DRAFT Regulation: Part III, Controlled Acts of Ontario Regulation 275/94: General

Attachment 1

Redline version of proposed amendments to Ontario Regulation 275/94 (General) under the *Nursing Act, 1991*

Legend:
Insertion
~~Deletion~~

Consolidation Period: From January 1, 2020 to the e-Laws currency date.

Last amendment: 473/19.

This is the English version of a bilingual regulation.

Part III Controlled Acts

15.1 (1) For the purposes of clause 5 (1) (a) of the Act, a registered practical nurse in the general class may perform a procedure set out in subsection (2) if he or she meets all of the conditions set out in subsection (3). O. Reg. 387/11, s. 1.

(2) The following are the procedures referred to in subsection (1):

1. With respect to the care of a wound below the dermis or below a mucous membrane, any of the following procedures:
   i. cleansing,
   ii. soaking,
   iii. irrigating,
   iv. probing,
   v. debriding,
   vi. packing,
   ~~iii.~~ vii. dressing.
   ~~2.~~
2. Venipuncture to establish peripheral intravenous access and maintain patency, using a solution of normal saline (0.9 per cent), in circumstances in which,
   i. the individual requires medical attention, and
   ii. delaying venipuncture is likely to be harmful to the individual.
3. A procedure that, for the purpose of assisting an individual with health management activities, requires putting an instrument,
   i. beyond the point in the individual's nasal passages where they normally narrow,

ii. beyond the individual's larynx, or iii. beyond the opening of the individual's urethra.

~~3. A procedure that, for the purpose of assisting an individual with health management activities, requires putting a hand or finger beyond the individual's labia majora.~~

~~4.~~ A procedure that, for the purpose of assessing an individual or assisting an individual with health management activities, requires putting an instrument or finger ~~beyond the individual's anal verge.~~ ,

i. ~~5~~beyond the individual's anal verge, or

ii. into an artificial opening into the individual's body.

~~5.~~ A procedure that, for the purpose of assessing an individual or assisting an individual with health management activities, requires putting an instrument, hand or finger beyond the individual's labia majora.

~~6.~~ Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgment, insight, behaviour, communication or social functioning. O. Reg. 387/11, s. 1; O. Reg. 473/19, s. 2.

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Agenda Item 3.3.2

Decision Note – March 2020 Council

RN Prescribing: Proposed amendment to the by-laws related to the Register

Contact for Questions

Kevin McCarthy, Director of Strategy

Decision for Consideration

That Council approve for notice and circulation the addition of paragraph 39, specifying register information related to RN prescribing, to Article 44.1.06 of By-Law No. 1: General:

> *39. If a member holds a certificate of registration as an RN in the general class and is authorized to prescribe a drug designated in the regulations under the Act, a notation of that fact.*

Public Interest Rationale

Diagnosing and prescribing are high-risk activities and the proposed RN prescribing regulation permits only RNs who successfully complete approved education to prescribe certain medication. To ensure patient safety, it is essential that the public and other stakeholders (e.g., employers, other health professionals) be able to clearly identify the RNs who are authorized to prescribe medication.

Background

When RN prescribing is implemented, the public and other stakeholders (e.g., employers, pharmacists) will need to be able to identify if an RN is authorized to prescribe medication. In December 2017, Council supported that CNO communicate individual RNs' authority to prescribe on the public register, *Find-a-Nurse*. This is an important public safety measure.

In December 2019, Council was informed that staff was consulting with legal counsel to develop a by-law which will permit CNO to put information on the register to communicate an RN's authority to prescribe.

Current Status

CNO's proposed RN prescribing regulations continue to proceed through the government's review and approval processes. The timeline for approval is not known. In anticipation of government approval of the regulations, CNO is working towards implementation. The development and approval of this by-law is part of implementation planning.

Proposed by-law

Article 44.1 of CNO's By-Laws specifies the information that will be available on *Find-a-Nurse.* The proposed article (below), will allow CNO to put information on the public register about an RN's authority to prescribe certain medications in accordance to the regulation.

Article 44.1.06:

> *39. If a member holds a certificate of registration as an RN in the general class and is authorized to prescribe a drug designated in the regulations under the Act, a notation of that fact.*

CNO is planning the necessary changes to *Find-a-Nurse* so that we will be ready to implement when the regulation comes into force. Consistent with stakeholder feedback, the notation "authorized to prescribe" will appear on the *Find-a-Nurse* profile for RNs who meet regulatory requirements to prescribe.[1] There will be no changes to the *Find-a-Nurse* profile for RNs who do not become authorized to prescribe (for example, RNs who choose not to do so).

Based on legislative requirements to circulate by-laws amendments and subject to Council's approval, the proposed by-law will be circulated publicly to nurses and stakeholders for a 60-day feedback period.

Next Steps

- At the June 2020 Council meeting, stakeholder feedback will be reviewed, and Council will consider if there is anything in the feedback that suggests the by-law is not drafted in the public interest.
- If approved, the by-law will be published and will take effect when the RN prescribing regulation is approved by government and comes into force.

[1] Please refer to the December 2019 information note for details about stakeholder consultations completed on this matter.

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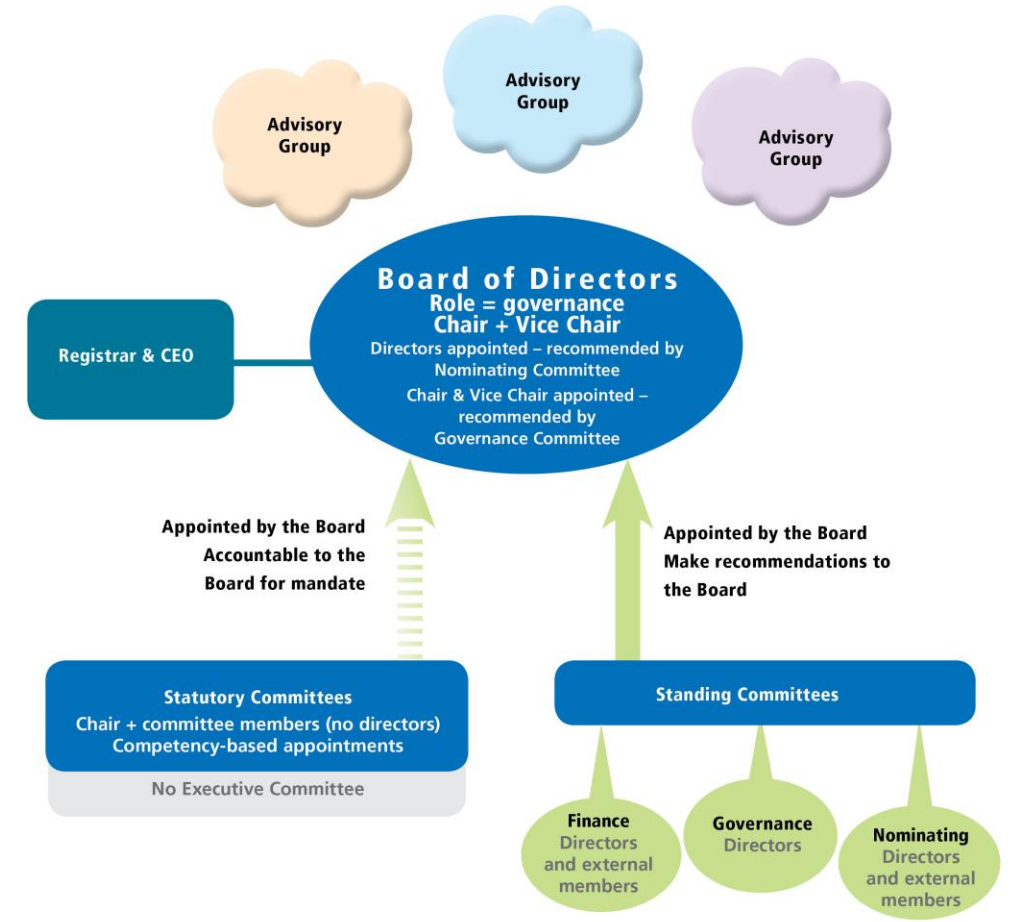
Agenda Item 3.4

Governance Work Group Report to Council

Governance model



Background

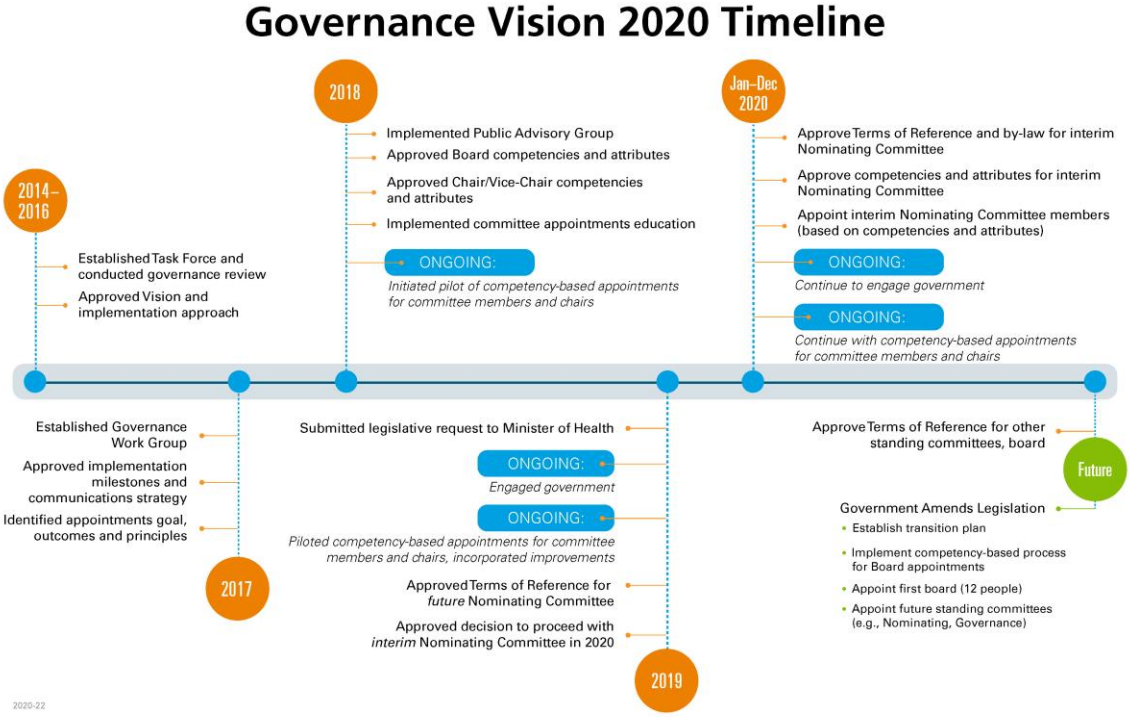
The Governance Work Group's mandate is to:

i. work with Council to make changes that are compatible with current law and advance the vision, and
ii. support Council to implement the vision by 2020.

Legislative changes are required to fully implement Council's governance vision; therefore, Council adopted a phased approach to implementation.

Phase 1: Changes that are compatible with current law and advance the vision. These changes are within Council's purview and help to influence support for the vision. They do not require government approval.	**Examples:** competency-based committee appointments, public advisory group
Phase 2: Changes that rely on legislative amendments; for example, to the *Nursing Act* or *Regulated Health Professions Act*. These legislative amendments can only be made by government.	**Examples:** competency-based board appointments, smaller board composed of equal number of nurses and members of the public.

The figure below illustrates our achievements to date, and what's planned for the future. The orange icons show phase 1 activities, whereas the green icon shows phase 2 activities.



Introduction

The Work Group met twice since December Council. In addition to the items contained in this report, we began our review of evidence relating to the future Governance Committee, which will be a new standing committee when Council's governance vision is fully implemented.

1. Implementing an interim Nominating Committee

a) Terms of Reference

In December, Council approved a decision to replace Election and Appointments Committee (EAC) with an "interim" Nominating Committee and supported that this interim committee be chaired by the immediate past President. The interim Nominating Committee will be appointed in 2020 and would operate for up to three years.[1] If legislative amendments are not forthcoming within those three years, Council will review the Terms of Reference of the interim Nominating Committee.

The implementation of an interim Nominating Committee is a phase 1 activity, it advances the vision because:

- people will be appointed to the interim committee by Council based on demonstrating the competencies and attributes required for effective nominations, and
- the interim committee will continue to administer a competency-based application process for nurses applying to statutory committees.

We are referring to it as "interim" because the goal is to establish a committee that is capable of fulfilling the nominations function *as envisioned by Council*, even though current law does not enable full implementation of the vision. Specifically, the interim committee will not recommend people for appointment to the board of directors (Council) because the current law does not enable board appointments. Furthermore, the interim committee will assume accountability for various election processes because the current law requires election of nurses to Council.

The proposed Terms of Reference for the interim Nominating Committee (attachment 1) are evidence-based,[2] informed by:

- the Governance Task Force's recommendations
- a review of relevant academic and grey literature
- consultation with Council's public advisory group, and
- an environmental scan of regulators and other organizations in Ontario, Canada and internationally.

[1] Or until government amends legislation, whichever comes first.

[2] Refer to the September 2019 Governance Work Group report to Council for a summary of the evidence.

Recommendation

That Council approve the Terms of Reference for the interim Nominating Committee (as shown in attachment 1 of this report).

b) By-Law

By-law revisions are required to implement the direction supported by Council in December 2019, which included:

- replace EAC with an interim Nominating Committee
- enable the immediate past President of Council to chair the interim Nominating Committee, and
- enable a quorum of four committee members.

The proposed by-law is in attachment 2. An explanation of each article is provided in attachment 3.

The proposed by-law also includes provisions to support the transition from EAC to the interim Nominating Committee. These are needed because the by-law currently requires Council to appoint its standing committees, including EAC, every June. As we discussed with you in December, Council will be asked to consider appointments for the interim Nominating Committee in the last quarter of 2020.

Most election and appointments accountabilities relate to the processes listed below, which occur on a schedule between January and June each year. The interim Nominating Committee will be appointed and oriented in time for the 2021 schedule.

- Election of Council members (February)
- Election of Executive Committee (March Council)
- Appointment of non-Council committee members (March Council), and
- Appointment of standing committee members (June Council).

The only exception to the above schedule is that EAC would also be called to make recommendations to Council about filling a vacancy resulting from the death, resignation or disqualification of an elected councillor (article 24.06, paragraph ii).

The Governance Work Group recommends that there be no EAC appointments in June. It is not ideal to seek volunteers knowing that they will most likely never meet, and their time and expertise could benefit other committees.

At the same time, CNO requires a mechanism to deal with the rare, but unpredictable risk associated with the unexpected vacancies described above. The proposed by-law addresses the risk by temporarily assigning EAC's functions to the Executive Committee. Should an unexpected vacancy of an elected councillor occur between June Council and the appointment of the interim Nominating Committee, the Executive will be called to make recommendations to Council. The Executive Committee would be supported by staff and other resources (e.g., legal counsel) in applying the relevant by-law requirements (articles 55.02 and 55.03).

Recommendations

To allow the Executive Committee to temporarily assume the accountabilities of the Election and Appointments Committee, and to eventually replace the Election and Appointments Committee with the interim Nominating Committee, the following by-law changes are recommended.

That Council approve the addition of article 24.08 (as shown in attachment 2 of this report) to article 24 of *By-Law No.1: General*, to take effect as of the end of the Council meeting in June 2020.

That, on the date on which Council first appoints the interim Nominating Committee, the following changes be made to *By-Law No.1: General*:

- Article 24 (*including article 24.08 noted above*) be repealed and replaced with articles 24.01 – 24.03 (as shown in attachment 2 of this report);

  and

- The term "Election and Appointments Committee" be replaced by the term "Nominating Committee" throughout the by-law, including Schedule 1.

Next steps:

Pending Council's approval, next steps include:

- identifying the competencies and attributes for effective nominations,
- administering processes (supported by a third-party) to recruit, assess and nominate candidates to Council for appointment, and
- orienting the new committee.

2. 2020 Committee Appointments

In December 2019, CNO surveyed two cohorts about the committee application process:

- nurses who submitted applications, and
- nurses who initiated the process[3] but did not submit applications.

Attachment 4 summarizes highlights from these surveys. There were no significant differences in feedback from RN/NPs and RPNs.[4] Feedback from these surveys will be shared with Governance Solutions Inc (GSI)[5] to also identify opportunities for improving their processes.

[3] This includes nurses who registered on GSI's site and did not start an application, and those who started an application but ultimately did not submit it.

[4] Changes were made to the evaluation survey to enable analysis by category of nurse for the 2020 application. This data is not available for the 2019 application.

[5] The third party that administered application, assessment and validation processes.

This is the second year[6] of survey data from nurses who applied to serve on committees, and the findings remain positive. The table below provides key year-to-year comparisons.

	2019 Application	2020 Application
Were the competencies and attributes (contained in the application) clear?	97% said yes	94% said yes
Did the application allow you to fully explain why you feel qualified for committee work?	86% said yes	94% said yes

In both years, we received qualitative feedback from some nurses suggesting that CNO provide guidance about the examples to provide in the committee application. Otherwise, much of the qualitative feedback in 2019 was addressed by process changes and there were few qualitative responses provided in 2020.

Finally, we point Council to the positive feedback provided by Election and Appointments Committee.

We welcome Council's reflections and ideas, if any, about further improvements to the committee application and appointments processes for next year.

[6] Improvements (previously reported to Council) were incorporated to the application and appointments process based on feedback received from multiple sources in 2019.

Attachment 1

Interim Nominating Committee Draft Terms of Reference

Role
The interim Nominating Committee assists the Board of Directors ('Board')[1] in ensuring the Board and Committees (statutory, standing, and special committees) have the competencies and attributes (the experience, knowledge, skills, and character), to enable them to fulfil their roles and public protection mandate. The interim Nominating Committee fulfills specific roles related to the election of Board members and the Executive Committee, and recommends to the Board candidates for appointment or re-appointment to Committees.
Responsibilities
The interim Nominating Committee is responsible for: • Succession planning for the Board and Committees. • Collaborating with the Board, Committee chairs, and CNO staff to assess the needs of the Board and Committees. • Implementing a Board-approved process that is structured, transparent, and objective for actively recruiting, evaluating, and selecting qualified, diverse candidates for appointment to Committees. • Recommending to the Board candidates for appointment or re-appointment to Committees. • Acting in accordance with applicable legislation, CNO by-laws, and Board-approved principles, policies, processes, and criteria in discharging its duties. • Declaring election results, resolving election disputes and fulfilling other duties related to the election of nurses to the Board. • Making recommendations to the Board for filling Board vacancies in-between elections. • Supporting the Board to elect the Executive Committee. • Seeking the Board's input and involving the full Board in its work on a regular basis, as appropriate. • Discharging its duties in a transparent, independent, impartial, and fair manner. • Reviewing the interim Nominating Committee's processes on a regular basis and recommending improvements to the Board. • Reviewing these Terms of Reference no later than three years from their approval, and making recommendations to the Board about a more permanent Nominating Committee structure if required. • Performing any other activities necessary to fulfil its mandate, or as may be required by the Board from time to time.

[1] Also referred to as 'Council'.

Chair

The Chair of the interim Nominating Committee is the immediate past President of the Board, who may or may not be a current director of the Board.

The Chair may delegate their role to another member of the interim Nominating Committee when unavailable.

Membership

The Board appoints the members of the interim Nominating Committee.

The interim Nominating Committee is composed of 5 members. If the Chair is a director on the Board, the remaining committee shall be composed of:

- 1 other director of the Board;
- 3 individuals who are not on the Board, and have not been on the Board in the past 5 years.

If the Chair is not a director on the Board, the remaining committee shall be composed of:

- 2 directors;
- 2 individuals who are not on the Board, and have not been on the Board in the past 5 years.

The members of the Board who are also on the interim Nominating Committee shall be composed equally of 1 public director and 1 nurse director.

No more than 50% of the members of the interim Nominating Committee may be current or past registrants of CNO, or applicants to CNO.

The interim Nominating Committee is properly constituted despite any vacancy so long as there are sufficient members for quorum.

Terms of Office

The term of office for the interim Nominating Committee Chair is up to 2 years.

The other members of the interim Nominating Committee are appointed for up to 3-year terms, with a maximum of 2 consecutive terms. Interim Nominating Committee members' terms may be staggered so that no more than 2 expire in any given year.

Meetings

The interim Nominating Committee meets as needed to fulfil its mandate, at the call of the Chair.

Meetings are conducted in person, or by electronic means approved by the Chair.

The interim Nominating Committee meets in person at least once per year.

The interim Nominating Committee maintains minutes of its meetings.

Quorum
Four members of the interim Nominating Committee including at least 1 director on the Board and 1 member not on the Board constitutes a quorum of the interim Nominating Committee.
Decisions and Voting
When possible, the interim Nominating Committee's decisions are made by consensus. Should consensus not be reached, the interim Nominating Committee's decisions are made by a simple majority vote of the members present at a meeting of the interim Nominating Committee that has achieved quorum. Each member of the interim Nominating Committee has 1 vote.
Accountability and Reporting
The interim Nominating Committee is accountable to the Board and reports its activities and recommendations to the Board at the Board's next meeting. Time-sensitive issues are brought to the Board's attention in a timely manner. The interim Nominating Committee provides the Board with sufficient information and documentation for the Board to make informed decisions.
Resources
The Registrar & CEO acts as a resource for the interim Nominating Committee, but is not a member of the interim Nominating Committee. The Registrar & CEO designates further staff resource(s) to support the interim Nominating Committee as required. Outside advisors and consultants may be retained to assist the interim Nominating Committee in discharging its duties.
Approvals
Approved: dd-mmm-yyyy Revisions: dd-mmm-yyyy; dd-mmm-yyyy; dd-mmm-yyyy Next review: dd-mmm-yyyy

Attachment 2

Nominating Committee Amendments to By-Law No. 1

Article 24 of By-Law No. 1 is amended as of the end of the Council meeting in June 2020 to read as follows, which amendment expires and is repealed on the effective date:

24.08 Despite any Article to the contrary, the Executive Committee shall serve as the Election and Appointments Committee.

By-Law No. 1, including Schedule 1, is amended on the effective date by replacing "Election and Appointments Committee" with "Nominating Committee" throughout.

Article 24 of By-Law No. 1 is repealed and replaced on the effective date by the following:

24 Nominating Committee

24.01 The Nominating Committee supports Council and committees to demonstrate the competencies and attributes, such as experience, knowledge, skills, and character, to enable them to fulfil their roles and their public protection mandate. Specifics regarding the Nominating Committee's role and membership is set out in its Terms of Reference, as approved by Council.

24.02 Despite Article 30.01, the chair of the Nominating Committee shall be the immediate past President of the Council so long as he or she is willing and able to serve and Council or the Executive Committee has not specifically directed otherwise or Article 30.06 has not been invoked.

24.03 Despite Article 5.01, where the Nominating Committee has five members, including any positions that are vacant, a quorum for any meeting of the Committee is four members.

The "effective date" of the above amendments is the date upon which Council first appoints a Nominating Committee.

Attachment 3

Explanation of Nominating Committee Amendments to *By-Law No.1: General*

Current by-law	Proposed by-law amendment	Rationale
Not applicable	24.08 Despite any Article to the contrary, the Executive Committee shall serve as the Election and Appointments Committee.	This provision is required because article 23.01 identifies the Election and Appointments Committee as a standing committee of the College, and article 24.03 requires Council to appoint its standing committees each June. This amendment enables the Executive Committee to temporarily serve as the Elections and Appointments Committee, as of the end of June 2020 Council, until the interim Nominating Committee is first appointed by Council before the end of 2020. During this time period, the Executive Committee will assume the role and accountabilities of the EAC. Currently, most accountabilities of the EAC occur between January and June each year. After the June Council, the only remaining role for EAC relates to making recommendations to Council on filling any unexpected vacancy of an elected Council member, as outlined in article 24.06, paragraph ii. Should this situation occur, options for filling in vacancies are set out in articles 55.02 and 55.03. The Executive Committee will be

Current by-law	Proposed by-law amendment	Rationale
		supported in applying the relevant by-law requirements in making recommendations to Council to fill any vacancy should it occur. However, the final decision rests with Council.
The following amendments will take effect on the date Council first appoints the interim Nominating Committee.		
Article 24 The current provisions outline the specific details of the Election and Appointments Committee, including the role, membership and responsibilities of this committee.	24.01 The Nominating Committee supports Council and committees to demonstrate the competencies and attributes, such as experience, knowledge, skills, and character, to enable them to fulfil their roles and their public protection mandate. Specifics regarding the Nominating Committee's role and membership is set out in its Terms of Reference, as approved by Council.	The current by-law provisions under Article 24 are repealed and replaced with the proposed amendments on the date Council appoints the interim Nominating Committee. The intent of this amendment is to outline the role and membership of the Nominating Committee while removing the specific details from the existing by-laws (Article 24) to Terms of Reference, as approved by Council. This is a flexible approach which allows for future changes to be made to the Nominating Committee's Terms of Reference, as opposed to amending the by-law. Council has taken a similar approach in revising by-laws related to the Sub-Committee on Compensation, as per Article 27.01.
	24.02 Despite Article 30.01, the chair of the Nominating Committee shall be the	Article 30.01, requires that the chair shall be a member of Council. This provision enables the chair of the Nominating Committee to be a non-council member, specifically the

Current by-law	Proposed by-law amendment	Rationale
	immediate past President of the Council so long as he or she is willing and able to serve and Council or the Executive Committee has not specifically directed otherwise or Article 30.06 has not been invoked.	immediate past President of the Council (who may or may not be on Council). This amendment reflects the policy direction Council supported in December 2019 that the immediate past President of Council chair the interim Nominating Committee, as outlined in the Terms of Reference. In the event the immediate past President is not able or willing to serve, appointment of the chair will be a Council decision.
	24.03 Despite Article 5.01, where the Nominating Committee has five members, including any positions that are vacant, a quorum for any meeting of the Committee is four members.	This amendment outlines the quorum requirements for the Nominating Committee, as noted in the Terms of Reference. This amendment reflects policy direction Council supported in December 2019.
The name of the Elections and Appointment Committee is referenced in By-Law No. 1 as follows: • Table of Contents • 14.05 • 23.01 • 24 (throughout) • 29.02 • 29.03 • 52.08 • 52.09 • 53.21		The Work Group is recommending, as part of a Council motion, that references to EAC under By-law No. 1, including Schedule 1, be amended by replacing “Election and Appointments Committee” with “Nominating Committee” throughout.

Current by-law	Proposed by-law amendment	Rationale
• 53.25 • 53.26 • 54.1.11 Schedule 1 (throughout)		

Attachment 4

Committee Appointments Evaluation
Survey Findings – Highlights

Introduction

In December 2019, CNO surveyed two cohorts about the committee application process:

- nurses who submitted an application, and
- nurses who initiated the process[1] but did not submit an application.

This year, the following improvements were made to the evaluation process:

- asking survey respondents to indicate their category of registration (enabling analysis of findings related to RPNs, RN/NPs separately)
- requesting survey responses from nurses soon after they submitted their applications (improving recall), and
- surveying nurses who initiated the process but ultimately did not submit an application (enabling broader analysis).

This attachment highlights findings and themes from the surveys.

Nurses who submitted applications

The survey was sent to 86 nurses and was completed by 54 (63% response rate):

- 61% RNs
- 22% NPs
- 17% RPNs.

The majority of respondents (98%) watched the appointments education videos; of that group, 70% said the education helped them make their decision to apply.

The vast majority of nurses (94%) said they found the competencies and attributes contained in the application to be clear (93% RN/NPs and 100% of RPNs). The vast majority (94%) also said the application allowed them to fully explain why they felt qualified for committee work (96% RN/NPs and 89% RPNs).

When asked about the length of the application, 63% respondents said the length is "appropriate" and 37% said it is "too long".

Very few respondents offered suggestions for improving the application process, themes are outlined below.

- Technology issues, uncertainty if documents uploaded, prefer technology that allows for the application to be completed and resume uploaded in one step.
- Difficult to pick just one attribute.
- Consider picking some (vs all) competencies to reduce repetition.
- Include anecdotes/tips from people who current serve on committees.
- Reduce number of examples required.

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[1] This includes nurses who registered on Governance Solutions' site and did not initiate an application and those who initiated an application but ultimately did not submit it.

- Provide more clarity and examples about how nurses can meet the competencies.

Findings show no substantive differences in the feedback from RN/NPs and RPNs.

Quotes

"A good thorough application process that will encourage applicants to think seriously about their ability and desire to participate."

"I would have liked to see a question about what I see as my role on a committee."

"Maybe have anecdotes from people who have participated on the committees about their experiences, tips and/or suggestions."

"More clarity and examples need to be provided."

"I felt the application process highlighted the professionalism and skills required to participate in a committee."

Nurses who initiated but did not submit applications

The survey was sent to 140 nurses and was completed by 40 (29% response rate)[2]:

- RN (74%)
- NP (3%)
- RPN (23%).

Nurses were asked "why" they did not submit an application, responses included:

- Did not have the time to complete the application (39%)
- Application is too long (32%)
- Application is too complicated (19%)
- Do not have the time to serve on a committee (16%)
- Application is unclear (10%)
- Do not feel qualified to serve on a committee (10%)
- No longer interested in serving on a committee (6%).

Twenty-three per cent of nurses said there was some "other" reason they did not submit an application, mostly citing technical issues. Their comments will be shared with GSI.

RN/NPs were more likely to say they did not submit an application because they did not have the time or found it too long, rather than select the other options; whereas RPN responses were equally divided among the options.

Reasons provided by the 10% of respondents who said they did not feel qualified for committee work include:

- I didn't think I would get picked because of the limited number of people for the position
- As a novice nurse (less than 18 months), I lack the experience to serve at this time
- I lack some of the requirements to serve.

Reasons provided by the 10% of respondents who said the application is unclear include:

- Unclear what is due next
- I thought I was qualified, but the question made me feel unqualified
- Unclear questions and would have been helpful to read committee information online rather have to watch education videos

Reasons provided by the 19% who said the application is too complicated included the following themes:

- Repetitive questions within the application
- Application too long, too detailed
- Resume should suffice
- “Not an easy application process”
- Technical issues (site froze)

Findings show no substantive differences in the feedback from RN/NPs and RPNs.

Quotes

“I feel as a novice nurse (registered for less than 18 months), I lack the experience to service on a committee at this time.”

“The video was time consuming to watch, and the information would have been more suitable to read online.”

“It was not clear why you were asking so many similar questions.”

“I understand the intense capacity required to serve well on a committee, but I believe the process which takes more than an hour is too much…”

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Agenda Item 3.6.1

Patient Relations Committee

2019 Annual Report

Introduction: Role of the Committee

The Patient Relations Committee (PRC) supports CNO's public commitment to address concerns about nurses conduct. The *Regulated Health Professions Act, 1991* (RHPA) outlines two specific roles for the PRC:

- advise Council with respect to the patient relations program, which must include measures for preventing and dealing with patient sexual abuse
- administer funding for therapy and counselling for patients who are named in a sexual abuse complaint or report[1].

The PRC's annual report differs from other statutory committee reports in that it includes related content from other statutory committees. For example, it includes statistics related to the disposition of sexual abuse matters by the Inquiries, Complaints and Reports Committee (ICRC) and the Discipline Committee (DC).

Executive Summary

Sexual abuse matters addressed by CNO

In 2019, the ICRC made final dispositions in 20 sexual abuse matters:

- four resulted in take no action
- three resulted in a letter of advice
- one resulted in educational remediation
- one resulted in a caution by ICRC
- three resulted in educational remediation and a caution by ICRC
- eight were referred to the DC.

Please refer to Table 1a for the statistical report.

The DC completed hearings in four matters where sexual abuse was referred. In two of these matters, sexual abuse was withdrawn. In the other two matters, the DC made a finding of sexual abuse and, for the acts of sexual abuse found to have occurred, ordered a reprimand and revocation (i.e., the nurses are no longer permitted to practice nursing in Ontario) as required by

[1] In this report, a complaint or report is referred to as a matter. A complaint is a concern CNO receives about a nurse's conduct from a patient or family member. A report is a concern CNO receives from a nursing employer or another health care provider.

law (the RHPA). Also, in one of these two cases, the nurse was required to reimburse the CNO fund for patient therapy or counselling, and post security with CNO, for up to five thousand dollars. Please refer to Table 1b for more information.

Requests for funding

In accordance with Ontario law, the PRC approved the six funding requests it received in 2019 related to sexual abuse matters. Payment from the fund is provided directly to the therapist or counsellor. Restrictions regarding the therapist or counsellor include that: the therapist or counsellor cannot be a family member and must not be a person who has been found guilty of professional misconduct of a sexual nature, or been found civilly or criminally liable for an act of a similar nature.

Patient Relations Program

The Patient Relations Program (PRP), as it relates to preventing and dealing with sexual abuse, must include the following elements:

- education for nurses
- guidelines for the conduct of nurses
- training for CNO's staff
- the provision of information to the public.

Early in 2019, CNO completed a research study using 18 years of CNO's sexual abuse data. CNO used the results of the research study as one source of evidence to inform interventions in keeping with PRP requirements to prevent sexual abuse. Two literature reviews and interviews with international sexual abuse experts also informed the interventions.

Education and guidance for nurses

Research studies, including CNO's research, show there is a progression of behaviours before sexual abuse occurs. This means that, if nurses know warning signs and grooming tactics that may lead to sexual abuse and observe them, they can intervene early. With knowledge and tools, there is an opportunity to stop patient sexual abuse by nurses.

CNO has been sharing what we learned over the course of the sexual abuse research project with stakeholders. In late 2019, CNO developed new resources (which are being translated and posted on cno.org in early 2020):

- new web content with frequently asked questions
- five fact sheets
- numerous case studies
- a webcast
- an employer tool kit.

Training for CNO's staff

CNO policies and procedures were updated and reviewed with staff during an education day to support evidence-informed investigations of sexual abuse matters (e.g., based on findings in the literature). For instance, given the high risk of patient harm, sexual abuse matters are given priority and investigated in a timely manner. Also, a patient who testifies regarding sexual abuse can bring a support person, or the CNO's lawyer can request that he or she testify behind a screen. As recommended by staff at the education day, CNO is in the process of developing a new fact sheet regarding CNO processes for patients who are thinking about making a complaint of sexual abuse, as well as an interview script that CNO staff can use for sexual abuse matters.

Provision of information to the public

New web content was added to the public sexual abuse webpage:

- information has changed, with input from an expert who has worked with victims of sexual abuse for 20 years (from a trauma sensitive lens)
- new resources have been added.

Committee Members:

January to June 2019

C. Evans, Chair, RN

C. Manning, RPN

N. Osbourne James, Public Member

C. Ward, Public Member

H. Whittle, NP

July to December 2019

C. Evans, Chair, RN

Ashley Fox, RPN

Judy Petersen, Public Member

C. Ward, Public Member

H. Whittle, NP

Staff Contacts

Carolyn Gora, Director, Professional Conduct

Kevin McCarthy, Director, Strategy

Appendix 1 – Statistical tables

Table 1: Sexual Abuse Matters Addressed by CNO

(a) Inquiries, Complaints and Reports Committee

Dispositions	2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%
Take no action	5	45.5	2	20.0	8	40.0	6	40.0	4	20
Letter of advice	1	9.1	1	10.0	4	20.0	3	20.0	3	15
Oral caution	1	9.1	0	0.0	0	0.0	0	0.0	1	5
Educational program	0	0.0	1	10.0	1	5.0	1	6.7	1	5
Oral/ written caution + educational program	3	27.2	0	0.0	5	25.0	0	0.0	3	15
Refer to Discipline Committee	1	9.1	6	60.0	2	10.0	5	33.3	8	40
Total	**11**	**100**	**10**	**100**	**20**	**100**	**15**[2]	**100**	**20**[3]	**100**

[2] One nurse was in both the complaints and reports stream and received a decision in each stream. So, ICRC disposed of 15 matters involving 14 nurses.

[3] One nurse was in both the complaints and reports stream and received a decision in each stream. Another nurse was involved in two separate matters. So, ICRC disposed of 20 matters involving 18 nurses.

(b) Discipline Committee

	2015[4]		2016[5]		2017[6]		2018[7]		2019[8]	
Dispositions	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Finding	1	33.3	4	50.0	1	100	3	60.0	2	50.0
No finding	1	33.3	0	0.0	0	0.0	0	0.0	0	0.0
Withdrawn	1	33.3	3	37.5	0	0.0	2	40.0	2	50.0
Stay	0	0.0	1	12.5	0	0.0	0	0.0	0	0.0
Total	**3**	**100**	**8**	**100**	**1**	**100**	**5**	**100**	**4**	**100**

[4] For 2015: In the matter resulting in a finding, the nurse admitted to physical sexual relations with a patient, resulting in mandatory revocation and a reprimand.

[5] For 2016: Of the four matters with findings, three involved physical sexual relations with patients and resulted in mandatory revocations and reprimands. The other matter involved remarks or behaviour of a sexual nature, as well as physical, verbal and emotional abuse and resulted in a revocation.

[6] For 2017: The finding involved behaviour and touching of a sexual nature of a patient and resulted in a mandatory revocation and reprimand.

[7] For 2018: Of the three matters with findings of sexual abuse, the first involved behaviour and remarks of a sexual nature; the second involved physical sexual relations, and touching, behaviour and remarks of a sexual nature; and, the third involved sexual intercourse.

[8] For 2019: Of the two matters with findings of sexual abuse, the first involved sexual intercourse; and, touching, behaviour and remarks of a sexual nature. The second finding related to touching of a sexual nature.

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Agenda Item 3.6.2

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE 2019 Annual Report

Introduction: Role of the Committee

The Inquiries, Complaints and Reports Committee (ICRC) investigates complaints and reports to meet its commitment to the public interest that concerns about the conduct and practice of Ontario nurses are addressed.

ICRC Dispositions

After a complaint or report is investigated, the ICRC decides what action to take. The ICRC may do any one or more of the following:

- refer allegations of the nurse's professional misconduct or incompetence to the Discipline Committee;
- refer the nurse to a panel of the ICRC for a health inquiry;
- require the nurse to attend before a panel of the ICRC to be cautioned;
- require the nurse to participate in a specified continuing education or remedial program (educational program); or
- take other action including providing advice to the nurse, accepting an undertaking, accepting a permanent resignation or taking no action.

If the ICRC is satisfied that a complaint is an abuse of process, it is required to take no action.

Interim Orders

If there is a risk of harm or injury to patients, the ICRC may make an interim order to suspend or impose restrictions on the nurse's certificate of registration pending the disposition of a health inquiry, an investigation, a Discipline Committee hearing, or a Fitness to Practise hearing.

Complaints

Complaints come from patients and other members of the public. Complaints may be withdrawn or resolved without an investigation through a resolution agreement where appropriate. Otherwise, they must be investigated.

The ICRC investigates most complaints with the consent of the patient/complainant to obtain relevant health information. Where the investigative powers obtained through an appointment, such as the authority to issue a summons, are required to investigate a complaint, the ICRC can make a request to the Executive Director for an investigator appointment.

Dispositions

The ICRC made final dispositions in 490 complaints in 2019. Resolutions decreased from 33.2% in 2018 to 25.1% in 2019. Remedial outcomes, including letters of advice, oral cautions and education programs, increased from 13.7% in the previous two years to 18.5% in 2019. The ICRC took no action in 40.8% of complaints in 2019. Referrals to discipline have increased from previous years, although they remain a small proportion of final dispositions at 2.2%. Please refer to Appendix 1, Section 1, Table 2.

Health Professions Appeal and Review Board

The Health Professions Appeal and Review Board (HPARB) reviews the adequacy of an investigation and the reasonableness of an ICRC decision. Both complainants and nurses can request HPARB reviews.

In 2019, the number of requests to HPARB to review ICRC decisions doubled from 37 to 74. Complainants made 93% of the requests for review. Of the 34 HPARB decisions released in 2019, 26 related to the adequacy of the investigation or reasonableness of the decision. In the remaining eight matters, the request for review was withdrawn or HPARB found the request for review to be an abuse of process.

HPARB confirmed the ICRC's decision in 15 of 26 cases (44.1%). In 11 cases (32.4%), HPARB returned the matter to the ICRC. In four of these cases, HPARB directed the ICRC to conduct further investigation. In seven cases, HPARB found the decision to be unreasonable; in one of these cases, HPARB directed the ICRC to issue a different decision (advice instead of a caution); and in six cases, HPARB requested the ICRC to reconsider its disposition and provide adequate reasons for why either an education program or an oral caution was necessary to protect the public in all of the circumstances. Please refer to Appendix 1, Section 1, Table 4(b).

Reports

Reports come from nursing employers, facility operators, nurses and others. CNO's Executive Director reviews a report of a preliminary investigation and decides on the appropriate response from options including remediation, or the appointment of investigators to conduct a full investigation. The ICRC approves Executive Director investigator appointments and is informed of Executive Director emergency investigator appointments, which are made if there is a risk of harm or injury to patients.

Reports from the Quality Assurance Committee

The ICRC can also request an Executive Director investigator appointment if it receives a report about a nurse's conduct or practice from the Quality Assurance Committee (QAC).

Executive Director Investigations

Investigator Appointments

In 2019, investigators were appointed to conduct Executive Director investigations in 676 matters. This represents a 46.6% increase in investigator appointments as compared to 2018 and a nearly six-fold increase in the number of investigator appointments since 2015. The increase in investigator appointments corresponds with an increase in the number of reports received each year since 2017. CNO continues to engage with stakeholders to support the reporting process. Please refer to Appendix 1, Section 2, Table 1.

Dispositions

The ICRC made final dispositions in 251 Executive Director investigations. Remedial outcomes, including letters of advice, oral cautions and education programs, made up 56.2% of the dispositions in 2019, which is an increase in remedial outcomes from 46.4% in 2018.

The ICRC continues to explore early resolution of cases through remedial dispositions where appropriate as a right touch response to risk that achieves a faster timeline and accordingly, enhanced public protection.The ICRC accepted remedial undertakings by nurses in 3.6% of cases in 2019, related to two new remedial dispositions: Undertakings to Complete Remedial Education and a pilot regarding Undertakings to Complete a Competence Assessment and Remedial Education. To be eligible for these undertakings, the nurse must demonstrate accountability for, and a willingness to remediate the conduct or practice concerns raised in the report. The undertaking must also be in the public interest.

Referrals to discipline decreased from 35.7% in 2018 to 19.9% in 2019. Please refer to Appendix 1, Section 2, Table 2.

Interim Orders

The ICRC made a total of seven interim orders in relation to Executive Director investigations: six suspensions and one restriction on practice.

Health Inquiries

The ICRC conducts inquiries into whether a nurse has a mental or physical condition or disorder that impacts the nurse's capacity to practice safely. The ICRC makes inquiries and may require the nurse to undergo medical examinations and suspend the nurse's certificate of registration if he or she does not attend or comply. The ICRC, after reviewing the results of its inquiries, may refer the matter to the Fitness to Practise Committee.

The ICRC made final dispositions in 103 health inquiries. The ICRC referred 37 nurses (35.9%) to the Fitness to Practise Committee. This represents a decrease of approximately 27% in referrals from previous years. The ICRC accepted undertakings by nurses to enter the Nurses'

Health Program (NHP) in 21 (20.4%) matters.[1] No action was taken in 25 matters (24.3%). Please refer to Appendix 1, Section 3, Table 1.

Interim Orders

The ICRC made a total of 29 interim orders in relation to health inquiries: 11 suspensions and 18 restrictions on practice.

[1] NHP was launched in January 2019. It is a voluntary program that provides an opportunity for Ontario nurses with substance and/or mental health disorders to receive support to recover and practice safely. NHP is an alternative to the health inquiry process.

Committee members:

July to December 2019

Cheryl Evans, RN, Chair
Frank Cardile, Public Member
Samantha Diceman, RPN
Ashley Fox, RPN
Ryan Henderson, RN
Michelle Lewis, RN
Danielle LiChong, Public Member
Candance Ngungu, RN
Kyle Nielsen, RN
Judy Petersen, Public Member
Mary Ellen Renwick, RN
Sandra Robinson, RN
Maria Sheculski, Public Member
Sherry Simo, RPN
Katharina Skrzypek, RN
Cathy Ward, Public Member
Heather Whittle, NP

January to June 2019

Cheryl Evans, RN, Chair
Shana Anjema, RN
Cheryl Barnet, NP
Frank Cardile, Public Member
Connie Manning, RPN
Laura McMillan RPN
Kyle Nielsen, RN
Nicole Osbourne James, Public Member
Sandra Robinson, RN
Maria Sheculski, Public Member
Sherry Simo, RPN
Katharina Skrzypek, RN
Cathy Ward, Public Member
Heather Whittle, NP

Staff contacts

Carolyn Gora, Director, Professional Conduct
Sheryl Sarfin, Manager, Investigations
Jocelyn Loosemore, Manager, Investigations

Appendix 1 – Statistical tables

Section 1: Complaints

Table 1: Investigator Appointments

Investigators Appointed	2015	2016	2017	2018	2019
Complaint - ICRC request	24	52	106	126	128
Total	**24**	**52**	**106**	**126**	**128**

Table 2: Dispositions

Dispositions	2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%
Adopt resolution	134	51.0	102	34.2	122	38.7	167	33.2	123	25.1
Take no action - abuse of process	17	6.5	6	2.0	20	6.3	64	12.7	34	6.9
Withdrawn with ED approval	-	-	-	-	-	-	-	-	31	6.3
Take no action	88	33.4	156	52.3	125	39.7	196	39.0	200	40.8
Letter of advice[2]	3	1.1	24	8.1	25	7.9	44	8.7	51	10.4
Letter of concern[3]	7	2.6	-	-	-	-	-	-	-	-
Written caution[4]	5	1.9	-	-	-	-	-	-	-	-
Oral caution	4	1.5	0	0.0	6	1.9	13	2.6	12	2.4
Educational program	1	0.4	2	0.7	9	2.9	8	1.6	19	3.9
Oral/written caution + educational program	2	0.8	3	1.0	3	1.0	4	0.8	9	1.8
Refer to Discipline Committee	2	0.8	5	1.7	5	1.6	7	1.4	11	2.2
Total	**263**	**100**	**298**	**100**	**315**	**100**	**503**	**100**	**490**	**100**

[2] Letter of advice is a new disposition as of June 2015.

[3] Letter of concern is no longer a disposition as of June 2015.

[4] Written caution is no longer a disposition as of June 2015.

Section 1: Complaints (cont'd)

Table 3: Interim Orders[5]

Orders	2014	2015	2016	2017	2018	2019
Interim suspension	3	0	1	1	0	1
Interim restrictions	0	0	0	0	0	0
Total	**3**	**0**	**1**	**1**	**0**	**1**

Table 4. HPARB

(a) Requests to Review ICRC decisions

Requests	2014	2015	2016	2017	2018	2019
From complainants	40	24	34	42	31	69
From members	6	0	2	3	6	5
Total	**46**	**24**	**36**	**45**	**37**	**74**

[5] In 2017, ICRC's authority to issue interim orders expanded such that it could be exercised on receipt of a complaint, following the appointment of investigators or at the initial meeting of the health inquiry panel. Prior to 2017, ICRC could issue an interim order only on referral to the Discipline Committee or the Fitness to Practise Committee.

Section 1: Complaints (cont'd)

(b) HPARB Outcomes

Decisions Received	2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%
No review - request withdrawn	3	3.9	8	22.9	3	8.1	6	14.3	4	11.8
No review - abuse of process	6	7.9	1	2.9	0	0.0	1	2.4	4	11.8
Confirm ICRC decision	66	86.8	21	60.0	32	86.5	29	69.0	15	44.1
Make recommendations to ICRC	1	1.3	0	0.0	0	0.0	0	0.0	0	0
Return - further investigation	0	0.0	0	0.0	2	5.4	4	9.5	4	11.8
Return - further consideration	0	0.0	5	14.3	0	0.0	2	4.8	6	17.6
Direct ICRC to change decision	0	0.0	0	0.0	0	0.0	0	0.0	1	2.9
Total	**76**	**100**	**35**	**100**	**37**	**100**	**42**	**100**	**34**	**100**

Section 2: Reports - Executive Director Investigations

Table 1: Investigator Appointments

Investigators Appointed	2015	2016	2017	2018	2019
Report – Executive Director	105	126	157	443	667
Report – Emergency appointment by Executive Director	1	10	4	4	4
Report – Quality Assurance Committee	8	17	0	14	5
Total	**114**	**153**	**161**	**461**	**676**

Section 2: Reports - Executive Director Investigations (cont'd)

Table 2. Dispositions

Dispositions	2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%
Take no action	10	12.8	8	7.8	9	10.6	20	15.5	26	10.4
Letter of advice[6]	5	6.4	18	17.7	20	23.5	27	20.9	47	18.7
Letter of concern[7]	2	2.5	-	-	-	-	-	-	-	-
Written caution[8]	5	6.4	-	-	-	-	-	-	-	-
Oral caution	5	6.4	0	0.0	5	5.9	3	2.3	28	11.2
Educational program	4	5.2	7	6.9	3	3.5	15	11.6	30	12.0
Oral/written caution + educational program	26	33.4	19	18.6	15	17.6	15	11.6	36	14.3
Refer to Discipline Committee	21	26.9	46	45.1	30	35.3	46	35.7	50	19.9
Accept permanent resignation	0	0.0	4	3.9	1	1.2	3	2.4	12	4.8
Accept remedial undertaking	-	-	-	-	-	-	-	-	9	3.6
Take no action on account of member status[9]	-	-	-	-	-	-	-	-	13	5.2
Total	**78**	**100**	**102**	**100**	**85**	**100**	**129**	**100**	**251**	**100**

[6] Letter of advice is a new disposition as of June 2015.

[7] Letter of concern is no longer a disposition as of June 2015.

[8] Written caution is no longer a disposition as of June 2015.

[9] This disposition applies to nurses who have either resigned their certificate of registration or allowed it to expire and are not entitled to practice nursing. If the nurse makes an application for registration in the future, the information from the nurse's file related to the report will be reviewed and assessed through CNO's Entry to Practice (ETP) process. As part of the ETP process, the Executive Director has discretion to refer an applicant to the Registration Committee for further review.

Section 2: Reports - Executive Director Investigations (cont'd)

Table 3. Interim Orders

Outcomes	2014	2015	2016	2017	2018	2019
Interim suspension	1	1	4	10	4	6
Interim restrictions	1	0	0	3	5	1
Total	**2**	**1**	**4**	**13**	**9**	**7**

Section 3: Health Inquiries

Table 1. Dispositions

Dispositions	2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%
Take no action	27	22.2	22	18.5	21	21.0	28	23.1	25	24.3
Take no action - enrolled in NHP	-	-	-	-	-	-	-	-	21	20.4
Suspend until medical assessment complete	11	9.0	14	11.8	11	11.0	11	9.1	13	12.6
Refer to Fitness to Practise Committee	77	63.1	74	62.2	61	61.0	76	62.8	37	35.9
Accept undertaking/ agreement	0	0.0	6	5.0	0	0.0	0	0.0	0.0	0.0
Cease inquiry[10]	7	5.7	3	2.5	7	7.0	6	5.0	7	6.8
Total	**122**	**100**	**119**	**100**	**100**	**100**	**121**	**100**	**103**	**100**

Table 2. Interim Orders

Outcomes	2015	2016	2017	2018	2019
Interim suspension	19	14	20	15	11
Interim restrictions	5	9	7	16	18
Total	**24**	**23**	**27**	**31**	**29**

[10] ICRC loses jurisdiction to conduct health inquiries for deceased or resigned members.

College of Nurses of Ontario
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THE STANDARD OF CARE.

Agenda Item 3.6.3

Discipline Committee

2019 Annual Report

Introduction: Role of the Committee

The Discipline Committee supports the College's commitment to the public to address concerns about practice and conduct.

Executive summary

A. Panel Activities

1. Completed Matters (Table 1)

Disciplinary matters are resolved by way of non-contested or contested hearings. Matters are resolved or disposed of when:

- All allegations are withdrawn or dismissed;
- No findings of professional misconduct and/or incompetence are made by a panel;
- Findings of professional misconduct and/or incompetence are made and a penalty is ordered;
- Reinstatement requests are granted, not granted or abandoned; and
- Removal of information requests are granted, not granted or abandoned.

In 2019, Discipline Committee panels made findings of professional misconduct in 43 matters involving 43 members. In addition, the penalty hearing for one matter where findings were made in 2018 was concluded in 2019. In total, 44 matters were completed in 2019.

(a) Non-contested Matters (Table 2 and Table 3)

31 matters were resolved by panels accepting agreed statements of facts and/or joint submissions on penalty presented by the College and the member. This represents 70.5% of all completed matters. On average, 1 hearing day[1] was required per matter.

[1] A hearing day is approximately seven hours.

(b) Contested Matters (Table 2 and Table 3)

13 contested matters, involving a total of 33.75 hearing days, were resolved. The number of hearing days for contested matters ranged from one to nine days with an average of three hearing days per matter.

(c) Penalty Orders (Table 4)

Discipline Committee panels made penalty orders in 44 matters where findings of professional misconduct were made. The penalties that were ordered included:

- 9 revocations;
- 32 suspensions;
- 33 terms, conditions and limitations; and
- 42 reprimands.

Terms, conditions and limitations ordered included monitoring and/or supervising of members' practices and members' education/remediation.

2. Hearing and Deliberation/Decision-Writing (Table 5)

On 64.75 days, Discipline Committee panels met for hearings and deliberation and decision-writing for 44 matters. 60.25 days were for hearings and 4.50 days were for deliberation/decision-writing.

The administration of reprimands commonly occurs immediately following hearings, and the time spent on this administration is included in the calculation of hearing days. In 2019, the Discipline Committee spent an additional one day administering reprimands at proceedings specifically convened for that purpose.

3. Release of Decision and Reasons (Table 6)

For agreement hearings, the Discipline Committee may release decisions verbally the same day or within 24 hours after the presentation of the evidence and the parties conclude their submissions. Written decisions and reasons take longer to prepare and release. The period between the conclusion of the hearing and the release of written decision and reasons can be impacted by the complexity of legal and evidentiary issues raised in the matter. Other factors that can impact this period are logistical issues related to the availability of panel members.

The Discipline Committee released 42 written decision and reasons in 2019. This number includes some matters that were heard in 2018. The Discipline Committee Guidelines set out that, decisions and reasons of Discipline panels should be issued within 60 days of the conclusion of the hearing.

(a) Released decisions and reasons for non-contested matters (Table 7)

The decision and reasons for one non-contested matter was released within 60 days from the conclusion of the hearing. 16 matters had decision and reasons released between 61 and 90 days, while 10 matters had decision and reasons released in 91 days or more.

(b) Released decisions and reasons for contested matters (Table 7)

The decision and reasons for three contested matters were released within 60 days from the conclusion of the hearing. For five matters, the decision and reasons were released between 61 and 90 days, while for seven matters, the decision and reasons were released in 91 days or more.

B. Committee Activities

1. Matters in Progress (Table 8)

The number of matters in progress varies in relation to:

- The number of matters referred;
- Requests for postponements of hearings and pre-hearings;
- Adjournments granted; and
- The length of time required for decision writing.

On December 31, 2019, 13 pre-hearings and 20 hearings were scheduled for 2020. Nine pre-hearings and eight hearings were in the process of being scheduled. Decision-writing was underway for six matters.

2. Length of Time from Referral to Pre-Hearing/Hearing

The Committee guidelines for matters moving through the discipline process require pre-hearings to be scheduled within four months and hearings to commence within nine months from the referral from the ICRC. The length of time from referral to a pre-hearing and hearing is affected by several factors, including:

- Holding a matter in abeyance until the conclusion of related matters within the criminal justice system or other jurisdiction;
- Communication and logistical matters with self-represented members; and
- Accommodating scheduling issues of legal counsel, for one or both parties.

(a) Referral to Pre-Hearing (Table 9)

Of the 36 matters where pre-hearings were held in 2019, 11 matters (30.6%) had pre-hearing conferences held within four months or less from the date of referral.

(b) Referral to Commencement of Hearing (Table 10)

Of the 43 hearings that commenced in 2019, 33 hearings (76.7%) commenced in nine months or less from the date of referral from the ICRC and 10 hearings commenced between 10 and 12 months. No hearings commenced 13 months or more from the referral date.

(c) Referral to Conclusion of Hearing (Table 11)

The average number of months from the ICRC's referral to the conclusion of a hearing for matters resolved by agreement between the parties was 8.41 months, with a range of five to 12 months. The average number of months from referral to the conclusion of a hearing for contested matters was 10.53 months, with a range of five to 32 months.

C. Discipline Committee Meetings

The Committee held meetings to discuss procedural and administrative items on May 7-8, 2019 and November 7, 2019. The Committee also had a Decision Writers' workshop on November 18, 2019.

During the Fall of 2019, Committee members also attended workshops hosted by the Federation of Health Regulatory Colleges of Ontario on October 24-25, 2019.

Committee members:

July to December 2019

Terry Holland, RPN, Chair
Margarita Cleghorne, RPN
Dawn Cutler, RN
Renate Davidson, PM (until August 2019)
Jacqueline Dillon, RPN (from August 2019)
Tanya Dion, RN
Sylvia Douglas, PM (from August 2019)
David Edwards, RPN
Catherine Egerton, PM
Grace Fox, NP
Carly Gilchrist, RPN
Deborah Graystone, NP
Carolyn Kargiannakis, RN
Dale Lafontaine, PM (until September 2019)
Mary MacMillan-Gilkinson, PM (until August 2019)
Mary MacNeil, RN
Linda Marie Pacheco, RN
Honey Palalon, RN
Tania Perlin, PM
Lalitha Poonasamy, PM (from August 2019)
Desiree Ann Prillo, RPN
Heather Riddell, RN
George Rudanycz, RN
Michael Schroder, NP
Heather Stevanka, RN
Sherry Szucsko-Bedard, RN
Diane Thompson, PM (from November 2019)
Devinder Walia, PM
Jane Walker, RN
Terah White, RPN
Christopher Woodbury, PM
Richard Woodfield, PM

January to June 2019

Grace Fox, NP, Chair
Laura Caravaggio, RPN
Margarita Cleghorne, RPN
Dawn Cutler, RN
Renate Davidson, PM
Tanya Dion, RN
David Edwards, RPN
Catherine Egerton, PM
Carly Gilchrist, RPN
Deborah Graystone, NP
Terry Holland, RPN
Carolyn Kargiannakis, RN
Lina Kiskunas, RN
Dale Lafontaine, PM
Mary MacMillan-Gilkinson, PM
Ashleigh Molloy, PM (until August 2018)
Linda Marie Pacheco, RN
Honey Palalon, RN
Tania Perlin, PM
Desiree Ann Prillo, RPN
Heather Riddell, RN
George Rudanycz, RN
Michael Schroder, NP
Heather Stevanka, RN
Sherry Szucsko-Bedard, RN
Devinder Walia, PM
Terah White, RPN
Chuck Williams, PM
Ingrid Wiltshire-Stoby, NP
Christopher Woodbury, PM
Richard Woodfield, PM (from April 2019)

Staff contacts:

Ravi Prathivathi, Manager, Business Support
Kurt Maben, Hearings Administration Coordinator, Business Support
Lesley Wright, Hearings Administrator, Business Support
Patty Lee Him, Hearings Administrator, Business Support

STATISTICAL TABLES

A. Panel Activities

Table 1. Completed matters

Matters with:	2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%
Findings	13	76.5	40	93.0	44	93.6	35	100	43	100
All allegations withdrawn	1	5.9	1	2.3	2	4.3	0	0.0	0	0.0
All allegations dismissed	3	17.6	2	4.7	0	0.0	0	0.0	0	0.0
Reinstatement Abandoned	0	0.0	0	0.0	1	2.1	0	0.0	0	0.0
Total	**17**	**100**	**43**	**100**	**47**	**100**	**35**[2]	**100**	**43**	**100**

Table 2. Types of completed matters

Completed cases	2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%
Non-contested matters	8	47.1	29	69.0	33	70.2	25	71.4	31	70.5
Contested matters	8	47.1	12	28.6	11	23.4	10	28.6	13	29.5
All allegations withdrawn	1	5.8	1	2.4	2	4.3	0	0.0	0	0.0
Reinstatement Abandoned	0	0.0	0	0.0	1	2.1	0	0.0	0	0.0
Removal of Information Abandoned	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	**17**	**100**	**42**	**100**	**47**	**100**	**35**	**100**	**44**[3]	**100**

[2] For one matter, liability findings were made in 2018 but the penalty was heard in 2019.

[3] Includes the matter where liability findings were made in 2018 but penalty was ordered in 2019

Table 3. Hearing days[4] for 2019

Completed matters	Matters	Total days	Min. days/case	Max. days/case	Average days/case
Non-contested matters	31	31	1.0	1.0	1.0
Contested matters	13	33.75	1.0	9.0	3.0
All allegations withdrawn matters	0	0.0	0.0	0.0	0.0
Total	**44**	**64.75**	**-**	**-**	**-**

Table 4. Penalty Orders

Penalty Types	2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%
Reprimand	11	38.0	34	37.8	41	35.7	32	37.2	42	36.2
Suspension	8	27.6	20	22.2	33	28.7	22	25.6	32	27.6
Terms, conditions, limitations	9	31.0	23	25.6	33	28.7	22	25.6	33	28.4
Revocation	1	3.4	12	13.3	7	6.1	10	11.6	9	7.8
Fine	0	0.0	1	1.1	1	0.9	0	0.0	0	0.0
Total	**29**	**100**	**90**	**100**	**115**	**100**	**86**	**100**	**116**	**100**
# of matters with penalty orders	**13**		**39**		**45**		**34**		**44**	

[4] A hearing day is approximately seven hours, measured in 0.25 day increments.

Table 5. Hearing and deliberation/decision-writing days

Activity days	2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%
Hearings (including ongoing matters)	20.3	63.2	48.25	87.3	65.5	88.0	41.0	94.3	60.25	91.6
Hearing - Removal of Information Request	0	0.0	0.25	0.5	0.0	0.0	0.0	0.0	0.0	0.0
Reinstatement hearings	1.0	3.1	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Deliberation/decision-writing	9.5	29.7	6.25	11.3	7.0	9.4	2.0	4.6	4.5	6.8
Administering Reprimands	1.3	4.0	0.50	0.9	2.0	2.6	0.50	1.1	1.00[5]	1.5
Total	**32.1**	**100**	**55.25**	**100**	**74.5**	**100**	**43.5**	**100**	**65.75**	**100**
# of matters	**18**		**44**		**48**		**35**		**44**	

Table 6. Time from conclusion of hearing to release of decision and reasons

Time	2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%
60 days or fewer	11	64.7	16	50.0	24	62.0	18	54.5	4	9.5
61 days or more	6	35.3	16	50.0	15	38.0	15	45.5	38	90.5
Total	**17**	**100**	**32**	**100**	**39**	**100**	**33**	**100**	**42**	**100**

Table 7. Time from conclusion of hearing to release of decision and reasons in non-contested and contested matters

Time	Non-contested Matters		Contested Matters	
	#	%	#	%
60 days or fewer	1	3.7	3	20.0
61 days or more	26	96.3	12	80.0
Total	**27**	**100**	**15**	**100**

[5] In addition to the reprimands issued immediately following hearings, four reprimands were issued for older penalty orders

B. Committee Activities

Table 8. Matters in progress on December 31, 2019

Matter Status	2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%
Pre-hearing to be set	9	25.7	6	13.0	3	9.7	15	34.0	9	16.1
Pre-hearing scheduled	3	8.6	4	8.7	7	22.6	4	9.0	13	23.2
Hearing to be set	2	5.7	3	6.5	6	19.4	3	6.8	8	14.3
Hearing scheduled	13	37.1	20	43.5	6	19.4	14	32.0	20	35.7
Hearing in progress	2	5.7	2	4.3	2	6.4	1	2.2	0	0
Deliberation	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Decision-writing	2	5.7	8	17.4	6	19.3	7	16.0	6	10.7
To be determined	0	0.0	0	0.0	1	3.2	0	0.0	0	0.0
Adjournment	4	11.4	3	6.5	0	0.0	0	0.0	0	0.0
Total	**35**	**100**	**46**	**100**	**31**	**100**	**44**	**100**	**56**	**100**

Table 9. Time from referral to pre-hearing

Time	2018		2019	
	#	%	#	%
4 months or less	12	44.4	11	30.6
5-9 months	15	55.6	24	66.7
10-12 months	0	0.0	0	0.0
13 months or more	0	0.0	1	2.8
Total	**27**	**100**	**36**	**100**

Table 10. Time from referral to commencement of hearing

Time	2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%
9 months or less	5	29.4	27	61.4	28	62.2	26	74.3	33	76.7
10-12 months	6	35.3	9	20.4	10	22.2	3	8.6	10	23.3
13 months or more	6	35.3	8	18.2	7	15.6	6	17.1	0	0.0
Total	**17**	**100**	**44**	**100**	**45**	**100**	**35**	**100**	**43**	**100**

Table 11. Time from referral to conclusion of hearing

	Minimum months/case	Maximum months/case	Average months/case
Matters with agreements	5	12	8.4
Contested matters	5	32	10.5

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Agenda Item 3.6.4

Fitness to Practise Committee

2019 Annual Report

Introduction: Role of the Committee

The Fitness to Practise Committee ("the Committee") supports the College's commitment to the public by addressing concerns about the impact of a nurse's health on public safety.

The Committee holds hearings to determine if members are incapacitated due to chemical dependence and/or mental or physical health problems, such that their practice should be restricted in whole or in part.

If a member is found to be incapacitated, the Committee can suspend or revoke a member's certificate, or attach terms, conditions or limitations (TCLs) to the member's certificate of registration.

The Committee also determines matters where members are seeking to return to practice or where it is alleged that a member breached TCLs on their certificate of registration.

The Committee endorses the resolution of matters by agreements that protect the public and provide for the member's safe return to practice when possible.

Based upon approved procedure and protocol, agreements between the College and the member are reviewed by panels of the Committee and, if found appropriate, approved as Consent Orders, eliminating the need for formal hearings.

Executive summary

Matters on the Fitness to Practise (FTP) roster

There were 49 new matters referred to the Committee in 2019. In addition, 35 matters were carried over from the previous year, for a total of 84 matters on the FTP roster.

As of December 31, 2019, there were 37 matters pending resolution on the roster:

- Six matters had hearings scheduled in 2020;
- Six matters were adjourned;
- Six hearings were to be set; and
- Determination of whether a hearing or a Consent Order review should be scheduled was pending for 19 matters.

Matters Completed

Matters are completed when a determination of a member's capacity is made and a disposition is ordered. Matters may be resolved by Consent Order or by way of contested hearing.

In 2019, a total of 47 matters were completed, involving 47 members. These were resolved as follows:

- 40 Consent Orders were reviewed and approved;
- Three contested matters were heard and completed;

In addition, three members resigned prior to their FTP hearing and one member's certificate of registration expired. The Committee therefore lost jurisdiction over these four members.

Disposition of Matters

Resolution by Consent Order (Table 1)

- 11 matters involved members voluntarily surrendering their Certificate of Registration;
- 10 matters involved Return to Practice requests and breach of Order matters;
- One matter had findings of incapacity and terms, conditions and limitations (TCLs) imposed
- No findings were made in 18 matters. In 14 of these matters, the members entered into undertakings with the College, while in 4 of these matters, members moved into the Non-practising class.

Hearings

Panels of the FTP Committee spent 2.5 days hearing FTP matters in 2019, addressing three matters, as follows:

(a) Contested Matters (Table 2)

- Two incapacity matters were completed and had suspensions being imposed.

- One matter began as a hearing but was resolved by agreement. No finding was made as the Member entered into an undertaking with the College.

(b) Removal of Information matters (Table 3)

No Removal of Information matters were heard in 2019

Return to Practice (RTP) Requests

Requests to Return to Practice are made by members who have surrendered their certificates of registration.

These requests are made in accordance with specified terms of the original Order, requiring the member to provide up-to-date information demonstrating that they are ready to return to practice, with or without conditions on their registration.

Where the College and the member agree that the member may return to practice and, to any terms required, the matter proceeds by way of Consent Order.

Where the parties do not agree, the matter is heard by a panel at a contested hearing.

In 2019, as seen in Table 5, eight RTP requests were granted and no requests were denied. All requests were resolved by Consent Order.

Breaches

A member is alleged to be in breach of an Order if she or he does not comply with the conditions ordered by the Committee.

For example, if there is a member with an alcohol addiction, who was required to remain abstinent but relapses, the member's addiction specialist may determine that she or he is unable to practice nursing safely until further treatment is completed.

If the member and the College agree on these terms, then the matter is resolved by way of Consent Order.

Where there is a dispute about whether the Order has been breached, or about the appropriate conditions required to protect the public, then the matter proceeds to a contested hearing.

In 2019, as seen in Table 6, matters related to two members who were in breach of the terms, conditions or limitations ordered by the committee were resolved by Consent Order.

Committee Meetings

The Fitness to Practise Committee held its orientation and general meeting on April 29, 2019.

Committee members:

July to December 2019 (Current committee)	January to June 2019 (2018-2019 committee)
Naomi Thick, RN, Chair	Chuck Williams, PM, Chair
Tina Colarossi, NP (upto October 2019)	Tina Colarossi, NP
Renate Davidson, PM (upto August 2019)	Renate Davidson, PM
Sylvia Douglas, PM	Catherine Egerton, PM
Catherine Egerton, PM	Jennifer Farah, RPN
Jennifer Farah, RPN	Ashley Fox, RPN
Barbara Frayne, RN	Barbara Frayne, RN
Fotyne Georgopoulos, RPN	Fotyne Georgopoulos, RPN
Mary MacMillan-Gilkinson, PM (upto August 2019)	Mary MacMillan-Gilkinson, PM
Kathleen Patterson, RPN	Jennifer Mitton, RN
David Remy, RN (upto August 2019)	Kathleen Patterson, RPN
Fernando Tarzia, RN	David Remy, RN
Kari Van Camp, NP	Fernando Tarzia, RN
Kimberly Wagg, RPN	Naomi Thick, RN
Jody Whaley, RPN	Kari Van Camp, NP
Colleen Wilkinson, RN	Jody Whaley, RPN
Christopher Woodbury, PM	Christopher Woodbury, PM

Staff contacts

Ravi Prathivathi, Manager, Business Support
Kurt Maben, Hearings Administration Coordinator
Patty Lee Him, Hearings Administrator
Lesley Wright, Hearings Administrator

Appendix 1 – Statistical tables

1. Disposition of Matters

- Table 1. Resolution by Consent Order

Outcomes	2015	2016	2017	2018	2019
Agree to terms, conditions or limitations	34	12	1	0	1
Voluntary surrender of Certificate of Registration	22[1]	25	21	34	11
Return to Practice / Breach	21	13	16	15	10
No Findings	9	10	54	39	18
Variance	0	2	0	0	0
Total	**86**	**62**	**92**	**88**	**40**

- Table 2. Contested matters

Outcomes	2015	2016	2017	2018	2019
Suspension	3	6	9	7	2
Terms, conditions or limitations	1	0	0	0	0
Re-instatement Granted/Not granted	-	-	-	1	0
No Findings	2	9	0	0	1[2]
Total	**6**	**15**	**9**	**8**	**3**

- Table 3. Removal of Information matters

Outcomes	2015	2016	2017	2018	2019
Removal of Information	8	3	0	0	0
Total	**8**	**3**	**0**	**0**	**0**

- Table 4. Motions

Motion	2015	2016	2017	2018	2019
Adjournments	3	9	0	0	6
Total	**3**	**9**	**0**	**0**	**0**

[1] Includes one matter that started as a contested hearing but was resolved on Consent.

[2] This matter started as a hearing but an agreement was reached and no finding was made after the Member signed an undertaking with the College.

Return to Practice Requests and Breaches

- Table 5. Return to Practice (RTP) Requests and Outcomes

Resolution	2015	2016	2017	2018	2019
RTP requests granted	14	6	10	13	8
RTP requests denied	0	0	0	0	0
Total	**14**	**6**	**10**	**13**	**8**

- Table 6. Breach dispositions

Resolution	2015	2016	2017	2018	2019
Breaches resolved by Consent Order	7	7	6	2	2
Breach hearings	2	3	1	0	0
Total	**9**	**10**	**7**	**2**	**2**

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Agenda Item 3.6.5

Quality Assurance Committee

2019 Annual Report

Introduction: Role of the Committee

The Quality Assurance (QA) Committee is responsible for administering the Quality Assurance Program (QA Program) as legislated in the *RHPA, 1991*. The QA Program promotes continuing competence among members, assesses individual members' knowledge, skill and judgment and monitors members' participation and compliance with the QA Program. The QA Committee supports the College's commitment to the public that nurses are engaged in continuous quality improvement.

All members registered with the College are required by legislation to reflect on their practice, identify professional learning needs and develop a learning plan to show how they plan to achieve their learning goals. Approximately 700 - 1000 members are randomly selected each year to submit their Learning Plan and complete multiple-choice tests measuring their knowledge of specific practice standards. In addition, some NPs are selected to complete a clinical assessment.

Peer Assessors assess the members' test results and learning plans according to set criteria and write a report for the QA Committee. The Peer Assessors then provide members with written constructive feedback. The QA Committee receives and reviews the individual member Peer Assessor Reports for decision making.

The QA Committee is composed of two panels of both nurse and public members. These panels meet monthly.

The following highlights the activities of the QA Committee in 2019.

Executive Summary

The QA Committee meetings were completed by teleconference. An annual all-day education session was held on-site at the College.

The QA Committee reviewed **1000** members selected for participation in the QA program in 2019.

In addition, the QA Committee reviewed **24** members who were deferred from 2018 and **45** members continuing remedial activities into 2019. Peer Assessors assessed and provided written feedback to members and to the Committee. Members assessed as unsatisfactory were directed by the Committee to complete remedial activities and/or continuous education courses. All remedial activities were reassessed by Peer Assessors as part of an iterative assessment process.

By the end of the calendar year, a total of **912** members were peer assessed as satisfactory in practice assessment and directed by the QA Committee to exit the QA program.

Terms, limitations and conditions were imposed on **10** members' certificates of registration, and a total of **7** members were reported to the Inquiries, Complaints and Reports Committee for lack of cooperation with the QA Committee.

There were **24** members whose participation in practice assessment and/or practice simulation was deferred until 2020 or 2021. Fifteen **(15)** members are continuing their remedial activities from 2019 into 2020.

By the end of 2019, **24** members had changed their registration by transferring to the Non-Practising Class or resigning and therefore are not required to participate in practice assessment if not actively registered. If these members do reinstate in the active class, they will be required to complete their participation in the QA program.

Table 1 summarizes General Class members' outcomes during practice assessment from 2014 - 2019.

Table 2 summarizes Extended Class (NP) members' outcomes during practice assessment from 2014 - 2019.

Table 1. General Class (RN and RPN) Practice Assessment Outcomes

Practice Assessment Outcomes	2014		2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%	#	%
Satisfactory	784	85.1	394	85.3	523	84.1	536	85.5	446	83.7	639	91.3
Remediation	23	2.5	4	0.8	15	2.4	12	1.9	27	5.1	11	1.6
Deferred	19	2.1	10	2.2	19	3.1	22	3.5	19	3.6	14	2
Referred to the ICRC	33	3.6	18	3.9	31	5.0	13	2.1	7	1.3	7	1
Impose TCL	-	-	-	-	-	-	8	1.3	5	0.9	10	1.4
Non-Practicing	35	3.8	13	2.8	17	2.7	18	2.9	15	2.8	5	0.7
Resigned	27	2.9	21	4.5	17	2.7	18	2.9	14	2.6	10	1.4
Suspended	-	-	-	-	-	-	-	-	-	-	2	0.3
Deceased	-	-	-	-	-	-	-	-	-	-	2	0.3
Total	**921**	**100**	**462**	**100**	**622**	**100**	**627**	**100**	**533**	**100**	**700**	**100**

Table 2. Extended Class (NP) Practice Assessment Outcomes

Practice Assessment Outcomes	2014		2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%	#	%
Satisfactory	191	91.8	187	87.4	193	91.9	177	82.7	312	92.6	273	91
Remediation	2	1.0	1	0.5	4	1.9	17	8.0	18	5.3	4	1.3
Deferred	10	4.8	19	8.9	13	6.2	19	8.9	5	1.5	10	3.4
Referred to the ICRC	0	0.0	1	0.5	0	0.0	1	0.5	1	0.3	0	0.0
Impose TCL	-	-	-	-	-	-	0	0.0	0	0.0	0	0.0
Non-Practising	0	0.0	4	1.9	0	0.0	0	0.0	0	0.0	3	1
Resigned	5	2.4	2	0.9	0	0.0	0	0.0	1	0.3	6	2
Deceased	-	-	-	-	-	-	-	-	-	-	1	0.3
Changed to RN	-	-	-	-	-	-	-	-	-	-	3	1
Total	**208**	**100**	**214**	**100**	**210**	**100**	**214**	**100**	**337**	**100**	**300**	**100**

Staff contacts

Mohini Pershad, Advanced Practice Consultant

Carly Spragg, Practice Consultant

Calvon Charles, Committee Administrator – QA and Registration

Committee members:

July to December 2019
(Current committee)

Maria Sheculski, Public Member, Chair

Dana Hardy, RN

Devinder Walia, PM

Desirée-Ann Prillo, RPN

Diane Morin-LeBlanc, RN

Andrea Jewell, RN

Anneke Schroder, RPN

Dale Lafontaine, PM

Monica Klein-Nouri, RN

Lalitha Poonasamy, PM

January to June 2019

Joseph Jamieson, PM, Chair

Dana Hardy, RN

Sarah Flogen, RN

Andrea Jewell, RN

Desirée-Ann Prillo, RPN

Anneke Schroder, RPN

Dale Lafontaine, Public Member

Maria Sheculski, Public Member

Devinder Walia, Public Member

COLLEGE OF NURSES OF ONTARIO
ORDRE DES INFIRMIÈRES ET INFIRMIERS DE L'ONTARIO
THE STANDARD OF CARE.

Agenda Item 3.6.6

Registration Committee

2019 Annual Report

Introduction: Role of the Committee

The Registration Committee supports CNO's commitment to the public that individuals entering the profession have the competence and character to practise safely.

The Registration Committee ("the Committee") considers referrals from the Registrar[1] of applicants who do not meet the registration requirements.[2] The Committee also determines if any terms, conditions or limitations should be imposed, modified or removed in relation to certificates of registration.

Applications for registration can be in the General, Temporary, Special Assignment, Emergency Assignment or Non-Practising Classes for Registered Nurses (RNs), Registered Practical Nurses (RPNs) or the Extended Class (NPs).

The Chair of the Committee selects a panel, which must be composed of at least three people, to review applications. The Committee sits as two panels. In 2019, the Committee met a total of 13 times face to face.

This report provides highlights of the applications considered by the Committee and the number of reviews or hearings conducted by the Health Professions Appeal and Review Board ("the Board"). This report also includes Committee and Board statistics.

[1] The Regulated Health Professions Act, 1991 (*RHPA*) refers to the "Registrar". In Section 1 of the *Nursing Act* it states that the "*Executive Director and CEO is the Registrar*".

[2] Ontario Regulation 275/94, made under the *Nursing Act, 1991* (as amended). Amendments to Ont. Reg. 275/94 came into effect on January 1, 2013.

Executive Summary

Applicants, who do not meet registration requirements, are referred to the Committee by the Registrar or can request to have their application reviewed by the Committee. They may make written submissions to support their application. Once the Committee has considered the application and the applicant's written submissions, the Committee may do any of the following:

- direct the Registrar to issue a certificate of registration;
- direct the Registrar to issue a certificate of registration if the applicant successfully completes an examination set or approved by the panel;
- direct the Registrar to issue a certificate of registration if the applicant successfully completes additional training as specified by the panel;
- direct the Registrar to impose specified terms, conditions or limitations on a certificate of registration of the applicant and specifying a limitation on the applicant's right to apply under subsection 19(1); or
- direct the Registrar to refuse to issue a certificate of registration.[3]

Where an applicant is not yet eligible for registration, the Committee may determine whether the applicant's evidence meets a specific requirement.

In 2019, the Committee reviewed 1547 applications for those applicants who did not meet one or more requirements for registration, as seen in Table 1. Of these applications, the Committee directed the Registrar to refuse registration to 111 applicants, as seen in Table 3.

The Committee directed 6 independent medical assessments to determine if an applicant had a health condition that could impact their ability to practise nursing safely.

The Committee also reviewed 21 applications of applicants who required terms, conditions and limitations to be placed on their certificate of registration and met all other registration requirements, as seen in Table 3. This included:

- three applicants who were referred to the Committee regarding a conduct issue or health condition; and
- 18 applicants who did not hold the appropriate authorization under the *Immigration & Refugee Act (Canada)* to permit the applicant to engage in the practice of nursing in Ontario. For these applicants (i.e., holding a restricted work permit), the Committee directed that the applicant be registered with a term, condition or limitation that the applicant not be allowed to practise in Ontario until the proper documentation is provided.

Members who were registered with specified terms, conditions or limitations may apply to the

[3] *RHPA, Health Professions Procedural Code*, s. 18(2)

Committee to remove or vary the terms, conditions or limitations. Alternatively, the terms, conditions or limitations may end once the member has complied with a specific requirement such as providing specific documentation. The Committee refused one applicant's request to vary terms, conditions and limitations.

The Committee also decided to register eight applicants subject to an undertaking, which reflects an agreement between the applicant and the College to ensure safe practice and public protection.

One requirement that the Committee often considers is whether an applicant has demonstrated language proficiency in English or French, within the past two years. Many applicants demonstrate language proficiency through evidence such as successful completion of education in English or French or of a College-approved language test. Alternatively, an applicant can request that the Committee consider other evidence of language proficiency, which can include both nursing and non-nursing employment.

In 2019, the Committee saw a 70% increase in the number of applications it reviewed in relation to the language proficiency requirement. Of these matters, the Committee decided the following:

- reasonable and sufficient evidence was provided to meet the requirement in 1265 applications as seen in Table 2; and
- the requirement was not met for 55 applications as seen in Table 3.

Reviews or Hearings by the Health Professions Appeal and Review Board ("the Board")

The Board can review decisions of the Committee. In 2019, 17 appeals were in process with the Board, as seen in Table 4. In each of these cases, the Committee had refused to register the applicant as she or he had not met one or more of the following non-exemptible registration requirements:

- Nursing education requirement;
- Registration examination requirement; or
- Health/conduct requirement.

Of the matters in process during 2019,[4] two matters were taken back to the Committee either by order of the Board (1) or by staff (1) based on new information submitted by the applicant. One matter was dismissed by the Board as abandoned by the applicant.

As of December 31, 2019, the Board confirmed 6 of the Committee's decisions and the College was awaiting decisions on 8 matters.

[4] Including matters filed before January 1, 2019 but resolved in 2019.

Committee members:

June to December
(Current Committee)

Judy Petersen, Public Member, Chair
Linda Bishop, RPN
Catherine Egerton, Public Member
Carrie-Lee Ann Heer, NP
Connie Manning, RPN
Maureen Ralph, RN
Andrea Vidovic, RN
Cathy Ward, Public Member
Richard Woodfield, Public Member

January to June 2019
(2018-2019 Committee)

Cathy Ward, Public Member, Chair
Linda Bishop, RPN
Catherine Egerton, Public Member
Carrie-Lee Ann Heer, NP,
Judy Petersen, Public Member
Maureen Ralph, RN
Andrea Vidovic, RN
Kimberly Wagg, RPN

Staff contacts

Suzanne Vogler, Manager, Entry to Practice
Tracy Bardell, Team Lead, Entry to Practice

STATISTICAL TABLES

Table 1. Registration Committee decisions

	2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%
Requirement Met	360	26.4	457	36.0	437	69.5	750	81.5	1,269	82.0
Other Decisions	1,003	73.6	814	64.0	192	30.5	170	18.5	278	18.0
Total	**1,363**	**100**	**1,271**	**100**	**629**	**100**	**920**	**100**	**1,547**	**100**

Table 2. Registration Committee decisions: Requirement met[5]

Requirement Met	2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%
Language Proficiency	332	92.2	425	93.0	426	97.5	744	99.2	1,265	99.7
Health/Conduct	15	4.2	30	6.6	8	1.8	5	0.7	4	0.3
Evidence of Practice	4	1.1	0	0.0	1	0.2	1	0.1	0	0.0
Nursing Education	6	1.7	2.0	0.4	2	0.5	0	0.0	0	0.0
Nursing Exam	3	0.8	0	0.0	0	0.0	0	0.0	0	0.0
Total	**360**	**100**	**457**	**100**	**437**	**100**	**750**	**100**	**1,269**	**100**

[5] A dash "-" indicates that data was not available or collected for that year.

Table 3. Registration Committee decisions: Other decisions

Other Decisions	2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%
Refuse registration	623	62.1	376	46.2	90	46.9	83	48.8	111	39.9
Directed to complete further study or an approved exam	94	9.4	46	5.6	11	5.7	4	2.3	0	0.0
Impose terms, conditions or limitations	24	2.4	13	1.6	22	11.5	17	10.0	21	7.5
Modify terms, conditions or limitations	1	0.1	0	0.0	0	0.0	1	0.6	0	0.0
Complete independent medical assessments	4	0.4	4	0.5	3	1.6	11	6.5	6	2.2
Language Proficiency – Requirement not met	107	10.7	38	4.7	12	6.2	16	9.4	55	19.8
Nursing Education – Requirement not met	29	2.9	18	2.2	10	5.2	2	1.2	6	2.2
Health/Conduct – Requirement not met	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Evidence of Practice - Requirement not met	2	0.0	1	0.1	1	0.5	0	0.0	2	0.7
Other	119	11.9	318	39.1	43	22.4	36	21.2	77[6]	27.7
Total	**1,003**	**100**	**814**	**100**	**192**	**100**	**170**	**100**	**278**	**100**

[6] The "Other" category includes:

- 56 applications deferred by the Registration Committee for additional information or further review;
- 1 application deferred to explore an undertaking or terms, conditions or limitations;
- 9 applications where the applicant was registered subject to an undertaking/agreement;
- 7 applications where the applicant was granted an annulment for one or more exam attempts.
- 1 matter where the Registration Committee refused a member's request to remove or modify terms, conditions or limitations place by the Committee on the certificate of registration; and
- 3 applications where the applicant did not meet the Registration Exam requirement. Instead of refusing, the Registration Committee decided to keep the applicant's application open until January 2022, at which time the applicant will become eligible for unlimited attempts on the new RPN registration exam.

Table 4. Reviews or hearings by the Health Professions Appeal and Review Board[7]

	2015		2016		2017		2018		2019	
	#	%	#	%	#	%	#	%	#	%
Decision confirmed by the Board	14	11.5	19	21.6	11	61.1	24	29.3	6	35.3
Review withdrawn by applicant	17	13.8	14	15.9	0	0	31	37.8	0	0
Application returned by the Board for Registration Committee review	3	2.5	1	1.1	1	5.6	7	8.5	1	5.9
CNO opted to return the application to Committee	3	2.5	7	8.0	1	5.6	4	4.9	1	5.9
Awaiting Board Decision	85	69.7	47	53.4	4	22.2	12	14.6	8	47
Matters closed – No jurisdiction or Abandoned	-	-	-	-	1	5.6	-	-	1	5.9
Total	**122**	**100**	**88**	**100**	**18**	**100**	**78**	**100**	**17**	**100**

[7] A dash "-" indicates that data was not available or collected for that year.

CNO 2019
Strategic Performance Report

Council March 2020

Agenda item 3.7

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

THE STANDARD OF CARE.

2011-2020

Strategic Plan

Vision
Leading in regulatory excellence

Mission
Regulating nursing in the public interest

Objectives

Building confidence in nursing regulation
public trust • nurse engagement • employer commitment

Advancing the use of CNO knowledge
user relevance • decision support • stakeholder confidence

Leading in regulatory innovation
system impact • technology integration • professional collaboration

Strategies

CNO uses evidence-based approaches

CNO optimizes technology

CNO pursues strategic partnerships

CNO promotes a culture of leadership and innovation

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

2019 highlights and achievements

Building confidence in nursing regulation

Advancing the use of CNO Knowledge

Leading in **regulatory innovation**

Building confidence in nursing regulation

Long-Term Care Homes public inquiry

Responded proactively.
All ten recommendations achieved.

Building confidence in nursing regulation

RPN competencies

Established national set of competencies.

RN prescribing

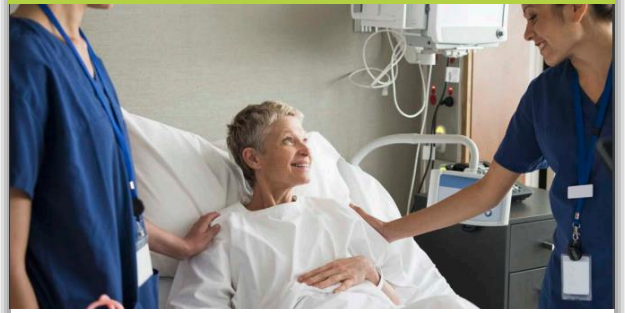
Submitted regulations for approval.

Advancing CNO knowledge

Program Approval

Now being adopted in other jurisdictions.

Code of conduct



Available on CNO.org in seven languages.

Advancing CNO knowledge

New practice support resources

Developed on-line evidence-based resources.

Social media

Increased followers by 64%.

Leading in regulatory innovation

Vision 2020

Influencing the future of regulatory governance.

Nurse's Health Program launch

Enhancing public safety by focusing on early treatment.

Leading in regulatory innovation

Strategy 2021-2024

Strengthening our position as a leader in pubic safety.

Collaborations

Launched Employer Reference Groups.

CNO Key Performance Indicators

STRATEGIC OBJECTIVE

Building confidence in nursing regulation

Outcome → PUBLIC TRUST

91% Target: 100%
2018: 92%
2017: 93%

% of public we poll who trust nurses

Outcome → NURSE ENGAGEMENT

96% Target: 100%
2018: 96%
2017: 96%

% of nurses who participate in activities that demonstrate engagement

Outcome → EMPLOYER COMMITMENT

118 Target: 550
2018: 119
2017: 118

# of employers (50+ nurses) using NRC to confirm registration status of employees

STRATEGIC OBJECTIVE

Advancing the use of CNO knowledge

Outcome → USER RELEVANCE

Number of visits to cno.org

2,985,201 visits to the website
2018: 2,771,175
2017: 2,457,366

Outcome → DECISION SUPPORT

66% Target: 100%
2018: 66%
2017: 63%

Nurses using CNO info to make decisions about their practice

Outcome → USER RELEVANCE

21 days Target: 14 days
2018: 29 days
2017: 22 days

Time to respond to data and info inquiries

Outcome → STAKEHOLDER CONFIDENCE

Transparency of info on cno.org

- Published a new Code of Conduct in seven languages
- Increased promotion of cno.org content through expansion of social media reach

STRATEGIC OBJECTIVE

Leading in regulatory innovation

Outcome → TECHNOLOGY INTEGRATION

Median days to register applicants

	Canadian	International
RNs	102 (2018: 127, 2017: 128)	932 (2018: 719, 2017: 825)
RPNs	113 (2018: 139, 2017: 148)	605 (2018: 659, 2017: 997)

Outcome → TECHNOLOGY INTEGRATION

Public complaints completed in 150 days

23%
2018: 43%
2017: 37%

Outcome → TECHNOLOGY INTEGRATION

Council & committee members' functions supported through tech-based mediums

73%
2018: 45%
2017: 6%

Outcome → TECHNOLOGY INTEGRATION

Members selected for Practice Assessment who complete QA process within same year

97%
2018: 95%
2017: 92%

Outcome → SYSTEM IMPACT

CNO registration and discipline data part of database accessible by all Canadian nursing regulators

Continued work with NCSBN to use their Nursys system to create a database of Canadian nurses accessible by all Canadian nursing regulators.

Outcome → PROFESSIONAL COLLABORATION

Collaboration & strategic partnerships result in innovative change

- Stakeholder engagement on new strategic plan
- Increased awareness and accountability of intentional harm
- Proposed regulations for RN prescribing submitted to the MOH
- Presented to Canadian Educators on using an integrated clinical judgment model in education

Lessons learned

Questions?

COLLEGE OF NURSES
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CNO 2019 Strategic Performance Appendix

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

2011-2020 Strategic Plan

Vision
Leading in regulatory excellence

Mission
Regulating nursing in the public interest

Objectives

Building confidence in nursing regulation
public trust ◆ nurse engagement ◆ employer commitment

Advancing the use of CNO knowledge
user relevance ◆ decision support ◆ stakeholder confidence

Leading in regulatory innovation
system impact ◆ technology integration ◆ professional collaboration

Strategies

CNO uses evidence-based approaches

CNO optimizes technology

CNO pursues strategic partnerships

CNO promotes a culture of leadership and innovation

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

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CNO Key Performance Indicators

STRATEGIC OBJECTIVE

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97%
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- Proposed regulations for RN prescribing submitted to the MOH
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Mission: Regulating nursing in the public interest

Vision: Leading in regulatory excellence

STRATEGIC OBJECTIVE: Building confidence in nursing regulation

OUTCOME: Public trust

KPI: Percentage of public we poll who trust nurses (nursing care)

The majority of the public will be connected to a nurse in some way as part of their health care. They expect the outcome of any interactions with a nurse to reflect safe nursing care. This KPI measures the percentage of the public polled[1] (1,000 Ontarians) who indicated they trust nurses to provide them with safe care.

The public trust KPI is virtually unchanged during the five years that we have conducted this survey.

Outcome ➜ PUBLIC TRUST

91% Target: 100%
2018: 92%
2017: 93%

% of public we poll who trust nurses

Percentage of the public we poll who trust nurses:

Do you trust nurses in Ontario to provide you with safe nursing care?	2015	2016	2017	2018	2019
Yes	93%	92%	93%	92%	91%
No	7%	8%	7%	8%	10%

Percentages may not total 100 due to rounding.

[1] Starting in January 2016, CNO has commissioned Research Now, an independent market research company, to conduct an annual survey with a random sample of 1,000 Ontarians to measure public trust. The survey screens out anyone who is under 18 years of age or not a resident of Ontario. Prior to 2015, CNO did not conduct polling to determine the level of trust the public had with nurses.

The survey also asks respondents a series of questions about their last interaction with a nurse.

Questions about last interaction with a nurse:

	Yes					No					Don't remember				
Question	**2015**	**2016**	**2017**	**2018**	**2019**	**2015**	**2016**	**2017**	**2018**	**2019**	**2015**	**2016**	**2017**	**2018**	**2019**
Did they treat you with respect?	91%	89%	89%	87%	86%	4%	4%	4%	6%	6%	6%	7%	7%	8%	9%
Did they seem to know what they were doing?	90%	89%	89%	86%	85%	4%	4%	3%	5%	6%	6%	7%	8%	9%	9%
Did you feel you could trust them to provide you with safe nursing care?	87%	87%	86%	84%	82%	6%	6%	5%	7%	8%	7%	8%	9%	9%	10%
Did they communicate clearly?	87%	88%	87%	83%	82%	5%	4%	5%	7%	8%	8%	8%	8%	10%	10%
Did they focus on your well-being?	85%	85%	84%	83%	83%	6%	5%	6%	5%	6%	9%	10%	10%	11%	11%
Were they sensitive to your needs?	82%	82%	82%	79%	78%	8%	8%	7%	9%	9%	10%	10%	11%	12%	13%
Were they able to answer your questions?	82%	81%	81%	80%	77%	7%	7%	6%	7%	9%	11%	12%	13%	14%	14%
Did they provide you with the information you needed?	81%	81%	80%	77%	79%	8%	7%	8%	9%	8%	11%	12%	12%	14%	13%
Did they introduce themselves?	74%	76%	71%	73%	74%	9%	9%	13%	10%	11%	17%	15%	16%	17%	16%
Did they involve you in decisions about your care?	67%	66%	63%	64%	63%	16%	18%	19%	18%	17%	17%	17%	18%	18%	20%
Did they explain their role?	65%	68%	59%	62%	63%	18%	18%	23%	20%	19%	17%	15%	18%	18%	18%

Percentages may not total 100 due to rounding.

OUTCOME: Nurse engagement

KPI: Percentage of nurses who participate in activities that demonstrate engagement

This KPI measures nurse engagement with the regulatory functions of CNO. Research has shown that such engagement is a precursor to competency and leads to improvements in nursing practice.

Consistent with the results from previous years, a poll of members[2] found, in 2019, 96% participated in at least one activity that demonstrated their engagement.

These activities included:

- completing a Learning Plan
- regularly reading *The Standard* email newsletter
- participating in any CNO educational events, such as webcasts, teleconferences and outreach events
- accessing the CNO website for regulatory information

Outcome ➜ PUBLIC TRUST

96% **Target: 100%**
2018: 96%
2017: 96%

% of public we poll who trust nurses

Percentage of nurses who participate in activities that demonstrate engagement:

Year	2015	2016	2017	2018	2019
Percentage of nurses who participate in activities that demonstrate engagement	97%	96%	96%	96%	96%

[2] Each January, the College collects data for the Nurse Engagement and Decision Support KPIs by inviting a random sample of 10,000 General and Extended Class members to complete an online survey. A total of 1,309 members completed the most recent wave of the survey between January 6 and January 20, 2020.

The following table shows that overall, 9% of respondents participated in all four activities in 2019. Almost half participated in three or more of the activities. Nurses who had practiced in the past year participated in more activities than those who had not practiced.

Number of activities demonstrating engagement that members participate in:

Activities participated in	Overall					Practiced in past year?									
						Yes					No				
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019
4	13%	10%	11%	9%	9%	14%	10%	11%	9%	9%	7%	5%	8%	4%	6%
3	37%	38%	37%	39%	39%	38%	39%	38%	39%	39%	23%	24%	24%	21%	21%
2	32%	33%	33%	33%	32%	31%	33%	33%	33%	32%	40%	36%	37%	46%	36%
1	14%	15%	15%	16%	16%	14%	15%	14%	16%	16%	19%	25%	24%	18%	30%
None	3%	4%	4%	4%	4%	3%	3%	4%	4%	4%	11%	9%	8%	11%	6%

Activities participated in	Category														
	RPN					RN					NP				
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019
4	12%	8%	11%	7%	7%	14%	10%	10%	9%	10%	15%	28%	25%	14%	14%
3	37%	42%	39%	35%	35%	36%	36%	35%	40%	40%	59%	41%	42%	51%	55%
2	34%	33%	31%	36%	38%	31%	34%	35%	31%	30%	24%	22%	27%	27%	23%
1	13%	15%	15%	19%	14%	15%	16%	16%	15%	17%	2%	7%	7%	8%	5%
None	4%	3%	4%	3%	5%	3%	4%	4%	4%	3%	0%	2%	0%	0%	5%

The following tables show member participation in specific activities:

Participation rates in activities that demonstrate engagement:

Engagement Activity	Overall					Practiced in past year?									
						Yes					No				
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019
Completed a learning plan	78%	76%	75%	76%	75%	80%	78%	77%	77%	76%	43%	41%	51%	32%	30%
Read *The Standard* email	72%	74%	72%	71%	74%	72%	74%	72%	71%	74%	71%	75%	68%	71%	79%
Participated in any CNO educational events	20%	17%	17%	14%	15%	21%	17%	18%	14%	14%	11%	9%	10%	11%	15%
Accessed the CNO website for regulatory info	73%	69%	72%	72%	70%	73%	70%	72%	72%	70%	71%	66%	71%	75%	67%

Engagement Activity	Category														
	RPN					RN					NP				
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019
Completed a learning plan	68%	67%	66%	64%	64%	83%	79%	77%	81%	80%	91%	95%	90%	100%	89%
Read *The Standard* email	77%	79%	77%	73%	78%	70%	72%	69%	70%	72%	72%	64%	80%	70%	70%
Participated in any CNO educational events	20%	14%	18%	13%	12%	20%	17%	16%	14%	16%	26%	40%	25%	19%	20%
Accessed the CNO website for regulatory info	78%	76%	78%	75%	72%	69%	65%	67%	70%	68%	98%	88%	90%	81%	89%

OUTCOME: Employer commitment

KPI: The number of large employers (50+ nurses) that confirm the registration status of their employees

Employers have a legislative responsibility to ensure this registration status in order to reduce the risk of public harm. CNO supports employers by providing tools and resources to perform this check. This KPI measures the number of employers (with 50+ nurse employees) that use Nurse Renewal Check (formerly Automated Annual Verification of Renewal of Membership or AAVR), a service provided by CNO to check that only nurses who are entitled to practice are employed at the employers' organizations. By using the Nurse Renewal Check, nursing employers can efficiently identify which nurses are registered to practice and which nurses have had their registration suspended or revoked, or have terms, conditions or limitations in effect on their membership. They can also identify individuals who are nurse impostors. It allows managers to follow up with only those nurses who have registration issues and, in some cases, enhance working relationships by working with nurses to resolve identified issues.

In 2019, 118 employers made use of the Nurse Renewal Check service. The target for this KPI is set at 550 employers, which at the end of 2015 was the number of organizations in Ontario employing 50 or more nurses. Nurse Renewal Check is almost exclusively used by employers between January and March every year.

The KPI target was not met. While the results since 2011 have been largely consistent, they continue to remain distant from the target, likely due to the variety of methods available to employers to perform this check, including using the Find a Nurse section on CNO's website.

Outcome ➜ EMPLOYER COMMITMENT

118 Target: 550
2018: 119
2017: 118

# of employers (50+ nurses) that confirm registration status of employees

The number of large employers (50+ nurses) that confirm the registration of their employees:

Year	2011	2012	2013	2014	2015	2016	2017	2018	2019
Number of employers	129	130	129	128	120	120	118	119	118

STRATEGIC OBJECTIVE: Advancing the use of CNO knowledge

OUTCOME: User relevance

KPI: The number of overall visits to cno.org

The cno.org website serves as CNO's primary source of information about nursing regulation for members, applicants, nursing students, the public and the media. The number of visits[3] to the website is an indicator of how relevant people find the information on the site.

Outcome ➜ USER RELEVANCE

Number of visits to cno.org

2,985,201 visits to the website

2018: 2,771,175

2017: 2,457,366

According to Google Analytics, we had 2,985,201 visits to cno.org in 2019, an increase of 7% over 2018 (2,771,175 visits).

Visits to CNO.org:

Year	2016	2017	2018	2019
Total visits to CNO.org	2,372,246	2,475,366	2,777,175	2,985,201

Visits to key sections of the website:

Year	2016	2017	2018	2019
Find a Nurse	550,525	675,282	697,479	760,454
Become a Nurse	457,840	553,725	583,979	561,550
The Standard	373,156	446,215	409,366	349,191
Standards & Learning	416,430	420,253	477,320	556,056
Maintain Your Membership	483,786	339,054	377,949	536,981
What is CNO?	188,140	254,964	316,894	267,339
Quality Assurance	103,680	116,727	145,313	120,390
Protect the Public	90,234	100,700	106,160	142,802

[3] A visit is defined as each time someone comes to the cno.org website to view one or more pages within a specific timeframe. A visit ends after 30 minutes of inactivity or at midnight. In late 2015, we began using a web analysis tool to allow us to track user visits to the website.

Visits to other sections of the website:

Year	2016	2017	2018	2019
Audience Pages	137,046	120,378	119,882	104,568
Home Page	666,739	669,644	780,525	878,227
News	104,313	183,860	190,347	136,769
Trending Topics	14,397	57,255	74,878	84,412

Find a Nurse searches by type:

Year	2016	2017	2018	2019
Searches by Name	1,328,185	1,562,003	1,453,590	1,595,368
Searches by Registration Number	87,892	112,469	135,118	150,387
Searches by Practice Information*	N/A	3,907	8,086	9,402
Searches by Professional Corporation*	N/A	489	1,379	1,603

* These new search parameters were added partway through 2017.

OUTCOME: Decision support

KPI: Percentage of nurses surveyed who report using CNO information to make decisions about their practice

The information CNO provides to nurses should be relevant to their practice so they will use it to make decisions about or inform their practice. This KPI measures those members who indicate they use CNO-provided information in this way.

In a January 2019 poll of members[4], 66% responded that in the past year they had used CNO information to make decisions about their practice. The KPI has remained virtually unchanged since 2016.

Percentage of nurses who have used information from CNO to make decisions about their practice:

Year	2015	2016	2017	2018	2019
Percentage of nurses who have used information from CNO to make decisions about their practice	53%	63%	63%	66%	66%

[4] Each January, the College collects data for the Nurse Engagement and Decision Support KPIs by inviting a random sample of 10,000 General and Extended Class members to complete an online survey. A total of 1,309 members completed the most recent wave of the survey between January 6 and January 20, 2020.

OUTCOME: User relevance

KPI: Time to respond to data and information inquiries

This KPI measures the median number of days it takes CNO to respond to requests for mailing lists, statistics and personal information. It is a measure of user relevance of the information CNO — the primary source of information about nurses in Ontario —is able to supply. Providing information the public and other stakeholders have a right to know is an important part of CNO's mandate to be transparent. For this information to be relevant to the user, it must be accessible and provided to them in a timely manner.

The median time to respond to all data and information requests decreased from 29 days in 2018 to 21 days in 2019.

Median days to respond to data and information inquiries:

	2011	2012	2013	2014	2015	2016	2017	2018	2019
Median days to respond to mailing, data and PI requests	15	21	14	21	25	17	22	29	21
Median days to respond to mailing and data requests	31	36	36	30.5	15	16	12	9	9.5
Median days to respond to PI requests	13	19	14	19	25	17	22	30	22

Number of data and information inquiries completed:

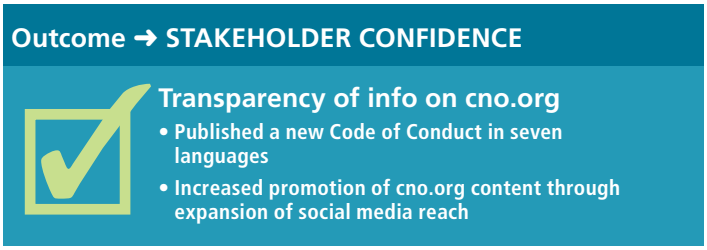
	2011	2012	2013	2014	2015	2016	2017	2018	2019
Total number of mailing, data and PI requests completed	114	146	202	214	385	330	199	189	213
Number of mailing and data requests completed	21	22	21	18	21	27	18	18	18
Number of PI requests completed	93	124	181	196	364	303	181	171	195

OUTCOME: Stakeholder confidence

KPI: Transparency of information on cno.org

CNO's role is to support the delivery of safe and ethical nursing care to the people of Ontario. Being transparent — clear, open and forthright — about CNO's processes and decision-making is one way this is achieved. Transparency also means ensuring that CNO's processes and information related to the nursing profession can be accessed easily by the public, applicants, and nurses. Increasing the transparency and clarity of information improves stakeholder confidence.

CNO continues to meet its KPI of improving the level of transparency of information by continuing to ensure current and relevant information is accessible on cno.org and accessible through social media platforms.



Clear language on cno.org

- In 2019, we used a clear language approach to create our new Reporting Guide and updated the Reporting form to reduce barriers to reporting caused by regulatory language and terms. This change was also one of the recommendations from the Commissioner for the public inquiry into long-term health care homes

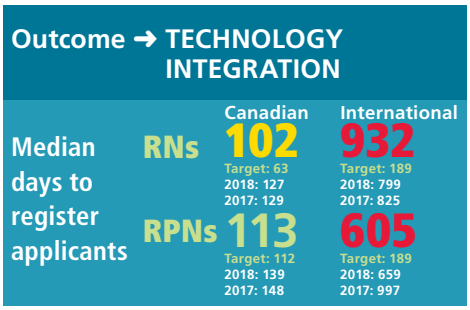
Expanded our social media reach:

- In 2019 we added Twitter and Instagram as social media tools and increased our social media base by 64.6%
- We are now actively using all four of the main social media channels: FaceBook, LinkedIn, Twitter, and Instagram
- Using different platforms increases our ability to reach different stakeholders including employers, the media, students and applicants
- In 2019 we also began live-tweeting the Council meetings and their decisions

STRATEGIC OBJECTIVE: Leading in regulatory innovation

OUTCOME: Technology integration

KPI: Median days to register applicants to the general class



This KPI measures the time to register RN and RPN applicants, and is used to demonstrate the integration of technology in CNO processes as a tool to improve processes and gain efficiencies.

The targets for this KPI were established using best-case scenarios for each type of applicant. For example, a Canadian RN with a degree from Alberta should become eligible to write the regulatory exam (NCLEX-RN) 14 calendar days after CNO has received all required documents. The applicant can then register for and write the NCLEX-RN and receive their results all in about 35 calendar days. During this time, they could complete all the other components necessary for registration. After achieving registration eligibility, we expect that an applicant would be able to submit a Police Criminal Record check and pay the initial registration fee within another 14 days. In total, in this best-case scenario, the applicant could be registered in 63 days. The target levels were similarly calculated for Canadian RPNs, international RNs and international RPNs.

The median numbers of days to register Canadian RNs and RPNs and International RPNs has fallen in each of the past three years. The median time taken to register International RNs decreased in 2017 and 2018, but increased in 2019. The longest part of the process for International RNs who became registered in 2019 was the time from initial application to being made exam eligible.

Median days to register applicants to the general class:

Type	2011	2012	2013	2014	2015	2016	2017	2018	2019
RN - Canadian	151	148	147	149	129	133	129	127	102
RPN - Canadian	154	152	142	147	152	153	148	139	113
RN - International	554	668	790	830	1,012	1,101	825	799	932
RPN - International	562	532	511	557	734	1,094	997	659	605

Number of registrants to the general class:

Type	2011	2012	2013	2014	2015	2016	2017	2018	2019
RN - Canadian	3,904	4,376	3,618	4,333	3,692	4,337	4,644	5,324	4,948
RPN - Canadian	3,335	3,760	3,069	3,544	3,699	3,406	3,818	4,918	3,460
RN - International	374	574	236	386	356	332	520	829	913
RPN - International	524	1,194	525	1,025	1,261	994	916	1,134	1,131

These tables below show median calendar days for the stages of an applicant's registration:

Median Calendar Days

	Application to exam eligible				
Type	**2016**	**2017**	**2018**	**2019**	**2020 Target**
RN – Canadian	19	14	22	30	**14**
RPN – Canadian	42	21	27	21	**14**
RN – International	192	288	365	515	**140***
RPN – International	90	113	62	50	**91****

* Assuming Touchstone assessment identifies no competency gaps
**Assuming no gaps found in Competency Assessment Supplement (CAS)

Median Calendar Days

	Exam eligible to registration eligible				
Type	**2016**	**2017**	**2018**	**2019**	**2020 Target**
RN – Canadian	70	99	79	61	**35**
RPN – Canadian	71	91	93	70	**84**
RN – International	698	243	246	216	**35**
RPN – International	930	526	468	421	**84**

Median Calendar Days

	Registration eligible to registration				
Type	**2016**	**2017**	**2018**	**2019**	**2020 Target**
RN – Canadian	25	11	13	0	**14**
RPN – Canadian	33	24	10	1	**14**
RN – International	18	18	11	0	**14**
RPN – International	22	20	13	0	**14**

Median Calendar Days

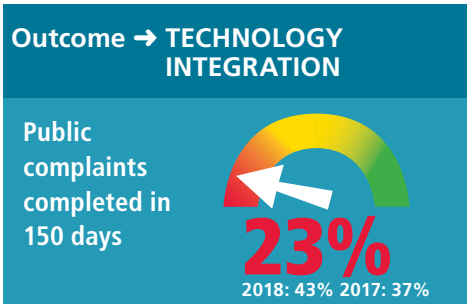
	Total from application to registration				
Type	**2016**	**2017**	**2018**	**2019**	**2020 Target**
RN – Canadian	133	129	127	102	**63**
RPN – Canadian	153	148	139	113	**112**
RN – International	1,101	825	799	932	**189**
RPN – International	1,094	997	659	605	**189**

OUTCOME: Technology integration

KPI: Percentage of public complaints completed within 150 days (as per legislated timelines)

The Regulated Health Professions Act, 1991 (RHPA) states that public complaints shall be disposed of "within 150 days after the filing of the complaint." As technology is a valuable tool when trying to improve processes and gain efficiencies, this KPI is measuring the impact of technology on the complaint disposition process.

During 2019, 23% of public complaints were completed within 150 calendar days (a twenty percentage point decrease over 2018). This decrease is attributable to the fact that the College completed many more complaints investigations in 2019 than in previous years. Because investigations take significantly longer than 150 days to complete, this reduces the overall KPI despite improvements in the median days to complete both complaints resolutions and complaints investigations.



The percentage of public complaints completed within 150 days:

Type	2011	2012	2013	2014	2015	2016	2017	2018	2019
Percentage of complaints completed within 150 days	15%	15%	7%	26%	32%	31%	37%	43%	23%

The data can be broken down further by the type of complaint:

1. **Resolutions:** The purpose of the resolution program is to protect the public, not to determine what happened or to lay blame. This innovative process allows the complainant to work with CNO and the nurse to develop an acceptable resolution that addresses the issues raised and to promote quality nursing care. Most complaints about nursing practice and conduct are suitable for resolution through this process. Our surveys indicate that both complainants and nurses are more satisfied with this process than with an investigation, and nurses report that resolution more greatly improves their practice. It is also a significantly quicker process.

2. **Investigations:** Very serious matters, such as complaints concerning physical or sexual abuse, are not suitable for the resolution process. If a complaint is not appropriate for the resolution process, or if the complainant, the nurse and CNO cannot reach a resolution agreement, a CNO investigator is appointed to the case.

   Investigations are complex, requiring a significant amount of resources. An investigator will gather relevant information about the complaint. This may include gaining access to health records, obtaining administrative records from a facility and interviewing witnesses who have first-hand knowledge about the complaint. The nurse will also be invited to present information relevant to the issues raised in the complaint. Once the investigation is complete, the results are reviewed by a panel of the Inquiries Complaints and Reports Committee (ICRC). The committee decides whether the information gathered during the investigation supports the concerns raised in the complaint. If the information does support the concerns, the ICRC considers the seriousness of the issues raised, the nurse's history with CNO and other relevant factors to decide what action is required to protect the public or meet the standards.

Once we confirm that the complainant wants to proceed, that the complaint concerns an identifiable member of CNO, and that it is about a nursing issue, we proceed with the countdown toward the 150-day completion time. In many cases, resolution is the preferred solution. However, if resolution is unsuccessful and the matter must be moved to an investigation, the 150-day count continues: it does not restart. This has an impact on our overall ability to meet the 150-day threshold established in regulation.

The following table shows the proportion of complaints completed within 150 days by type of complaint:

The percentage of public complaints completed within 150 days by type:

Type	2011	2012	2013	2014	2015	2016	2017	2018	2019
Resolutions	34%	33%	20%	62%	70%	72%	82%	83%	88%
Investigations	0%	2%	0%	1%	0%	1%	2%	0%	0%
Overall	**15%**	**15%**	**7%**	**26%**	**32%**	**31%**	**37%**	**43%**	**23%**

In 2019, 88% of complaint resolutions were completed within 150 days, a five percentage point improvement compared with 2018. During the same period, the percentage of complaint investigations completed within 150 days remained at zero per cent; suggesting that the target of 150 days is unrealistic for investigations.

Number of complaints completed over the year (including those taking more than 150 days):

Type	2011	2012	2013	2014	2015	2016	2017	2018	2019
Resolutions	123	103	123	135	131	104	135	182	135
Investigations	150	146	234	193	154	144	171	170	373
Overall	**273**	**249**	**357**	**328**	**285**	**248**	**306**	**352**	**508**

Percentage of complaints completed over the year (including those taking more than 150 days):

Type	2011	2012	2013	2014	2015	2016	2017	2018	2019
Resolutions	45%	41%	34%	41%	46%	42%	44%	52%	27%
Investigations	55%	59%	66%	59%	54%	58%	56%	48%	73%
Overall	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

The following table shows the median number of calendar days to complete the two types of complaints.

Median calendar days to complete:

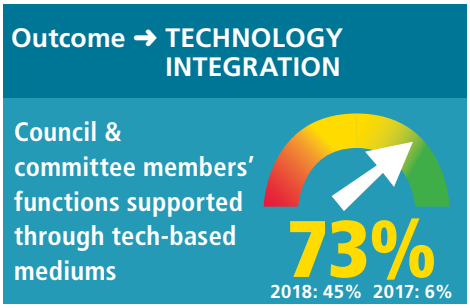
Type	2011	2012	2013	2014	2015	2016	2017	2018	2019
Resolutions	183	184	191	135	121	122	107	100	94
Investigations	536	539	494	596	491	552	588	593	480
Overall	**396**	**378**	**407**	**320**	**284**	**375**	**377**	**289**	**405**

OUTCOME: Technology integration

KPI: Percentage of Council and committee members' functions supported through technology-based mediums

Improvements to this KPI will show how integration of technology can improve the timeliness of information provided to Council and committee members. In turn, this will provide them with more time to review the materials. CNO expects that such changes will reduce the amount of time needed to manage Council and committee functions and reduce the costs of performing these functions. This KPI is calculated by determining the extent to which each identified key council and committee function is administered using technology-based mediums.

By the end of 2019, 73% of Council and committee members' functions were supported through technology-based mediums. This is a 28 percentage point improvement compared with the previous year.



Percentage of Council and committee members' functions supported through technology-based mediums:

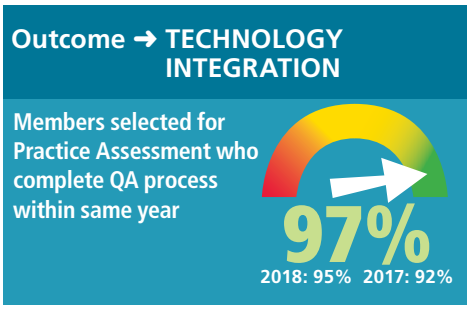
	2015	2016	2017	2018	2019
%	6%	6%	6%	45%	73%

OUTCOME: Technology integration

KPI: Percentage of members selected for Practice Assessment who complete the QA process within the same year of selection

Each year, as part of the Quality Assurance (QA) program, CNO selects nurses to participate in assessments of their practice. Those selected must complete a learning plan and write objective multiple-choice tests based on selected practice standards. In addition, participating Nurse Practitioners are randomly selected for a chart review and interview or practice simulation assessment. All nurses selected for Practice Assessment have their learning plan and assessment results reviewed by a peer assessor, a CNO-assigned nurse with an in-depth understanding of CNO's practice standards and guidelines and QA requirements. The peer assessor writes a report for the Quality Assurance Committee based on the member's assessment results. The committee reviews the report and decides if a nurse is satisfactory or has to complete remedial activities. Nurses who are satisfactory exit the process.

In 2019, 97% of the nurses who were selected for an assessment of their practice completed the QA process within the same year.[5] This is a two percentage point improvement compared with the previous year.



Percentage of Council and committee members' functions supported through technology-based mediums:

Year	2011	2012	2013	2014	2015	2016	2017	2018	2019
Percentage who complete QA process within the year of selection	87%	81%	73%	94%	95%	92%	92%	95%	97%

[5] The KPI is calculated as: The number of members who were selected and successful at QA Practice Assessment in the calendar year divided by the number of members selected in that year, excluding any who were deferred, or who were revoked, entered the non-practicing class or resigned in the year without successfully completing the QA process.

OUTCOME: System impact

KPI: CNO registration and discipline data are part of a national database accessible by all Canadian nursing regulators

In 2015, as part of the Canadian Council of Registered Nurse Regulators (CCRNR), CNO began working on ways to enhance the sharing of nurse information across jurisdictions.

Increasingly, nurses are moving across jurisdictions to work and are seeking registration in new locations. Enhancing the way information is shared makes the registration process more efficient. It also adds a level of public protection by ensuring nurse regulators are aware of any risk issues with nurses new to their jurisdiction.

Outcome ➜ SYSTEM IMPACT

CNO's registration and discipline data part of database accessible by all Canadian nursing regulators

Continued work with NCSBN to use their Nursys system to create a database of Canadian nurses accessible by all Canadian nursing regulators.

In the United States, the National Council of State Boards of Nurses (NCSBN) developed Nursys, a platform that regulators and the public can use to access information on nurses licensed by NCSBN members. As an associate member, CNO requested access to Nursys. NCSBN offered to work with Canadian regulators to share its platform and develop a similar database of Canadian nurses. The data and application will reside in Canada. This KPI supports reporting on the outcomes of this work.

In 2018, CNO led the development of a project charter that outlined the deliverables and scope of the project. The charter stated that CNO and the British Columbia College of Nursing Professionals (BCCNP) would work with NCSBN to pilot the implementation of Nursys in Canada. CNO, NCSBN and BCCNP also completed a series of high-level requirements gathering meetings in 2018.

In 2019, the project formally kicked-off with the engagement of a program manager, the creation of a project governance model and a high-level development and implementation plan. During a series of meetings each partner organization shared their current business processes for sending and receiving verifications of registration and notifying other regulators about nurses with professional conduct issues.

Staff from each organization also participated in the formation of detailed business requirements and conducted a fit/gap assessment to determine how the Nursys system could be modified to meet the needs of Canadian regulators. This assessment was used by NCSBN to develop a detailed development and implementation plan.

In 2020, development will commence on the Nursys Canada system with a goal of going live in 2021.

OUTCOME: Professional collaboration

KPI: Each of CNO's collaborations and strategic partnerships results in innovative change

CNO engages in a diverse number of strategic partnerships each year. Each of these professional collaborations provides new information or practices that result in innovative change. In 2019, CNO continued to work with many stakeholders and strategic partners to produce innovative change, including:

Engaging stakeholders on our new strategic plan:

- A broad range of stakeholders provided insights and perspectives to Council and the Leadership Team's development of our new strategic plan, including: the public, nurses, national and international regulators, educators, students, employers, nurse unions and associations, and the Ministry of Health

Increasing awareness and accountability of intentional harm:

- Response to the Long-Term Care Homes Public Inquiry and through education, collaboration and sharing our research with stakeholders, revised reporting, policies and procedures to include potential risk

Implementing program approval:

- Ensuring regulatory accountability is consistently and effectively applied to all nursing education programs is fundamental to protecting the public

- It will be applied to all Ontario nursing education programs by the end of 2020. Other Canadian provinces have also begun implementing the model including Newfoundland, New Brunswick and Saskatchewan with Quebec and British Columbia next to come onboard

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Ordre des infirmières et infirmiers de l'Ontario

THE STANDARD OF CARE.

2020-15

COLLEGE OF NURSES OF ONTARIO
ORDRE DES INFIRMIÈRES ET INFIRMIERS DE L'ONTARIO
THE STANDARD OF CARE.

Agenda Item 4.1

Decision Note – March 2020 Council

By-Law amendments to allow for electronic election of Executive

Contact for questions or more information

Kevin McCarthy, Director, Strategy

Decision for Consideration:

That Council approve the amendments to Schedule No. 1 to By-Law No. 1: Process for Election of Council Officers and Other Members of the Executive Committee, as they appear in attachment 1 to this briefing note.

Background

In December, Council supported moving towards an electronic election for the members of the Executive Committee. It was agreed that the current process would be used – for example the numerical results would remain private and would be reviewed and confirmed by scrutineers.

The By-Law amendment (see attachment 1), prepared by legal counsel, provides flexibility with voting by:

- adding the definition of a ballot as either electronic or paper; and
- removing references to "counting ballots" and "collecting ballots in a ballot box".

MeetX's survey tool will be used for the election. It meets the following criteria:

- it is simple to use;
- it is a secret ballot – the ballot is set to "anonymous" and individual votes are not identified;
- voting is limited to Council members in attendance at the meeting;
- ballots can be updated to allow for changes at the meeting, for example, additions of nominations from the floor;
- it allows voters to vote for one from each option (for the officers) and two from options (for public members);
- the numerical results will be private and accessible only to the relevant staff member and Council scrutineers (as set out in item16 in Schedule 1); and
- it can be deleted following the election, in effect destroying the ballots.

Next Steps

In February, the Executive tested the ballot and found it easy to use and supported the next steps for introducing this new tool.

If Council approves the by-law:

- Wednesday afternoon: (scheduled for end of the day Wednesday):
    - there will be a brief presentation showing, step by step, how to vote;
    - an instruction slide will be posted; and
    - Council members will be sent a ballot have an opportunity to vote in test election

- Thursday morning:
    - Council will use MeetX for the election of the Executive.

The instruction slide will also be provided when real voting commences. Staff from CNO's technology infrastructure team, will be in attendance should anyone need assistance.

Attachment:

1. Draft revised Schedule 1 to By-Law No. 1: General

Attachment 1

Schedule No. 1 to By-Law No. 1
Process for Election of Council Officers and Other Members of the Executive Committee

Revised version December 2016

Additions

~~Deletions~~

In this Schedule,

"Council Officers" means the President and two Vice-Presidents of the Council ~~and~~

"Council Officer" means one of the President or Vice-Presidents of the Council ***and***

"ballot" can be in either electronic or paper form.

1. Prior to any Council meeting, where councillors are expected to elect one or more Council Officers and/or other members of the Executive Committee, nomination forms for the nomination of the Council Officers and/or other members of the Executive Committee to be elected at that meeting shall be sent by the Executive Director to persons who the Executive Director expects to be councillors at the meeting of Council where the elections are to be held.

2. Subject to paragraphs 8 and 34, to be nominated for election as a Council Officer or another member of the Executive Committee, a councillor must submit a completed nomination form including the written consent of the councillor wishing to stand for election for that position and the signatures of three persons who, at the time of the nomination, were councillors.

3. A councillor may not run for election for more than one Council Officer position.

4. A councillor may withdraw as a candidate at any time.

5. A councillor nominated for more than one Council Officer position must, prior to the commencement of the election, withdraw as a candidate from all but one Council Officer position, failing which the councillor shall not be eligible to run for election for any Council Officer position.

6. The chair of the Election and Appointments Committee or his or her designate shall preside as chair of that portion of the meeting

of Council where the election of Council Officers and/or other members of the Executive Committee takes place.

7. Council shall appoint three scrutineers for the election.

Election of Council Officers

8. The chair will call for nominations from the floor which nominations must be in writing and must comply with paragraph 2 above.

9. Ballots will be distributed for election of the Council Officers to be elected at that Council meeting. Each ballot will include all Council Officer positions to be elected and will include the names of all candidates ~~whose nomination forms have been properly completed and submitted as of close of business on the date prior to the election~~.

10. The chair will announce the names of all candidates running for election for each Council Officer position ~~and direct the councillors to add to the ballot the name of any properly nominated candidate whose name is not already on the ballot and to remove from the ballot any councillor who has submitted a withdrawal as a candidate or is not eligible to run in that election.~~

11. If no councillor has been nominated for any Council Officer position for which an election was to be held at that Council meeting, the Election and Appointments Committee will nominate a candidate or candidates for the office(s).

12. If only one candidate has been nominated for a Council Officer position, the chair shall declare the candidate elected by acclamation.

13. Each candidate for election shall be offered the opportunity to briefly address Council.

14. Voting shall be by secret ballot and shall take place simultaneously for all Council Officer positions which are subject of election at that Council meeting.

15. The completed ballots will be ***collected and reviewed by the*** ~~deposited in a ballot box and the ballot box given to~~ scrutineers.

16. A staff member designated by the chair will ~~count the ballots~~ ***review and confirm the election results*** under the supervision of the scrutineers.

17. The scrutineers will report to the chair the results in writing including the number of votes cast for each candidate for each Council Officer election. The chair will announce the results to Council without referring to the number of votes cast for each candidate.

18. A candidate receiving a majority of the votes cast for that Council Officer position shall be declared the successful candidate. Where there were more than two candidates running for election for a Council Officer position and no candidate received a majority of the votes cast, the candidate with the lowest number of votes shall be dropped from the election and another vote (ballot) shall be taken. The same process shall be followed until one candidate receives a majority of the votes cast for that Council Officer position. In the event that two candidates remain with an equal number of votes which tie, in the opinion of Council, is unlikely to be broken by additional ballots, the tie shall be broken by the chair by lot.

19. Where in the course of the election a tie vote occurs respecting two or more candidates having the lowest number of votes in that election and it is necessary to break that tie in order to determine which of the candidates shall be dropped from the ballot, the Council shall vote by secret ballot to determine which of the candidates shall be dropped from the ballot unless the tie, in the opinion of Council, is unlikely to be broken by additional ballots, in which case the tie shall be broken by the chair by lot.

Election of the Balance of the Executive Committee

20. Following the election of the Council Officers, the remaining two members of the Executive Committee shall be determined by election using a secret ballot and in a manner consistent with the election of Council Officers, unless otherwise specifically provided for in this Schedule. For greater clarity the provisions of paragraphs 9, 10, 11, 13, 15, 16, 17, 18 and 19 apply with necessary modification to the election(s) of other members to the Executive Committee.

Process where the President is a member of the College

21. The provisions of paragraphs 22 to 27 apply where the President elected at the meeting is member of the College and therefore two public councillors are to be elected to be members of the Executive Committee.

22. The Chair shall request nominations for the two public councillor positions on the Executive Committee which nominations must be in writing and must comply with paragraph 2 above.

23. If only two public councillor candidates have been nominated for election to the Executive Committee, the chair shall declare those candidates elected by acclamation.

24. If only one public councillor candidate has been nominated for election to the Executive Committee, the chair shall declare that candidate elected by acclamation.

25. If insufficient public councillors have been nominated for election to the Executive Committee for which an election was to be held at that Council meeting, the Election and Appointments Committee will nominate a candidate or candidates for the position(s).

26. Where more than two eligible candidates have been nominated for election to the Executive Committee, elections shall be held in a manner consistent with the process for election of Council Officers save and except that each councillor will be entitled to cast a vote for not more than two of the candidates.

27. For greater clarity, a ballot cast under paragraph 26 shall not be considered spoiled simply because a councillor only votes for one candidate.

Process where the President is a Public Councillor

28. Where the President elected at the meeting is public councillor, the provisions of paragraphs 29 to 37 shall apply in order to elect one additional public councillor and one additional councillor who is a member of the College, to the Executive Committee.

29. The Chair shall request nominations for the public councillor position on the Executive Committee, which nominations must be in writing and must comply with paragraph 2 above.

30. If only one public councillor candidate has been nominated for election to the Executive Committee, the chair shall declare that candidate elected by acclamation.

31. If no public councillor has been nominated for the Executive Committee position the Election and Appointments Committee will nominate a candidate for the position.

32. If more than one eligible candidate is nominated, an election shall be held in a manner consistent with the election of Council Officers.

33. The chair shall then call for nominations for the remaining position on the Executive Committee which position shall be filled from among eligible councillors who are members of the College.

34. Nominations for the position referred to in paragraph 33 may be in writing, in compliance with paragraph 2 or may be made orally at the meeting if supported either orally or in writing by three persons who, at the time of the nomination, were councillors, provided the person being nominated for election consents to being a candidate.

35. If only one candidate has been nominated for that Executive Committee position, the chair shall declare the candidate elected by acclamation.

36. If no councillor has been nominated for that Executive Committee position the Election and Appointments Committee will nominate a candidate for that position.

37. If more than one eligible candidate is nominated, an election shall be held in a manner consistent with the election of Council Officers.

38. The following rules and procedures apply to all elections held in accordance with this Schedule:

1. If a request by a candidate is made within thirty days of the election, the chair of the Election and Appointments Committee will advise the candidate of the number of votes cast for each candidate in respect of any position for which he or she ran for election.

2. Unless Council directs otherwise, ballots shall be destroyed immediately following the chair declaring the successful candidates for all positions.

Executive Election Package – March 2020 Council

The Executive is made up of the Officers (President, Vice-President, RN and Vice-President, RPN) and 2 other members. There are two public members on the Executive. (Article 16, General By-Law)

As of circulation of this package, one additional public member nominee is needed to meet the above structure.

Contents

CNO Council Executive Elections 2020

VOTE TO ELECT:
HEATHER WHITTLE RN (EC) MSCN
AS PRESIDENT

Professional regulation means putting the interest of the public ahead of professional interest. Nurses are elected to reflect your commitment to the public's right to safe and ethical nursing care (CNO 2013).

Safe and ethical care is the cornerstone of professional nursing practice. Throughout my nursing career I have been committed to high quality, professional nursing care. I have demonstrated this commitment in my nursing care and in my professional leadership activities.

I have demonstrated my support for the efforts of the College of Nurses by serving on the Council for 5 years. I am completing my second term as Vice President—RN., and serve on ICRC. Previously I was chair of the QA committee.

As President of the Council I promise to reflect nursing's ongoing commitment to the provision of high quality, safe and ethical care by all categories of nurses as we navigate the journey to Vision 2020, and work to operationalize the forthcoming strategic plan for CNO. I believe that all members of the Council bring valuable experiences and insight to the work of the Council and I would be honoured to serve as President.

Professional Leadership

Executive Board member NPAO November 2010-2012. Recipient of the Jerry Gerow Nurse Practitioner Leadership Award 2011

Region 2 Representative on RNAO Board of Directors (2003-2007). Member of the RNAO Quarter Century Club (2008)

Chair of the Iota Omicron chapter, Sigma Heritage committee (2013-2017). Previously, Chapter Secretary (2010-2012),Past President (2004-2006) and Chapter President (2002-04)

Treasurer of the London Regional Advanced Practice Nurses (20013-2015). Previously, Professional Action officer (2009-2013) and co-chair (2005-2008)

Professional Experience

Nurse Practitioner, Acute Pain Service, previously on the Geriatric Medicine and Psychiatry service – London Health Sciences Centre

Clinical Nurse Specialist, Veterans' Care Program – Parkwood Hospital, London

Staff Nurse, Subspecialty Medicine – LHSC, St. Catharines General Hospital and St. Mary's General Hospital (Timmins)

Nursing Education

Post Master's Nurse Practitioner
Diploma in Anaesthesia Care - University of Toronto 2013
Tertiary Care Nurse Practitioner Certificate - University of Western Ontario
M.Sc.N. - University of Western Ontario
B.Sc.N. - University of Western Ontario

Diploma Nursing Program - Northern College South Porcupine

Sandra Robinson, RN, MN, NP (Adult)

Clinical Manager:

Bariatric Program, Endoscopy, Cystoscopy, Motility: University Health Network

COMPETENCIES:

- Chair ICRC committee
- Transformational leader who encourages diverse opinions and respectful dialogue in order to arrive at a shared vision
- Decisions are based on critical appraisal of available evidence
- Advocate to reduce barriers that impede access to care

ATTRIBUTES:

- Thoughtful, clear and concise communicator
- Foster inclusive environments that promote respectful dialogue and the sharing of diverse thoughts and opinions
- Actively listen and ask clarifying questions to ensure a clear understanding
- Move beyond the details to envision a broader perspective

CANDIDATE: VICE PRESIDENT - RN

An experienced leader with an extensive history of leading interdisciplinary teams and facilitating stakeholder engagement to arrive at a shared vision for evidence-based and patient-focused quality care outcomes.

Dedicated to achieving:

- Safe and ethical care for all
- Fostering pride in the privilege of self-regulation
- Leadership in regulatory excellence
- Agility to move forward with transformative initiatives
- Public confidence in the profession by maintaining transparency and accountability
- Active engagement and participation of all Council members in making evidence-based decisions

Contact:

robinsonsandra09@gmail.com

Candidate for Vice President - RN

My WHY:

I am passionate about the nursing profession and the role of the regulatory body in ensuring that public safety is maintained as we navigate through this time of dynamic system transformation.

I have worked in rural hospitals, health centers, nursing stations and clinics throughout my career. I have worked with patients across the life-span, in diverse communities and environments. Having this varied experience provides me with a broad understanding of different environments and some of the structures that are needed to uphold patient safety, in a complex and rapidly changing health care environment.

As a Council Member for the past 3 years I feel like I have demonstrated the leadership capabilities below and would like to offer my candidacy for VP- RN, to continue and become more involved with the work we have been achieving – specifically our new strategic vision and scope changes for RNs, RPNs and NPs.

Professional Experience

Staff Nurse – QEII (NS), Wabasca-Desmarais Memorial Hospital (AB), Winchester District Memorial Hospital (ON)

Nurse Manager, Medical Team Leader – Doctors Without Borders, Somalia

Treatment Nurse – Nunee Health Authority (AB)

Clinical Manager – Winchester District Memorial Hospital (ON), Children's Hospital of Eastern Ontario (ON).

Governance Experience

Board Member/Secretary – Wabasca Public Library

Chairperson – Greely Elementary School Council

Council Member/ FTP Member and current chair – CNO

Leadership Capabilities

Change Management
Consensus-building
Accountability
Strategic & Critical Thinker
Quality Improvement
Risk Management
Continuous Learner
Problem-solver

Naomi Thick

RN, BScN, MN:ANP

Contact

LinkedIn

Email

ASHLEY FOX, RPN

PROFILE

- Community Outreach Coordinator, Nurse Care Manager and RPN with Promyse Home Care Waterloo-Wellington

DEDICATED TO ACHIEVING

- Active engagement and approachability of all Council members in discussions and decision making
- Supporting leading in regulatory governance
- Accountability and transparency in maintaining and enhancing the public's trust
- Upholding the privilege of self-regulation
- Working towards Vision 2020

CONTACT

LINKEDIN:

ashleyfriestfox

EMAIL:
a_friest@yahoo.com
afox@promyse.ca

EDUCATION

- Practical Nursing diploma – Georgian College Owen Sound
- Legal Nurse Consulting
- Multiple continuing education courses to enhance RPN practice including IV therapy and venipuncture

WORK EXPERIENCE

- Community Outreach Coordinator, Nurse Care Manager and RPN with Retire-At-Home Services
- Clinic Nurse – Ontario Addiction Treatment Centre
- Director of Care – Clair Hills Retirement
- Charge Nurse RPN – Clair Hills Retirement
- Charge Nurse RPN – Terrace on the Square

LEADERSHIP

- Super Lead for Caregivers – Huddol (2018-present)
- Support Group Facilitator – Parkinson's Society SWON (2019)
- RPNAO – Mentor for RH RPNs
- Volunteer on Parkinson Society Southwestern Ontario Hair Affair Committee (2016 – present)
- Volunteer on Parkinson Society Southwestern Ontario WalkIt Committee (2016-present)
- Vice President RPN, College of Nurses of Ontario (2019)
- CNO Council member (2015 – present)
- Appointed to the CNO Executive Committee (2019), CNO Inquiries, Complaints and Reports Committee (2019), CNO Patient Relations Committee (2019), CNO Elections and Appointments Committee (2018 – 2019) CNO Financial Committee (2016 – 2017, Co-Chair 2019-2020), CNO Fitness to Practise Committee (2015-2019), CNO Discipline Committee (2014-2015)

Thank you for your consideration for Vice President RPN.

Notes about the election process:

Before the election

The Election will begin with the Chair of the Election and Appointments Committee (Grace Fox) selecting one RN, one RPN and one public member as scrutineers.

The plan is to use electronic voting for the first time. On Wednesday, Council will consider a change to Schedule 1 of By-Law No. 1 which will give the flexibility to use either an electronic or a paper ballot.

The electronic ballot will be provided through MeetX. Following Council's decision about the by-law revisions, there will be a presentation on how to vote using MeetX and Council will hold a mock MeetX election.

Officer Election

The officers are elected first. The election process begins with a call for nominations from the floor for the officer positions. Nominations will need to be on the nomination form (attached as the last page of this package).

The election will follow the process set out in Schedule 1 of By-Law No. 1: General.

Election of the other members of the Executive

The election of the other two members of the Executive follows election of the Officers:

- If the **President is a nurse** – the other members of the Executive will be two public members
- If the **President is a public member** – the other members of the Executive will be one nurse and one public member

If the President is a public member, nurse member candidates for the other position on the Executive Committee can be nominated from the floor verbally (written form is not required). Three nominators are still required by show of hands.

Question period

In accordance with the decisions about the process in December, 2016, candidates for contested positions will make a short speech (3 minutes) and there will be a question and answer period following the speeches.

Questions will be asked to all candidates for a specific position and will relate to:

- The College's public interest mandate
- Council's governance principles (refer to next page)
- The leadership role and the candidate's qualifications for the role (Chair/Vice-Chair competencies are attached).

Governance Principles

Council is individually and collectively committed to regulating in the public interest in accordance with the following principles:

Accountability

- We make decisions in the public interest
- We are responsible for our actions and processes
- We meet our legal and fiduciary duties as directors

Adaptability

- We anticipate and respond to changing expectations and emerging trends
- We address emerging risks and opportunities
- We anticipate and embrace opportunities for regulatory and governance innovation

Competence

- We make evidence-informed decisions
- We seek external expertise where needed
- We evaluate our individual and collective knowledge and skills in order to continuously improve our governance performance

Diversity

- Our decisions reflect diverse knowledge, perspectives, experiences and needs
- We seek varied stakeholder input to inform our decisions

Independence

- Our decisions address public interest as our paramount responsibility
- Our decisions are free of bias and special interest perspectives

Integrity

- We participate actively and honestly in decision making through respectful dialogue
- We foster a culture in which we say and do the right thing
- We build trust by acting ethically and following our governance principles

Transparency

- Our processes, decisions and the rationale for our decisions are accessible to the public
- We communicate in a way that allows the public to evaluate the effectiveness of our governance

Adopted by Council September 2016

Board Chair/Vice-Chair Profile

The Board Chair/Vice-Chair competencies and attributes are derived from the Board profile. These were identified in consultation with the Work Group, Committee Chairs, Committee staff resources and expert advice from Governance Solutions.[1]

I. Career Knowledge and Experience Competencies (Where have you been?)

There are no specific career knowledge or experience competencies that are called for in the Chairs: if these individuals possess the other qualities (below), they may be drawn from any career path or experience mix.

II. Functional Skills Competencies (What do you know?)

Competency		**Description**
1.	Chairing Boards and/or Committees	Has served as Chair and/or Committee Chair on at least one other Board of an organization of comparable size and complexity, or demonstrates an equivalent combination of education and experience.
2.	Governance and Boards	Has a strong familiarity with and understanding of governance roles and responsibilities, and current governance policy, issues, and trends, gained through prior Board or committee experience in an organization of similar size, scope and complexity to the College, and/or governance education, for example ICD.D (Institute of Corporate Directors), Pro.Dir. (Professional Director®), or C.Dir (Director's College).
3.	Change Management	Demonstrates skills related to relationship management, engagement, socialization of ideas, consultation and negotiation.
4.	Leadership	Demonstrates skills and ability to lead others to solve problems, adapt and manage change, innovate and achieve results.
5.	Evidence-Based Decision-Making	Demonstrates ability and advanced skills in locating, critically appraising, interpreting, synthesizing, weighing,

[1] https://www.governancesolutions.ca

Competency		Description
		evaluating and using evidence from qualitative and quantitative paradigms.
6.	Decision-Maker	Is a proven decision-maker using different decision-making methods beyond evidence-based.
7.	Public Interest	Has experience and understanding protecting and acting in the public interest.
8.	Stakeholder Relations	Demonstrates understanding and ability to provide effective oversight of engagement and communications with the public, government, and other key stakeholders.

III. Affinity Attributes (What informs your thinking, your perspective?)

There is no specific affinity attribute called for in the chairs; these individuals are drawn from the Board that, in its entirety, reflects a diverse range of affinity attributes.

IV. Character Attributes[1] (Who are you?)

Attribute		Description
1.	Communicator	Able to communicate clearly, concisely and accurately, orally and in writing.
2.	Constructive	Able to build relationships, and to be constructive and helpful.

[1] These character attributes were developed from Governance Solutions' meta-research, supplemented and customized with the Ontario Government Regulatory and Adjudicative Agencies' core competencies. These are available at: https://www.ontario.ca/document/member-regulatory-and-adjudicative-agencies-core-competencies. These competencies are not mandated for regulatory colleges, but they are a helpful and relevant source. In general, all board and committee members should possess these core character attributes.

Attribute		Description
3.	Emotionally Mature	Able to understand and skillfully manage emotions, especially when faced with conflict and confrontation; self-aware and professional.
4.	Ethical	Able to meet the expectations set out in the Conduct by-law; has an unquestioned level of ethical integrity.
5.	Fiduciary	Able to put others' interests first (servant leadership); has a passion for the public interest, commitment and drive.
6.	Inclusive	Able to create opportunities for all voices and backgrounds to be heard and considered; demonstrates respect and long-standing commitment and action to achieve equity, diversity and inclusivity.
7.	Independent	Able to think independently, while knowing when and how to consult others.
8.	Learner	Able to apply learning to the public interest; demonstrates a willingness to learn and develop.
9.	Listener	Able to listen and question to achieve understanding; is an effective and active listener.
10.	Proactive	Able to think proactively and to anticipate.
11.	Strategic	Able to move beyond the details to envision the grander future; is a strategic thinker.
12.	Adaptable	Able to adapt easily and quickly to changing evidence and environments; demonstrates cognitive flexibility.

Attribute		Description
13.	Forthright	Able to present an unpopular or controversial position in the face of opposition or opposing views.
14.	Professional Judgement	Able to think critically.
15.	Astute	Able to apply their knowledge in the context of Board level decision-making and leadership.
16.	Problem Solver	Able to evaluate complex issues and to make effective decisions (find solutions).
17.	Unifier	Able to encourage divergent thinking and dissent from others, and to build consensus; stands behind the collective decisions of the board in unity.
18.	Systems-level Thinker	Able to conceptualize on a systems level and communicate this understanding to others.

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

THE STANDARD OF CARE.

Nomination Form for Election of the Executive Committee

We wish to nominate _____ for the office/position of

President (RN, RPN, Public member) ☐
Vice President - RN ☐
Vice President - RPN ☐
Other member of the Executive ☐

Signed: 1. _____ Date _____

2 _____ Date _____

3 _____ Date _____

Consent to Stand

I consent to let my name stand for the office/position of

President (RN, RPN, Public member) ☐
Vice President - RN ☐
Vice President - RPN ☐
Other member of the Executive ☐

Signed _____ Date _____

Nominations can be received at the call for nominations from the floor at the Executive election on March 12. For electronic voting, these names will appear on the ballot. For paper voting these nominees will be write-ins on the ballot.

(Nominations can be sent to Jenna Hofbauer, jhofbauer@cnomail.org, FAX 416 928-5916)

Nominations are open until the call for nominations from the floor at the election in March.

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

THE STANDARD OF CARE.

Executive Committee
February 20, 2020 at 1:00 p.m.

Minutes

Present		
C. Evans, Chair	J. Petersen	H. Whittle
Regrets		
A. Fox	C. Ward	
Staff		
A. Coghlan	J. Hofbauer, Recorder	K. McCarthy

Agenda
The agenda had been circulated and was approved on consent.

Minutes
Minutes of the Executive Committee meeting of November 14, 2019 had been circulated and were approved on consent.

Strategic Plan
The Executive was informed of the approach to Council's review of the 2021-2024 Strategic Plan. C. Evans and A. Coghlan will make introductory remarks which will be followed by brief presentations on the four pillars and the work undertaken about stakeholders and the corporate capabilities needed to implement the plan.

The Executive noted that Council has been very engaged in development of the plan. As the Steering Committee, the Executive believes that the draft being presented reflects the direction set by Council.

Governance
C. Evans noted that the Governance Work Group will recommend Terms of Reference and by-law changes needed to implement the interim Nominating Committee (NC) to Council in March.

It will also be proposed that the Executive serve as the Election and Appointments Committee (EAC) from June 2020 until appointment of the NC before year-end. It did not seem appropriate to recruit Council members to serve on EAC for a few months.

Richard Steinecke, legal counsel who drafted the by-law amendments will attend Council to respond to questions.

Proposal to combine membership of the Discipline and Fitness to Practise committees

The Executive reviewed a proposal to address changing workloads by combining the membership of the Discipline and Fitness to Practise committees. Legal counsel has confirmed this has been done by other health regulators. The Executive noted that there is a strong rationale to move forward with this change to support effectiveness of adjudicative processes.

Council members have volunteered to serve as committee chairs. Plans to inform the candidates for chair of the Discipline and Fitness to Practise committees were highlighted. The Executive will determine its chair recommendations during a break at March Council, after Council makes this decision.

Scope of Practice changes

The Executive received briefings to support implementation of the expansion of RPN initiation and RN prescribing. It was noted that both changes were requested by government to enhance access to care. The Executive identified that the briefings were clear and ready to go to Council.

2019 Strategic Performance Report

K. McCarthy highlighted the approach to providing the 2019 Strategic Performance report to Council. In addition to the written report, there will be a brief presentation highlighting the achievements over the past year and lessons learned.

Election of the Executive

The Executive received draft amendments to Schedule 1 of the General By-Law to allow for electronic election of the Executive. The amendments were drafted to provide flexibility for either an electronic or a paper election. The plans for Council include a dry-run test ballot the afternoon before the actual election.

The Executive tested a ballot provided through MeetX and suggested that a brief presentation be prepared to clearly illustrate the process before Council has its test run-through.

Chair, Compensation Sub-Committee

The Executive was informed that the Finance Committee will be recommending the reappointment of Joe Nunes to the Sub-Committee.

Joe has served as the Chair of the Sub-Committee and a member of the Finance Committee for the past year. The Executive recommended that Joe Nunes be reappointed as the Chair of the 2020-2021 Sub-Committee on Compensation.

Statutory Committee Chairs

The Executive received information on volunteers for statutory committee chairs. Decision on the chairs of the Discipline and Fitness to Practise committees was deferred pending Council's decision on whether to merge the membership of those committees.

The Executive recommended that M. Sheculski be reappointed as Chair of the Quality Assurance Committee.

J. Petersen left the meeting. The Executive recommended that J. Petersen be reappointed as Chair of the Registration Committee. J. Petersen returned to the meeting.

ICRC Vacancy

The Executive was informed of the need to appoint an RN committee member to fill a vacancy on ICRC. The Executive received the list of qualified candidates from the 2019 appointments process. Shana Anjema, who had previously served as a member and panel chair of ICRC, was appointed.

Council agenda

The Executive reviewed and approved the agenda for the March 2020 Council meeting, with an adjustment in timing.

December Council meeting

The Executive noted that there had been good engagement and discussion on the strategic plan at Council in December.

Conclusion

At 2:30p.m., on completion of the agenda, the Executive Committee meeting concluded.

_____

Chair

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

THE STANDARD OF CARE.

Agenda Item 5.3

Report of the February 20, 2020 Finance Committee Meeting

Contact for Questions or More Information

Stephen Mills, Chief Administrative Officer

The Finance Committee met on February 20, 2020. Blair MacKenzie, CNO's audit partner from Hilborn LLP was a guest at the meeting. The draft minutes are Attachment 1 to this report.

Financial Statements

The unaudited financial statements for the year ending December 31, 2019 (Attachment 2) were discussed, together with the confidential Management Discussion & Analysis.

The financial result for the year was a surplus of $12.0M, which is $4.8 M more than the budgeted surplus of $7.2M. It was noted that this variance is largely due to staff vacancies. There was a discussion about turnover and recruitment. It was noted that many vacancies at CNO are the result of promoting from within.

The committee was informed that the impact of the annual surplus on the unrestricted net assets (accumulated operating surplus) was mitigated slightly by the impact of an actuarial valuation of CNO's pension plan, which resulted in an accounting adjustment of $1.2M.

Following a detailed review of the variance analysis and discussion of the statements and the Management Discussion & Analysis, the Finance Committee recommends:

> **That Council approve the unaudited year-end financial statements for the period ending December 31, 2019.**

Report of the Sub-Committee on Compensation

The Sub-Committee on Compensation provided the Finance Committee with a detailed written report on its review of:

- the Compensation Principles; and
- its terms of reference.

Compensation Principles

The Sub-Committee reported that they found:

- the current principles to be narrowly focused on salary compensation including salary administration, performance management and job evaluation; and
- some are policy statements and tactics rather than principles.

The Finance Committee was notified that, in considering the principles, the Sub-Committee was informed about Council's current work on a new strategic plan and the need for significant organizational change. To support this, the Finance Committee supports the broader and more enabling principles recommended by the Sub-Committee.

The concerns expressed by both the Finance Committee and the Council with the current principle that limited the top of CNO's salary ranges to the median of CNO's market were address by building flexibility into the principle.

As part of the background, the Finance Committee received the strategies and tactics that will support the new principles.

Attachment 3 is a comparison of the current and proposed revised Compensation Principles. Attachment 4 is a clean version of the recommended principles.

The Finance Committee is recommending:

> **That Council approve the proposed revised Compensation Principles as they appear in Attachment 4 to this report.**

Sub-Committee on Compensation Terms of Reference

Attachment 5 is a table comparing the current Terms of Reference (TOR) for the Sub-Committee and the recommended revisions, with rationale. Attachment 6 is a clean version of the recommended revised terms of reference.

The current TOR for the Sub-Committee require a review of the Compensation Principles biennially. Since the recommended Compensation Principles are high level and designed to be long-term, the terms of reference are amended to require a regular review of these principles every five years instead of biennially. If there are significant environmental shifts, the TOR outlines that CNO management, Council, or the Finance Committee could determine an earlier review is required. The TOR has also been revised to more clearly identify the value proposition provided by the Sub-Committee.

The Finance Committee recommends:

> **That Council approve the proposed revised Terms of Reference for the Sub-Committee on Compensation as they appear in Attachment 6.**

Pre-Audit Communication

Blair MacKenzie of Hilborn LLP presented the approach being used for the audit of CNO's financial results for the year ended December 31, 2019. The committee had an in-camera meeting with the auditor.

Future Finance Committee Terms of Reference

The Finance Committee and auditor provided input into terms of reference for a future Finance Committee to be appointed, based on competencies, when Council's governance vision comes

into effect. The committee's input will be shared with the Governance Work Group. At its next meeting, the Finance Committee will consider draft future terms.

Sub-Committee on Compensation Appointment

This year, Joe Nunes' term of office on the Sub-Committee is ending. Joe has served two years and is eligible for reappointment. The Finance Committee is recommending his reappointment to the Sub-Committee (see Council Agenda Item 4.5).

Recommendations for Decision

1. That the unaudited financial statements for the year ended December 31, 2019 be accepted.
2. That the revised Compensation Principles, as they appear in Attachment 4 to this report, be approved.
3. That the revised Terms of Reference for the Sub-Committee on Compensation, as they appear in Attachment 6 to this report, be approved.

Attachments

1. Draft Minutes of the Finance Committee meeting of February 20, 2020
2. Unaudited financial statements and notes for the year ended December 31, 2019
3. Comparative Table: Current and recommended Compensation Principles
4. Recommended Compensation Principles
5. Comparative Table: Current and recommended Terms of Reference of the Sub-Committee on Compensation
6. Recommended Terms of Reference of the Sub-Committee on Compensation

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

Attachment 1
Finance Committee
February 20, 2020 at 9:00 a.m.

Minutes

Present

C. Evans
J. Petersen
G. Rudanycz
K. Wagg
H. Whittle, Chair

Regrets

A. Fox
J. Nunes
T. Perlin

Staff

A. Coghlan
J. Hofbauer
M. Kelly, Recorder
S. Mills
R. Prathivathi

Guest

B. MacKenzie, Hilborn

Chair

H. Whittle chaired the meeting.

Agenda

The agenda had been circulated prior to the meeting and was approved on consent.

Minutes

Minutes of the Finance Committee meeting of November 14, 2019 had been circulated.

Motion 1

Moved by C. Evans, seconded by G. Rudanycz,

> That the minutes of the Finance Committee meeting of November 14, 2019 be accepted as presented.

CARRIED

Unaudited Financial Statements

S. Mills highlighted the unaudited financial statements for the year ended December 31, 2019. The statement of financial position depicts a shift in the accrued pension from an asset in 2018

to a liability 2019. This change is due to an actuarial re-evaluation of the CNO pension plan.

A surplus of $7.2M was budgeted for 2019, however the actual surplus was $12.0M, which is $4.8M more than originally planned. S. Mills explained that a large contributor to this variance was employee-related costs and, in some cases, staff vacancies had been filled by contractors or had been left intentionally unfilled while preparing for CNO's new strategic plan. The committee questioned if CNO was recruiting the amount of resources it requires. S. Mills confirmed that CNO has recently done some additional recruiting and is also introducing new hiring strategies to help with staff retention in certain areas.

The committee discussed the tracking of membership transactions and whether data on nurses leaving Ontario was used as input to develop revenue projections. S. Mills noted that CNO generates statistics on nurses who are eligible to renew and don't, however these statistics are operational in nature. A. Coghlan also mentioned that when the new strategic plan and the Nursys Canada project are rolled-out, CNO will be able to track the movement of nurses across Canada.

The committee reviewed and discussed the confidential Management Discussion and Analysis document. S. Mills highlighted various projects and initiatives that are outlined in the document.

Motion 2

Moved by J. Petersen, seconded by C. Evans,

> That the approval of the unaudited financial statements for the year ended December 31, 2019 be recommended to Council.

CARRIED

Report of the Sub-Committee on Compensation

The Finance Committee received the report of the Sub-Committee on Compensation.

Compensation Principles

S. Mills highlighted that the Sub-Committee had an in-depth discussion on the proposed revisions to the Compensation Principles and supporting tactics. The Sub-Committee discussed the concerns raised at the Finance Committee and Council regarding CNO's placement of the top of salary ranges at the median of the market. While the median of the market is still identified as CNO's target under the revised principles, there is also added flexibility built into the principle to move beyond this placement if necessary.

The committee was also informed that a comprehensive compensation survey is due to occur this year which will further inform CNO and the Sub-Committee in determining what, if any, changes are needed for CNO to be competitive. The Sub-Committee advised the Finance Committee that they are confident that all the concepts included in the current principles are addressed through the revised principles as well as the supporting tactics.

Motion 3

Moved by K. Wagg, seconded by G. Rudanycz,

> That the approval of the revised Compensation Principles be recommended to Council.

CARRIED

Sub-Committee Terms of Reference

S. Mills highlighted changes to the Sub-Committee's revised Terms of Reference (TOR). The most significant change is the shift in the Sub-Committee's review of the Compensation Principles from every two years to every five years. Earlier review of the principles can be requested by Council, Finance Committee, the Sub-Committee or CNO management if there is significant organizational or environmental change.

Motion 4

Moved by J. Petersen, seconded by C. Evans,

> That the approval of the revised Terms of Reference of the Sub-Committee on Compensation be recommended to Council.

CARRIED

Pre-Audit Communication

B. MacKenzie presented the approach for the 2019 audit. He noted that the external audit adds to the credibility of the financial statements that are prepared by management. The Finance Committee's role is to provide oversight to the process, to ensure that the audit process is managed appropriately and that the financial statements are an appropriate reflection of the College's year-end financial situation.

He outlined the three phases to the audit:

- the pre-audit includes an interim audit and discussion with the Finance Committee about the audit strategy and a review of systems;
- the year-end audit began in February; and
- the post-audit Finance Committee review of the draft audited financial statements will take place in May.

B. MacKenzie informed that committee that the standards for not-for-profit organizations as prescribed by CPA Canada will remain constant for 2019 and therefore no changes will be seen in the 2019 engagement letter.

He explained the concept of materiality and error in the financial statements and identified that it is normal to make some adjustments to statements at year-end. He informed the Finance Committee that CNO has strong management and financial controls.

In discussing risk areas for the audit, B. MacKenzie explained that strength of internal controls and fraud are examined. He noted that input and engagement from the committee can help mitigate the chances of errors of occurring. The committee concurred that the audit risk is at CNO is low and view the audit process as an efficient way to mitigate risk.

In camera session

The Finance Committee held an in-camera discussion with the auditors. As College staff are not present, this session allows the auditors an opportunity to identify any concerns about CNO management and allows the members of the Finance Committee an opportunity to raise any concerns with the auditor.

Future Finance Committee Terms of Reference

At its last meeting, the committee provided input into a draft profile for the future Finance Committee, which included competencies and attributes of members. Now, staff have requested further feedback from the committee with a focus on the nature of the future Terms of Reference and committee composition. The committee's input will be shared with the Governance Work Group.

Nature of the Terms of Reference

Under Council's future governance vision, the Finance Committee Terms of Reference (TOR) may be high-level; staff sought feedback from committee members on the risks and benefits associated with this shift. Overall the committee identified a benefit with the shift to a high-level TOR, noting an alignment with the competencies and attributes of future committee members. The committee also highlighted that it's imperative all relevant information outlining the committee's fiduciary responsibilities is maintained.

Committee Composition & Roles

Given the move to a competency-based committee, staff also sought feedback on the composition and roles of the future Finance committee. The committee members highlighted that the competencies of future members are at the utmost importance and also agreed that:

- the committee should include at least one nurse;
- specific numbers of categories of members (RN/NP, RPN, public) is not required;
- a committee size of 5 members would be ideal; and
- that a Board member (with requisite competencies) be the Chair of the committee, which is not necessarily the Vice Chair.

B. MacKenzie provided his thoughts on this discussion as Hilborn develop the current TOR for the Finance Committee. He concurred with the committee's views regarding the composition and roles of future committee members. He also noted that the TOR as currently drafted is currently considered best practice, so if the decision to move to a higher-level TOR is desired, all details outlining specific responsibilities of committee members should be documented in supporting policies and the self-monitoring tool. B. MacKenzie also identified as a practice the inclusion of the Board Chair and Vice-Chair as ex officio members of the committee.

Sub-Committee on Compensation Appointment

J. Nunes' term on the Sub-Committee on Compensation ends in June 2020. At its last meeting, the Finance Committee noted that J. Nunes is a strong addition to the both the Finance Committee and the Sub-Committee and his input is highly valued.

Motion 5

Moved by C. Evans, seconded by J. Petersen,

> That it be recommended to Council that Joe Nunes be appointed as a member of the Sub-Committee on Compensation until June of 2023.

CARRIED

Self-Monitoring Tool

The committee reviewed the tool and confirmed that they had met their accountability for the meeting. It was noted that the meeting materials were very well written and transparent so that committee members felt confident their questions were appropriately addressed.

Next Meeting

The next meeting will be the afternoon of May 21 at 1:00 p.m.

Conclusion

At 11:30 a.m., on completion of the agenda and consent, the Finance Committee meeting concluded.

_____

Chair

Attachment 2

COLLEGE OF NURSES OF ONTARIO FINANCIAL

STATEMENTS

FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2019 (Unaudited)

College of Nurses of Ontario
Statement of Financial Position ($)
As at December 31

	2019 December	2018 December
ASSETS		
Current assets		
Cash	49,246,911	27,317,736
Investments	18,377,704	25,052,067
Sundry receivables	22,664	170,969
Prepaid expenses	1,092,122	527,996
	68,739,401	53,068,768
Investments	14,995,256	14,069,355
Capital assets		
Furniture and fixtures	2,300,024	2,297,951
Equipment - non computer	1,127,271	1,133,674
Computer equipment	4,769,226	4,322,452
Building	6,835,907	6,744,448
Building improvements	3,923,184	3,923,184
Land	3,225,009	3,225,009
Art	44,669	44,669
	22,225,289	21,691,386
Less: Accumulated amortization	(14,928,550)	(14,028,313)
	7,296,739	7,663,073
Intangible Assets	4,095,159	4,055,984
Less: Accumulated amortization	(3,752,968)	(3,641,338)
	342,191	414,646
Accrued pension asset	-	264,725
	91,373,586	**75,480,567**
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	12,977,332	9,631,430
Deferred membership and examination fees	43,275,243	42,313,328
	56,252,575	51,944,758
Accrued pension liability	796,546	-
	57,049,121	51,944,758
NET ASSETS		
Net assets invested in capital assets	7,638,930	8,077,719
Unrestricted net assets	26,685,535	15,458,090
	34,324,465	23,535,809
	91,373,586	**75,480,567**

College of Nurses of Ontario
Statement of Operations ($)
Twelve Months Ended December 31

	2019 Year to Date December			2018 Year to Date December			2019 Budget	
	Budget	Actual	Variance Fav/(Unfav)	Budget	Actual	Variance Fav/(Unfav)	Remaining	Approved
REVENUES								
Membership fees	49,193,450	49,602,126	408,676	35,939,650	36,115,990	176,340	(408,676)	49,193,450
Application assessment	4,824,875	4,393,025	(431,850)	2,120,100	3,040,850	920,750	431,850	4,824,875
Verification and transcripts	48,750	77,290	28,540	47,000	66,240	19,240	(28,540)	48,750
Interest income	710,360	1,237,890	527,530	370,000	688,126	318,126	(527,530)	710,360
Examination	2,088,600	1,899,655	(188,945)	1,937,000	2,161,560	224,560	188,945	2,088,600
Other	216,100	268,201	52,101	195,660	260,087	64,427	(52,101)	216,100
Total Revenues	**57,082,135**	**57,478,187**	**396,052**	**40,609,410**	**42,332,853**	**1,723,443**	**(396,052)**	**57,082,135**
EXPENSES								
Employee salaries and expenses	32,473,587	29,007,869	3,465,718	26,614,774	26,053,508	561,266	3,465,718	32,473,587
Contractors and consultants	5,905,420	5,249,356	656,064	6,796,183	5,840,668	955,515	656,064	5,905,420
Legal services	2,269,300	2,250,289	19,011	3,170,024	2,912,249	257,775	19,011	2,269,300
Equipment, operating supplies and other services	5,070,501	5,140,068	(69,567)	4,158,487	4,137,741	20,746	(69,567)	5,070,501
Taxes, utilities and depreciation	1,724,746	1,510,277	214,469	1,430,150	1,448,000	(17,850)	214,469	1,724,746
Exam fees	1,591,800	1,483,634	108,166	1,484,100	1,658,750	(174,650)	108,166	1,591,800
Non-staff remuneration and expenses	814,435	809,340	5,095	861,780	745,864	115,916	5,095	814,435
Total Expenses	**49,849,789**	**45,450,833**	**4,398,956**	**44,515,498**	**42,796,780**	**1,718,718**	**4,398,956**	**49,849,789**
Excess of revenues over expenses/(expenses over revenues)	**7,232,346**	**12,027,354**	**4,795,008**	**(3,906,088)**	**(463,927)**	**3,442,161**	**(4,795,008)**	**7,232,346**
Opening net assets		**23,535,809**			**24,462,428**			
Defined Benefit cost remeasurement		**(1,238,699)**			**(462,692)**			
Closing net assets		**34,324,464**			**23,535,809**			

College of Nurses of Ontario
Statement of Changes in Net Assets ($)
Twelve Months Ended December 31

	2019			2018
	Invested in Capital and Intangible Assets	Unrestricted	Total	December
Balance, beginning of period	**8,077,719**	**15,458,090**	**23,535,809**	**24,462,428**
Excess of (expenses over revenues)/revenues over expenses	(1,011,867)	13,039,222	12,027,355	(463,927)
Purchase of capital assets	573,078	(573,078)	-	-
Defined benefit pension plan - remeasurements and other items	-	(1,238,699)	(1,238,699)	(462,692)
Balance, end of period	**7,638,930**	**26,685,535**	**34,324,465**	**23,535,809**

College of Nurses of Ontario
Statement of Cash Flows ($)
Twelve Months Ended December 31

	2019 December	2018 December
Cash flows from operating activities		
Excess of revenue over expense for the period	12,027,354	(463,927)
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	900,237	1,042,830
Amortization of intangible assets	111,630	123,197
Loss on disposal of capital assets		13,528
Interest not received during the year capitalized to investments	(619,514)	(362,121)
Interest received during the year previously capitalized to investments	213,142	88,970
Interest received during the year capitalized to investments	-	
Funding of pension benefits	(1,320,575)	(1,185,147)
Accrued pension liability	-	-
Pension benefit expense	1,143,147	1,010,646
	12,455,421	**267,976**
Changes in non-cash working capital items		
Decrease in amounts receivables	148,306	19,118
(Increase) decrease in prepaid expenses	(564,126)	120,146
Increase in accounts payables and accrued liabilities	3,345,905	2,536,202
Increase in deferred membership fees	961,914	24,333,503
	16,347,420	27,276,945
Cash flow from investing activities		
Purchase of investment	(23,683,606)	(40,452,643)
Proceeds from disposal of investments	29,838,440	17,467,000
Purchase of capital assets	(533,903)	(882,920)
Purchase of intangible assets	(39,175)	(104,103)
	5,581,756	(23,972,666)
Net increase in cash and cash equivalents	21,929,175	3,304,277
Cash and cash equivalents, beginning of year	27,317,736	24,013,457
Cash and cash equivalent, end of year	**49,246,912**	**27,317,734**

Attachment 3

Additions

~~Deletions~~

Comparison of current and recommended revised Compensation Principles

Current Principles	Recommended Revised Principles	Rationale
Purpose	**Purpose**	
To ensure that the College of Nurses of Ontario is able to attract and retain employees who advance organizational performance.	To ***support an organizational culture of performance excellence by enabling CNO to hire*** ~~ensure that the College of Nurses of Ontario is able to attract~~ and retain ***engaged and motivated staffing resources who achieve CNO's mandate.*** ~~employees who advance organizational performance.~~	Broadening the purpose to focus on performance excellence and meeting CNO's mandate. Supports ability to meet the broader goals and new human resource requirements to implement CNO's new strategic plan.
Definitions	**Definitions**	
Compensation:	**Compensation:**	
For the purpose of these principles, compensation is defined as salary and all benefits (including those for which the College may not incur direct costs such as sick leave, vacation).	For the purpose of these principles, compensation is defined ~~as~~ ***to include the following components:*** • ***Annual*** salary***/hourly rates of pay;*** • ***Rewards and recognition to include merit payments, ad hoc performance recognition, growth and learning opportunities;*** • ~~all~~ benefits ***to include insured coverages (such as health and dental) and non-insured plans (such as time away allotments***	The recommended amendments identify clearly the broad components of a compensation program, including a definition of rewards and recognition to include meaningful options in addition to individual financial rewards and explicit inclusion of retirement savings as part of compensation.

Current Principles	Recommended Revised Principles	Rationale
	~~including those for which the College may not incur direct costs such as sick leave, vacation~~); ***and*** • ***retirement savings arrangements to include registered pension plans and Group RRSPs.***	
College's Employment Market:	***~~College's~~ CNO's*** **Employment Market:**	
The College's primary employment market is defined to be: other regulatory organizations. The College's general employment market is defined to include: the primary employment market and non-profit organizations; Ontario Public Service; post-secondary institutions (Colleges); municipalities; health care; and on a targeted basis, private sector organizations with which the College competes for resources.	~~The College's~~ ***CNO's*** primary employment market is defined to be: other regulatory organizations. ~~The College's~~ ***CNO's*** general employment market is defined to include: the primary employment market and non-profit organizations; Ontario Public Service; ***municipal governments;*** post-secondary institutions (~~***C***~~***c***olleges ***and universities***); ~~municipalities;~~ health care; and on a targeted basis, private sector organizations with which ~~the~~ College ***CNO*** competes for resources.	Substantively the same - edits
Principles	**Principles**	
	As foundational assumptions to all Compensation Principles, CNO is committed to ensuring: • ***its decisions and activities comply with all relevant legislation, and*** • ***information about individual staff compensation is confidential.***	New articulation of assumptions that support all Compensation Principles. Legislative compliance has been removed from the principles and moved to assumptions.

Current Principles	Recommended Revised Principles	Rationale
		Confidentiality of individual staff compensation has been added. This makes the confidentiality of individual compensation clear to all stakeholders, including staff, committees and the board (Council)
Legislatively Compliant	~~**Legislatively Compliant**~~	
Comply with all applicable legislation and reflect the principles of equal pay for equal work and equal pay for work of equal value.	~~Comply with all applicable legislation and reflect the principles of equal pay for equal work and equal pay for work of equal value.~~	Legislative compliance is addressed under the assumptions. Evaluating jobs accurately (equal pay for work of equal value) and paying employees within the salary range (equal pay for equal work) are legislative requirements and tactics rather than principles.
Externally Competitive	**Externally Competitive**	
Achieve and maintain competitive positioning within the College's general employment market, as defined, on a compensation basis. The College's desired competitive position is to establish compensation that is at the middle (50th percentile) of its general employment market.	Achieve and maintain competitive positioning ***relative to other employers*** within ~~the College's~~ ***CNO's*** general employment market, as defined, on a ***total*** compensation basis. ~~The College's~~ ***CNO's*** desired competitive position ~~is to establish compensation that is at the middle (50th percentile) of~~ ***shall not be less than the market median and may be allowed to lead on a total compensation basis within*** its general employment market.	The concept of "total" compensation is added to underscore the importance of all compensation elements, as defined above – salary, rewards and recognition, benefits and retirement savings. The principle still commits CNO to position itself at the median of the market (top of salary range = 50th percentile of market). However, it now includes flexibility to adjust to a higher percentile, if required to address recruitment or

Current Principles	Recommended Revised Principles	Rationale
		retention challenges. Such movement could be applied temporarily, and broadly to all salary ranges or only specific ranges as needed. This change reflects prior discussion at the Sub-Committee, Finance Committee and board (Council) about whether positioning the top of CNO salary ranges at the median of the market might create recruitment and retention challenges.
Internally Equitable	~~**Internally Equitable**~~ ***Internal Equity***	
Evaluate all positions accurately and consistently. Pay employees within the salary range appropriate for their job level.	~~Evaluate all positions accurately and consistently. Pay employees within the salary range appropriate for their job level.~~ ***Develop and consistently apply fair and transparent practices and policies to administer CNO's compensation programs for all applicants and employees.***	The current principle focus is narrow and tactical. The recommended principle sets a broad expectation for fairness and transparency that would be supported by the tactics set out in the current principle.
	Individual Equity	
	Ensure compensation-related practices and decisions are ethically, consistently, objectively and equally applied to all employees, with the result that employees perceive and experience fair treatment.	This new principle notes the importance of employee perception of equity and fairness to recruitment and retention.
Strategically Aligned	~~**Strategically Aligned**~~	
Achieve and sustain performance excellence by assessing individual	~~Achieve and sustain performance excellence by assessing individual~~	This principle has been removed. The concept of performance assessment and

Current Principles	Recommended Revised Principles	Rationale
performance using evidence-based measures that align role expectations with the operating and strategic plans. Progression through the salary range is based on meeting performance expectations and demonstrating organizational competencies. Merit awards recognize exemplary performance.	~~performance using evidence-based measures that align role expectations with the operating and strategic plans. Progression through the salary range is based on meeting performance expectations and demonstrating organizational competencies. Merit awards recognize exemplary performance~~	related outcomes (progression through a salary range and/or eligibility for a merit award) are included in the tactics associated with the revised Internal Equity principle.
Fiscally Responsible	**~~Fiscally Responsible~~**	
Ensure every job function exists to support achievement of the College's operating and strategic plans. Ensure evidence-based performance measures are documented, aligning individual performance plans to College operational activities. Merit awards do not affect the salary base. Manage compensation commitments within the approved budget.	~~Ensure every job function exists to support achievement of the College's operating and strategic plans. Ensure evidence-based performance measures are documented, aligning individual performance plans to College operational activities. Merit awards do not affect the salary base. Manage compensation commitments within the approved budget.~~	The accountability for fiscal responsibility applies to all CNO programs and is not unique to compensation. Being fiscally responsible is an outcome that is achieved when the principles of internal equity and external competitiveness are applied. The concept of job functions is addressed as a tactic associated with the Internal Equity principle.

COLLEGE OF NURSES OF ONTARIO
ORDRE DES INFIRMIÈRES ET INFIRMIERS DE L'ONTARIO
THE STANDARD OF CARE.

Attachment 4

Recommended Compensation Principles

Purpose:

To support an organizational culture of performance excellence by enabling CNO to hire and retain engaged and motivated staffing resources who achieve CNO's mandate.

Definitions:

Compensation:

For the purpose of these principles, compensation is defined to include the following components:

- Annual salary/hourly rates of pay;
- Rewards and recognition to include merit payments, ad hoc performance recognition, growth and learning opportunities;
- Benefits to include insured coverages (such as health and dental) and non-insured plans (such as time away allotments); and
- Retirement savings arrangements to include registered pension plans and Group RRSPs.

CNO's Employment Market:

CNO's primary employment market is defined to be: other regulatory organizations. CNO's general employment market is defined to include: the primary employment market and non-profit organizations; Ontario Public Service; municipal governments; post secondary institutions (colleges and Universities); health care; and on a targeted basis, private sector organizations with which CNO competes for resources.

Principles:

As foundational assumptions to all Compensation Principles, CNO is committed to ensuring:

- its decisions and activities comply with all relevant legislation; and
- information about individual staff compensation is confidential.

Externally Competitive

Achieve and maintain competitive positioning relative to other employers within CNO's general employment market, as defined, on a total compensation basis. CNO's desired competitive position shall not be less than the market median and may be allowed to lead on a total compensation basis within its general employment market.

Internal Equity

Develop and consistently apply fair and transparent practices and policies to administer CNO's compensation programs for all applicants and employees.

Individual Equity

Ensure compensation-related practices and decisions are ethically, consistently, objectively and equally applied to all employees, with the result that employees perceive and experience fair treatment.

Approved by Council, June 2011
Revised, December 2013, December 2015

Attachment 5

Table Comparing Current and Recommended Terms of Reference

Current Terms	Recommended Terms	Rationale for Change
The Sub-Committee on Compensation acts as a neutral and expert resource to the Executive Director and CEO and the Finance Committee on staff compensation, and on Council or committee member compensation where there is a financial impact to the budget.	The Sub-Committee on Compensation acts as a neutral and expert resource to ***support CNO in meeting its goal of being an employer of choice by advising*** the Executive Director and CEO and the Finance Committee on ~~staff~~ compensation-***related practices for staff and Council and committee members.*** ~~, and on Council or committee member compensation where there is a financial impact to the budget~~.	To clearly identify the goals of CNO's compensation program. To remove the specification linking recommendations about board/committee stipend and expense policies to budget impact.
Specific terms of reference are:	**Specific terms of reference are:**	
1. To review the College's compensation principles on a biennial basis to ensure that the principles reflect current legislative imperatives and best practices in human resources. To make recommendations for change, if any, to the Finance Committee.	1. To review the ~~College's~~ ***CNO's*** compensation principles ~~on a biennial basis~~ ***at the request of Council, the Finance Committee or not less than once every five years*** to ensure that the principles ***support CNO's ability to attract and retain high calibre staff by*** reflect***ing*** current legislation, ~~legislative~~ ***organizational*** imperatives and best practices in human resources. To make recommendations for change, if any, to the Finance Committee.	The Sub-Committee is recommending significant changes to the Compensation Principles that will shift them from policy-like statements, to strategic principles that focus on attraction and retention as organizational imperatives, which is reflected in the rewording. Since foundational principles are meant to stand the test of time, the timeframe for regular review has been moved from every two years to every five years. The recommended changes specifically identify the governance bodies that can

Current Terms	Recommended Terms	Rationale for Change
		request earlier review if there is significant organizational or environmental change.
2. To review and advise the Executive Director and CEO on staff compensation matters in relation to the compensation principles and human resource "best practices".	2. To ~~review and~~ advise the Executive Director and CEO on staff compensation***-related*** matters ***aligned with*** ~~in relation to~~ the ***C***~~c~~ompensation ***P***~~p~~rinciples and human resource ~~"~~best practices~~"~~.	Term 2 is broadened to move from advising on compensation to compensation-related matters. It also clarifies that the Sub Committee's advisory lens should align with the Compensation Principles and HR best practices.
3. To advise the Finance Committee whether the compensation component that the Executive Director and CEO is including in the budget is congruent with the College's compensation principles and human resource "best practices".	3. To advise the Finance Committee whether the compensation component ~~that the Executive Director and CEO is including~~ included in the ***annual proposed*** budget is congruent with ~~the College's~~ ***CNO's C***~~c~~ompensation ***P***~~p~~rinciples and human resource ~~"~~best practices~~".~~	To clarify that the advice relates to the annual budget that is proposed by CNO management – not the final budget as approved by Council (the Finance Committee and the board have the prerogative to require budget changes).
4. To advise the Finance Committee on changes in the daily stipend and expense policies for Council or Committee members.	4. To advise the Finance Committee on changes in the ~~daily~~ stipend and expense policies for Council or ~~C~~***c***ommittee members.	Broadening beyond daily policies.
Membership	**Membership**	
1. The Sub-Committee consists of members with senior level experience and expertise in compensation, drawn from the College's market, who individually have substantive experience in one or more areas of compensation and who collectively possess all the required competencies, including	1. The Sub-Committee consists of members with senior level experience and expertise in compensation, drawn from the College's CNO's market, who individually have substantive experience in one or more areas of compensation and who collectively possess all the required competencies,	

Current Terms	Recommended Terms	Rationale for Change
senior level experience as a human resources practitioner.	including senior level experience as a human resources practitioner.	
2. Members are appointed by Council on recommendation of the Finance Committee	2. Members are appointed by Council on recommendation of the Finance Committee	
3. The Chair is appointed by Council on recommendation of the Executive Committee. The Chair of the Sub-Committee shall be a member of the Finance Committee.	3. The Chair is appointed by Council on recommendation of the Executive Committee. The Chair of the Sub-Committee shall be a member of the Finance Committee.	
4. No member of the Sub-Committee shall be a member of Council or staff.	4. No member of the Sub-Committee shall be a member of Council or staff.	
5. The term of office is 3 years with the option of reappointment by Council. Members can serve no more than two full three year terms. To implement the new terms of office, in March of 2018: ▪ **one member will be appointed to a one-year term of office;** ▪ **one member will be appointed to a two year term of office; and** ▪ **one member will be appointed to a three year term of office.** **The following staff will act as resource persons for the Committee:** ▪ **Executive Director and CEO** ▪ **Chief Administrative Officer** ▪ **Director, Human Resources**	5. The term of office is 3 years with the option of reappointment by Council. Members can serve no more than two full three-year terms. To implement the new terms of office, in March of 2018: ▪ one member will be appointed to a one-year term of office; ▪ one member will be appointed to a two-year term of office; and ▪ one member will be appointed to a three-year term of office. The following staff will act as resource persons for the Committee: ▪ Executive Director and CEO ▪ Chief Administrative Officer ▪ Director, Human Resources ***and Facilities***	Edit and update to reflect current organizational structure.

Attachment 6

Sub-Committee on Compensation
Recommended Terms of Reference

The Sub-Committee on Compensation acts as a neutral and expert resource to support CNO in meeting its goal of being an employer of choice by advising the Executive Director and CEO and the Finance Committee on compensation-related practices for staff and Council and committee members.

Specific terms of reference are:

1. To review the CNO's Compensation Principles at the request of Council, the Finance Committee or not less than once every five years to ensure that the principles support CNO's ability to attract and retain high caliber staff by reflecting current legislation, organizational imperatives and best practices in human resources. To make recommendations for change, if any, to the Finance Committee.

2. To advise the Executive Director and CEO on staff compensation-related matters aligned with the Compensation Principles and human resource best practices.

3. To advise the Finance Committee whether the compensation component included in the annual proposed budget is congruent with the CNO's Compensation Principles and human resource best practices.

4. To advise the Finance Committee on changes in the stipend and expense policies for Council or committee members.

Membership

1. The Sub-Committee consists of members with senior level experience and expertise in compensation, drawn from CNO's market, who individually have substantive experience in one or more areas of compensation and who collectively possess all the required competencies, including senior level experience as a human resources practitioner.

2. Members are appointed by Council on recommendation of the Finance Committee.

3. The Chair is appointed by Council on recommendation of the Executive Committee. The Chair of the Sub-Committee shall be a member of the Finance Committee.

4. No member of the Sub-Committee shall be a member of Council or staff.

5. The term of office is 3 years with the option of reappointment by Council. Members can serve no more than two full three-year terms. To implement the new terms of office, in March of 2018:
    - one member will be appointed to a one-year term of office;

- one member will be appointed to a two-year term of office; and
- one member will be appointed to a three-year term of office.

The following staff will act as resource persons for the Committee:

- Executive Director and CEO
- Chief Administrative Officer
- Director, Human Resources and Facilities

Meetings

The Committee will meet at least twice per year. One meeting will be held in the first quarter of the year and one meeting will be held in the third quarter of the year.

Approved by Council June 2011
Revised 2014, June 2017, January 2020

December 2013, December 2015

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THE STANDARD OF CARE.

Agenda Item 6.1

Decision Note – March 2020 Council

Finance Committee Terms of Reference

Contact for more information

Stephen Mills, Chief Administrative Officer

Decision re recommendation of the Finance Committee

That Council approve the proposed revised Finance Committee Terms of Reference as attached to this decision note.

Background

The current Terms of Reference for the Finance Committee were developed in 2004 in collaboration with the auditors. They are very comprehensive and were last revised in 2014. It is part of the role of the Finance Committee to review the terms and recommend changes to the Executive Committee, which then recommends the changes to Council.

Changes are proposed this year to:

- Address some changes in financial processes (see below);
- Consolidate decision making regarding Council and committee member stipend and expense policies;
- Address changing terminology and meeting processes (editorial); and
- Simplify future amendments to the committee's Terms of Reference.

Changes in Financial Processes

Due to the nature and limitations (assets only) of the Pension Plan Trust fund statements they are not required to go to Finance Committee or Council. Finance Committee and Board approval is not required for submission of the statements to the Financial Services Regulatory Authority (Annual Financial Information, Item 3).

Last year, the Finance Committee approved policies to support simplified financial by-laws related to:

- Article 36 – Banking
- Article 37 – Investments
- Article 38 – Expenditures
- Article 39 – Borrowing

- Article 40 – Cheques (renamed Payments)
- Article 41 – Contracts and Other Documents

The “Assurance and Maintenance” section of each policy includes:

- *The Finance Committee may consult with the auditors during the annual review to validate that this policy is meeting its purpose*
- *CNO auditors will confirm during the report on the audit that CNO staff have followed the policy and procedures*
- *The Finance Committee will review this policy every 3 years to ensure it continues to meet its purpose*
- *This policy and all revisions will be shared with Council for information*

To incorporate those concepts, item 3 under Risk Management, Accounting and Internal Controls related to assurances from the auditors has been expanded to address the policies approved by the Finance Committee.

In addition, a new item has been added under “Other” to address the triennial review of the policies approved by the Finance Committee.

Consolidating decision-making regarding Stipend and Expense Policies

Currently, recommendations to Council about proposed changes to Council’s stipend and expense policies come from two committees:

- Finance Committee proposes changes related to amounts, for example the amount of the daily stipend, meal allowance; and
- Executive Committee proposes changes to the “policies”.

The Finance Committee is recommending that all changes be reviewed and recommended by the Finance Committee for the following reasons:

- Policy changes, although they may not include amounts, may have financial implications. For example, this year the policies are being amended to include toll roads. It is not expected to have a significant impact, but another policy change might; and
- When substantive changes are being made, as was done last year, it can make decision making complex. For example, the amendments to the hotel policies last year included a maximum amount above which additional approval was required, which was recommended by the Finance Committee. There were also intricate changes to the policies related to hotel accommodation, which were recommended by the Executive Committee.

Both the Finance and Executive committees were provided with a copy of all the recommended changes, to see their decision items in context. From a practical perspective, there does not seem to be a good reason to have two committees review different aspects of the stipend and expense policies.

The current terms of reference of the Sub-Committee on Compensation speak specifically to recommending changes in the amounts. The Sub-Committee is reviewing its terms of reference. It is being suggested to the Sub-Committee that this term be broadened so that they review and

recommend changes to the stipend and expense policies to the Finance Committee. That provides for an expert, neutral review of any changes to the policies prior to consideration by the Finance Committee.

Editorial amendments to reflect change

In its move to clear language, CNO is moving away from the term “College” and is using CNO. This reflects language that is clearer to the public – CNO is not an educational facility. It also fits with modern branding where corporations are moving from names to acronyms, for example: Royal Bank of Canada is now RBC, Bank of Montreal is BMO.

There is also an editorial change to the section on meetings to address all forms of virtual meetings, not just telephone conference calls.

Simplifying future changes to the Terms of Reference

It is suggested that terms 1 and 2 under Self-Governance be amended to allow the Finance Committee to recommend changes to its terms of reference and the terms of reference of the Sub-Committee on Compensation directly to Council. Given that the Officers are on both the Finance Committee and the Executive, governance oversight is provided at the Finance Committee. In discussion, the Executive strongly supported this change.

If these changes are approved by Council in March, corresponding changes to the Executive Committee Terms of Reference will be proposed to Council in June.

Attachment

Proposed revised Finance Committee Terms of Reference.

Attachment

Proposed additions

~~Proposed deletions~~

Finance Committee Terms of Reference

Objectives

Primary responsibility for the College of Nurses of Ontario's ***(CNO's)*** financial reporting and control systems is vested in Management, overseen by the Council. The Finance Committee ("the Committee") is a standing committee of the Council established to:

1. Advise Council on~~the~~ ***CNO's*** financial affairs ~~of the College~~ (General By-Law, Article 26.04).

2. Assist the Council in fulfilling its fiduciary responsibilities in regard to financial reporting, internal control systems, its relationships with auditors, legal and ethical conduct, and ensuring accountability for the use of assets.

3. Communicate effectively with the Council, external auditor and senior management.

4. Ensure the independence of the external auditors.

5. Provide Council with the information it requires to fulfill its fiduciary responsibilities.

Authority

The Council grants the Committee the authority to fulfill the Specific Terms as outlined below, in order to achieve its stated objectives. The Committee shall have access to personnel, documents, records and resources necessary to carry out its responsibilities. The Committee shall have the authority to initiate investigations into any matter within the Committee's scope of responsibilities and is empowered to retain special legal, accounting or other consultants to advise the Committee. The Committee is authorized to require Management to promptly inform the Committee and external auditor of any material misstatement or error in the financial statements following discovery of such situation.

SPECIFIC TERMS

Annual Financial Information

1. Ensure operating and capital budgets:
   - Support annual operations that contribute to achievement of the mission, vision and strategic objectives; and
   - Provide for ~~the~~ ***CNO's*** ongoing fiscal well-being ~~of the College~~.

2. Review the following for recommendation to Council:
   (i) the unaudited financial statements prepared by management, a minimum of four times a year;
   (ii) the annual operating budget; and
   (iii) the annual capital budget.

3. Review ~~the~~ ***CNO's*** annual audited financial statements ~~of the College and of the Pension Plan Trust Fund for Employees of the College~~ and recommend their approval to the Council, after discussing with management and the auditors, matters pertaining to:

   - the selection, application and consistency of significant accounting policies;
   - significant accounting judgments, accruals and estimates; and
   - significant disclosure or presentation issues addressed by management and the external auditor during the course of the audit and preparation of the financial statements.

4. Review the planning and results of the external audit, including:
   - the engagement letter and estimated audit fee;
   - the scope of the audit, including areas of audit risk, timetable, deadlines, materiality limits, extent of internal control testing and co-ordination with internal audit;
   - the auditors' report;
   - any errors detected by the audit, how they were resolved with management, and whether they indicate a weakness in the reporting and control system; and
   - consider any other matters, including the external auditors' management letter and management's response thereto.

   The Committee should report on its findings to the Council before the Council approves such annual financial statements, as reported upon by the external auditor.

Risk Management, Accounting and Internal Controls

1. Review and evaluate the critical areas of financial risk and exposure as determined by ***CNO's*** management ~~for the College~~, including but not limited to insurance protection, environmental risk, political factors, treasury/credit and other areas as determined from time-to-time.

2. Periodically review any emerging accounting issues and their potential impact on ***CNO's*** ~~the College's~~ financial statements.

3. Obtain reasonable assurance from discussions with and/or reports from management and the external auditor that ~~the College's~~ ***CNO's*** accounting systems and internal control systems***, including the policies approved by the Finance Committee,*** are efficient, effective and operating continuously.

4. Direct the external auditor's examinations to specific areas as deemed necessary by the Committee.

External Auditor Independence

1. The Committee shall ensure that the external auditor understands their ultimate accountability to the Council and the Committee, on behalf of ***CNO's*** ~~the College's~~ members.

2. The Committee shall strengthen and preserve external auditor independence by:
   - holding periodic in-camera sessions with the external auditor;
   - annually reviewing ***any*** non-audit engagements undertaken by the audit firm for ***CNO*** ~~the College~~ and assessing their impact on the external auditors' objectivity and independence;
   - assessing the performance of the external auditor and developing resolutions related to the reappointment or any proposed change in external auditors to the June meeting of Council***;***
   - reviewing the co-operation received by the external auditor from management; and
   - ensuring the external auditors issue a letter to the Committee on an annual basis declaring their independence from management and ***CNO*** ~~the College~~.

Ethical and Legal Conduct

1. Ensure there are adequate systems and practices in place to provide reasonable assurance of compliance with laws, regulations and standards of ethical conduct, with respect to ~~the~~ ***CNO's*** financial affairs ~~of the College~~.

2. Receive and review updates from management and general counsel on compliance matters and litigation claims or other contingencies that could have a significant impact on ***CNO's*** ~~the~~ financial affairs ~~of the College~~.

3. Require reporting of all fraudulent and illegal acts to the Committee along with management's response to them.

Self-Governance

1. Biennially review the Committee Terms of Reference and recommend appropriate changes to ~~the Executive Committee~~ ***Council***.

2. Review the Terms of Reference of the Sub-Committee on Compensation biennially and recommend changes, if any, to ~~the Executive Committee~~ ***Council***.

3. Annually self-assess whether the Committee has met the specific terms and report these results to Council.

4. Ensure disclosure of or appropriate access to the Committee Terms of Reference for all members of ***CNO*** ~~the College~~.

5. Perform any other activities consistent with these Terms of Reference, ~~the College's~~ ***CNO's*** bylaws and governing law, as the Committee or Council deems necessary or appropriate.

6. Report to Council four times a year on how the terms of reference are being met.

Other

1. Review proposed changes to the Compensation Principles recommended by the Sub-Committee on Compensation and recommend changes to Council.

2. Review annually the appropriateness of the application and membership fee structure and other revenue charges and recommend changes to Council, as required.

3. Review biennially ~~all stipends, honoraria and amounts paid under expense accounts~~ ***the stipend and expense policies for Council and committee members,*** and recommend changes to Council

4. Review College policies on financial matters and make recommendations for change to Council.

5. ***Review, every three years and as needed, the policies approved by the Finance Committee and provide any amended policies to Council.***

6. Review, at least annually, ***CNO's*** By-Laws regarding the financial affairs ~~of the College~~ and recommend changes to Council.

7. Recommend the members of the Compensation Sub-Committee to Council.

Membership

1. The Committee will consist of eight members:
   - President of Council
   - 2 RN councillors, one of whom is the Vice-President;
   - 2 RPN councillors, one of whom is the Vice-President;
   - 2 public member councillors; and
   - The Chair of the Sub-Committee on Compensation.

   Each member shall be free of any relationship that, in the opinion of the Council, would interfere with his or her individual exercise of independent judgement.

2. The Vice-Presidents will act as co-chairs.

3. The term of office for members will be one year with the option of reappointment by Council and re-election of the President and Vice-President.

In the event of mid-term vacancies, the Council will appoint replacement members to complete the term.

The Executive Director and CEO, and the Chief Administrative Officer shall be staff resource to the Committee except for the portions of the meetings dealing with audit.

Meetings

1. Meetings may be convened at the request of any member of the Committee or at the request of the College's auditor, but in no circumstances less than four times each year.

2. ~~The College's~~ ***CNO'*** auditor shall receive notice of all meetings of the Committee and is entitled to appear and be heard thereat.

3. Any member of the Committee may require the attendance of the auditor at any meeting of the Committee.

4. Meetings may be held in person, ~~by conference telephone call~~ ***electronically***, or by any individual member ***or members*** participating by ~~conference telephone~~ ***electronically***.

Agenda

The Co-Chairs shall, in consultation with management and the auditors, establish the agenda for the meetings and ensure that properly prepared agenda materials are circulated to members in sufficient time for study prior to the meeting. Committee members may recommend agenda items subject to approval of the agenda by the Committee.

The Committee will maintain minutes of it meetings.

Decision Making

A quorum consists of a majority of the voting members of the Committee. Each Committee member is entitled to one vote and decision shall be by majority vote of those present.

Approved by Council, March 2005

Amended:
- March 2007
- June 2009
- June 2011
- June 2012
- June 2014

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Agenda Item 4.5

Report of the Election and Appointments Committee

Appointments to Statutory Committees

Contact for questions or more information

Anne Coghlan, Executive Director and CEO
Kevin McCarthy, Director of Strategy

Decision for consideration re. recommendation of the Election and Appointments Committee:

That Council and committee members be appointed to statutory committees, effective June 4, 2020 in accordance with the list of committee appointments presented to Council by the Election and Appointments Committee.

Background

The Election and Appointments Committee's (EAC's) role includes recommending to March Council:

- candidates to fill non-Council vacancies on statutory committees;
- newly elected and appointed Council members to fill vacancies on committees; and
- any adjustments needed to address changes to the membership of the Executive Committee.

Assignment of non-Council members of statutory committees:

As part of implementation of Council's governance vision, CNO piloted competency-based appointments for non-Council members of statutory committees. 2020 was the second year of the pilot. The process was supported by Governance Solutions Inc. (GSI)[1]. GSI hosted the application, received and analyzed the applications, checked references of selected candidates and advised EAC.

[1] GSI had supported the Governance Work Group and Council in the identification of the competencies and attributes for the future board and statutory committees.

EAC met three times to identify the proposed committee members to recommend to Council in March:

- In October 2019, an education session was held in which EAC received background on the competency-based appointments approach;
- In January 2020, EAC received the first report on candidates and resumes for all candidates. EAC selected candidates for reference checks and to complete the conflict of interest declaration; and
- In February 2020, EAC received a report on the outcome of reference checks for the selected candidates. EAC was informed that there were no issues regarding conflict of interest among the selected candidates. EAC confirmed the final candidates for inclusion in the committee membership to be recommended to Council.

EAC noted that there were strong candidates across all categories – RNs, NPs and RPNs. Many of the candidates had leadership experience and presented with significant volunteer experience. Their practice background and responses showed a strong commitment to the public interest and public safety. EAC's decisions were guided by the competency-based assessment and governance principles.

EAC filled 14 (7 RN and 7 RPN) non-Council committee vacancies:

- Five incumbents (2 RN and 3 RPN) are recommended for reappointment; and
- Nine new candidates (5 RNs and 4 RPN) are recommended for appointment.

Because this continued as a pilot of a new process, EAC participated in a focus group at the end of its March meeting. A report of the focus group findings is attached. The Governance Work Group will use this report, as one source of evidence, to support it in considering whether any further changes are required to the committee appointment process.

Assignment of Council members to statutory committees:

Since most Council members remain on the same committees throughout their term of office, EAC focused on assigning new members to committees.

This year, there are six newly elected Council members (3 RNs and 3 RPNs). They were assigned to fill Council member vacancies on statutory committees based on their employment background and time availability. In addition, a few Council member committee changes were identified to address potential changes to the Executive Committee.

There are ten current public members with terms expiring in 2020 (two in late March and the remaining eight on May 31st of 2020). Other than one member who has been informed that they are not being reappointed in March, the status of those appointments is unknown. For that reason, as has been done in the past, all current public members have been assigned to the committees on which they currently serve. EAC noted that, in

accordance with by-laws, if new public members are appointed, they will be assigned to statutory committees by the Executive Committee.

Attachment:

Report of focus group on competency-based committee member appointments

Members of the Election and Appointments Committee

Grace Fox, Chair	Terry Holland
Cathy Egerton	Connie Manning
Debbie Graystone	Cathy Ward

Attachment 1

Election and Appointments Committee Focus Group Report

Background

On February 13, 2020, the Election and Appointments Committee (EAC) participated in a facilitated focus group to discuss their experiences with the 2020 pilot of the competency-based process for appointing nurses to statutory committees. This is the second year that CNO has piloted competency-based committee appointments and the second focus group with the EAC. Provided below are some recurring themes that emerged through this focus group.

Themes of Feedback

1. Enhanced confidence in decision-making capabilities

EAC members strongly supported the expertise provided by a third-party consultant, Governance Solutions (GSI). The following advantages were identified within the focus group:

- Eliminated perception of personal bias or favouritism;
- Simplified the candidate selection process;
- Improved and supported the EAC's heavy workload;
- Strengthened the EAC's ability to make informed decisions in selecting high-quality candidates.

The EAC members acknowledged the significant process improvements made within the last year. Members from EAC commented on how important it was to have GSI's expert and impartial validation of the candidates' self-assessments against the competencies and attributes. This was identified as increasing confidence in the decision-making process, while also ensuring transparency and fairness.

2. Materials provided were clear and accessible

EAC members uniformly agreed that the presentation, content and additional supports from GSI and CNO staff all contributed to making the EAC decision-making process more seamless, which allowed them to make easier and quicker decisions. EAC members noted that the capabilities of MeetX allowed staff to prepare briefing materials in a way that supported the committee in preparing efficiently. EAC members acknowledged how instrumental these were in the selection of qualified candidates for each committee. More specifically, the EAC recognized how helpful the tiered results were in streamlining information to allow them to zone in on strong candidates and make the final decision based upon their personal knowledge and expertise of statutory committee needs. In addition, the EAC noted that they also had enhanced confidence in selecting alternate candidates if deemed necessary.

3. *Opportunities to improve the future process*

- Some EAC members suggested removing candidate names from the preparatory materials to eliminate any prejudice or biases and to ensure fairness/equity throughout the process. A. Coghlan noted GSI's advice at the last EAC meeting was that EAC members are expected to also apply their knowledge from working with individuals to the screening and assessment process.

- Ensure the most appropriate meeting format is used based upon the type of meeting that is taking place. EAC members acknowledged how helpful it was to meet in person with the GSI team for the first placement meeting.

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Agenda Item 4.6

Decision Note – March 2020 Council

Appointments to the Sub-Committee on Compensation

Contact for questions or more information

Stephen Mills, Chief Administrative Officer

Decision for consideration re. recommendations from the Finance and Executive committees

That Joe Nunes:

- be reappointed to the Sub-Committee on Compensation until June 2023; and
- be appointed as the 2020-2021 Chair of the Sub-Committee on Compensation.

Background

Joe Nunes (see attachment 1 for Joe's profile) joined the first competency based Sub-Committee on Compensation in June of 2018. This past year, he has served as Chair of the Sub-Committee and a member of the Finance Committee. His term of office is ending this June and he is eligible for reappointment.

The Sub-Committee performs an important advisory role in relation to staff and Council/committee compensation (see report of the Finance Committee, agenda item 5.3).

The Finance Committee recommends the members of the Sub-Committee; the Executive recommends its chair. When the Sub-Committee was restructured in 2018, the three members were given different terms so that, in future, one member's term would end each year. At that time, Joe was appointed to serve for two years – ending in June 2020.

Other current members of the Sub-Committee are:

- Craig Halket, term ending 2021; and
- Robert Canuel, term ending 2022.

Attachment

Joe Nunes profile

JOSEPH F. NUNES, FSA, FCIA, ICD.D

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Joseph Nunes, Co-founder and President of Actuarial Solutions Inc, has practiced in the area of pensions and retiree health plans for 30 years. He has experience with many types of plans including single-employer, multi-employer, private sector, government, unionized, non-unionized, as well as registered and non-registered executive plans.

Joe has a wide range of experience including pension plan valuations, converting plans from defined benefit to defined contribution, and plan wind-ups. Joe has also supported the negotiation of changes to benefit levels and ancillary benefits and has significant experience in the governance of defined contribution programs. In addition, Joe can provide clients with expert independent advice on mergers and acquisitions, as well as matters before arbitrators and the courts.

Joe is a Fellow of the Canadian Institute of Actuaries and the Society of Actuaries having graduated from the University of Waterloo with a Bachelor of Mathematics in 1989. Joe is a graduate of the Director's Education Program at the University of Toronto's Rotman School of Management. Joe's experience includes working in Toronto at an insurance brokerage and in the retirement practice at Mercer.

Joe is a frequent contributor to the actuarial profession and actively participates in professional meetings. He also contributes to organizations outside the profession where actuarial expertise is valued. Joe's recent activities are as follows:

Directorships

Canadian Automobile Association – South Central Ontario
Director, Board of Directors – 2015 to 2016
Chair, Conduct Review Committee – 2016
Member, Human Resources Committee – 2016
Member, Audit & Risk Committee – 2015 to 2016
Member, Nominating & Governance Committee – 2015 to 2016

Canadian Institute of Actuaries (CIA)
Director, Board of Directors – 2005 to 2008, 2012 to 2015
Member, HR Finance & Audit Committee – 2013 to 2015

Professional and Volunteer Activities

Canadian Institute of Actuaries (CIA)
Co-champion, Task Force on Retirement Age – 2017 to present
Chair, Business and Communications Education Subcommittee – 2016 to present
Member, Elections Committee – 2015 to present
Vice-chair, Blue Ribbon Task Force on Public Policy Statements – 2016
Chair, Committee on Continuing Education – 2008 to 2010
Chair, Professional Liability Insurance Advisory Committee – 2006 to 2008

Windsor Cancer Centre Foundation
Member, Governance Committee – 2016 to present

United Church of Canada
Chair, Risk Assessment Working Group – 2013 to 2015
Member, Pension Plan Advisory Committee – 2012 to 2015

Society of Actuaries (SOA)
Member, Nomination Committee – 2012 – 2015

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Select Publications & Presentations

Seminar: *"Quick Hits: 5 Ideas About Pensions in 50 Minutes," presented at 36th Annual ISCEBS Employee Benefits Symposium, September 2017*

Seminar: *"Old Problems, New Numbers," presented at 50th Annual Canadian Employee Benefits Conference, August 2017*

Seminar: *"Canada Pension Plan Road Map," presented at 50th Annual Canadian Employee Benefits Conference, August 2017*

Author: *"Shift towards DC approach to health benefits inevitable," June 2017 Benefits Canada*

Seminar: *"Actuarial Mumbo-Jumbo: An Insider's Look at Actuarial Valuation Reports," presented at the 49th Annual Canadian Employee Benefits Conference, November 2016*

Seminar: *"Strategic Thinking for Trustees: How Can Your Actuary Help?" presented at the 49th Annual Canadian Employee Benefits Conference, November 2016*

Seminar: *"Canada Pension Plan Expansion: What's New & What's Next?" presented at the 35th Annual ISCEBS Employee Benefits Symposium, September 2016*

Seminar: *"The Ontario Retirement Pension Plan," presented at the SPM Valued Advisor Program, June 2016*

Seminar: *"The Ontario Retirement Pension Plan," presented at the Fasken Martineau Institute: The Employer's Guide to the Ontario Retirement Pension Plan, June 2016*

Seminar: *"Four Ideas in Forty Minutes," presented at the Benefits Alliance AGM & Spring Conference, April 2016*

Author: *"The ORPP is good in theory, bad in practice," July/August 2015 Benefits Canada*

Author: *"The Great CPP Debate: Expanding the CPP is a bad idea," February 2014 Benefits Canada*

Interviews

"Bridging the pension gender gap," May 2017 Benefits Canada

"Could the Post Retirement Benefit work for you?" April 2017 The Globe and Mail

"A look at how different countries deal with discount rates in pension plans," October 2016 Benefits Canada

"Employers face up to $10k penalty for not complying with ORPP," April 2016 Benefits Canada

Please contact **Joe Nunes** at 866.323.7200 or Joe@ActuarialSolutionsInc.com
to learn more about Actuarial Solutions Inc. and how we can help.

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Agenda Item 4.7

Decision Note – March 2020 Council

Confirmation of statutory committee appointment

Contacts for Questions or More Information

Kevin McCarthy, Director of Strategy

Decision

That the appointment of Shana (Hana) Anjema to the Inquries, Complaints and Reports Committee (ICRC) until June 2021 be confirmed.

Background

The Executive Committee fills mid-year committee vacancies (Article 31.03). Those appointments come into effect immediately, end when the term of the member being replaced would end and must be confirmed by Council at its next meeting.

A resignation of an RN appointed committee member resulted in a vacancy on ICRC. The Chair and staff resource confirmed that the vacancy needed to be filled immediately to allow ICRC to continue to function effectively.

As is the standard process in these appointments, the Executive reviewed the candidates who had volunteered to serve on ICRC in 2019 and were forwarded by the 2018-2019 Election and Appointments Committee as qualified.

It was noted that among the qualified candidates, Shana Anjema had been a member of ICRC and a panel chair until June 2019. The Executive identified that she will be able to participate immediately without an extensive learning curve, which will support ICRC effectiveness.

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

Information Note – March 2018 Council

Results of the 2020 Election of Council members

Contact for questions or more information

Jenna Hofbauer, Council Affairs Coordinator

Background

Council elections took place in January/February of 2020 in the Eastern, Northeastern and Northwestern electoral districts.

The RPN candidates in the Eastern and Northwestern districts were acclaimed. On close of nominations, there were no RPN candidates in the Northeastern district. In accordance with the by-laws, a second call was sent to all RPNs in that district which resulted in an election.

E-ballots for contested positions were sent to all eligible voters on January 21st and two reminders were sent to those who had not voted. Election-day was February 5th. Polls closed at 5:00 p.m. eastern standard time.

Candidate Profiles

This year, continuing with the profiling of Council's governance vision in the election, all candidates were required to respond to three statements identified by the Governance Work Group in their profile:

- I want to serve on Council (CNO's board of directors), a board whose only role is to uphold patient safety, because
- As a member of Council, I would bring these skills to the board
- As a member of Council, I would bring these attributes to the board

The candidates were provided with the board competencies and attributes to address in their profiles. The board profile was also provided to voters, linked to the email that accompanied the ballot.

Results

After the deadline for requesting recounts, on receiving a report that there was no request for a recount, the following candidates were declared elected by the Election and Appointments Committee:

	RN	RPN
Eastern	Patricia Sullivan Naomi Thick	Neil Hillier (elected by acclamation)
Northeastern	Bonnie MacKinnon	Kerry Gartshore
Northwestern	Martin Sabourin	Joseé Wright (elected by acclamation)

The official results of the election and candidate profiles are attached.

Voter Participation

The table below shows continuing declines in voting over the three years of electronic voting, despite:

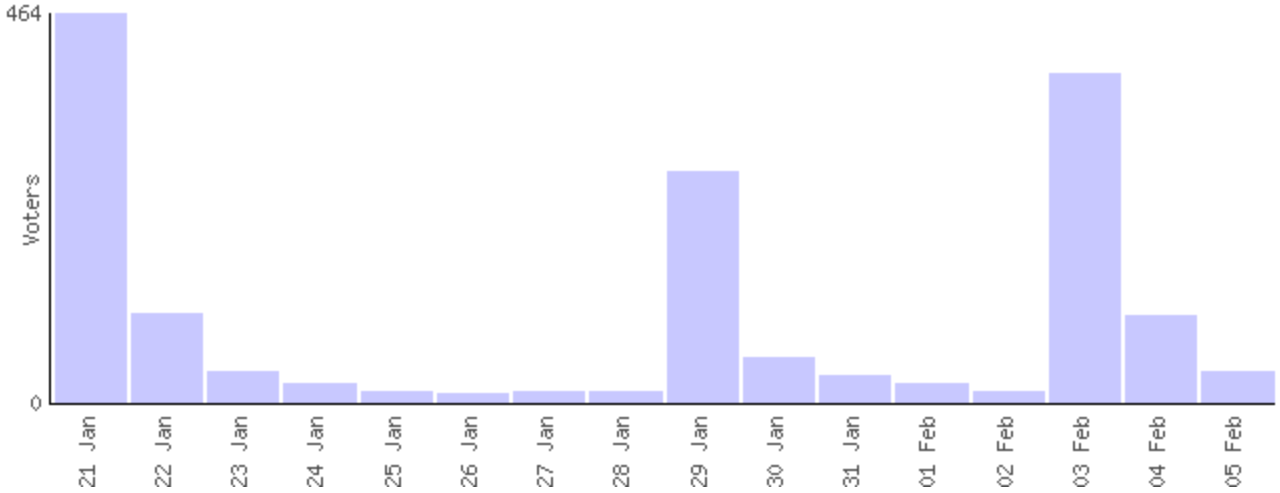
- maintaining the same e-voting process, which includes sending 2 reminders to individuals who had not voted (see graph below); and
- increasing and more diverse communication to support engagement in the election, including communication across all CNO social media platforms.

Total percentage voted in the election 6.8%

The percentage of voters using mobile devices has grown to 58.9% in 2020 from 48.4% in 2019.

District/Category	Percentage vote		
	2014 First e-election	**2017**	**2020**
Eastern RN	13.9	10.28	5.75
Eastern RPN	Acclaimed	10.48	Acclaimed
Northwestern RN	18.21	16.95	11.03
Northwestern RPN	Acclaimed	12.68	Acclaimed
Northeastern RN	13.13	12.10	6.69
Northeastern RPN	10.6	8.03	6.63

Chart Showing Votes by Day



- January 21: E-mail with voting link sent to all voters at 9:00 a.m. (464 votes)
- January 29: First reminder with voting link sent to voters who have not voted at 9:00 a.m. (276 votes)
- February 3: Final reminder with voting link sent to voters who have not voted at 9:00 a.m. (392 votes)
- Voting ended – 5:00 p.m. EST on February 5

At the end of the ballot, voters have the opportunity to comment on the election. Five comments were received this year:

- two were positive comments on the simplicity of e-voting;
- two identified that they would have liked to see a resume for candidates; and
- one commented on why they voted for a specific candidate.

Information Note – March 2018 Council

Results of the 2020 Election of Council members

Contact for questions or more information

Jenna Hofbauer, Council Affairs Coordinator

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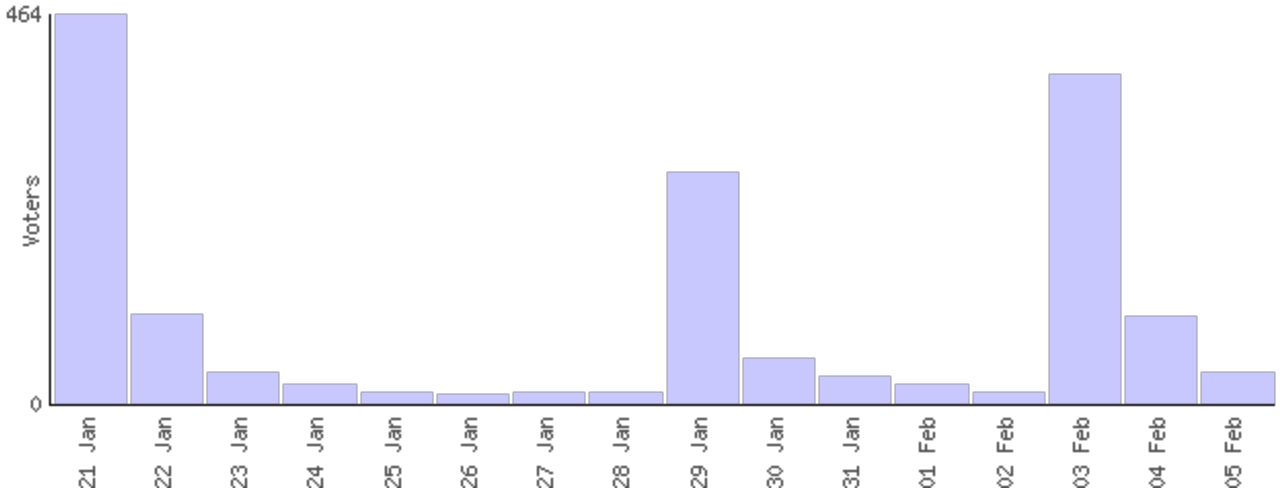

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- Voting ended – 5:00 p.m. EST on February 5

February 5, 2020

Eastern RNs

Report date: Wednesday 05 February 2020 17:12 EST

Eastern RNs

Poll ID: 155809
As at Poll close: Wednesday 05 February 2020 17:00 EST
Number of voters: 658 · Group size: 11443 · Percentage voted: 5.75
Vote counting method: V1 FPTP (first-past-the-post)
Ranked by votes

Rank	Candidate ID	Candidate	Votes	%
1	16028685	Patricia Sullivan	375	56.99
2	16028686	Naomi Thick	333	50.61
3	16028684	Roch Landriault	288	43.77

Permanent link to results:

https://www.bigpulse.com/pollresults?code=1338411aQt5w5VfuKEmNc3D4Xhz

Sincerely

Dominic Swinn
BigPulse USA, Inc
Tel: 1 800 894 7617

Patricia Sullivan, RN

I want to serve on Council (CNO's board of directors), a board whose only role is to uphold patient safety, because:

Exceptional nurses are critical to a high performing health system. Without action, Ontario will lack enough nurses to support safe patient care and worklife balance. CIHI recently reported that Ontario has 155,570 registered nurses, the lowest ratio of nurses to population in Canada. Furthermore, 42% of these RNs are over 50 and 6% of new graduates left Ontario. I will work with CNO staff, council and system partners to ensure a sustainable plan for a strong nursing workforce that the public trusts.

I bring 30 years experience in quality, governance and performance measurement. This includes direct patient care experience in hospitals and the community. I also have a 20-year track record in informatics, analysis and reporting to support decision making among healthcare providers, health system administrators and policy makers. In this capacity, I am most proud of the innovative work my team conceived and delivered to establish a voluntary reporting system with 500 RNs, NPs and MDs. Benefits were improved health promotion and screening that improved both patient and provider experience.

Over the past 15 years, I have taken on increasing scope and senior-level roles to develop a deep understanding of health system strategy, policy and partner engagement practices. Results include multi-year ministry funded quality and patient safety initiatives at the federal, provincial and territorial level, as well as collaborative partnerships across pan-Canadian organizations and associations.

As a member of Council, I would bring these skills to the board:

- **RN**-expert on quality standards, patient-centred care, co-design with interdisciplinary teams
- **Regulatory**-co-designed, implemented and assessed regulations and standards at organization and system level; author on integrated care regulation and assessment
- **Patient Rights**-led Ontario Patient Relations Measurement and Reporting initiative and pilot data collection (acute/LTC/Home Care) with recommendations report to Ministry
- **Healthcare Leadership**-in strategic national and provincial roles that range from Director, Health System Funding Policy to Executive Lead, Policy and Partner Engagement

As a member of Council, I would bring these attributes to the board:

- **Stakeholder Relations-**co-designed and supported launch of Canadian Quality and Patient Safety Advisory Committee comprised of patients, providers, policy makers, quality organizations and researchers. Secretariat support for development of national quality and safety framework that will be used by ministries, health systems, providers and organizations to improve patient and provider experience and reduce unwarranted care variation
- **Analysis and Evidence-based Decision Making-**routinely use clinical, administrative, qualitative and assessment data to inform policy development, program design and evaluation. Developed national reports on quality and IT enablers (e.g. electronic medical records)
- **Strategic Planning-**excel in strategy development and implementation at program and organization level. Led strategic and business plan development for clients as management consultant.
- **Governance/Advisory-**experience as board member, as well as policy and strategic advisor for health systems and national organizations focused on quality and safety.

Naomi Thick, RN

I want to serve on Council (CNO's board of directors), a board whose only role is to uphold patient safety, because:

I am passionate about the nursing profession and the privilege of being a self-regulated profession. Having completed 1 term on Council I would like to continue the work I have been part of: CNO Strategic planning, Vision 2020, RN prescribing, expanded scope of practice changes for RNs, RPNs & NPs. I have worked in small hospitals, health centres, nursing stations and hospitals across my career. I have worked with patients across the life-span, in in-patient environments, clinic settings and the emergency room. Having this varied experience provides me a broad understanding of different environments and some of the structures that are needed to uphold patient safety, in the context of a complex and rapidly changing health care environment. As a nurse and clinical manager, the patient/client and my direct reports needs/interests come first. This is evidenced by assisting the team when events don't go as planned and reorganizing my day to meet with a patient/client or staff member when needed.

As a member of Council, I would bring these skills to the board:

I have Governance and Board experience having been a member of a volunteer library board, a School Council and as a previous member of CNO Council. I have had Chair responsibilities and committee responsibilities through CNO Fitness to Practice Committee and as the Chair for the Greely Elementary School Council. As a Clinical Manager I have had responsibility and accountability for quality management targets, change management and risk management oversight. I have had many informal and formal leadership roles and apply a continuous improvement philosophy to my leadership development and attributes. As a nurse clinician and leader I am competent in using evidence to inform my practice and decision making processes.

As a member of Council, I would bring these attributes to the board:

In my role as Clinical Manager I demonstrate systems-level and strategic/proactive thinking by working to align my teams for the health system of the future. I am an avid learner and demonstrate this through personal development, taking courses and attending conferences. I work hard to be inclusive and aware of any perceived or unconscious bias to work towards a just and ethical world. I strive to be a solutions focused problem solver. When hard decisions have to be made, I do not shy away from asking the difficult questions.

February 5, 2020

Northwestern RNs

Report date: Wednesday 05 February 2020 17:13 EST

Northwestern RNs

Poll ID: 155810
As at Poll close: Wednesday 05 February 2020 17:00 EST
Number of voters: 317 · Group size: 2875 · Percentage voted: 11.03
Vote counting method: V1 FPTP (first-past-the-post)
Ranked by votes

Rank	Candidate ID	Candidate	Votes	%
1	16028690	Martin Sabourin	152	47.95
2	16028689	Erica Moorhouse	73	23.03
3	16028687	Rita Grenier Buchan	47	14.83
4	16028688	Mustapha "Mo" El Kahil	45	14.20

Permanent link to results:

https://www.bigpulse.com/pollresults?code=1338412XfeQyJuRBJedkfyWRnts

Sincerely

Dominic Swinn
BigPulse USA, Inc
Tel: 1 800 894 7617

Martin Sabourin, RN

I want to serve on Council (CNO's board of directors), a board whose only role is to uphold patient safety, because:

In my 12 years as a registered nurse I have interacted with countless patients and their families and have played an important role in their care. Whether in my role as a staff nurse, providing direct patient care, or as a Clinical Nurse Specialist in our local Emergency Department, or in my current role as a Nursing Practice Leader, I have always been acutely aware of the importance of patient safety. Patients whose care I have impacted both directly and indirectly have included individuals across the lifespan, and from many diverse societal and cultural backgrounds. My focus as a nurse has always been with patient safety and the provision of the highest quality nursing care in mind. The opportunity to maintain and enhance the public's trust and confidence in nursing by serving on Council would be a great privilege.

As a member of Council, I would bring these skills to the board:

My current role as a nursing practice leader has provided multiple instances to develop a robust understanding of how regulatory oversight can impact the profession. The standards of practice outlined by the CNO and the expectations placed on nurses continue to shape nurses individual accountability to their patients and also their own development into competent trusted health practitioners. During my practice in critical care settings as a staff nurse, I have been able to develop advanced skills in critical thinking and making evidence informed decisions. To me this is an essential component to considering the many variables needed to make informed decisions to support public safety.

As a member of Council, I would bring these attributes to the board:

Due to the vast area contained in the Northwest Region the Thunder Bay Regional Health Sciences Centre where I work functions as an acute care hub to support many areas within our region. The result is individuals seeking care that range in context from mental health care, pediatric care, geriatric care and many other populations all under one roof. As a nurse I am continually challenged to educate myself and others so that I can continue to put the interests of the public first and at the centre of care provision. My professional judgment combined with my emotional maturity have allowed me to find benefit in even the most stressful and complicated situations. This permits me to be thoughtful in my suggestions and intentions of how to best support and care for the people of Ontario.

February 5, 2020

Northeastern RNs

Report date: Wednesday 05 February 2020 17:14 EST

Northeastern RNs

Poll ID: 155811
As at Poll close: Wednesday 05 February 2020 17:00 EST
Number of voters: 410 · Group size: 6132 · Percentage voted: 6.69
Vote counting method: V1 FPTP (first-past-the-post)
Ranked by votes

Rank	Candidate ID	Candidate	Votes	%
1	16028692	Bonnie MacKinnon	206	50.24
2	16028691	Sylvain Leduc	204	49.76

Permanent link to results:

https://www.bigpulse.com/pollresults?code=1338413EvtLc3m3paFNReTJnVPt

Sincerely

Dominic Swinn
BigPulse USA, Inc
Tel: 1 800 894 7617

Bonnie MacKinnon, RN

I want to serve on Council (CNO's board of directors), a board whose only role is to uphold patient safety, because:

I believe my experience working in acute, community and long term care in both direct patient care and administrative roles will be an asset to the CNO board of directors. I have a passion for patient advocacy ensuring the public receives the best nursing care possible by supporting excellence through legislation and standards of practice. An example of a time that I have advocated for people living in the north is when I was the coordinator of the NE regional bariatric program. In this role, I was able to work in collaboration with the Ministry of Health, the provincial bariatric advisory board and the Ontario travel grant program to obtain approval for travel grants to be signed by registered bariatric specialists instead of a physician specialist. This change improved patient assistance for travel by decreasing financial barriers and improving patient's access to care.

As a member of Council, I would bring these skills to the board:

I bring significant leadership experience and demonstrated skills in problem-solving, adapting and managing change and innovation that will benefit the board. An example of innovation in patient care experience was the work I accomplished in developing a program that required inter-professional care collaboration. In healthcare, we tend to work in professional silos often without recognizing the crossover in care patient care responsibilities between the nurse's role and other professional team members. While working in this leadership role I encouraged and designed a program where all the inter-professional care providers could work together resulting in improved patient experience by reducing assessment redundancies.

As a member of Council, I would bring these attributes to the board:

My resume both administratively and in front line care demonstrates my ability to be a systems-level thinker, problem-solver, proactive and strategic thinker. My past experience sitting on the Ontario bariatric advisory board representing the northeast afforded me the opportunity to contribute to the system-level work required by a provincial program while allowing the opportunity to communicate the unique care needs of people living in the north.

February 5, 2020

Northeastern RPNs

Report date: Wednesday 05 February 2020 17:16 EST

Northeastern RPNs

Poll ID: 155812
As at Poll close: Wednesday 05 February 2020 17:00 EST
Number of voters: 226 · Group size: 3408 · Percentage voted: 6.63
Vote counting method: V1 FPTP (first-past-the-post)
Ranked by votes

Rank	Candidate ID	Candidate	Votes	%
1	16028693	Kerry Gartshore	115	50.88
2	16028695	Anne McKenzie	51	22.57
3	16028696	Laura Sanderson	24	10.62
3	16028697	Kimberly Wagg	24	10.62
5	16028694	Navneet Kaur	12	5.31

Permanent link to results:

https://www.bigpulse.com/pollresults?code=1338414wLSJb8bjtcLH89N8e7Xc

Sincerely

Dominic Swinn
BigPulse USA, Inc
Tel: 1 800 894 7617

Kerry Gartshore, RPN

I want to serve on Council (CNO's board of directors), a board whose only role is to uphold patient safety, because: As an RPN, nurse educator and infection control practitioner I am confident that I would significantly contribute to the CNO Council. Throughout my career I have had the opportunity to collaborate with health care partners to promote nursing excellence with colleagues and nursing students always with a focus on accountability to the profession and the public. As an advocate for person centered care I feel that every day as a nurse I put others interests ahead of my own in providing patient centered care and promoting the use of person- and family-centred-care practices which I firmly believe is at the core of my nursing practice. As a nurse and educator I strive to personalize the delivery of care and services to ensure care is not driven from my personal perspective. This approach to nursing has allowed me to build true partnerships with colleagues, students, health care partners and patients. There are many examples I could give of putting others interests above my own from missed breaks to working on days off to ensure optimal care, but all reflect the ultimate goal of person and family centered care.

As a member of Council, I would bring these skills to the board:
I have a broad range of Professional Nursing Experience, as a Staff Educator, Nurse Manager, Teacher, Clinical Instructor and ICP. My many years of experience teaching Practical Nursing students in the classroom/lab and practicum setting within their scope of practice has provided me with a strong understanding of nursing practice and conduct in relation the CNO's standards of conduct and patient safety. As a staff educator and ICP in a 374 bed LTC facility I provide all education mandated by the Ministry of Health and Long Term Care for over 400 employees and have a strong understanding of the Long Term Care Homes act, 2007 and regulation 79/10. As an ICP, I ensure compliance of infection control policies/procedures, use of best practice and immunization processes. I am knowledgeable on patient/resident's rights and have facilitated organization wide implementation of RNAO's best practice guidelines "Person and Family centered care" and "Preventing and Addressing Abuse and Neglect of Older Adults".

As a member of Council, I would bring these attributes to the board: I have a proven ability to effectively motivate and lead team members through organizational change and growth. My collaborative approach, emotional maturity and open communication style will be a valuable contribution to Council. I have a strong health care background and I am an effective and creative leader who is able to think critically and adapt to the ever changing nursing environment. I am an Ojibway woman born and raised in Northern Ontario with a passion to serve my community. I have an understanding of working with and connecting to members of indigenous communities as well as supporting services for vulnerable populations including the elderly. I have a proven track record of establishing and maintaining inclusive, collaborative working relationships with my colleagues as well as community partners and First Nations community. I strongly believe in remaining forthright and transparent in all aspects of my nursing practice. I look forward to giving back to the community the depth of knowledge and experience I have gained in the many facets of my nursing career.

Information Item 11.2
Grey Areas
SML Steinecke Maciura LeBlanc Barristers & Solicitors
A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

The Importance of Teamwork

by Julie Maciura
March 2020 - No. 244

Most professions emphasize the value of collaboration with colleagues. Cooperation with others on the team serving clients is often necessary to obtain a good outcome. But can this sort of expectation ever be enforced through discipline? A recent case indicates that the answer is yes, at least where the lack of teamwork skills is substantial.

In *Al-Ghamdi v College of Physicians and Surgeons of Alberta*, 2020 ABCA 71, http://canlii.ca/t/j59f9 a surgeon was suspended for three years for persistently disruptive behaviour. The findings were summarized as follows:

> In summary, the Hearing Tribunal found the appellant was unable or unwilling to work by consensus with the other surgeons, and would not follow established protocols. He believed that he had superior qualifications to the other staff at the hospital, that he was more focused on patient care, and that he had an obligation to improve standards. However, rather than engaging with his colleagues and co-workers when he observed what he thought were unacceptable practices, he reported, or threatened to report them to their superiors or their regulatory bodies for even relatively minor concerns. The Hearing Tribunal found that the appellant lacked insight into his behaviour, and his refusal to accept responsibility for the impact of his actions had affected his ability to practice his profession. The appellant did not appreciate that he could not form a positive working relationship with colleagues and co-workers who were in constant apprehension of him advancing criticisms and complaints to those in authority.

Application of *Vavilov* to Discipline Appeals

This is one of the first appellate court decisions applying the new standard of judicial review espoused in *Canada (Minister of Citizenship and Immigration) v Vavilov*, 2019 SCC 65, http://canlii.ca/t/j46kb to a professional discipline hearing. The Court in *Al-Ghamdi* affirmed that the standard of review for issues of statutory interpretation, including of a regulator's home statute, is correctness.

Further, on the critical issue of how it would examine findings of professional misconduct, the Court suggested the review would be on a spectrum. Where the issue was how the hearing panel interpreted the definition of professional misconduct, scrutiny would be close to a correctness test. However, where the issue was whether the evidence met such a test for professional misconduct, the finding would be given deference by the Court.

In this case the Court noted that the definition of professional misconduct was quite broad, including such phrases as "displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services" and "conduct that harms the integrity of the regulated profession". Given this language, the Court found that disruptive behaviour could fall within the scope of those broad definitions:

> Deciding whether a particular act meets the expected standard of professional conduct engages the expertise of the Hearing Tribunal and Review Panel. It is properly characterized as a mixed question of fact and law, a type of decision which is reviewed for palpable and

> overriding error. The finding that the conduct described in the particulars of the Notice of Hearing could constitute unprofessional conduct does not disclose any reviewable error.

What Constitutes Disruptive Behaviour?

The Court discussed in what circumstances disruptive behaviour could amount to professional misconduct:

> Not every workplace misstep or disagreement should be characterized as "professional misconduct". Workplace issues generally call for workplace remedies. However, workplace conduct that has a serious detrimental effect on the provision of patient care, and the efficient and sustainable operation of a healthcare facility (like the Queen Elizabeth II Hospital) can fall within the definition of professional misconduct if it is sufficiently egregious to be what could reasonably be called "misconduct".

The Court also accepted the concept that it was the pattern of behaviour that brought this practitioner within the definition of professional misconduct. The Court also indicated that disruptive behaviour is not a discrete definition of professional misconduct. Rather "disruptive behaviour" is a short hand description of certain types of professional misconduct.

The Court also held that the physician did not have to intend to cause a culture of fear among his colleagues. Being arrogant and lacking self-awareness of the impact of his conduct on others was sufficient.

Specific examples of conduct that constituted disruptive behaviour included:

- persistently disrupting the on-call schedule, refusing to accept his assignments, refusing to pass untreated patients to the next surgeon, and being secretive about why he was absent;
- weaponizing the complaints process against colleagues, excessive criticism of others and failing to follow through on complaints that were initiated; and
- filing a human rights complaint which, while not objectionable on its own, could be seen as a part of the pattern of disruptive behaviour.

Defence of Duty to Report

The practitioner defended his frequent reporting of colleagues on the basis of his general ethical duty to report misconduct pursuant to his professional Code of Ethics. While some statutory mandatory reporting requirements (such as sexual abuse provisions) are quite specific and strict compliance is compulsory, where there is a general and less clearly defined ethical obligation, different circumstances apply. The Court said:

> The obligation of a physician to report misconduct is clear, but it cannot be interpreted in a vacuum. The physician has an equally important obligation to cooperate with other healthcare workers in patient care, and treat coworkers with dignity and respect …. The appellant's constant criticism of his coworkers was merely one of the particulars underlying the general allegation of disruptive conduct. The Hearing Tribunal found that the appellant had an inflated view of his own superior qualifications and abilities, and was oblivious to the effect that his conduct had on others. The Hearing Tribunal observed … that when transgressions are perceived "the

> [reasonable] physician seeks to help the other physician understand the perceived transgression and improve their quality of care". A physician must engage in "a serious attempt to understand the professional's behaviour and to ensure that there were no extenuating circumstances explaining the observed behaviour" prior to making a complaint. Further, most instances of perceived inadequate performance should properly be resolved in the hospital, by discussion, education, and mentoring. The obligation to report misconduct does not permit the weaponization of the complaints procedures, and does not excuse excessive criticism of others.

Using the Conduct of the Defence to Assess Credibility

The practitioner, who was also a lawyer, defended himself at the hearing. The tribunal used some of the practitioner's advocacy efforts in assessing his credibility. The Court held that in some circumstances this was acceptable.

> It is unreasonable for the appellant to expect that his conduct during the hearing would have no affect [sic] on the Hearing Tribunal. Misrepresenting the content of documents, misstating the qualifications of witnesses and making contradictory submissions need not be ignored. The mere fact that the professional has denied the allegations and has mounted a full defence should not be held against him, but that is not what occurred here. There was nothing unfair or unreasonable about the assessment of the appellant's credibility.

Sanction for Disruptive Behaviour

In addition to the three-year suspension, the tribunal imposed a requirement to successfully complete a "comprehensive assessment program" and a recommended course of therapy. Given the possibility of rehabilitation, the Court had difficulty understanding the need for that length of suspension to act as a general deterrent.

The Court was concerned that the "reasons given for the lengthy suspension do not clearly connect it to the public interest." However, the issue was now moot given the passage of time.

Costs Order

The practitioner was ordered to pay over $700,000 in costs, which represented more than 60% of the total costs for the 47 day hearing. The Court accepted that the manner of the practitioner's defence greatly increased the cost of the hearing, including bringing multiple preliminary motions with little merit, unduly long cross-examinations of witnesses and calling 50 witnesses of his own that added little relevant information.

The Court described the criteria for evaluating the costs the practitioner should pay as follows:

> A professional charged with misconduct is entitled to make full answer and defence. That principle, however, does not insulate the professional from a costs award if the defence is conducted in a way that is insensitive to the expenses generated. A costs award requires consideration of many factors, including the outcome of the hearing, the reasons the complaint arose in the first place, and the financial burden on both the College and the

> professional. The way that the defence was conducted is also relevant ….

The Court concluded that the "costs award here is substantial, but on this record it is not unreasonable".

Conclusion

A basic level of collaborative teamwork is a professional expectation for practitioners that can be enforced at discipline. However, the degree of disruptive behaviour required to constitute professional misconduct is substantial and proving this type of misconduct is challenging.