

RACHEL BARD

CEO Report to the AGM – FINAL

JUNE 7, 2010

Thank you Kaaren. Good morning everyone. Bonjour à vous tous!

On behalf of our board of directors, our staff, and the nearly 140,000 registered nurse members of CNA, I am so pleased to welcome you to Halifax for our annual meeting and biennial convention.

Bienvenue, welcome!

As you know, CNA holds a general meeting like this every year in June. But for many of you, the last CNA annual meeting you may have attended would have been in 2008, when it was held during our centennial in Ottawa. It's hard to believe how quickly two years have passed since we last met!

The year of our centennial celebrations was a crowning event in the history of CNA, closing with a dynamic and very interesting convention in Ottawa.

That was a tremendous time for CNA, and I would like to acknowledge the leadership who were at the helm of CNA that year – our past president, Dr. Marlene Smadu, who was president during the first half of the year,

- our current president, Kaaren Neufeld, who took the reins at that convention,
- and our previous CEO, Lucille Auffrey.

From all of us, merci beaucoup. [applause]

The intensity and excitement of the centennial year was in some ways a tough act to follow. I think it would be fair to say that 2009 was a time of reflection, refocusing and re-grouping for the board and staff as we launched into our second century.

But “reflection”, “refocusing”, and “regrouping” do not mean “inactivity” – far from it! The two years leading up to our 102nd anniversary have been among the busiest in CNA’s history. That activity was shaped by the reality that we were in a time of a change, as we faced a major global health scare with H1N1 and other challenges that led us to analyze some of our assumptions about the future of CNA.

You should have in front of you a copy of our Annual Report for the year 2009. I am not going to go over every page of the document, but I would like to present you with some highlights from our activities over the previous year.

CNA had the privilege of being awarded a coat of arms by the Governor General late in 2008. It represents a powerful symbol for nursing, and includes the Latin motto that translates to *knowledge*, *wisdom* and *humanity* – the essence of Canadian nursing.

Another symbol of our movement forward, is *The Next Decade: CNA's Vision for Nursing and Health*. This document lays out some fresh thinking about solutions to health system challenges, including our shared interest in tackling the complex roster of social determinants of health, which remains a cornerstone of CNA's work.

Thinking with courage about our future is a critical function for CNA. If we do not design the future of nursing and our place in health care, others surely will do it **for us** – or worse, **to us**.

Critical mismatches in supply and demand continue to plague the health care system. Our own policy work – in 2009 – projected that, the nursing shortage will grow by almost five times over 15 years, if

left unchecked. Differing from previous HHR forecasts, our new report highlighted six policy scenarios that, if implemented together, could eliminate Canada's RN shortage by 2022– currently estimated to be about 60,000.

Directly related to the shortage problem, we also took a leadership role in 2009 by releasing *Registered Nurses: On the front lines of wait times*. These kinds of projects have been purposeful in positioning CNA not just as a generator of evidence, but also as a provider of workable solutions.

Like every other year, 2009 presented unplanned challenges that changed the course of our work. For CNA, no health issue demanded our attention as urgently as the H1N1 pandemic. Our staff collaborated extensively with colleagues in the Public Health Agency of Canada. We presented to the Standing Committee on Health, and based on the lessons learned from SARS, we advocated broadly for safety measures to protect nurses.

By December 31, roughly 15 million Canadians had received the H1N1 flu vaccine, thousands had become sick, and 409 had died from it. Obviously, the large majority of those vaccines, and the care given to the thousands of patients, were administered by nurses.

And we fully recognize the importance of developing mechanisms for drawing on their experiences so that we can derive important lessons from them and be better prepared for the next pandemic that will no doubt arise.

By the way, did you know that the *Google* noted a spike in searches for the word “flu” that correlated with actual cases *more than a week* before the Mexican government gave warning of the potential pandemic? This is the kind of new information gathering that we must connect...and stay in tune with.

This year marks the onset of a new five-year cycle for the *Canadian Registered Nurse Examination*. So of course, 2009 was busy with activities that ensure the exam appropriately covers the 148 competencies required to provide safe nursing care. Given that these exams are very complex, we undertake exhaustive consultations across the country every time they are updated and revised.

CNA is committed to ensuring that the CRNE remain a fair, reliable, valid and bilingual **Canadian tool** that accurately measures the entry to practice requirements for **Canadian nurses**. And...we have

begun the development of a business plan that will allow for computer-based testing in the future.

While I am on the topic of exams, our leadership in the *Canadian Nurse Practitioner Initiative* over the last six years, continues to play out across Canada as more nurses than ever before sat for those tests in 2009.

And the CNA certification program continues to be tremendously popular. The number of nurses certified by the end of 2009 was more than 15,600 – an increase of more than 100 per cent in just seven years!

In 2009 we administered the enterostomal therapy nursing examination for the first time, and this spring, the first group of medical-surgical nurses wrote *their* new exam – CNA's 19th specialty examination.

Throughout the annual report, you will find a long list of the type of meetings, conferences, correspondence and projects that we develop and conduct on your behalf.

CNA is and will continue to be a credible generator of evidence that is used and consulted by governments, employers, unions, educators, and nurses across the country. And we strive to market that evidence in ways that are meaningful to these audiences. That is no small challenge; what a nurse in a clinic might want to know about H1N1, for example, is likely to be very different, than what a journalist might ask us – or what we need policy decision-makers to know. CNA has to be nimble in its preparedness to meet these very diverse needs.

Before I turn to sharing some of my own reflections on CNA's operations, I believe it's important to draw your attention finally to CNA's international policy and development work. CNA has a long tradition of international relations and leadership.

Our leadership in ICN continues: I am so proud that exactly 100 years after CNA joined ICN, our past president, Dr. Marlene Smadu, was elected third-vice-president of the board of ICN in 2009. Please join me in congratulating Marlene. [applause]

The credible and just voice of Marlene, who represents Canada and its nurses to the ICN and to our international colleagues, will be an

important instrument of change as we continue to battle the many global health and social justice problems.

Near the end of the Annual Report, you will find examples of our tremendous work internationally. And that work proudly bears the stamp of CNA and Canada.

Having just returned from very successful meetings with the ICN and World Health Assembly, I can assure you our work continues to position Canadian nursing as capable and credible players on the global health stage.

I would now like to shift gears and speak to you about some recent events that you likely have heard of. I want to take this opportunity to bring clarity to these issues.

In the broad consultations leading up to our strategic plan that Kaaren just spoke of, you were clear about the tremendous strengths in the governance and operations of CNA. But you had some concerns too, and there are areas you want us to strengthen and where you want us to make our work more relevant to you. The board has heard you and it responded by setting a new direction for the organization.

My duty, as 10th director of CNA, is to lead our association in this new direction. My strong desire to undertake this type of change is exactly what drew me to this position. I was looking forward to having the opportunity to renew CNA as it was starting into its second decade.

Moving forward, CNA will continue to fulfill its duty to advocate for profession-led regulation, and to work with all its member regulators to develop strategies that support them in their regulatory roles. And in this spirit of unity, I am committed to working with *all* the jurisdictional regulators, including those who are part of the announced Canadian council of RN regulators. This council represents regulatory bodies, and NOT individual nurses.

As Kaaren explained, we are also faced with the motion from the board of the College of Nurses of British Columbia to initiate their withdrawal from CNA. Operationally, membership fees make up 36% of CNA's overall revenue. The proposed CRNBC withdrawal may result in a loss of up to 8.8% of CNA's total revenue. Even with this potential loss, rest assured that CNA will continue to be able to fulfil its mission, vision and goals.

And, should their motion be carried at their AGM later this month, CNA is optimistic that a seamless transition to the new association in BC would ensure the full representation of all RNs in BC. This would allow them to contribute to the voice of professional nursing, both in BC and at the national table through CNA.

The situation in BC is part of a larger landscape – one where *constant* pressure of legislative changes threatens to impact our profession. Regardless of whatever forces might affect CNA, we must continue to grow, and to provide the kinds of leadership that will advance nursing in this country.

Einstein said “Life is like riding a bicycle. To keep your balance you must keep moving.” And that is just what we are doing.

Earlier this year, Neil Seeman talked about “the danger of safe ideas.” He quoted Daniel Gilbert’s comment that “When all the words in our public conversation are fair, good, and true, it's time to make a run for the fence.” Those words resonate for me as we begin our transformation of CNA and the ways we work.

This is one of those occasions where we have to keep the best of CNA’s successes, while having the courage to think and ACT in a new

way...to modernize. One of our former presidents, Dr. Kathleen MacLaggan, a colleague from New Brunswick who unfortunately is no longer with us, insisted that CNA had to 'Think Big.' And I wholeheartedly agree – the time has come for concrete, big ideas.

As CEO, leading this organization, my commitment to you is to:

- Create the space to imagine and hear “dangerous” ideas,
- Reward courageous and informed thinking
- Design new operational structures that match our new goals, and
- Put programs and work plans in place that allow us to connect with all of you in timely and meaningful ways.

I can tell you now that CNA in 2012 will be in a different place from CNA today. It *will* be, because it *must* be.

Thank you, merci.