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

THE STANDARD OF CARE.

Council briefing package

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

THE STANDARD OF CARE.

Council
Thursday, December 3, 2020 at 9:30 a.m. via Zoom

Agenda

9:30 a.m.	**1. Agenda** 1.1 Motion for closure	Decision
9:35 a.m.	**2. Minutes** 2.1 Minutes of the Council meeting of September 17, 2020	Decision
9:40 a.m.	3. **Finance Committee meeting of November 12, 2020** • Unaudited Financial Statements for the nine months ended September 30, 2020 • Stipend policies for nurse Council members • 2021 Operating and Capital budgets	Decision
10:30 a.m.	**Break**	
10:45 a.m.	**4. Strategic Issues** 4.1 Proposed revisions to the Registration Regulation to establish a baccalaureate degree awarded by a College of Applied Arts and Technology as a requirement for registration as an RN, for submission to the Minister of Health	Decision
11:10 a.m.	4.2 RN prescribing: Amendments to the Register By-Law for final approval	Decision
11:30 a.m.	Closed session	
noon	**Break**	
1:00 p.m.	4.3 Modernizing the standards of practice	Information and discussion

1:30 p.m.	4.4 Strategic plan 4.4.1 Strategy 2021-2024: Looking ahead 4.4.2 2011-2020 Strategic Plan: Final Performance Report	Information and discussion
2:00 p.m.	4.5 Ministry of Health: College Performance Measurement Framework	Information and discussion
2:20 p.m.	**5. Reports** 5.1 Executive Director Update	Information & discussion
2:45	**Break**	
3:00 p.m.	5.2 Executive Committee meetings 5.2.1 September 30, 2020 5.2.2 November 12, 2020	Information
3:10 p.m.	**6. Council operations and governance** 6.1 Confirmation of committee appointments	Decision
3:15 p.m.	**7. Date of next meeting** Wednesday and Thursday, March 3 and 4, 2021	
3:20 p.m.	**8. Conclusion**	

9. Information Items

9.1 Nursing Education Program Approval

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

THE STANDARD OF CARE.

Agenda Item 1.1

Decision Note – December 2020 Council

Closure of Council meeting

Contacts for Questions or More Information

Anne Coghlan, Executive Director and CEO

Decision for consideration

That the Council meeting be closed at 11:30 a.m. on Thursday, December 3, 2020 under Section 7(2)e of the *Health Professions Procedural Code* because "*instructions will be given to or opinions received from the solicitors of the College*".

Background

A closed session is being recommended for the above reason. This is in accordance with Section 7(2)b of the *Health Professions Procedural Code.*

Attached, for your information, are the Accountabilities for Closed Sessions.

Accountabilities for Closed Sessions

Council Member Accountabilities

- Maintain strict confidentiality.
- Do not discuss the issue outside of the closed session, even with others who participate. This includes:
  - before the meeting,
  - during break, and
  - after the closed session.

Staff Accountabilities

- Maintain strict confidentiality
- Support Council decision-making (if relevant)
  - Provide staff resources to support decision-making.
  - Engage relevant external experts to attend meeting (e.g. legal counsel), where required.
  - Document closed session during meeting and prepare confidential appendix to minutes (where a formal decision is made).

Feb. 2011, Rev 2015 (Portal), Rev 2020 (Boardvantage & remote meeting)

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

THE STANDARD OF CARE.

Council
September 17, 2020 at 9:30 a.m. by Zoom

Minutes

Present

S. Robinson, Chair
A. Arkell
J. Armitage
D. Cutler
S. Douglas
S. Eaton
C. Evans
A. Fox
K. Gartshore
K. Goldenberg
N. Hillier
T. Holland
C. Hourigan
B. Irwin
M. Klein-Nouri
D. Lafontaine
B. MacKinnon
C. Manning
I. McKinnon
N. Montgomery
J. Petersen
L. Poonasamy
D. A. Prillo
G. Rudanycz
M. Sabourin
M. Sheculski
P. Sullivan-Taylor
N. Thick
D. Thompson
A. Vidovic
J. Walker
H. Whittle
J. Wright

Regrets

T. Dion
R. Henderson

Staff

A. Coghlan
J. Hofbauer, Recorder
K. McCarthy
A. McNabb
S. Mills
A. M. Shin
C. Timmings

Agenda

The agenda had been circulated and was approved on consent.

Closure

A closed session was recommended.

Motion 1

Moved by C. Manning, seconded by H. Whittle,

> That the Council meeting be closed at 1:00 p.m. on Thursday, September 17, 2020 under Section 7(2)b of the *Health Professions Procedural Code* because

> "*financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public"*.

CARRIED

Minutes

Minutes of the Council meeting of March 11 and 12, 2020 had been reviewed in June. Acceptance had been deferred because Council was not constituted.

Motion 2

Moved by M. Klein-Nouri, seconded by D. Lafontaine,

> That the minutes of the Council meeting of March 11 and 12, 2020 be accepted as circulated.

CARRIED

Notes of the meeting of Council members held on June 6, 2020 had been circulated.

Motion 3

Moved by J. Walker, seconded by M. Sheculski,

> That the notes of the June 6, 2020 meeting of Council members be accepted.

CARRIED

RPN Scope of Practice: Final review of proposed revised Controlled Acts regulation, for submission to government

S. Robinson introduced the proposed changes, noting that Council had a robust discussion about this in June.

A. McNabb Strategy Consultant noted that Council has reviewed this proposal and provided input at several meetings. She identified that the proposed regulation change will allow RPNs in the community to provide aspects of care that they already provide without an order. The regulatory mechanisms to support patient safety were highlighted.

It was noted that the objective of this change is to enhance access to needed nursing care in the community.

Motion 4

Moved by H. Whittle, seconded by A. Fox,

> That Council approve 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,* for submission to the Minister of Health.
>
> .

CARRIED

Follow-up Action

Submit the proposed regulation changes to the Minister of Health.
Executive Director and CEO

By-Law amendments to combine the membership of the Discipline and Fitness to Practise committees

Council decided in March, based on the workloads of the two committees, to merge the membership of the Discipline and Fitness to Practise committees. At this time, Council is being asked to approve the by-law amendments necessary to implement this change.

S. Robinson noted that a 2/3 majority is required to approve a by-law change.

Motion 5

Moved by K. Montgomery, seconded by T. Holland,

> That the amendments to By-Law No. 1: General, as they appear in column 2 of Attachment 1 to the briefing note, be approved.

CARRIED

Follow-up Action

Amend the By-Laws
Implement the new committee membership
Executive Director and CEO

Process for approval of Ontario nurse education programs

S. Robinson noted that graduation from an approved education program is one of the requirements to be registered as a nurse in Ontario. An important accountability for Council is to approve the Ontario programs that educate nurses.

A. M. Shin, Director of Professional Practice, reviewed the program approval framework and process. She shared the indicators used to determine a program's approval status and highlighted the impact of COVID-19 on the indicators that will be used in this cycle.

S. Robinson noted that in December, Council will review the report of the assessments of all nursing programs and make decisions about approving programs.

Stand-alone BScN degrees awarded by Colleges of Applied Arts and Technology

S. Robinson noted that the government has an initiative to allow Colleges of Applied Arts and Technology (CAATs) to grant Baccalaureate degrees in nursing.

A. McNabb, Strategy Consultant identified that currently CAATs participate in collaborative partnerships with universities. It is the universities that award the degrees. That is a requirement set out in CNO's Registration Regulation.

It was confirmed that, like other programs, the CAAT stand-alone Baccalaureate nursing programs will require Council's approval and will be assessed using CNO's program approval process. Program approval is an important regulatory mechanism to support public safety.

In December, Council will be asked to consider amendments to CNO's Registration Regulation to allow graduation from a CAAT stand-alone baccalaureate nursing degree as a requirement for registration as an RN in Ontario.

Quality Assurance Program Update

S. Robinson noted that CNO's Quality Assurance Program is an important accountability. It is our commitment to the public that nurses are engaged in continuous improvement. In the initial stages of CNO's pandemic plan, the Quality Assurance Program was put on hold.

A. McNabb, Strategy Consultant, highlighted CNO's plans for the Quality Assurance Program for the rest of 2020, noting that:

- self-assessment will be simplified; and
- there will be no random selection for practice assessment in 2020.

Council discussed a number of strategies to engage nurses and encourage mentorship.

It was noted that CNO will be applying some of the learnings from this year to shape the Quality Assurance program in the future. Plans for QA in 2021 will be brought to Council in the future.

Election of the public member of the Executive

S. Robinson noted that J. Petersen had been nominated to be a public member on the Executive Committee. S. Robinson called for nominations from the floor and none were forthcoming.

S. Robinson welcomed J. Petersen as a member of the 2020-2021 Executive Committee.

Confirmation of appointments of new public members to statutory committees

S. Robinson noted that between March and June, 7 new public members were appointed. They needed to be appointed to committees. In accordance with the by-laws, the Executive made committee appointments, which require confirmation by Council.

Motion 6

Moved by T. Holland, seconded by A. Fox,

That Council confirm the following statutory committee appointments:

- A. Arkell, J. Armitage, K. Goldenberg, B. Irwin, I. McKinnon and N. Montgomery to the Discipline and Fitness to Practise committees
- B. Irwin and K. Goldenberg to the Registration Committee
- S. Eaton to the Inquiries, Complaints and Reports Committee
- I. McKinnon to the Quality Assurance Committee.

CARRIED

Standing Committee appointments

S. Robinson noted that appointment of members of the Finance and Conduct committees was deferred from June to September Council. The Executive had made appointments, which require confirmation by Council.

Motion 7

Moved by D. A. Prillo, seconded by A. Vidovic,

That Council confirm the following committee appointments:

Finance Committee:
C. Manning, J. Petersen, P. Sullivan-Taylor and M. Sheculski

Conduct Committee:
D. Cutler, N. Hillier, D. Lafontaine and G. Rudanycz.

CARRIED

An additional public member is required for the Conduct Committee. A request for volunteers will be sent out following the September Council meeting.

The Executive is recommending the Chair of the Conduct Committee.

Motion 8

Moved by J. Walker, seconded by K. Goldenberg,

That Dawn Cutler be appointed as Chair of the 2020-2021 Conduct Committee

CARRIED

Dates of Council meetings

To support planning, Council meeting dates are set in September of the prior year. It was noted that this is a time of unknowns. Two-day Council meetings are being booked, but specifics will be confirmed when the agenda for each meeting is finalized.

Motion 9

Moved by A. Vidovic, seconded by N. Thick,

That the following be the dates for Council meetings in 2021:

- Wednesday and Thursday, March 3 and 4, 2021
- Wednesday and Thursday, June 2 and 3, 2021
- Wednesday and Thursday, September 29 and 30, 2021
- Wednesday and Thursday, December 1 and 2, 2021.

CARRIED

Executive Director Update

A. Coghlan informed Council about:

- A technology breach of CNO's system
- The continuing implementation of CNO's pandemic plan
- A project to modernize CNO's practice standards
- A recent government progress report on implementing the recommendations of the Long-Term Care inquiry, citing CNO's contributions
- Changes in the governance of health profession regulation in British Columbia and Alberta
- The provincial government's new Performance Measurement Framework for health regulators and
- CNO's initial work to begin to reflect on and address anti-black racism.

Executive Committee meetings

Council received minutes of Executive Committee meetings of June 24, 2020 and August 20, 2020.

Finance Committee meetings

A. Fox highlighted the reports of the Finance Committee meetings of May 21, 2020 and August 20, 2020.

<u>May 21, 2020</u>

Council received copies of the unaudited financial statements for the three months ended March 31, 2020.

Motion 10

Moved by A. Fox, seconded by D. Lafontaine,

> That the unaudited financial statements for the three-months ended March 31, 2020 be accepted.

CARRIED

A. Fox reported that the Finance Committee is recommending the auditor for 2020.

Motion 11

Moved by A. Fox, seconded by H. Whittle,

> That Hilborn LLP be appointed as CNO's auditor for 2020.

CARRIED

August 20, 2020

The Finance Committee reviewed the unaudited financial statements for the six-months ended June 30, 2020. These statements reflect the impact of the implementation of CNO's pandemic plan in mid-March, which shut down all non-essential activity. As a result, the operating surplus is $6.3M, a $5.2M favourable variance from the budgeted surplus of $1.1M. It was noted that while the accumulated surplus is now more than CNO's surplus guideline, it is the result of unique circumstances and will resolve over time.

Motion 12

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

> That Council accept the unaudited financial statements for the six months ended June 30, 2020.

CARRIED

It was noted that in December, Council will receive an update on the financial situation in 2020 as well as review the 2021 budget.

Land Acknowledgment Statement

S. Robinson asked that Council consider including a land acknowledgement statement at the start of its meetings. She noted her belief that this will provide Council, CNO staff, and observers an opportunity to reflect on the injustices experienced by Indigenous Peoples and show respect to Indigenous Peoples.

She noted the importance of this being a meaningful process and identified that she is seeking Council's input.

Council was supportive of the inclusion of a land acknowledgment statement but reflected that it needs to be part of a broader approach towards understanding of the issues faced by Indigenous Peoples. Some suggestions included:

- Preparing the land recognition statement in collaboration with the Indigenous community and Elders
- Recognizing that CNO is a provincial organization and members of Council are joining meetings from around the province, it was suggested that members in different areas could providing acknowledgment statements
- Including education sessions with opportunities for dialogue with members of the Indigenous community, to develop an understanding of the perspectives and needs of that community including with respect to health care.

S. Robinson asked that staff consider the feedback from Council and bring more information to support further discussion in December.

Next meeting

Council will meet again on December 3, 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

THE STANDARD OF CARE.

Agenda Item 3

Report of the November 12, 2020 Finance Committee Meeting

Contact for questions or more information

Stephen Mills, Chief Administrative Officer

The Finance Committee met on November 12, 2020. Draft minutes of the meeting are attached (Attachment 1).

Financial Statements

The unaudited financial statements for the nine months ended September 30, 2020 (Attachment 2) and the confidential Management Discussion and Analysis were reviewed.

The year-to-date operating surplus of $9.2M is a $8.1M favourable variance from the $1.1M budgeted surplus. The major reason for the variance is the impact of the COVID-19 shutdown which resulted in delays in hiring, temporary deferral of projects, and deferral of the major planned renovation of CNO's headquarters.

The committee was updated on the impact of the cyber-security incident and the ongoing recovery. It was noted that there are provisions in the 2021 budget to further enhance CNO's cyber-security posture.

After a thorough review and discussion of the statements and the accompanying confidential Management Discussion and Analysis document, the Finance Committee recommends:

> **That Council approve the unaudited financial statements for the nine-month period ending September 30, 2020.**

Report of the Sub-Committee on Compensation

The report of the Sub-Committee on Compensation[1] had been circulated to the Finance Committee.

Staff Compensation

The Sub-Committee advised the Finance Committee that the 2021 compensation program is congruent with Council's Compensation Principles and best practices in human resources. It

[1] The Sub-Committee is an independent, expert group that advises the Finance Committee on staff compensation and on Council and committee stipend expenses. Its members are appointed based on competencies. Members are Joe Nunes, Chair (member of the Finance Committee), Bob Canuel and Craig Halket.

was reported that there is anecdotal evidence that the move to the Health Care of Ontario Pension Plan (HOOPP) had supported the recruitment of nurses.

Biennial Review of Stipends

The Sub-Committee undertook its biennial review of stipends. The stipend had last been increased in 2015. The Sub-Committee reported that the stipend has fallen below the benchmark[2] that has been used by the Sub-Committee to recommend stipend and recommended an increase from $260 to $275 per day. It was noted that this has an impact on the daily stipends paid to Council and committee leaders.

Attachment 3 is the proposed revised stipend policies.

The Finance Committee recommends:

> **That Council approve the proposed changes to the Stipend Policies as they appear in Attachment 3 to the report, to come into effect on January 1, 2021.**

2021 Budget

The Finance Committee discussed in detail the 2021 draft operating and capital budgets, along with projections to the end of 2024 (see Attachment 4).

In summary, the draft 2021 operating budget includes significant new resources to support regulatory effectiveness, begin implementation of Strategy 2021-2024, strengthen CNO's cyber security posture, and move forward with the delayed renovations to CNO's building.

The draft budget estimates an operating deficit of $5.6M which is the result of:

- budgeted revenues increasing to $58.4M; and
- budgeted expenses increasing to $64.1M.

In addition, the capital budget for 2021 is $8.2M, which includes the current estimated cost for the deferred building renovations needed to support the organization and technology equipment replacements.

The Finance Committee noted that the operating budget and projections predict that CNO's accumulated surplus at the start of 2021will be 6.1 months of the operating expense budget. At the end of 2022, it is projected that CNO's accumulated surplus will be 2.9 months of the expense budget. Updated information will be brought to the Finance Committee in February 2021 to determine whether a fee increase is required for 2022 or can be deferred to 2023.

[2] The benchmark is 75% of top of the salary scale for a daily shift for RNs as set out in the Ontario Nurses' Association (ONA) collective agreement, sourced from: https://www.ona.org/your-contracts-rights/find-your-contract/.

The Finance Committee is confident that the budget provides the funds required for CNO to meet its regulatory mandate, strengthen its cyber-security and further its new strategic objectives. It is also confident that the budget and projections support CNO's ongoing fiscal well-being.

The Finance Committee recommends:

That Council approve the 2021 operating and capital budgets.

Recruitment of the Sub-Committee on Compensation

The Finance Committee was informed that Craig Halket's first term on the Sub-Committee is ending in June 2021. With feedback from J. Nunes, Chair of the Sub-Committee, the Finance Committee expressed confidence in his contribution to the Sub-Committee. Staff were advised that it is not necessary to undertake a recruitment to support the committee in making its recommendation to Council in February.

Attachments

1. Draft minutes of the Finance Committee meeting of November 12, 2020
2. Financial statements for the nine months ended September 30, 2020
3. Proposed revised Stipend Policies
4. Draft 2021 Operating and Capital Budgets

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

Finance Committee
November 12, 2020 at 1:00 p.m.

Minutes

Present

A. Fox
C. Manning
J. Nunes
J. Petersen
S. Robinson
M. Sheculski
P. Sullivan-Taylor
N. Thick, Chair

Staff

A. Coghlan
J. Hofbauer
M. Kelly, Recorder
N. Mamodehoussen
S. Mills
R. Prathivathi

Chair

N. Thick 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 August 20, 2020 had been circulated.

Motion 1

Moved by M. Sheculski, seconded by A. Fox,

> That the minutes of the Finance Committee meeting of August 20, 2020 be accepted as presented.

CARRIED

Financial Statements

S. Mills highlighted the unaudited financial statements for the nine months ended September 30, 2020. The unrestricted accumulated surplus for the nine months is higher than anticipated at $36.1M, which is mainly due to the delays in the Space Redesign project and a significant positive variance in the operating results.

The statement of operations more specifically outlines the expense variances. S. Mills noted that at the end of the third quarter there was a surplus of $9.2M, which is $8.1M more than

budgeted. This is a direct result of CNO's response to the COVID-19 pandemic. The main contributors to this variance were delays in hiring staff as recruitment was suspended during the early stages of the pandemic, and underspending on equipment and operating supplies due to project deferrals.

In response to a question regarding expenditures for computer equipment, S. Mills explained that the statement of financial position does not depict a variance in capital spending, but rather outlines what CNO has spent on equipment during the year. Each year CNO refreshes some devices to keep them relevant and current. The committee also discussed communication with nurses pertaining to how fees are used. S. Mills noted that CNO's financial statements and yearly budgets are made public once they are approved by Council, so nurses can reference these documents understand how fees are spent. A. Coghlan highlighted that this detail is also provided to nurses upon renewal.

The committee reviewed and discussed the confidential Management Discussion and Analysis document. S. Mills highlighted the financial impact of the cyber security attack and the actions taken by CNO to mitigate risk in the future.

Motion 2

Moved by J. Petersen, seconded by C. Manning,

> That it be recommended that Council approve the unaudited financial statements for the nine months ended September 30, 2020.

CARRIED

Report of the Sub-Committee on Compensation

The Finance Committee received the report of the Sub-Committee on Compensation. J. Nunes noted that the Sub-Committee agreed with management in their decision to postpone some compensation activities, such as the compensation survey, that were initially planned for 2020 due to the pandemic. The Sub-Committee also supported changes made to performance recognition and benefits to address the unique circumstances of the pandemic.

The Sub-Committee advised the Finance Committee that CNO's compensation program and policies, which underly the compensation costs in the budget, are congruent with Council's Compensation Principles and best practices in human resources.

In response to a question regarding the number of recruitments, S. Mills explained that the number of recruitments CNO undertakes is a measure of activity level in Human Resources rather than a depiction of organizational growth. For example, when a vacancy exists, CNO often promotes from within which can create a ripple effect leading to additional recruitments.

J. Nunes noted that the Sub-Committee had a robust discussion about the benefits and challenges of teleworking and will continue a dialogue with CNO management on this change.

The Sub-Committee reviewed the stipend policy and is recommending an increase in the daily stipend from $260 to $275 effective January 1, 2021. The Finance Committee agreed to recommend this change to Council.

2021 Operating and Capital Budgets

Members of the Finance Committee received the 2021 draft operating and capital budgets along with projections through 2024. S. Mills noted that 2020 was a unique year, with the COVID-19 pandemic and CNO's recent cyber security attack, which has financial implications for the 2021 budget.

S. Mills reviewed the business context of the budget, highlighting CNO's move to a remote working environment, enhancing the organization's cyber security posture, and Strategy 2021-2024. Many operational improvements are planned for 2021 in light of CNO's learnings from the pandemic and security incident. CNO's business continuity and business response plans will also undergo review in 2021.

S. Mills noted that at end 2020, the accumulated operating surplus is forecasted to be $32.4M, which is 7.5 months of operating expense coverage and over the guideline set by the Finance Committee. However, if the proposed 2021 budget is approved, the operating expense coverage will decrease to 6.1 months in January 2021. Hilborn$_{LLP}$, CNO's auditors, have expressed no concern with these estimates as this trend is not expected to continue.

The 2021 budget estimates a slight increase in revenue as a result of a marginal increase in membership numbers and higher application revenue. The proposed 2021 budget also includes a significant increase in operating expenditures to $64.1M, with major contributors being additional staff and contractors, technology investments to improve CNO's cyber-security posture and support migration to the cloud, and project expenditures, some of which were deferred from 2020. This is projected to result in an operating deficit of approximately $5.6M.

S. Mills highlighted the projections from 2022 to 2024. In 2022, it is estimated that CNO will incur an annual operating deficit of $5.3M which is expected to result in 2.9 months of operating expense coverage at year end. It was noted that, if no action is taken, this is expected to further decline to 1.9 months in 2023 and 0.6 months in 2024. There was initial discussion about whether there is a need to consider a fee increase for 2022 or if the amount of expense coverage of 2.9 months is close enough to the 3-month benchmark to delay an increase to 2023. The Finance Committee will discuss this again in February at which time there will be more accurate information about the 2020 year-end results.

The committee suggested that the budget presentation to Council more clearly identifies costs included in the budget that are deferred from 2020 as compared to new increases/decreases in expenditures.

The committee confirmed that the 2021 draft budget allows CNO to carry out key regulatory functions, meet strategic objectives and stay within financial parameters.

Motion 3

Moved by S. Robinson, seconded by J. Nunes,

That approval of the 2021 operating and capital budgets be recommended to Council.

CARRIED

Sub-Committee on Compensation Appointment

Craig Halket's first term on the Sub-Committee is coming to end in June 2021. He is eligible for reappointment and is willing to serve a second term on the Sub-Committee.

Staff requested input on whether an external recruitment is required to find potential candidates to fill this position before the committee makes a recommendation to Council in February 2021. As Chair of the Sub-Committee, J. Nunes recommended Craig's reappointment because he is a highly seasoned expert who is a strong contributor to the Sub-Committee. The Finance Committee concurred that given the level of expertise required of the Sub-Committee, the continuity of members is highly valued. They advised that no external recruitment is required to support their recommendation to Council.

Self-Monitoring Tool

The committee reviewed the tool and confirmed that they had met their accountability for the meeting. The committee noted that they feel well supported in their decision-making process based on the level of detail provided in the meeting materials, leaving them with confidence to justify their recommendations.

For future meetings it was suggested to further examine the budget allocations and expenses in relation to Strategy 2021-2024. S. Mills noted that the budget document outlines costs associated with the strategic plan such as confirmed projects and staff resources.

Next Meeting

The next meeting will be the morning of February 11 at 9:00 a.m.

Conclusion

At 3:45 p.m., on completion of the agenda and consent, the Finance Committee meeting concluded.

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Chair

Attachment 2

COLLEGE OF NURSES OF ONTARIO

FINANCIAL STATEMENTS

FOR THE NINE MONTHS ENDED SEPTEMBER 30, 2020 (Unaudited)

College of Nurses of Ontario
Statement of Financial Position ($)
As at September 30

	2020 September	2019 September	2019 December
ASSETS			
Current assets			
Cash	12,263,569	3,938,094	49,246,911
Investments	35,626,805	22,412,470	21,192,321
Sundry receivables	12,418	- 19,924	22,664
Prepaid expenses	536,652	579,021	1,026,225
	48,439,445	26,909,660	71,488,121
Investments	10,186,718	17,058,450	12,180,199
Capital assets			
Furniture and fixtures	2,300,024	2,300,024	2,300,024
Equipment - non computer	1,127,271	1,133,674	1,127,271
Computer equipment	5,052,377	4,869,898	4,769,226
Building	6,835,907	6,879,783	6,835,907
Building improvements	3,923,184	3,923,184	3,923,184
Land	3,225,009	3,225,009	3,225,009
Art	44,669	44,669	44,669
	22,508,441	22,376,241	22,225,289
Less: Accumulated amortization	(15,731,237)	(14,992,683)	(14,928,550)
	6,777,203	7,383,558	7,296,739
Intangible Assets	4,095,159	4,120,491	4,095,159
Less: Accumulated amortization	(3,853,393)	(3,748,209)	3,752,968
	241,766	372,281	342,191
Accrued pension asset	-	264,725	-
	65,645,132	**51,988,674**	**91,307,250**
LIABILITIES			
Current liabilities			
Accounts payable and accrued liabilities	9,634,976	4,245,390	13,357,018
Deferred membership and examination fees	12,124,886	11,926,997	43,275,243
	21,759,862	16,172,388	56,632,261
Accrued pension liability	796,546	-	796,546
	22,556,408	16,172,388	57,428,807
NET ASSETS			
Net assets invested in capital assets	7,018,969	7,755,839	7,638,930
Unrestricted net assets	36,069,755	28,060,447	26,239,513
	43,088,724	35,816,286	33,878,443
	65,645,132	**51,988,674**	**91,307,250**

College of Nurses of Ontario
Statement of Operations ($)
Nine Months Ended September 30

	2020 Year to Date September			2019 Year to Date September			2020 Budget	
	Budget	Actual	Variance Fav/(Unfav)	Budget	Actual	Variance Fav/(Unfav)	Remaining	Approved
REVENUES								
Membership fees	37,386,461	37,570,860	184,399	36,607,207	37,155,116	547,909	12,691,620	50,262,480
Application assessment	3,559,875	3,647,575	87,700	3,799,175	3,578,650	(220,525)	702,050	4,349,625
Verification and transcripts	55,615	36,910	(18,705)	45,300	61,880	16,580	19,340	56,250
Interest income	894,498	913,297	18,799	584,608	959,476	374,868	206,406	1,119,703
Examination	1,661,000	1,474,710	(186,290)	1,789,940	1,576,415	(213,525)	441,290	1,916,000
Other	197,080	147,350	(49,730)	161,985	208,207	46,222	207,900	355,250
Total Revenues	**43,754,529**	**43,790,702**	**36,173**	**42,988,215**	**43,539,744**	**551,529**	**14,268,606**	**58,059,308**
EXPENSES								
Employee salaries and expenses	27,376,574	24,019,480	3,357,094	24,076,194	21,082,817	2,993,377	13,107,350	37,126,830
Contractors and consultants	6,490,212	4,111,049	2,379,163	4,003,327	3,064,153	939,174	4,856,333	8,967,382
Legal services	2,007,850	1,700,440	307,410	1,699,551	1,483,708	215,843	973,960	2,674,400
Equipment, operating supplies and other services	3,374,107	2,276,686	1,097,421	2,918,383	2,524,556	393,827	3,108,250	5,384,936
Taxes, utilities and depreciation	1,475,427	1,057,294	418,133	1,315,188	1,286,219	28,969	909,942	1,967,236
Exam fees	1,254,484	1,144,386	110,098	1,371,621	1,223,636	147,985	314,517	1,458,903
Non-staff remuneration and expenses	623,786	271,085	352,701	627,447	594,179	33,268	560,630	831,715
Total Expenses	**42,602,440**	**34,580,420**	**8,022,020**	**36,011,711**	**31,259,268**	**4,752,443**	**23,830,982**	**58,411,402**
Excess of revenues over expenses/(expenses over revenues)	**1,152,089**	**9,210,282**	**8,058,193**	**6,976,504**	**12,280,476**	**5,303,972**	**(9,562,376)**	**(352,094)**
Opening net assets		**33,878,443**			**23,535,809**			
Closing net assets		**43,088,725**			**35,816,285**			

College of Nurses of Ontario
Statement of Changes in Net Assets ($)
Nine Months Ended September 30

	2020			2019
	Invested in Capital and Intangible Assets	Unrestricted	Total	December
Balance, beginning of period	**7,638,930**	**26,239,513**	**33,878,443**	**23,535,809**
Excess of (expenses over revenues)/revenues over expenses	(903,112)	10,113,394	9,210,282	11,581,333
Purchase of capital assets	283,151	(283,151)	-	-
Defined benefit pension plan - remeasurements and other items	-	-	-	(1,238,699)
Balance, end of period	**7,018,969**	**36,069,756**	**43,088,725**	**33,878,443**

College of Nurses of Ontario
Statement of Cash Flows ($)
Nine Months Ended September 30

	2020 September	2019 September
Cash flows from operating activities		
Excess of revenue over expense for the period	9,210,282	12,280,476
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	802,687	964,370
Amortization of intangible assets	100,424	106,871
Interest not received during the year capitalized to investments	(549,695)	(703,535)
Interest received during the year previously capitalized to investments	237,818	199,203
Funding of pension benefits	(444,381)	(994,566)
Pension benefit expense	444,381	994,566
	9,801,516	**12,847,385**
Changes in non-cash working capital items		
Decrease in amounts receivables	10,245	190,894
Decrease (increase) in prepaid expenses	489,572	(51,025)
(Decrease) in accounts payables and accrued liabilities	(3,722,043)	(5,386,037)
(Decrease) in deferred membership fees	(31,150,357)	(30,386,331)
	(24,571,066)	(22,785,114)
Cash flow from investing activities		
Purchase of investment	(74,133,500)	(15,683,606)
Proceeds from disposal of investments	62,004,374	15,838,440
Purchase of capital assets	(283,151)	(684,855)
Purchase of intangible assets	-	(64,507)
	(12,412,277)	(594,528)
Net decrease in cash and cash equivalents	(36,983,343)	(23,379,642)
Cash and cash equivalents, beginning of year	49,246,911	27,317,736
Cash and cash equivalent, end of year	**12,263,569**	**3,938,094**

Attachment 3

Proposed Revised Stipend Policies

Proposed deletions struck out, proposed revisions in red

Stipend Policies

Overview

This policy on stipends covers RN and RPN members of Council and committees. Stipend is a fixed amount, agreed upon by Council, which is given to RN and RPN Council and committee members in recognition of the service provided on Council and committees or in carrying out Council business.

1. Stipends

Stipends payable under this policy are:

a) ~~$260.00~~ ***$275.00*** per day for Council and committee members; and
b) ~~$360.00~~ ***$375.00*** per day for Chairs of Council and statutory committees, statutory committee panel chairs, when chairing meetings or hearings, including deliberations and reason writing (when done by the panel), except for chairing the Executive Committee; and
c) ~~$360.00~~ ***$375.00*** per day for the President for any meeting attended or chaired on behalf of CNO, except attendance at educational conferences and workshops; and
d) ~~$310.00~~ ***$325.00*** per day for each Vice-President for any meeting attended or chaired on behalf of CNO, except attendance at educational conferences and workshops.

2. Automatic Stipend

A stipend payment under this policy will be automatically paid for:

a) time in attendance at meetings of Council committees;
b) a full day stipend will be paid for a scheduled one-day meeting where the meeting is prematurely terminated;
c) preparatory time for meetings attended for the following committees where the preparatory time for decision-making is ongoing and burdensome, at the rates stipulated[1]:
    i) Registration Committee – one and a half stipend days for each day of meeting;
    ii) Inquiries, Complaints and Reports Committee (ICRC) – two stipend days for each day of meeting;
    iii) ICRC Chair – an additional one quarter stipend day for each day of meeting for review of decisions;
    iv) Executive Committee – one stipend day for each day of meeting;
    v) Discipline Committee pre-hearing conferences – one half stipend day for 250 pages of reading, pro-rated to 70 pages/hour;
    vi) Discipline Committee motion preparation on personal time – 1-hour stipend for every 30 pages of required reading;

[1] Where relevant, preparatory time will be pro-rated based on the rates established and a 7-hour day

vii) Quality Assurance Committee – one half stipend day per day of meeting;
viii) Fitness to Practise consent order meetings – 1-hour stipend for every 30 pages of required reading; and
ix) Finance Committee – 1 day per day of meeting.

3. Claimable stipend

A stipend payment under this policy may be *claimed* for:

a) time while otherwise engaged in the business of Council (e.g. speaking engagements) for which prior eligibility for stipend has been confirmed;
b) preparatory time payable under 2(b) if a member is suddenly and unexpectedly unable to attend a meeting and has done the preparatory work;
c) time spent in drafting the reasons and decision of a Discipline hearing, under the following circumstances:
   i) the member has been assigned the task of drafting reasons on behalf of a panel and is doing the work on her or his own time; and
   ii) the amount paid is based on the amount of time spent in preparing the reasons, in accordance with the criteria itemized in section 4 of this policy.

4. Criteria for determining amount paid

The following criteria will be used in determining the amount of stipend to be paid/claimed for any one calendar day in attendance at the College:

• under four hours of meeting time	one half of the daily stipend (item 1a)
• four to nine hours of meeting time	one daily stipend
• over nine hours of meeting time	one and a half daily stipends.

5. ~~Electronic~~ Remote meeting stipend

Stipend paid for ***remote*** meetings is pro-rated based on the current daily stipend and a 7-hour day. The time value of a ~~conference call~~ ***remote meeting*** will be determined by the Chair and recorded in the minutes. Preparatory stipends will be paid for ~~conference calls~~ ***remote meetings*** based on the policies for preparatory stipend regarding committees [section 2(c)] and pro-rated ***up*** in accordance with the time value of the ~~conference call~~ ***remote meeting*** to the nearest half hour.

6. Payee

Upon written confirmation from the member, her or his stipend cheques for meeting attendance will be made payable to the member's employer as a "fee for service" and no income tax deduction will be made. In all other instances, stipend cheques will be made payable to the member as taxable income, subject to income tax deduction and issuance of a tax form at year end. Income tax will automatically be deducted from a member's stipend based on the information submitted on the TD-1 form.

7.	**President's honorarium**	The President will receive an annual honorarium of $5,800. The amount will be reviewed every 3 years and approved by Council. It will be based on the cumulative inflationary increase since the last time the honorarium was adjusted. The amount will be as calculated using the Bank of Canada inflation calculator, rounded up to the nearest $100.
8.	**President's employer**	CNO will offer to provide lump-sum payments to the employer of the President of up to 25% of the President's annual salary to a maximum of $40,000 in any one year.[2] The annual maximum amount will be reviewed every 3 years and approved by Council. It will be based on the cumulative inflationary increase since the last time the payment was adjusted. The amount will be as calculated using the Bank of Canada inflation calculator, rounded up to the nearest $500.
9.	**Addressing concerns**	If a member is concerned about a decision regarding automatic or claimable stipend, the concern should first be discussed with the Executive Director and CEO. If the member is still concerned, she or he may appeal to the President.

Effective January 1, 2019

[2] The President's employer will receive two payments, the first following start of the President's term of office and the second early in the following calendar year. The maximum of each payment will be 12.5% of the President's annual salary or $20,000, whichever is less.

Attachment 4

College of Nurses of Ontario

2021 Draft Operating & Capital Budget

Introduction

The budget includes operational and project activities to support:

- CNO's mandated businesses of entry to practice, standards, quality assurance, and professional conduct;
- achieving the Strategic Plan 2021-2024 goals;
- enhancing CNO's cyber-security posture; and
- maintaining and enhancing operational performance.

Management has estimated the resources (staffing, supplies, and equipment) needed to achieve the planned outcomes for operational and project activities.

General support functions, such as Information Technology, Business Support, Human Resources, Facilities, and Planning & Records, identify resource requirements based on planned involvement in activities.

2020 Impact on 2021

2020 was an unusual year with COVID-19 requiring that all CNO operations be carried out remotely and some specific projects deferred or cancelled.

The cyber-attack in September that curtailed normal operations for nearly three weeks required rebuilding our systems and ongoing efforts to strengthen our cyber-security posture.

A number of outcomes in 2020 will impact the financial position at the beginning of 2021, the budget required for 2021, and the results expected for the end of 2021. These include:

- a forecasted operating surplus of $6.253M, $6.605M more than the budgeted deficit of $0.352M, primarily due to lower expenses offset by slightly lower than anticipated revenues; and
- the deferral of projects such as Space Redesign, contributing to lower expenditures in 2020 and higher expenditures in 2021.

Forecasted expenses are $6.730M (11.5%) below budget. Lower expenses were primarily due to:

- Vacancies in staffing that remained unfilled for longer than expected, some planned and some unplanned;
- Deferring of major projects planned for implementation due primarily to the impact of COVID-19:
    - Space Redesign project;
    - Strategy 2021-24 preparation activities;
    - Future QA; and
    - Professional Conduct (PC) eCase Files.
- Lower operational costs as a direct result of COVID-19:
    - Lower travel and stipend expenses with statutory and non-statutory meetings being held virtually;
    - lower skills development and external courses for staff; and
    - lower operating supplies and courier costs.
- Lower depreciation as a result of the deferral of capital costs associated with the Space Redesign project.

A few items offset the above under-expenditures, including:

- costs of outsourcing investigations are forecasted to be higher than budget as volumes of cases handled by the external investigators rose during the year;
- costs of cloud services for IT systems are expected to be higher; and
- costs for winding-up and settling CNO's defined benefit pension plan by purchasing annuities to settle the liabilities.

Revenues are forecasted to be $0.125M (0.2%) lower than budget due to lower interest rates, lower parking and other revenue, and a slightly lower number of exam writes as a result of the pandemic.

At year-end 2020, the accumulated operating surplus (unrestricted net assets) is forecast to be $32.440M or 7.53 months of the 2020 expense forecast. This year-end accumulated surplus is above the range of three to six months of operating expenses. However, on January 1, 2021 the same accumulated surplus will be 6.07 months of 2021 operating expenses.

2020 Changes / Initiatives with Significant Impact on the 2021 Budget

The following are significant changes in 2020 that are expected to have an impact on the 2021 budget:

Revenues:

- In 2020, an increase in the number of internationally educated nurses (IEN) offset a decrease in the number of Canadian applicants, resulting in an overall marginal increase in application revenues. This trend of increase in IEN applicants is forecast to continue into 2021.

- Interest rates dropped and are expected to stay low in the medium term. The revenue in 2020 was buoyed by investments made in prior periods. The low interest rate environment will impact interest revenues starting in 2021.

- Daily employee parking at CNO ended with the building closing and that resulted in that revenue stream ending. Courier and postage recoveries were lower as most mailing activity ceased as of March 16, 2020.

Expenses:

- Deferral of the Space Redesign project, as a result of the pandemic, resulted in deferring a major portion of both operating and capital costs budgeted for 2020 to 2021. The construction activity that was supposed to commence in Q2 2020 is currently expected to occur in Q2/Q3 of 2021. The project activity which was planned to be spread over the latter part of 2020 and early 2021 is now expected to be completed in 2021.

- Investigations: Following the Public Inquiry, enhancements were made to professional conduct data quality and supporting tools. Additional investigators were hired in 2020 to support increases in volumes. In 2020 the volumes were at the same level as in 2019 however, the complexity of cases required the use of external investigators to resolve cases in a timely manner. The 2021 budget submission includes an increase in the costs of outsourcing investigations at the level forecast for 2020.

- Strategic Plan development: In 2019, CNO engaged in a transformative strategic planning exercise and had plans to carry out work in 2020 to prepare for implementation

of the new strategic plan in 2021. The pandemic resulted in deferring some activities to 2021.

- Information Technology: In 2020, CNO began to adopt new approaches to providing services using information technology. One such change is the move to use cloud-based infrastructure and services. The pandemic resulted in the vast majority of staff working remotely and CNO was able to facilitate this transformation through the increased use of technology. The cyber-attack in September provided further evidence that a cloud-based infrastructure is more secure. Continued investments in the cloud for infrastructure and applications will play a key role in CNO's effort to enhance its cyber-security posture. The 2021 budget contains additional resources, capital investments, and increased cloud service costs, to address this need.

- Applications: Entry to Practice (ETP) continues to see an increase in the number of IEN RN and RPN applicants compared to the same period last year with an increase in complexity of matters that need to be reviewed by CNO. At the end of October 2020, CNO had received 5353 applications compared to 3693 for the same period in 2019. The complexity of the matters and the depth of CNO work has evolved and requires greater time to assess the applicants. An increase in the number of referrals of these matters to the Registration Committee is also being observed. In 2019, there were 31 referrals versus 39 as of October 2020 with two meetings remaining in the year.

  In 2021, ETP will undertake a review of the process for assessing IEN education for equivalency. Strategies will be developed and implemented using right touch regulation, efficiencies, fairness, and equity principles in order to reduce timelines to registration while maintaining public protection at the core of the assessment.

- Teleworking: Teleworking is now fully operational across all teams. CNO does not have a planned date to reopen the building; it will remain closed until at least the end of March 2021. All operations will continue to be delivered remotely except for building services, technology support, and other operational needs such as mail and courier processing that require physical presence in the building.

2021 Budget Summary

The 2021 budget estimates a 0.6% increase in revenue and a 9.7% increase in expenses over the 2020 budget. The net impact is an annual operating deficit of $5.639M (see Schedule 2).

The increase in revenue is the result of an increase in application and membership income offset by a decrease in interest income as a result of the low interest rates.

On the expense side, the significant initiatives from a resource perspective are:

- addition of resources to support implementation of Strategy 2021-24, including:
    - data experts to begin work on the insights engine and to manage and use data to support operations in regulatory functions; and
    - staff to support planning and project portfolio management for increased organizational agility;
- a few new resources to address increased complexity of some of the work; volumes are increasing, and we are managing volumes by continuing to explore and implement improvements and efficiencies in how work is performed;
- investments to improve CNO's cyber-security posture; and
- project expenditures for data governance, electronic records, and Space Redesign.

Details on these and several other initiatives that also impact the expense portion of the budget are provided below.

Major Activities and Resource Requirements for 2021

The resources included in the 2021 draft budget will support implementation and initial operation of the new strategic plan, continued improvement in CNO cyber security posture and build on the established base through the provision of ongoing services, continuing process improvements, and system upgrades. The budget contains resources for the following major projects:

- **Strategy 2021-2024 Implementation**
  2021 is the first year of CNO's new strategic plan. This year will focus both on foundational activities, such as, stakeholder communications and change management, as well as the four pillar activities that help achieve our purpose: "To protect the public by promoting safe nursing practice". An external consulting company continues to work with the Leadership Team to support implementation of the new Strategic Plan.
  Goals:
    - Implement CNO's 2021-2024 multi-year strategic plan; and
    - Identify capabilities and obtain resources (where needed) to support the implementation of the plan.

  Resources:
    - Staff from multiple teams; and
    - $0.200M for contractor and consultants.

- **Data Governance Framework:**
  The data governance framework is an important first component for the development of the insights pillar of the new Strategy 2021-2024. This framework will ensure that CNO data infrastructure has the appropriate architecture, modelling, policies and procedures to ensure data integration, interoperability, accessibility, security, and quality.
  Goals:
    - Design and implement new data architecture and model; and
    - Implement data quality and metadata processes, and business intelligence (BI) tools.

  Resources:
    - Expertise to support the design and implementation of the data governance framework; and
    - Tools and technology to support the new data infrastructure.

- **Cyber Security Posture:**
  CNO will continue its work to develop and implement a technology and electronic assets security framework to ensure its ongoing cyber security posture and business continuity.
  Goals:
    - Migrate and manage CNO electronic assets in the Cloud;
    - Migrate infrastructure at 101 Davenport to new co-location site; and
    - Implement additional information security and data protection tools and procedures.

  Resources:
    - Procurement of security framework software;
    - Expertise to support planning and implementation; and
    - External infrastructure and services, such as cloud-based services.

- **Electronic Records Strategy Implementation:**
  CNO's electronic records management strategy identifies effective approaches, policies, tools and methodologies for the management of electronic records. In 2021, CNO will continue its work to implement standards and practices for the management of digital information as records.
  Goals:
    - Establish key policies and standards for digital records practices that address the management of records throughout their lifecycle: from creation, use, maintenance and disposition through destruction or transfer to archives;
    - Identify records management accountabilities and required training for staff who create and use records and information; and
    - Implement recommended strategies/tactics.

  Resources:
    - Consultation services for the development of a strategy and recommended implementation approach; and
    - Records management resources to support implementation of the developed strategy.

- **Standards Modernization:**
  Standards of practice are the foundation for how we support nurses in providing safe and ethical nursing care. Modernizing the standards will ensure the documents are rooted in best practices and address the needs of multiple stakeholders. Modern standards that reflect a contemporary practice context contribute to the proactivity pillar of our strategic plan to protect the public through the promotion of safe nursing practice.
  Goals:
    - Develop and implement the new standards of practice based on identified framework and best practices; and
    - Implement stakeholder engagement, knowledge translation, and change management strategies.

  Resources:
    - External consulting; and
    - Production of education and resource material costs.

- **Space Redesign:**
  There is a need to modify the configuration and use of 101 Davenport to accommodate current needs and provide options for the future. The design requires redefining workspaces and renovating all four levels. In addition to renovation construction and infrastructure (e.g. electrical) improvements, the scope will include new furniture and layouts to create collaborative and flexible workspaces, provide technology that supports CNO functions and interaction of staff regardless of location, improved audio-visual (AV) equipment, improved security and safety, and other features consistent with a current and flexible work environment. CNO anticipates completion of all renovations in 2021, as such the entire project costs have been included in both operating and capital budgets for 2021.
  Goals:
    - Design and build a space that is effective and efficient with integrated technology;
    - Develop an implementation plan for the physical work environment that allows for minimal disruption to CNO services; and
    - The space should be effective for resources located at 101 Davenport and support effective collaboration with teleworkers and external parties.

  Resources:
    - Funds for the purchase of suitable furniture, construction and construction materials, AV equipment; and
    - Professional construction management resources and engineering services.

- **Nursys Canada:**
  CNO and other Canadian regulators have committed to implementing a national database for sharing nurse registration and discipline information across jurisdictions. The ability to share information will improve transparency and collaboration across jurisdictions, making multi-jurisdictional registration processes more efficient.

  The intent is to adopt a system developed by the National Council of State Boards of Nursing (NCSBN) in the United States. While there will be a separate Canadian system, it will be possible to more efficiently and effectively exchange information with nursing regulators in the United States, an important public protection improvement as the workforce becomes more mobile. NCSBN intends that this also serve as a pilot for future implementation in other countries.
  Goals:
    - Collaborate with the British Columbia College of Nurses and Midwives (BCCNM and CNO are piloting) and NCSBN to develop a Nursys platform for Canada;
    - Develop a unique identifier for all Canadian nurses; and
    - Implement a database that is accessible to all Canadian nursing regulators.

  Resources:
    - Funds for CNO's contribution to this collaborative project.

- **Governance Implementation:**
  In 2021, CNO will continue Council's implementation of the governance vision and operationalize the new governance structure and processes for Council and statutory committees.
  Goals:
    - Ongoing implementation of competency-based statutory committee member and statutory committee Chair appointments; and
    - Implementation of the Interim Nominating Committee.

  Resources:
    - Governance experts; and
    - Communications.

Other projects and initiatives are also planned for 2021. These include:

- Diversity, Equity, and Inclusion;
- College Performance Management Framework;
- Registered Practical Nurse Registration Exam (Rex-PN) for 2022;
- Nurse Practitioner Regulation Practices (CCRNR);
- RN prescribing; and
- a learning module for Customer Service staff.

A detailed list of all projects can be found in Schedule 4b.

Surpluses, Deficits and Accumulated Surplus Relationship

The forecast annual operating surplus for 2020 is $6.253M, $6.605M higher than the budgeted deficit of $0.352M.

The expected accumulated unrestricted net assets at the end of 2020 of $32.440M is higher than the budget by $14.662M. The increase in the net assets is made up of:

- the impact of lower capital expenditures in 2020 (+$7.849M);
- the higher surplus in 2020 (+$6.605M); and
- the higher opening net assets (+$0.208M).

The draft budget for 2021 estimates an annual operating deficit of $5.639M. When the accumulated unrestricted net assets expected for the end of 2020 ($32.440M) is combined with the annual operating deficit in 2021 (-$5.639M) and the impact of capital investments in 2021 ($6.531M), the result is expected to be an accumulated operating surplus of $20.270M at the end of 2021. This amount will represent 3.80 months of budgeted operating expense, within the approved range, which is three to six months of the expense budget.

At the end of 2022, the projected net assets fall slightly below the lower limit of the guideline at around 2.89 month's operating coverage. For the years 2023 and 2024 the projected net assets fall below the lower limit of the guideline at 1.87 and 0.57 months of operating coverage respectively. Currently, there are uncertainties related to the impact of the pandemic. Better information will be available at the end of 2021 to consider a fee increase for 2023.

Summary of Revenue and Expenses

Schedule 2, the Summary of Revenue and Expenses, identifies:

- total revenues $58.422M,
- less total expenses $64.061M, and
- **net operating deficit ($5.639)M.**

Total revenues are budgeted to increase by $0.363M or 0.6% to $58.422M.

The marginal increase in revenue is primarily due to:

- a slight increase in membership numbers (+$0.181M); and
- an increase in IENs application assessment (+$0.699M).

These are partially offset by a decrease in interest revenue (-$0.481M) and other income.

Total expenses are budgeted to increase by $5.650M (9.7%), to $64.061M.

The major contributors to the base cost increase are:

- salaries and benefits costs resulting from the addition of permanent and temporary FTEs and progression (+$2.073M);
- higher technology service costs to support migration to the cloud and improvements to CNO's cyber-security posture (+$1.804);
- higher legal costs due to an influx of matters on benefits fraud by nurses (+$0.540M);
- higher volumes for Nurses' Health Program (+$0.337M); and
- higher contractors' costs for outsourcing investigations (+$0.200M).

These increases are partially offset by lower costs for committees and council activities as meetings continue to be held virtually (-$0.493M).

Project expenses have also increased in 2021 (+$0.713), primarily due to relaunching the deferred Space Redesign project, investments in improving our cyber-security posture, and strategic plan implementation.

Schedule 2

College of Nurses of Ontario
Summary of Revenue and Expenses ($000)
Draft Operating and Capital Budget for the Year 2021

	2018 Actual	2019 Actual	2020 Approved Budget	2020 Forecast	2021 Draft Budget	2021 Budget Over / (Under) 2020 Budget		2022 Proj'n	2023 Proj'n	2024 Proj'n
REVENUES										
Membership Fees	36,116	49,602	50,262	50,222	**50,443**	181	0.4%	50,977	51,611	52,287
Application Assessment	3,041	4,393	4,350	4,483	**5,048**	699	16.1%	4,788	4,878	4,968
Endorsements & Transcripts	66	77	56	55	**55**	(1)	-2.6%	44	44	47
Interest Income	688	1,238	1,120	1,100	**639**	(481)	-43.0%	223	180	170
Exam Revenue	2,162	1,900	1,916	1,881	**1,951**	35	1.8%	532	532	520
Other Revenue	260	268	355	193	**286**	(69)	-19.4%	291	294	298
Total Revenue	42,333	57,478	58,059	57,934	**58,422**	363	0.6%	56,855	57,539	58,290
EXPENSES										
Employee salaries and expenses	26,054	29,008	37,111	35,362	**39,283**	2,172	5.9%	40,982	41,792	42,659
Non-staff remuneration and expenses	746	809	832	391	**494**	(338)	-40.7%	503	513	523
Contractors and consultants	5,841	5,249	8,967	5,905	**9,153**	186	2.1%	5,496	3,986	4,066
Legal services	2,912	2,698	2,674	2,497	**3,166**	491	18.4%	3,149	3,169	3,234
Equipment, operating supplies and other services	4,138	5,138	5,406	4,598	**8,547**	3,142	58.1%	9,526	11,181	12,328
Exam fees	1,659	1,484	1,454	1,430	**1,472**	18	1.2%	153	153	153
Taxes, utilities and depreciation	1,448	1,510	1,967	1,499	**1,948**	(20)	-1.0%	2,353	2,365	2,601
Total Expenses	42,797	45,896	58,411	51,681	**64,061**	5,650	9.7%	62,161	63,158	65,566
Surplus/(Deficit) of Revenue over Expenses	(464)	11,582	(352)	6,253	**(5,639)**	(5,287)	1501.6%	(5,306)	(5,620)	(7,276)
Opening Unrestricted Net Assets	16,192	15,458	26,031	26,240	**32,440**			20,270	14,949	9,821
Net Capital Assets	(270)	(800)	(7,901)	(52)	**(6,531)**			(14)	492	596
Closing Unrestricted Net Assets	**15,458**	**26,240**	**17,778**	**32,440**	**20,270**			**14,949**	**9,821**	**3,142**
Accumulated Surplus (# of months)	4.33	6.86	3.65	7.53	**3.80**			2.89	1.87	0.57

Membership Numbers and Revenue Summary

Schedules 3a to 3d show membership revenue analysis for the period from 2018 through 2024. All of the information is broken down by Registered Nurse (RN) and Registered Practical Nurse (RPN) categories.

- 3a Membership Numbers – estimate of annual memberships in all classes of registration;
- 3b Membership Revenue Transaction Count – compares annual memberships with membership revenue numbers;
- 3c Membership Revenue and Fees – Number of fee transactions by fee classification; and
- 3d Membership Statistics (graph).

The 2021 budget for **membership revenue** identifies an increase of 0.4% over 2020. This is primarily the result of the net increase of 0.9% in membership numbers.

Schedules 3a and 3b provide a breakdown of the number of nurses and transactions (respectively) by fee type within each registration category. This breakdown allows CNO to track exact sources of revenue and reconcile the total revenue by its components, e.g. the number of payments multiplied by the fee will result in the total revenue from that fee source.

Schedule 3c identifies the membership revenue. This schedule is also separated by registration category and fee type. The fees by-law identifies the following fees (excl. HST) for 2021:

- Initial Registration $320 (includes annual fee)
- Annual Membership/Renewal $270
- General/Extended Class Late Fee $100
- Non-practising Class Renewal/Initial $ 50
- Non-practising Class Late Fee $ 25
- Reinstatement $320 (includes annual fee)
- Reinstatement Penalty $500 (per year worked or used title)

The revenue in Schedule 3c does not include application fees. Application fees are in the “Application Assessment” revenue line in Schedule 2.

Schedule 3a

College of Nurses of Ontario
Membership Numbers
Draft Operating and Capital Budget for the Year 2021

Fee Type	2018 Actual	2019 Actual	2020 Approved Budget	2020 Forecast	2021 Draft Budget	2022 Proj'n	2023 Proj'n	2024 Proj'n
RN Renewals On time	106,733	104,639	105,647	106,652	**106,922**	107,132	107,552	108,077
RN Renewals Non-Practising On time	9,778	8,575	10,243	8,564	**10,748**	11,048	11,348	11,648
RN Renewals Non-Practising Late	832	2,019	500	2,208	**500**	500	500	500
RN Renewals Late	1,644	5,619	5,000	5,149	**5,000**	5,000	5,000	5,000
	118,987	120,852	121,390	122,573	**123,170**	123,680	124,400	125,225
RN Reinstatements	214	216	160	268	165	175	180	185
NP Initials - Extended Class	352	332	340	270	350	330	330	330
RN Initials - General Class	5,323	5,193	5,850	5,070	5,200	5,300	5,400	5,500
RN Initials - Temporary Class	999	735	800	980	850	850	850	850
Total RN Membership	**125,875**	**127,328**	**128,540**	**129,161**	**129,735**	**130,335**	**131,160**	**132,090**
RPN Renewals - On time	49,313	49,675	51,821	51,132	**52,294**	53,824	55,284	56,818
RPN Renewals Non-Practising On time	2,649	2,366	3,222	2,631	**3,743**	4,493	5,243	6,043
RPN Renewals Non-Practising Late	308	796	200	830	**200**	200	200	200
RPN Renewals Late	1,339	3,908	3,000	3,797	**3,000**	3,000	3,000	3,000
	53,609	56,745	58,243	58,390	**59,237**	61,517	63,727	66,061
RPN Reinstatements	94	140	95	133	**95**	65	90	90
RPN Initials - General Class	5,660	4,100	4,970	3,740	**4,540**	4,500	4,600	4,700
RPN Initials - Temporary Class	446	541	500	460	**450**	450	450	450
Total RPN Membership	**59,809**	**61,526**	**63,808**	**62,723**	**64,322**	**66,532**	**68,867**	**71,301**
Total Memberships	**185,684**	**188,854**	**192,348**	**191,884**	**194,057**	**196,867**	**200,027**	**203,391**
2021 Budget Over/(Under) 2020 (%)					**0.9%**			

Schedule 3b

College of Nurses of Ontario
Membership Revenue Transaction Count
Draft Operating and Capital Budget for the Year 2021

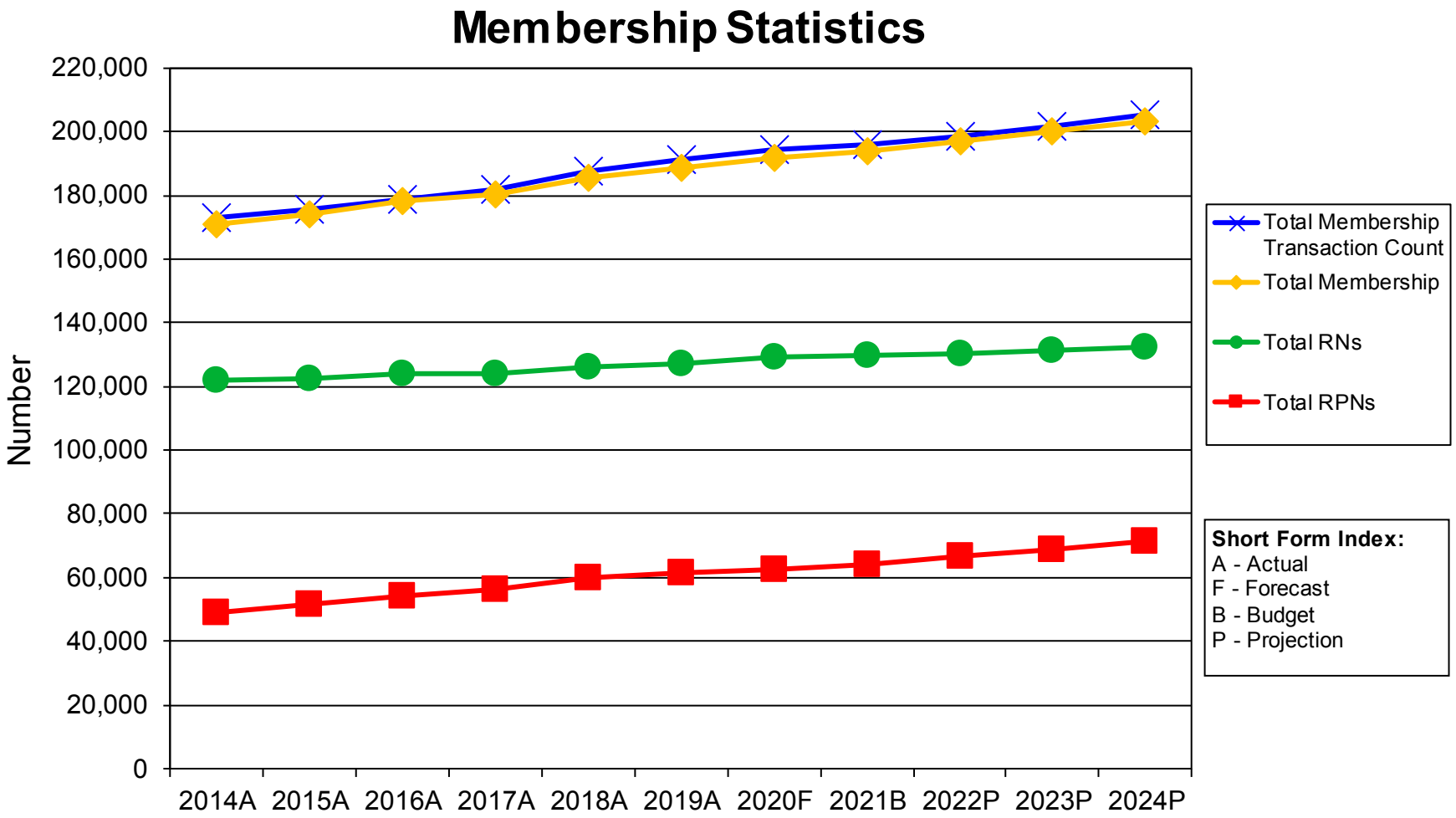
Fee Type	2018 Actual	2019 Actual	2020 Approved Budget	2020 Forecast	2021 Draft Budget	2022 Proj'n	2023 Proj'n	2024 Proj'n
RN Renewals On time	106,733	104,639	105,647	106,652	**106,922**	107,132	107,552	108,077
RN Renewals Non-Practising On time	9,778	8,575	10,243	8,615	**10,748**	11,048	11,348	11,648
RN Renewals Non-Practising Late	832	2,019	500	2,208	**500**	500	500	500
RN Renewals Late	1,644	5,619	5,000	5,149	**5,000**	5,000	5,000	5,000
	118,987	120,852	121,390	122,624	**123,170**	123,680	124,400	125,225
RN Reinstatements	86	68	55	85	**60**	70	75	80
RN Reinstatements from NonPrac to Gen/Ext	120	145	100	180	**100**	100	100	100
RN Lifting Administrative Suspension	143	251	200	407	**200**	200	200	200
RN Reinstatement Additional Fee	8	3	5	3	**5**	5	5	5
NP Initials - Extended Class	352	332	340	270	**350**	330	330	330
NP Specialty Registration	354	334	350	275	**350**	335	335	335
RN Initials - General	5,323	5,193	5,850	5,070	**5,200**	5,300	5,400	5,500
RN Initials -Temporary	999	735	800	980	**850**	850	850	850
RN Temporary to General	941	769	780	840	**750**	750	750	750
Total RN Membership Transactions	**127,313**	**128,682**	**129,870**	**130,734**	**131,035**	**131,620**	**132,445**	**133,375**
RPN Renewals - On time	49,313	49,675	51,821	51,132	**52,294**	53,824	55,284	56,818
RPN Renewals Non-Practising On time	2,649	2,366	3,222	2,631	**3,743**	4,493	5,243	6,043
RPN Renewals Non-Practising Late	308	796	200	830	**200**	200	200	200
RPN Renewals Late	1,339	3,908	3,000	3,797	**3,000**	3,000	3,000	3,000
	53,609	56,745	58,243	58,390	**59,237**	61,517	63,727	66,061
RPN Reinstatements	30	57	40	74	**40**	30	55	55
RPN Reinstatements from NonPrac to GEN	59	74	50	55	**50**	30	30	30
RPN Lifting Administrative Suspension	124	260	150	295	**150**	135	140	145
RPN Reinstatement Additional Fee	5	9	5	4	**5**	5	5	5
RPN Initials - General	5,660	4,100	4,970	3,740	**4,540**	4,500	4,600	4,700
RPN Initials - Temporary	446	541	500	460	**450**	450	450	450
RPN Temporary to General	421	519	300	350	**350**	350	350	350
Total RPN Membership Transactions	**60,354**	**62,305**	**64,258**	**63,368**	**64,822**	**67,017**	**69,357**	**71,796**
Total Membership Transactions	**187,667**	**190,987**	**194,128**	**194,102**	**195,857**	**198,637**	**201,802**	**205,171**
2021 Budget Over/(Under) 2020 (%)					**0.9%**			

Schedule 3c

College of Nurses of Ontario
Membership Revenue ($000) and Fees ($)
Draft Operating and Capital Budget for the Year 2021

Fee Type	2018 Actual	2019 Actual	2020 Approved Budget	2020 Forecast	2021 Fee	2021 Draft Budget	2022 Fee	2022 Proj'n	2023 Fee	2023 Proj'n	2024 Fee	2024 Proj'n
RN Renewals On time	21,347	28,253	28,525	28,796	270	**28,869**	270	28,926	270	29,039	270	29,181
RN Renewals Non-Practising On time	488	427	512	431	50	**537**	50	552	50	567	50	582
RN Renewals Non-Practising Late	62	151	38	166	75	**38**	75	38	75	38	75	38
RN Renewals Late	493	2,079	1,850	1,905	370	**1,850**	370	1,850	370	1,850	370	1,850
	22,390	30,910	30,924	31,298		31,294		31,366		31,494		31,651
RN Reinstatements	31	22	18	27	320	**19**	320	22	320	24	320	26
RN Reinstatements from NonPrac to Gen/Ext	23	54	27	49	270	**27**	270	27	270	27	270	27
RN Lifting Administrative Suspension	7	13	10	20	50	**10**	50	10	50	10	50	10
RN Reinstatement Additional Fee	4	2	3	2	500	**3**	500	3	500	3	500	3
NP Initials - Extended Class	18	17	17	14	50	**18**	50	17	50	17	50	17
NP Specialty	18	17	18	14	50	**18**	50	17	50	17	50	17
RN Initials - General	1,333	1,682	1,872	1,622	320	**1,664**	320	1,696	320	1,728	320	1,760
RN Initials -Temporary	250	235	256	314	320	**272**	320	272	320	272	320	272
RN Temporary to General	47	38	39	42	50	**38**	50	38	50	38	50	38
Total RN Membership	**24,121**	**32,989**	**33,183**	**33,400**		**33,361**		**33,466**		**33,628**		**33,819**
RPN Renewals - On time	9,863	13,412	13,992	13,806	270	**14,119**	270	14,532	270	14,927	270	15,341
RPN Renewals Non-Practising On time	132	118	161	132	50	**187**	50	225	50	262	50	302
RPN Renewals Non-Practising Late	23	60	15	62	75	**15**	75	15	75	15	75	15
RPN Renewals Late	402	1,446	1,110	1,405	370	**1,110**	370	1,110	370	1,110	370	1,110
	10,420	15,036	15,278	15,404		**15,432**		15,882		16,314		16,768
RPN Reinstatements	10	24	13	24	320	**13**	320	10	320	18	320	18
RPN Reinstatements from NonPrac to GEN	12	20	14	15	270	**14**	270	8	270	8	270	8
RPN Lifting Administrative Suspension	6	13	8	15	50	**8**	50	7	50	7	50	7
RPN Reinstatement Additional Fee	3	5	3	2	500	**3**	500	3	500	3	500	3
RPN Initials - General	1,410	1,314	1,590	1,197	320	**1,453**	320	1,440	320	1,472	320	1,504
RPN Initials - Temporary	112	173	160	147	320	**144**	320	144	320	144	320	144
RPN Temporary to General	21	26	15	18	50	**18**	50	18	50	18	50	18
Total RPN Membership	**11,992**	**16,611**	**17,080**	**16,821**		**17,082**		**17,511**		**17,983**		**18,469**
Total Membership Revenue	**36,113**	**49,600**	**50,262**	**50,222**		**50,443**		**50,977**		**51,611**		**52,287**
2021 Budget Over/(Under) 2020 (%)						**0.4%**						

Schedule 3d


Membership Statistics
220,000
200,000
180,000
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
Number
2014A
2015A
2016A
2017A
2018A
2019A
2020F
2021B
2022P
2023P
2024P
Total Membership Transaction Count
Total Membership
Total RNs
Total RPNs
Short Form Index:
A - Actual
F - Forecast
B - Budget
P - Projection

Expense Category Analysis and Project Summary

The presentation of the 2021 budget is based on CNO-wide operating budget that includes base operations and project activities. Some projects also contain capital costs. All capital expenditures are listed in detail in Section 6.

Staff salaries and benefits have been budgeted using standard rates arrived at by averaging the actual salaries of all staff at each level. Utilizing standard rates facilitates explanation of variances arising from labour resources and removes the impact of events (e.g. actual negotiated salary) that are outside the control of an individual manager from that manager's reported results. Additionally, the use of standard rates prevents the disclosure of the actual salaries of individual employees while improving visibility of labour costs across the organization.

Schedule 4 is separated into two sections. Schedule 4a provides an explanation by expense category of the changes in budgeted operating costs for the entire organization (base operations and project activities). Actual expenses for 2018 and 2019, the budget and forecast for 2020, and the draft budget for the year 2021 have been included for comparison purposes.

Schedule 4b provides a listing of the projects with budgeted costs for the budget year 2021. Where a project requires capital expenditure the capital costs are included in the costs shown.

Schedule 4a

College of Nurses of Ontario
Operating Budget Summary by Expense Category ($000)
Draft Operating and Capital Budget for the Year 2021

Expense Category	2018 Actual	2019 Actual	2020 Approved Budget	2020 Forecast	2021 Draft Budget	2021 Budget Over /(Under) 2020 Budget		Comments
Salary & Employee Expenses	26,054	29,008	37,111	35,362	**39,283**	2,172	5.9%	The 2021 budget includes costs for the net addition of 25 new positions and progression for existing staff, offset by lower benefit premium. No inflation was included. These new positions are required to address: - increased complexity of the work - manage and use data - improve the cyber-security posture.
Contractors & Consultants	5,833	5,249	8,887	5,905	**9,153**	266	3.0%	The 2021 base budget includes contractors and agency staff to support improved cyber-security posture. The 2021 project budget includes resources required to support some of the major projects: - Strategic Plan Implementation - Diversity, equity, and inclusion initiative - Increased costs for outsourcing investigations - Increased volume of Nurses' Health Program (NHP) cases - Space Redesign implementation.
Other Services	2,247	1,931	2,080	1,635	**2,002**	(78)	-3.8%	The 2021 budget is slightly lower due to some saving in costs for document storage, postage and courier services with CNO moving away from paper-based to digital operations. These reductions were slightly offset by higher credit card discounts based on volume of activity.
Legal Services	2,920	2,698	2,754	2,497	**3,166**	411	14.9%	The 2021 budget is higher compared to 2020 due to: - higher number of discipline cases expected, and - higher costs for investigations legal advice
Equipment, Operating Supplies & Telecom Services	1,891	3,208	3,325	2,963	**6,545**	3,220	96.8%	The 2021 budget increase is a result of: - cloud services for cyber-security - Space Redesign implementation
Examination Fees	1,659	1,484	1,454	1,430	**1,472**	18	1.2%	The number of exam writes is not expected to change significantly in 2021.
Depreciation Expenses	1,180	1,240	1,672	1,204	**1,643**	(29)	-1.7%	Depreciation is based on the expected capital additions.
Non-Staff Remuneration & Expenses	746	809	832	391	**494**	(338)	-40.7%	The 2021 budget decrease reflects all committees and council activities being held virtually.
Taxes & Utilities	268	270	295	295	**304**	9	3.1%	The 2021 budget reflects a slight increase in hydro and gas.
Total	**42,797**	**45,896**	**58,411**	**51,681**	**64,061**	**5,650**	**9.7%**	

Schedule 4b

College of Nurses of Ontario
2021 Projects ($000)
Draft Operating and Capital Budget for the Year 2021

Projects by Category	2021 Draft Budget	Description
Legislation & Regulations:		
Quality Assurance 2021	163	Ongoing work for the design and implementation of a new model for Quality Assurance.
Registered Nurse Prescribing	28	Costs to implement changes to the RN scope of practice, in accord with changes to legislation to promote safe and ethical RN prescribing.
Nurse Practitioner Regulation Practices (CCRNR)	70	Policy and development work to inform a coordinated approach to the regulation of nurse practitioners in Canadian provinces and territories.
AODA Compliance Requirements for Web	63	Implement policies, procedures and training to ensure AODA compliance for pdf and non-pdf documents on CNO's website (CNO.org).
Program Approval IT Solution	125	Costs to implement a technology solution to manage documents, data and communications with schools related to program approval.
Jurisprudence Exam Development	25	Develop and implement a new resource that supports more flexible management of the jurisprudence exam including exam content and user learning.
CNO Governance Implementation	154	Ongoing implementation of competency-based statutory committee and statutory committee CHAIR appointments.
Registered Practical Nurse Registration Exam (Rex-PN) for 2022	181	Planning for upcoming changes to the registered nurse practical exam. Requires consultations with other nursing stakeholders.
Automation of Verification of Course Completion	10	Develop and implement an automated verification of course completion process with Colleges and Universities.
Internationally Educated Nurses (IEN) Education Assessment	115	Develop and implement a revised assessment process of IEN education requirement for equivalency.
Cyber-Security Posture:		
Data Center Migration	954	Costs to migrate all the infrastructure at 101 Davenport to a new co-location site.
Organization Security Framework	25	Develop and implement technology and electronic assets security framework.
Cloud Based Services	180	Migrate and manage CNO websites (CNO.org and intranet) in Cloud.

Schedule 4b continued

College of Nurses of Ontario
2021 Projects ($000)
Draft Operating and Capital Budget for the Year 2021

Projects by Category	2021 Draft Budget	Description
Strategy 2021-2024:		
Strategy 2021-2024 Implementation	200	Costs to plan and implement foundational and pillar activities and projects to support the new strategic plan.
Web Strategy and Implementation	168	Complete web/101 strategy and initiate implementation based on the final roadmap.
Policy and Procedure Framework	25	Costs to implement the plan to create, implement and maintain a new policy framework.
Portfolio Management: Project Management Office and Tool	278	Design and implement a new portfolio/project management framework to support organizatonal and team planning. Includes procurement and implementation of a tool to support the project portfolio management framework.
Capabilities: Employee and Job Match	45	Tools and processes to identify employee capabilities and job requirements to enable matching and succession opportunities.
Data Governance	752	Consulting expertise, technology and processes required to develop and implement a new data governance framework.
Standards Modernization	175	Design, plan and implement a new process to modernize nursing standards and the associated resources.
Working Differently/Operational Improvement:		
Canadian NURSYS Implementation	119	Planning costs for a national nursing database that will increase transparency and collaboration across jurisdictions.
Planning for the Re-Opening of 101 Davenport	10	Communicate and implement the principles and plan for the reopening of 101 Davenport.
Space Redesign and Implementation	7,830	Materials, construction, and project management costs for the development and implementation of a plan to renovate the building space to accommodate increased staffing.
Diversity, Equity and Inclusion	300	Costs to support the development and implementation of a diversity, equity, and inclusion initiative and associated resources.
Professional Conduct eCase Files	538	Costs to implement the plan to convert regulatory process paper case files in professional conduct to electronic records using best practice standards.
Electronic Records Strategy Implementation	200	Implementation of a strategy for the management of electronic records including resources and systems (technology, policies and procedures).
IT Service Management (ITSM) Function	258	Develop and implement a technology service model to ensure business continuity.
Pulse Modernization	1,650	Scope, plan and implement the next phase of Pulse upgrades.
Customer Service eLearning Modules	20	Planning and implementation of a platform that's compliant with applicable legislation to deliver learning modules to internal and external stakeholders.
Total Projects	**14,659**	

Compensation and Staffing

In determining the annual provision for compensation, the following were considered:

- the compensation principles approved by Council (attached); and
- CNO's fiscal situation, both in the coming year and the projected years.

The Sub-Committee on Compensation reviewed the changes incorporated into the 2021 compensation budget. In its report, the Sub-Committee advised the Finance Committee that it believes that these changes are congruent with the Compensation Principles (see next page) approved by Council and with best practices in human resources.

CNO's 2021 draft compensation budget is $38.435M excluding agency staffing. This is 60.0% of the overall budget. Employee benefits are 25.35% of the compensation budget. The 2021 **compensation budget** is $2.073M (5.7%) higher than the 2020 budget. This increase is due to

- additional staff ($1.626M), and
- progression of staff within existing salary ranges ($0.519M).

The increase is partially offset by savings in health premiums (-$0.072M).

The labour budget increases are primarily due to the net addition of 25 full time equivalents (FTE). This is made up of changes in temporary and permanent staff FTEs. Of the 25 additional FTEs, 15 are related to working differently and for operational improvements, 5 for improved cyber-security posture, and 5 for data insights. The 2021 salary schedules are remaining the same as 2020 with no inflation adjustment.

Overall, the proposed budget adds 27 permanent staff by the end of 2021, with 3 having already been hired in 2020 and 24 to be hired in 2021.

Compensation Principles[1]

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.

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[1] Approved by Council, June 2011
Revised, December 2013, December 2015, March 2020

Schedule 5

College of Nurses of Ontario
Permanent and Temporary Staff FTE
Draft Operating and Capital Budget for the Year 2021

Team	2018 FTE	2019 FTE	2020 FTE	2021 FTE
Administration	83.5	106.6	115.3	**121.1**
Quality	119.6	144.1	156.5	**167.5**
Executive Office and Strategy & Innovation	31.6	34.5	35.7	**37.8**
Total	**234.8**	**285.2**	**307.5**	**326.4**

College of Nurses of Ontario
Labour Budget 2021 ($000)
Draft Operating and Capital Budget for the Year 2021

	2018 FTE Budget	2019 FTE Budget	2020 Approved Budget	2021 Draft Budget	2021 over 2020	Comment
Permanent	24,455	31,111	35,279	**38,084**	2,804	25 new FTE (12 started in 2020) and progression 0% inflation
Temporary	1,264	928	1,082	**351**	(731)	Backfilling for permanent resources assigned to projects and leaves.
Total	**25,719**	**32,039**	**36,361**	**38,435**	**2,073**	

Capital Budget

Schedule 6, the draft capital budget, identifies proposed building changes, new or replacement furniture, equipment, and software purchases for the 2021 budget year along with projected estimates through 2024. The listing of capital expenditures is grouped by fixed asset category.

According to CNO's accounting policy, an item is capitalized when it has a useful life of more than one (1) year **and** its value is greater than $500. For example, a personal computer (PC) purchased for $2,000 would be capitalized because it has a useful life of more than 1 year **and** the value is greater than $500. On the other hand, a computer hard drive purchased for $400 is not capitalized even though the estimated useful life is greater than 1 year because the cost is less than $500.

The 2021 capital budget and 2022-2024 projections concentrate on two areas; building and technology infrastructure.

- Building
  - Capital expenditures are planned for space redesign ($6.475M);
  - In conjunction with the redesign, purchase costs of furniture, equipment and workstations are budgeted at $2.200M and electrical, structure, HVAC at $3.600M;
  - Other equipment (audio-visual, touchless control technology) $0.675M;
  - 2022 projections have an allocation of $0.800M for building improvement; and
  - 2023 and 2024 projections have an allocation of $0.300M for building improvement and $0.200M for furniture.
- Technology
  - The 2021 budget has a provision of $0.954M for co-location infrastructure and software;
  - An investment of $0.595M for hardware refresh and $0.150M for storage is planned for 2021; and
  - 2022 to 2024 projections include investments of $0.800M for personal computers and $0.200M for software.

Schedule 6

College of Nurses of Ontario
2020 Capital Budget and 2021-2023 Projections ($000)
Draft Operating and Capital Budget for the Year 2021

2021

Fixed Asset Category	Description	2021
Building	Mechanical systems	75
	HVAC	300
	Electrical systems	1,200
	Other, general constructions/demolition	2,025
Furniture	Workstations & modules and office furniture	1,750
Equipment	Kitchen equipment	25
	Meeting space infrastructure and hardware	450
	Audio Visual equipment	650
Hardware	Servers	601
	New laptops	595
	Data Migration Implementation	504
	Total Capital for 2021	**8,175**

2022

Fixed Asset Category	Description	2022
Building Improvement	Building improvement	800
Furniture & Fixture	Furniture	200
Hardware	Personal computers	800
Software	Software	200
	Total Capital for 2022	**2,000**

2023

Fixed Asset Category	Description	2023
Building Improvement	Building improvement	300
Furniture & Fixture	Furniture	200
Hardware	Personal computers	800
Software	Software	200
	Total Capital for 2023	**1,500**

2024

Fixed Asset Category	Description	2024
Building Improvement	Building improvement	300
Furniture & Fixture	Furniture	200
Hardware	Personal computers	800
Software	Software	200
	Total Capital for 2024	**1,500**

Projection Assumptions for 2022-2024

CNO has several projects and initiatives that will reach their operational phase in these years, including the implementation of the new strategic plan, further cloud-based information technology infrastructure, Future QA, and process and information reporting improvements. Costs have been included in the projection estimates for the following years to respond to these items as they are currently understood.

Reducing reports and complaints backlogs and focusing on improving IEN application assessment turnaround will continue to be a priority. CNO will be prepared to respond to increases in volumes, adding resources where needed. Costs associated with responding to significant volume increases have not been included in the plan.

Year 2022

Revenues:

- The membership numbers are expected to increase slightly;
- Application income is expected to decrease by about $0.260M;
- RPN exam revenue will be eliminated effective 2022 as applicants will pay fees directly to the vendor; and
- Interest revenue is expected to decrease with slightly lower amounts invested and lower rates.

Expenses:

- General inflation of 2.0%;
- Costs of the RPN exam will be eliminated in line with the revenue reduction;
- Nurses' Health Program will continue operations; and
- Continue with implementing strategic plan initiatives.

Accumulated Surplus:
CNO will incur an annual operating deficit of $5.306M that will result in a net unrestricted asset of $14.949M or 2.89 months' operating costs.

Year 2023

Revenues:

- Overall, growth in membership numbers is expected to remain consistent with historical trends;
- Application income is expected to increase slightly; and
- Interest revenue is expected to decrease with slightly lower amounts invested and lower rates.

Expenses:

- General inflation of 2.0%;
- Further enhancements to the information system will be made;
- An allocation has been made to deal with projects dealing with strategic initiatives and regulatory matters; and
- Further execution of the new strategic plan.

Accumulated Surplus:
CNO will incur an annual operating deficit of $5.620M that will result in a net unrestricted asset of $9.821M or 1.87 month's operating costs. This falls below the Finance Committee guideline of a minimum of three months.

Year 2024

Revenues:

- Membership revenues are expected to rise marginally with slight growth in membership numbers;
- Application income is expected to increase slightly; and
- Interest revenue is expected to decrease with slightly lower amounts invested and lower rates.

Expenses:

- General inflation of 2.0%;
- Costs for CNO meeting its mandates are expected to continue in the form of support for strategic initiatives and operational maintenance aspects (e.g. quality assurance program, nursing program approval, etc.);
- Continuation of regulatory initiatives; and
- Further execution of the new strategic plan.

Accumulated Surplus:
CNO will incur an annual operating deficit of $7.276M that will result in a net unrestricted asset of $3.142M or 0.57 month's operating costs. This falls below the Finance Committee guideline of a minimum of three months.

Financial Position

Schedule 8 identifies the assets, liabilities and net assets (surplus) that CNO has or is projected to have as a result of this budget. It covers 2018 to 2024.

Assets are current or long term:

- **Current assets** are cash or assets that can readily be changed to cash in a short period of time.
- **Long term assets** are assets that cannot be turned into cash or expensed within one year, such as long-term investments and fixed assets (building, equipment etc.).

The values of fixed assets on the balance sheet are net of accumulated depreciation. Depreciation is an accounting representation of the reduction in useful life of assets over time through wear or technological change.

Liabilities are current or long term.

- **Current liabilities** are the debts owed by CNO for services, supplies, or asset purchases for which a commitment (by contract or receipt) has been made by CNO to pay within one year.
- **Long term liabilities** are the debts owed by CNO for services, supplies, or asset purchases for which a commitment (by contract) has been made by CNO to pay over a period of time greater than one year (e.g. a mortgage). CNO has no long-term debt.

Net Assets are the residual of all assets less all liabilities. The result represents the net worth or net book value of CNO, according to the financial records.

- **Invested in Capital Assets** represents the accumulated value of the cost of long-term assets purchased over time (net of accumulated depreciation/amortization) less any long-term debt associated with those assets. CNO has forecasted a capital surplus of $14.452M. This amount represents funds available to purchase additional capital assets. This surplus is considered to be restricted for the purposes of capital asset replacements.
- **Unrestricted Net Assets** represents the accumulated annual operating surpluses, net of accumulated annual operating deficits and net of the accumulated amount **Invested in Capital Assets**, generated each year since the inception of CNO. An accumulated operating surplus of $20.270M is the result of the 2021 draft budget. These funds are considered to be unrestricted in their use.

Schedule 8

College of Nurses of Ontario
Statements of Financial Position as at December 31 ($000)
Draft Operating and Capital Budget for the Year 2021

	2018 Actual	2019 Actual	2020 Approved Budget	2020 Forecast	2021 Draft Budget	2022 Proj'n	2023 Proj'n	2024 Proj'n
ASSETS								
Current Assets:								
Cash	27,318	49,247	17,252	29,033	**23,943**	17,991	27,796	14,007
Investments	25,052	21,192	20,073	26,029	**18,000**	25,000	10,000	6,509
Sundry receivables	171	23	50	75	**50**	50	50	50
Prepaid expenses	528	1,026	646	671	**650**	511	489	420
	53,069	71,488	38,021	55,808	**42,643**	43,552	38,335	20,986
Investments	14,069	12,180	13,319	4,833	**10,024**	4,850	5,134	15,787
Capital Assets	7,663	7,297	10,622	7,713	**14,356**	14,257	13,649	13,649
Intangible Assets	415	342	227	208	**96**	210	326	420
Defined Benefit asset	265	-	250	-	**-**	-	-	-
	22,412	19,819	24,418	12,754	**24,476**	19,316	19,109	29,856
Total Assets	**75,481**	**91,307**	62,439	**68,562**	**67,119**	**62,868**	**57,443**	**50,841**
LIABILITIES								
Current Liabilities:								
Accounts Payable & Accrued Liabilities	9,631	13,357	3,779	3,238	**3,500**	3,719	3,882	3,967
Deferred Membership Fees	42,313	43,275	30,033	24,963	**28,897**	29,733	29,765	29,664
Defined Benefit liability	-	797	-	-	**-**	-	-	-
	51,945	57,429	33,812	28,201	**32,397**	33,452	33,647	33,631
NET ASSETS								
Invested in Capital Assets	8,078	7,639	10,849	7,921	**14,452**	14,467	13,975	14,069
Unrestricted	15,458	26,240	17,778	32,440	**20,270**	14,949	9,821	3,141
	23,536	33,878	28,627	40,361	**34,722**	29,416	23,796	17,210
Total Liabilities and Net Assets	**75,481**	**91,307**	62,439	**68,562**	**67,119**	**62,868**	**57,443**	**50,841**

Cash Flow

Schedule 9 identifies the activities that generate cash and the use of cash through a year. Annual operating surpluses generate cash while the purchases of capital assets use cash. The schedule covers a period from 2018 to 2024 inclusive.

Schedule 9

College of Nurses of Ontario
Statements of Cash Flows ($000)
Draft Operating and Capital Budget for the Year 2021

	2018 Actual	2019 Actual	2020 Forecast	2021 Draft Budget	2022 Proj'n	2023 Proj'n	2024 Proj'n
Cash flows from operating activities							
Excess of expenses over revenues for the period	(464)	11,581	6,253	(5,639)	(5,306)	(5,620)	(7,276)
Adjustments to determine net cash provided by (used in) operating activities			0	0	0	0	0
Amortization of capital assets	1,043	1,103	1,070	1,070	1,531	1,900	1,908
Amortization of intangible assets	123	137	134	134	113	86	83
Loss on disposal of asset	14	2	-	-	-	-	-
(Increase) decrease net pension expenses over funding	(175)	(177)	0	0	-	-	-
Interest not received during the year capitalized to investments		(619)	(550)	0	0	0	0
Interest capitalized on investments	(273)	214	238	(616)	(225)	(180)	(170)
	268	12,241	7,145	(5,051)	(3,888)	(3,814)	(5,454)
Change in non-cash working capital							
Decrease (increase) in sundry receivables	19	148	(52)	25	-	-	-
Decrease (increase) in prepaid expenses	120	(498)	355	21	139	22	-
Increase (decrease) in accounts payables and accrued liabilities	2,536	3,726	(10,119)	262	219	(163)	85
Increase (decrease) in deferred membership fees	24,334	962	(18,312)	3,934	836	32	(101)
	27,277	16,578	(20,984)	(809)	(2,694)	(3,924)	(5,470)
Cash flows from investing activities							
Purchase of investments	(40,453)	(23,684)	(74,071)	(31,645)	(40,266)	(20,319)	(26,544)
Proceeds from disposal of investments	17,467	29,838	76,096	35,539	39,007	35,548	19,726
Purchase of capital assets	(883)	(739)	(1,256)	(8,175)	(1,800)	(1,300)	(1,300)
Purchase of intangible assets	(104)	(65)	0	0	(200)	(200)	(200)
	(23,973)	5,351	770	(4,281)	(3,259)	13,729	(8,319)
Net (decrease) increase in cash during year	3,304	21,929	(20,214)	(5,090)	(5,952)	9,805	(13,789)
Cash, beginning of the period	24,013	27,318	49,247	29,033	23,943	17,991	27,796
Cash, end of the period	27,318	49,247	29,033	23,943	17,991	27,796	14,007

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

AGENDA ITEM 3.1

Decision Note – December 2020 Council

Ontario colleges granting stand-alone baccalaureate degrees in nursing

Contact for Questions

Kevin McCarthy, Director of Strategy

For Decision

That the proposed changes, as shown in Attachment 1 to the briefing note, to Part II, Registration, of Ontario Regulation 275/94: General, as amended, under the *Nursing Act, 1991,* be approved for submission to the Minister of Health.

Public Interest

CNO is accountable for ensuring the necessary regulatory mechanisms are in place to ensure the maintainance of excellence in nursing education following this regulation change.

Minister's Direction

The change to enable Colleges of Applied Arts and Technology (CAATs) and universities to be able to deliver baccalaureate nursing degree programs collaboratively or independently[1] (i.e. a stand-alone degree program) was discussed at the September 2020 Council meeting. Minister Romanow, in his announcement on February 11, 2020, indicated that this new government policy will allow more choice for students and give institutions greater autonomy and flexibility over their programs, while maintaining excellence in nursing education.[1] Council was advised that a draft regulation amendment would be provided for review and circulation at the December 2020 Council meeting.

Subsequently, CNO received a letter from Ontario's Minister of Health directing CNO to move forward expeditiously to make the necessary regulatory amendments to authorize CAATs to offer standalone baccalaureate programs in nursing. The Minister's letter requested

[1] https://news.ontario.ca/en/release/55741/ontario-offering-greater-choice-for-nursing-students

amendments be brought forward at the December Council meeting and, if approved, be submitted to government before the end of December 2020.

Background

CNO's current Registration Regulation requires a baccalaureate degree awarded by a university to be a requirement for registration as an RN in the General Class. Subsection 2(1)1i of Part II, Registration, of Ontario Regulation 275/94: General under the *Nursing Act, 1991* specifies that, to meet the education requirement for registration in the General Class, an RN applicant must have a minimum of a baccalaureate degree in nursing specifically designed to educate and train persons to be practising registered nurses. The program must be:

> A. awarded by a university in Canada as a result of successful completion of a program that was approved by Council or that was accredited or approved by a body approved by Council for that purpose, or
>
> B. awarded by a university as a result of successful completion of a program that was approved by Council or that was accredited or approved by a body approved by Council for that purpose.

In order to allow baccalaureate programs offered by a CAAT to be taken into consideration for approval by Council and to meet the requirements for registration as an RN, amendment to the existing Registration Regulation is required.

CNO's Program Approval process is a key regulatory mechanism that ensures excellence in nursing education and, subsequently, contributes to public protection. All baccalaureate programs, including those that will be offered on a stand-alone basis by CAATs, are reviewed through this process.

Regulation Circulation and Feedback

Section 12(1) of the *Health Professions Procedural Code* (the Code) authorizes the Executive Committee to make any decisions on behalf of Council *except* approving a final regulation or by-law. These powers are very broad and are enacted only in exceptional circumstances.

Additionally, Section 95(1.6) of the Code allows Council to shorten the timeframe for consultation "*or abridge the 60-day period…to such lesser period as the Minister may determine*."

In order to seek approval from Council to submit this regulation to government in December, as directed by the Minister Elliott, the draft regulation needed to be circulated for feedback quickly. The normal 60-day consultation period that is required in legislation was not feasible given the expedited timeline.

On September 30, 2020, the Executive Committee met to approve the draft regulation for an abridged circulation and feedback period, in order to meet the expeditied timeline set by Minister Elliott.

Following Executive Committee approval, a letter was sent to Minister Elliott requesting her approval to move forward with a 30-day consutation period. On October 9, 2020 CNO received a letter from Minister Elliott approving this request. Council was informed of this by email on October 15th.

A special edition of the Standard was circulated to all nurses on October 20, 2020 to raise awareness of this regulation change and the opportunity to provide feedback through an on-line survey. Concurrently, e-mails were sent directly to key stakeholders, including educators.

Circulation Findings

A full report of stakeholders' feedback on the draft regulation amendment is available for Council. A total of 5,407 responses were received from individuals and 86 from organizations. The tables below provide detail about individual respondents and those that responded on behalf of an organization.

Table 1: Individual Profile

	Percentage	Responses
RN	58.6%	3167
RPN	28.2%	1525
NP	3.6%	192
Member of the public	4.0%	217
Doctor/Pharmacist	0.1%	10
Other	5.5%	296
Total	100%	5407

"Other" included predominantly students engaged in either practical nursing or baccalaureate programs, and retired nurses.

Table 2: Organization Profile

	Percentage	Responses
A college or university	54.7%	47
A healthcare organization	24.4%	21
A health profession regulator	4.7%	4
Nursing association	4.7%	4
Union	3.5%	3

	Percentage	Responses
Other professional association	2.3%	2
Other	5.8%	5
Total	100%	86

Written responses were received from:

- ONA (attachment 2).
- RNAO (attachment 3).
- OHA (attachment 4).
- OPSEU (attachment 5).
- COUPN (attachment 6)

Summary of stakeholder feedback

The survey addressed one question:

"Is the proposed regulation change in the public interest?"

The majority of respondents (63.4%) indicated that the change was in the public interest, while 27.2% indicated that the change was not in the public interest. 9.4% were unsure.

Qualitative feedback

A thematic analysis of qualitative data was completed by CNO staff. The process involved reviewing all survey and email responses, grouping similar concepts, and summarizing the groupings into themes. Due to the compressed timeline and volume of responses, feedback was divided between three CNO staff with each independently reviewing a minimum of 1800 responses and ensuring some overlap of responses reviewed. Following this, all findings were discussed to identify overarching themes. Themes identified both benefits and risks associated with the proposed change, outlined below:

Benefits:

The majority of feedback is supportive of the regulation change and the following themes were identified.

Access to Education

The most predominant theme in favour of this regulation change was the perception of increased access to education and the opportunity to retain nurses within their home communities. This included several sub-themes:

- Program availability in smaller communities, especially in remote/rural communities
- Provides more choice and opportunity for students to study nursing

- Easier access to programs through more achievable entry requirements
- More affordable education (lower tuition fees; not having to move or travel to study)
- Possible development of additional RPN/RN bridging programs, enabling RPNs to transition seamlessly to RN programs

This would be very helpful for those unable to attend a university because of distance from their home. When I decided to apply to nursing I chose the PN program because I was married and had 2 children. Going away to university was just not feasible for me. However if the full program would have been offered at the college I chose then I would have applied to RN.

Increased Numbers of RNs

A significant number of respondents indicated that they believed that this regulation change would result in more RNs entering practice. Some respondents indicated this would be beneficial due to systemic shortcomings that have been highlighted by the COVID-19 pandemic and others commented that it would be beneficial to underserved communities (either rural communities or practice setting communities such as Long Term Care).

More RNs entering the workforce. With the nurse shortages we are facing, and the aging population, this could help increase the number of nurses coming from underservices areas.

Quality of Education

Respondents spoke to the benefits of a college-based education such as smaller class sizes, a more practical, hands-on approach to education, and increased focus on skills development. Regulatory mechanisms, such as CNO's program approval and the NCLEX-RN exam, were identified as assurance of quality of education and competence at entry to practice.

I feel as though this change would open another platform for students to receive high quality education while benefiting from hands on experience and smaller class sizes.

Risks:

A minority of feedback referred to the risks related to the regulation change and the following themes were identified.

Quality of Education

The most predominant theme in opposition to this regulation change identified concerns with the college-based education being insufficient to prepare an RN for entry to practice. A subsequent 'risk to the public' was identified related to the the following:

- Faculty qualifications, noting fewer PhD prepared faculty in college programs
- Less emphasis on application of research, theory and critical thinking skills
- Lack of inter-professional education opportunities

- Lack of access to clinical placement opportunities
- Concerns related to consistency of education between university and college graduates

The RNs would lack the required education to safely practice nursing. What the bachelor's degree prepares an RN to do is to develop critical thinking skills - and I believe that colleges are not sufficiently prepared to ensure this degree of preparation.

Perception of the RN

Respondents spoke to the addition of this new option for baccalaureate education as being confusing for the public and for the inter-professional team. The introduction of this option was viewed as a "backward step" with respondents citing the "hard-won fight" to move RN entry to practice to the baccalaureate level. Further, respondents suggested that the proposed change would create disparities between college and university RNs. Other health related professions were identified as examples of entry requirements being, at minimum, a university based degree with some requiring Master's level education. Questions were raised as to why nursing would "lower" expectations. As a result, it was perceived that this would undermine the value and role of the RN in the healthcare system.

This is not a prudent change. It dilutes the standards, educational merit, and overall status of nursing as a profession. If such a change is approved, then why not move education for lawyers, physiotherapist and other professions to the college level? Further, this change dilutes the educational status of a predominantly female profession and serves to foster splintering within it. And, just as importantly, it affords room to discount and devalue nurses.

In addition, contrary to the perceived benefit noted above, some respondents were concerned that this change may result in too many RNs and potentially decrease wages or impact job security.

Public Safety

In relation to the concerns identified above, another predominant theme was concern for public safety. This was related to the perceived negative impact of a college-based baccalaureate education on readiness to practice and that ultimately, this change would result in risk to the public and quality of care.

Clients' safety and quality of care are at risk. Future nurses will not be able to receive adequate training. Colleges are not prepared to provide equivalent training as universities to future nurses.

Attachments

1. Proposed draft regulation amendment
2. Response from the Ontario Nurses' Association
3. Response from the Registered Nurses' Association of Ontario
4. Response from the Ontario Hospital Association

5. Response from OPSEU
6. Response from the Council of Ontario Universities

Next Steps

- With Council's approval, the proposed regulation amendment will be submitted to the Minister of Health by December 24, 2020, for government review and approval.

Attachment 1

Ontario Regulation 275/94

GENERAL

Part II - REGISTRATION

Proposed Revisions

Additions are in red. Deletions are struck through.

NOTE: Staff and legal counsel are discussing removal of the word “accredited” from the regulation. It is no longer relevant because Council now approves programs.

GENERAL CERTIFICATES OF REGISTRATION — REGISTERED NURSE

2. (1) The following are additional requirements for the issuance of a certificate of registration as a registered nurse in the General class:

1. The applicant,

    i. must have a minimum of a baccalaureate degree in nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered nurses,

        A. awarded by a university in Canada as a result of successful completion of a program that was approved by Council ~~or that was accredited~~ or approved by a body approved by Council for that purpose,

        B. awarded by a university as a result of successful completion of a program that was approved by Council ~~or that was accredited~~ or approved by a body approved by Council for that purpose, or

        C. awarded by a College of Applied Arts and Technology in Ontario as a result of successful completion of a program that was approved by Council ~~or that was accredited~~ or approved by a body approved by Council for that purpose,

    ii. must have a minimum of a baccalaureate degree in nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered nurses other than a program mentioned in subparagraph i, which program was approved by the Registration Committee as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A or C, or

ii. must have a minimum of a baccalaureate degree in nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered nurses other than a program mentioned in subparagraph i, which program was approved by the Registration Committee as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program

iii. must have successfully completed a program in nursing specifically designed to educate and train persons to be practising registered nurses, other than a program mentioned in subparagraph i or ii, and,

A. must have successfully completed a program that, at the time the applicant commenced it, was approved by Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A or C, or

B. must have paid any fees required under the by-laws, undergone an evaluation approved by Council and satisfied the Executive Director or a panel of the Registration Committee that he or she has successfully completed further education or training or combination of education and training approved by the Registration Committee that was identified in the evaluation as being necessary to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A or C.

B. must have paid any fees required under the by-laws, undergone an evaluation approved by Council and satisfied the Executive Director or a panel of the Registration Committee that he or she has successfully completed further education or training or combination of education and training approved by the Registration Committee that was identified in the evaluation as being necessary to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in subparagraph i A or C.]

ONTARIO NURSES' ASSOCIATION

SUBMISSION

ON

Authorizing Ontario Colleges to Offer the Bachelor of Science in Nursing Degree (Amendments to O. Reg 275/94 (General) made under the Nursing Act, 1991)

TO

The College of Nurses of Ontario

Angela McNabb AMcNabb@cnomail.org

November 11, 2020

ONTARIO NURSES' ASSOCIATON
85 Grenville Street, Suite 400
Toronto, ON M5S 3A2
Phone: (416) 964-8833
Web site: www.ona.org

The Ontario Nurses' Association (ONA) is the union representing 68,000 registered nurses and health-care professionals as well as 18,000 nursing student affiliates, providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

We welcome this opportunity to provide feedback on the proposed amendments to O. Reg 275/94 (General) made under the Nursing Act, 1991, from the College of Nurses of Ontario. This change will authorize Ontario Colleges to offer the Bachelor of Science in Nursing (BScN) degree.

Currently, BScN degrees are offered by stand-alone university programs or collaborative college-university programs. ONA has long been supportive of the proposed changes to authorize approved colleges to offer the BScN degree independently of a university partner. We see the following benefits and positive opportunities associated with this change:

1. Colleges offering a nursing program would still be responsible for meeting the Canadian Association of Schools of Nursing national accreditation standards. According to Colleges Ontario, in a number of nursing degree programs currently offered jointly with the universities, colleges are providing more than 90 per cent of the nursing curriculum and some colleges currently deliver 100 per cent of the curriculum.[1] These examples demonstrate that colleges can deliver the full program independently.

2. There is an equity advantage, as colleges traditionally provide greater access to non-traditional learners and underrepresented groups, thus contributing to a more diverse workforce. In addition, in some collaborative college-university programs, nursing students must relocate to a different community to complete their studies. There is significant cost associated with relocation that could be a barrier to education. Authorizing colleges to offer stand-alone nursing degrees will give students the option to study nursing in their home community and may help colleges to increase registration numbers in nursing programs.

3. This proposed amendment has the potential of increasing the number of Registered Nurses (RNs) graduating each year, as colleges can expand the number of nursing students faster than universities. This would also provide more opportunity for Registered Practical Nurses (RPNs) to bridge into baccalaureate nursing programs, which would help increase the number of RNs entering the system. This is in the public interest as Ontario is facing a global health pandemic with the lowest RN-to-population ratio in Canada for the fourth year in a row.[2] Nursing is an in-demand profession, particularly in the acute care and the long-term care sectors.

ONA also identifies the following risks to the proposed changes. We do not believe them to be insurmountable, however, these are issues that require thoughtful consideration and consultation:

1. Successful implementation of this new policy requires close attention to clinical placements. Over the years, ONA has raised concerns at the Joint Provincial Nursing Committee that both the university nursing programs, and collaborative college-university programs do not have a

[1] Colleges Ontario. *Opening Doors to Nursing Degrees: A Time for* Action, 2015.
[2] ONA Press Release: https://www.ona.org/news-posts/ontario-last-ratio-2019/#:~:text=A%20report%20released%20today%20by,%2Dto%2D100%2C000%20population%20ratio.

sufficient clinical component to them. These concerns have increased due to the pandemic with many clinical placements being moved online and with students not being given sufficient in-person and hands-on opportunities to practice their nursing skills. We believe a stand-alone college program could provide a better clinical experience for students in terms of time and quality however approved colleges must have a robust plan in place, working with health-care partners, to meet the demand for in-person clinical placements from students with the appropriate health and safety precautions in place.

2. Colleges that are approved to offer the BScN degree program must ensure a smooth transition plan, including clear instructions and communications, for nursing students currently enrolled in the collaborative program. There should be no barriers or disruptions for these students as they continue their nursing studies.

In closing, ONA supports the proposed regulatory change to authorize Ontario Colleges to grant the BScN degree.

Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

Nov. 18, 2020

Sandra Robinson, Council President
Anne Coghlan, Executive Director and Chief Executive Officer
College of Nurses of Ontario
101 Davenport Road
Toronto, ON M5R 3P1

Dear Ms. Robinson and Ms. Coghlan,

Re: Proposed revisions to Regulation 275/94

The Registered Nurses' Association of Ontario (RNAO) welcomes the opportunity to provide feedback to the College of Nurses of Ontario (CNO) on the proposed regulation change to the *Nursing Act, 1991*. The proposed change, requested by the ministry of health, "would allow Ontario colleges of applied arts and technology (CAATs) to independently offer students baccalaureate programs in nursing".[1] RNAO endorses this regulatory change on the condition that the quality of the education – including the number of PhD-prepared faculty and program admission standards – are equivalent to university nursing baccalaureate degree programs.

RNAO believes that nursing degree-level education offered independently through CAATs is in the public interest for the following reasons:

- It would provide more nursing education opportunities for highly qualified students who are otherwise excluded from nursing due to enrolment limits.
- It would increase the number of registered nurses (RN) available in rural and remote communities where there is less access to baccalaureate degree education, leading to fewer RNs available to work in these communities.
- It would connect nursing students with local organizations and nursing networks that support student employment opportunities and organizational recruitment and retention efforts.

Since 2000, CAATs have been authorized through the Post Secondary Education Quality Assessment Process (PEQAB) to provide degrees in various fields.[2] However, because the regulations under the *Nursing Act, 1991* require graduation from a university nursing degree program for entry-to-practice, CAATs have not offered stand-alone nursing degree programs.[3] Rather, for the past 16 years, CAATs have successfully partnered with local/regional universities to offer baccalaureate nursing degree education[4] [5] – notwithstanding one cross-provincial partnership between Humber College and University of New Brunswick. The proposed regulatory change would include graduates from stand-alone CAATs nursing degree programs and university nursing degree programs as eligible for entry-to-practice as an RN in Ontario.

RNAO's endorsement of the proposed regulatory change is contingent on the following conditions:

- Equivalency of CAATs and university nursing degree program standards, including but not limited to: approval processes; admission requirements; progression requirements; faculty qualifications; course curriculum; and number, quality and variety of clinical placement opportunities.
- Necessary funding for CAATs to ensure the above-noted equivalency.
- A transition process that allows time to support curriculum development and expand the number of PhD-prepared faculty.
- Access of CAATs nursing degree programs to faculties with other health professional programs offered at the baccalaureate or graduate level to facilitate strong, interprofessional education for nursing students.
- Curriculum structures, processes and outcomes that readily enable accreditation by the Canadian Association of Schools of Nursing (CASN)[6], as an indicator of excellence.

There are a number of significant risks and challenges related to the proposed regulatory change that must be considered in order to meet the condition of "equivalency." These include:

- The impact on the current nursing collaborative degree programs that are built on strong college/university partnerships.
- The readiness of college programs to offer related course content in areas such as sciences, health sciences and social sciences and access to a robust interprofessional team at local clinical placement sites that span all sectors.
- The need for CAATs programs to take a visionary approach to nursing degree program planning to enable future scope expansion for RNs – such as diagnostics, prescribing and referrals.
- The time and funding required for more faculty to complete graduate and doctoral education.

Given these key risks and considerations, and in this time of intense pressure on nurses and others in health care and education, RNAO objects to the shortened consultation period provided for this important proposal. RNAO strongly urges that the consultation period be extended to the traditional 60-day duration in order to allow for thoughtful and thorough feedback from all key stakeholders.

To emphasize, RNAO welcomes the move to increase access to quality baccalaureate nursing degree education through this proposed regulatory change. This endorsement, however, is fully contingent upon the imperative that quality standards are equivalent across both colleges and universities. There are a number of resource-based program and faculty development considerations that must be addressed, which is why a regulatory change of this nature would require an extended consultation period.

RNAO is pleased to discuss this submission with you and to engage in further activity related to expanding options for baccalaureate nursing degree education in Ontario.

With kind regards,

Doris Grinspun, RN, MSN, PhD, LLD(hon), Dr(hc), FAAN, O.ONT.
Chief Executive Officer, RNAO

Morgan Hoffarth, RN, BScN, MScN
President, RNAO

CC: CNO Council
Hon. Christine Elliott, Minister of Health
Helen Angus, Deputy Minister of Health
Hon. Ross Romano, Minister of Colleges and Universities
Sean Court, ADM, Strategic Policy and Planning Division, MOH
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH
Michelle Acorn, Provincial Chief Nursing Officer, MOH
Joint Provincial Nursing Committee (JPNC)

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Ontario Hospital Association

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416 205 1300
oha.com

November 20, 2020

College of Nurses of Ontario
Attn: Angela McNabb
101 Davenport Road
Toronto, ON
M5R 3P1

Dear Ms. McNabb;

RE: Feedback on Proposed Amendments to O. Reg. 275/94 under the *Nursing Act, 1991* and Nursing Degree Programs

The Ontario Hospital Association (OHA) is grateful to the College of Nurses of Ontario (CNO) for the opportunity to contribute the perspectives of its member hospitals on the topic of stand-alone college nursing degrees. We are pleased to submit the following as a summary of the ideas shared by senior nursing and education leaders in Ontario's hospitals.

As the largest employers of nurses collectively in the province, hospitals have an interest in the preparedness and availability of the nursing workforce. Hospitals have unique service needs that are influenced by the patient population they serve (e.g. specialty, geographic region), and these unique needs may directly impact their ability to recruit and retain registered nurses.

For instance, mental health hospitals often struggle to recruit nursing graduates with adequate preparation in mental health principles, and hospitals in rural and northern communities are challenged to recruit and retain registered nurses due to local shortages. These challenges are exacerbated by the availability of clinical nursing placements and nursing education models across the province, and particularly in specialized and rural/northern areas.

Hospitals in Ontario provide the majority of clinical nursing placements and actively contribute to nursing students' education. As such, we recommend that any changes to the existing nursing degree model consider the administrative and financial burden these changes may have on hospitals to organize and provide additional educational placement opportunities for students.

For example, many Ontario hospitals currently face capacity constraints for students and have a limited ability to provide additional clinical placements (especially specialized placements). In some cases, these learning opportunities

are further restricted in an environment that must consider the impacts of COVID-19 on learner experience and well-being.

Possible solutions to address these concerns include an increased need for paid preceptors and ongoing training, as well as new affiliation agreements with colleges. Other opportunities, including developing clinical nursing placements for students between partner organizations in integrated care delivery systems (such as Ontario Health Teams), could also help support this new model and ease placement concerns within hospitals. We note that without these considerations, the greater volume of required clinical learning opportunities may not be possible with the addition of college degree nursing students.

Consideration should also be given to whether any changes to the current degree model may limit a student's ability to pursue further educational opportunities (e.g. graduate work), or work in other jurisdictions where a college degree may not meet licensing or other accreditation requirements. As healthcare continues to become more integrated, both provincially and across the country, an innovative education platform that provides registered nurses with both a strong academic preparation and transferable knowledge is essential.

The OHA has also heard from leaders across the province on the importance of providing innovative education through the current collaborative model by expanding e-learning and modular formats. These technological solutions, which would allow students to access university education remotely in collaboration with their local college, can help assist rural and remote communities where recruitment and retention of nurses is a challenge. If also adopted by stand-alone college nursing programs, we believe that this can be a cost-effective opportunity to adopt innovative education modalities that can assist with health human resource issues faced by hospitals across the province.

We would be happy to speak to you in more detail about the considerations outlined above. Lauren Deel, Policy Advisor, has been the lead on this and can be reached at ldeel@oha.com.

Sincerely yours,

Anthony Dale
President and CEO

From: Thomas, Warren (Smokey) <wthomas@opseu.org>
Sent: November 18, 2020 6:46 PM
To: DirectorED <ED@cnomail.org>
Cc: ross.romano@pc.ola.org; franklin@collegesontario.org
Subject: OPSEU/SEFPO feedback on the proposed regulation change to the Nursing Act, 1991

November 18, 2020

Anne Coghlan, RN, MScN
Executive Director and Chief Executive Officer
College of Nurses of Ontario
101 Davenport Road
Toronto, ON M5R 3P1
ED@cnomail.org

RE: Feedback on the proposed regulation change to the Nursing Act, 1991

Dear Ms. Coghlan:

OPSEU/SEFPO and its CAAT Academic Division welcomes the proposed regulation change to the Nursing Act, 1991, in principle. This change will allow the Colleges of the Applied Arts and Technology (CAAT) in Ontario to offer baccalaureate programs in nursing independently from universities, on a standalone basis.

Ontario Colleges are well placed to offer outstanding nursing education. We are also ideally situated in the communities we have always been intended to support.

However, OPSEU/SEFPO believes that the provincial government must provide significant additional resources to the colleges if a nursing program is to succeed. The colleges must also give faculty a stronger voice. We believe the following issues must be addressed before any regulation change to the Nursing Act:

- Establish Collegial Governance: Collegial governance is a cornerstone of any quality postsecondary education system. We have incredibly talented and expert faculty members in our colleges, but they do not have the formalized space to voice and bring forth ideas to ensure and expand capacity of any academic programs. In a discipline like nursing, such expertise is crucial in decision making. The value of collegial governance in the Ontario Colleges similar to the universities will prove vital to ensure quality baccalaureate programs such as nursing

- Address Underfunding: Ontario colleges have been chronically underfunded historically, and the overall system has suffered for close to three decades. Ontario Colleges remain the least publicly funded college system in Canada. There must be a renewed commitment to properly fund the system in a way that was envisioned when the college system started five decades ago.

- Hire more Full-Time Faculty: Underfunding has resulted in a heavy reliance on non-permanent faculty. A solid roster of full-time faculty in any baccalaureate programs is a must to ensure continuity to program delivery. Continuity and quality go hand in hand.

- Support Research: The current college system does not make supporting research and advanced learning a priority as it should. This must change in order to allow programs that confer baccalaureate degrees, like nursing, to flourish similar to the universities.

Ontario Colleges can be an engine of growth in these challenging times, and the success of baccalaureate programs like nursing can play a key role.

We are on the front line and are committed to quality postsecondary education. We want nursing programs in our colleges to thrive and we believe the recommendations we are making will greatly improve the chances of success. We are eager to discuss the matter or provide any further clarification you may require.

We wish you and your College continued success.

Sincerely,

Warren (Smokey) Thomas
OPSEU/SEFPO President

RM Kennedy
Chair, OPSEU/SEFPO CAAT Academic Division

Cc:
Hon. Ross Romano, Minister, Ministry of Colleges and Universities

Linda Franklin, President and CEO, Colleges Ontario

COUNCIL OF ONTARIO UNIVERSITIES
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November 18, 2020

Ms. Sandra Robinson, NP
President
College of Nurses of Ontario
101 Davenport Road
Toronto, ON M5R 3P1

Ms. Anne Coghlan, RN, MScN
Executive Director & Chief Executive Officer
College of Nurses of Ontario
101 Davenport Road
Toronto, ON M5R 3P1

Dear Ms. Sandra Robinson, Ms. Anne Coghlan and Members of CNO Council:

Thank you for the opportunity to provide input on the proposed regulation change to the *Nursing Act, 1991* that will enable Colleges of Applied Arts and Technology in Ontario to offer baccalaureate programs in nursing independently from universities.

Ontario's universities support maintaining the collaborative university-college model of nursing baccalaureate degree program delivery. The collaborative model aligns with the government's goals of delivering quality health-care education, ensuring a sufficient supply of nursing graduates who can address the increasingly complex health-care needs of communities across Ontario, and reducing red tape.

Responding to a need for nurses to have a research-based education that integrates critical thinking and leadership in order to address increasing patient and health-care system complexity, the collaborative model was developed after the 1998 landmark College of Nurses of Ontario (CNO) Council decision to move to a university baccalaureate nursing degree as the entry-to-practice for registered nurses. These needs continue to drive research-informed curriculum at universities across the province.

Over the last two decades, the collaborative model has successfully met the needs of Ontarians, communities and the province. As we continue to face the challenges caused by COVID-19, we are concerned that dismantling this model will negatively impact students, patients, employers and regulators.

A stable supply of registered nurses who have been educated in high quality, research intensive programs that have undergone stringent quality assurance is now more important than ever. The health-care system needs highly skilled nurses at a time when the broader public sector's resources are becoming more strained.

The collaborative degree programs address these challenges by:

- **Ensuring a sufficient supply of highly qualified nurses:** The current collaborative model successfully graduates more than 4,000 nurses every year through a rigorous program of study that undergoes CNO program approval, Canadian Association of Schools of Nursing accreditation and the university's Institutional Quality Assurance Process (IQAP). These students graduate with nursing knowledge, clinical experience, foundational science education, critical thinking and leadership skills that are informed by current research and are essential for meeting the needs of patients in today's complex health-care system and into the future.

- **Enhancing the student and patient experience:** Students enrolled in collaborative nursing programs experience innovative nursing education where the strengths of both the college and university benefit the learner. The collaborative programs provide access for students, regardless of campus, to university-level electives and core science courses, research opportunities and interprofessional education experiences with other university educated health-care providers. Conducting research and ensuring that evidence is embedded in the curriculum is a strength of the model that benefits the student and enhances patient safety.

- **Maximizing scarce resources:** The collaborative model is a cost-effective method of delivering nursing baccalaureate education across Ontario. Offering more than 21 points of entry for students to university-level nursing education, the current model ensures access, maximizes faculty resources, avoids duplication of administrative costs and physical infrastructure, such as labs and libraries, ensures new research is embedded in curriculum and creates the pathway for students to pursue graduate studies.

- **Meeting student and employer demand:** During the multi-year consultation on the collaborative model, a 2016 Ministry of Colleges and Universities-commissioned report indicated that both students and employers value the contribution of universities in the collaborative nursing programs. Nursing students indicated that while they appreciated accessing the nursing degree program at their local college, they also appreciated graduating with a university degree that they perceived would benefit their career progression, whether that included assuming a leadership role or pursuing advanced practice nursing. A Chief Nursing Officer also added: "*I am concerned that the addition of standalone programs may once again perpetuate the perception of a two-tiered nursing preparatory degree system leading employers to differentiate between the graduates and the workforce to experience internal conflict. I strongly believe that we need greater integration within the profession and across disciplines, not further divisions."*

In addition to the government's initial investment of over $80 million, universities and colleges invested significant resources over the past two decades to build a system of collaborative baccalaureate nursing education that has effectively served students, employers and the public. Furthermore, it has helped colleges and universities contain costs and identify efficiencies, including sharing resources such as libraries, labs, faculty and curriculum.

Dismantling these programs to build duplicate programs and facilities is inconsistent with the government's objectives to reduce spending, red tape and the unnecessary duplication of overhead and administration. We know from the experience of another Canadian jurisdiction that dismantling a single collaborative program took ten years and an investment of over $12 million. Initiating such a process at this particular time would be extremely disruptive and destabilizing to the supply of vital health human resources.

In addition, nursing programs are already facing a dearth of PhD-educated faculty and significant challenges securing quality clinical placements – challenges that will be further compounded by the dismantling of the collaborative model.

Collaborative programs have both produced exceptional practitioners and developed the scholars and researchers who are driving the profession and the health-care system of the future. It is imperative that our future nurses are able to continue to access these programs for the benefit of our students, communities and province.

Thank you for your consideration.

Sincerely,

Prof. Linda Johnston
COUPN Chair
Dean and Professor
Lawrence S. Bloomberg Faculty of Nursing
University of Toronto

c. Minister Ross Romano, Ministry of Colleges and Universities
Minister Christine Elliott, Ministry of Health

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

THE STANDARD OF CARE.

Agenda Item 4.2

Decision Note – December 2020 Council

RN Prescribing By-Law – For Approval

Contact for Questions

Kevin McCarthy, Director of Strategy

Decision for consideration

That Council approve the addition of paragraph 39, below, 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 that present risk of harm to patients. CNO is accountable for developing regulatory mechanisms (e.g. by-laws) to implement RN prescribing safely. 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 medications.

Question for Council

In March 2020, Council approved a draft by-law amendment for notice and circulation for 60-days.[1] Does the stakeholder feedback summarized in this briefing note change Council's perspective that the proposed by-law will protect the public?

Background - RN Prescribing

In May 2017, the Ontario government changed the *Nursing Act, 1991* to permit RNs to prescribe medication and to communicate diagnoses for the purpose of prescribing medication. The government asked CNO to complete the necessary work to implement the changes. RN

[1] Subsection 94(2) of the Health Professions Procedural Code under the *Regulated Health Professions Act, 1991* requires certain by-laws to be circulated for at least 60-days prior to Council approval.

prescribing was on every Council agenda between June 2017 and March 2019. Over that time, Council provided policy direction and made decisions based on evidence from multiple sources, including literature, practice in other jurisdictions and extensive stakeholder engagement. The following are some examples of key decisions that Council made during the 2-year period:

- Reviewed the evidence and established a vision for RN prescribing (September 2017)
- Provided input and policy direction on practice expectations, medications RNs would prescribe including over-the-counter medications, education approval (June 2018)
- Reviewed draft standards, competencies for RN prescribing (September 2018)
- Approved draft regulation amendments for circulation (December 2018)

In March 2019, Council approved amendments to the Controlled Acts and Delegation regulations, under the *Nursing Act, 1991*, which were subsequently submitted to the Minister of Health for review and approval. The regulations are still under government review and timing of approval is unknown. Under the regulations, RNs will be required to successfully complete Council-approved education to become authorized to prescribe medication; however, not all RNs will choose to do so.[2] Therefore, not all RNs will be authorized to prescribe.

Background – By-Law Amendment

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. This is an important public safety measure. In December 2017, Council supported that CNO communicate an individual RN's authority to prescribe on the public register, *Find-a-Nurse*. Previous consultations about this topic included:

- Focus group with Council's public advisory group (June 2018)
- Broad consultation during CNO's circulation of the draft RN prescribing regulation (December 2018-February 2019).

During these consultations, stakeholder feedback suggested preference for a notation to communicate that an RN is "authorized to prescribe".

In March 2020, Council approved, for notice and circulation, a draft by-law amendment to allow CNO to include a notation on the public register about an RN's authority to prescribe medications. The proposed by-law was circulated from March 13 to May 11, 2020 to nurses and other stakeholders. The circulation was published on CNO's website, *The Standard*[3], on social media and sent by direct email to stakeholders including other regulators, professional associations (nursing and other professions), and employer associations among others. Stakeholders were invited to complete an online survey or submit their reply by email.

[2] Based on findings from a recent survey (July 2019), which was sent to approximately 11,000 RNs, forty-five percent of respondents indicated that they intend to complete the RN prescribing education and twenty-one percent said they do not intend to do so.

[3] CNO's online magazine, sent via e-mail to all nurses in Ontario and to stakeholders who subscribe to it.

Circulation Findings

A full report of stakeholders' feedback on the proposed by-law amendment is available in your briefcase. A total of 1,206 responses were received (1,192 from individuals, 14 from organizations). The table below provides detail about the individual respondents.

Table 1: Respondent Profile

	Percentage	Responses
RN	73.7%	879
RPN	16.6%	198
NP	6.8%	81
Member of the public	1.3%	16
Doctor	0.2%	2
Pharmacist	0.1%	1
Other	1.3%	15
Total	100%	1,192

The organizational responses included, unions, a nursing regulator and various employers of nurses. The Registered Nurses' Association of Ontario submitted a written response by email (attachment 1).

Summary of stakeholder feedback

The survey included the following questions:

- Do you support the proposed by-law? (Yes/No/Unsure)
- Is the proposed by-law in the public interest? (Yes/No/Unsure)
- Other comments?

The majority of respondents (72.5%) supported the proposed by-law. Furthermore, 72.1% agreed that the proposed by-law is in the public interest. Additional details on the survey findings is available in the table below.

Table 2: Survey Findings

Percentage/Responses	Do you support the proposed by-law?	Is the proposed by-law in the public interest?
YES	72.5 % / 874 responses	72.1% / 869 responses
NO	16.2 % / 195 responses	14.8% / 178 responses
UNSURE	11.3% / 136 responses	13.1% / 158 responses

Qualitative feedback

A thematic analysis of qualitative data was completed by CNO staff. The qualitative analysis excluded comments that did not relate to the by-law.[4] The process involved reviewing all survey and email responses, grouping similar concepts, and summarizing the groupings into themes. Two CNO staff reviewed the feedback independently, before comparing their findings to identify overarching themes. The feedback is grouped into the following themes:

- Patient safety
- Transparency
- Professionalism

The majority of feedback is supportive of the RN prescribing by-law. Below is a summary of the key themes that emerged from the consultation based on qualitative feedback from all sources.

Patient Safety

Respondents stated that the by-law provides clarity to the public, employers, and other healthcare professionals. It enables them to easily verify RNs' prescriptions, knowing that not all RNs will be authorized to prescribe. In addition, it identifies the notation as a way to distinguish / keep track of RNs who are authorized to prescribe.

Conversely, other respondents suggested that the proposed by-law may promote “drug-seeking behaviour”, putting patients or nurses at risk. Some respondents were concerned that a notation on the public register may confuse the public, particularly if RN prescribing is not permitted by an employer.

Transparency

Many respondents stated that the public, employers and other health care professionals have the "right" to know that an RN is authorized to prescribe. There was support for improving the public's overall knowledge about changes in profession's scope and particularly RN prescribing. Furthermore, employers may require this information to support hiring or planning. Some respondents indicated that the notation also supports patient decision making / choice of provider. Respondents noted that the by-law is clear and well-worded.

There was support for the positive framing of the notation such that the by-law will permit CNO to communicate that an RN is authorized to prescribe, as opposed to a notation for those who are not authorized.

There were suggestions for additional content, including to communicate:

[4] Some entries focussed on support / lack of support for RN prescribing in principle but did not comment on the proposed by-law amendment. RN prescribing, in principle, was not the subject of this consultation.

- that restrictions under the *Public Hospitals Act* prevent RN prescribing in hospitals
- the specific employment setting(s) in which the RN prescribes medication
- that the RN completed additional education, and
- the specific drugs that RNs are authorized to prescribe.

Some suggested that a notation on the public register is unnecessary. While it was recognized that pharmacists / employers may require this information, some respondents questioned why the public would need it, how they would use it, and whether they would understand it. Some indicated that RNs could provide the relevant information to patients if necessary. Others highlighted that there is no notation on public registers for other health professionals who are authorized to prescribe medication. Some respondents noted that nurses have other qualifications that are not noted on *Find-a-Nurse.*

Professionalism

Many respondents noted that the by-law encourages RN accountability and enhances public trust. However, some were concerned that employers / patients may perceive RNs with the notation as "more qualified" than those without it. There was also concern about nurses' privacy and a perception that there is already "too much" information on the public register.

Next Steps

If Council approves the proposed by-law amendment, it will take effect when the RN prescribing regulation is approved by government and comes into force.

Consistent with stakeholder feedback from earlier consultations, the notation “authorized to prescribe” will appear on the public register profile for RNs who meet regulatory requirements to prescribe. The public register will link to additional information about RN prescribing on cno.org, including:

- medications that RNs will be authorized to prescribe
- education requirements for RNs to become authorized to prescribe
- competencies and standards that will promote safe RN prescribing, and
- employer role in setting relevant workplace policies.

In the meantime, CNO staff are reviewing our implementation / communication plan to identify other opportunities for promoting awareness of the above.

Resources

College of Nurses of Ontario. (2019). Journey to RN Prescribing. Retrieved from: http://www.cno.org/en/trending-topics/journey-to-rn-prescribing/

Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

May 25, 2020

Cheryl Evans, Council President
Anne Coghlan, Executive Director and Chief Executive Officer
College of Nurses of Ontario
101 Davenport Road
Toronto, ON M5R 3P1

Dear Cheryl and Anne,

Re: Next steps for RN prescribing

The Registered Nurses' Association of Ontario (RNAO) welcomes the opportunity to provide feedback to the College of Nurses of Ontario (CNO) on the proposed by-law change for CNO to communicate on the public register, that a Registered Nurse (RN) is *authorized to prescribe* medication.[1] RNAO agrees with CNO that public safety is critically important, therefore we strongly endorse public notation of an RN's authority to prescribe on 'Find a Nurse.'

RNAO also recommends that four additional requirements be part of implementation plans as the RN prescribing regulations proceed through the government's review and approval process[2]:

- accommodating two parallel education pathways,
- replacing the restrictive drug list,
- enabling ordering, and where appropriate, performance of diagnostic testing, and
- ensuring equitable access in all health care sectors.[3]

These legislative and regulatory barriers to independent RN prescribing must be addressed at the outset to realize the full potential of RN prescribing and ensure timely access to care for Ontarians.

Reiterating *RNAO's Next Steps to Expanding RN Scope of Practice*[3] from November 2019, we urge the CNO to act on RNAO's request to address these four outstanding legislative and regulatory issues in partnership with the government:

1. **Amend regulations under the *Nursing Act, 1990* to accommodate parallel paths to prescribing for RNs and for nursing students.**[3]

The *first path* focuses on practicing RNs who choose to enhance their scope and integrate prescribing into their practice. These RNs should be able to access an approved post-graduate course. The *second path* focuses on baccalaureate nursing students. The relevant theory and

practice should be incorporated into the baccalaureate entry-level nursing curricula to allow nursing students to graduate with prescribing competencies.

We urge the CNO to amend the proposed regulation with the addition of a clause specifying that education for RN prescribing be through continuing education for practicing RNs and part of the undergraduate registered nursing education curriculum for nursing students.[3] The development of curriculum and enrollment for these two education pathways must be enabled without further delay to safely and efficiently implement RN prescribing.

2. **Amend the *Nursing Act, 1990* to replace the restrictive list of medications RNs can prescribe with a limited list of medications that RNs <u>cannot</u> prescribe.**

The amendments made to the *Nursing Act, 1990* to authorize RN prescribing in 2017 require that the prescribing drugs be designated in regulation.[3] Restricting prescribing through drug lists impedes the potential of RNs and ignores the evidence available from other jurisdictions who have safely implemented RN prescribing without such lists.[3]

The regulatory burden that the restrictive approach to drug lists creates would have a negative impact on timely access to care due to lengthy approval processes, with potential safety implications. RNAO recommends having a limited list of drugs that RNs cannot prescribe to enable safe care of non-complex health conditions within one's clinical competency area.

3. **Amend necessary legislation to enable RNs to order and, where appropriate, perform diagnostic testing, including laboratory and point-of-care testing.**[3]

RNs are permitted to prescribe medications and communicate a diagnosis for the purpose of prescribing under the *Nursing Act, 1990*.[3] This expanded scope is lacking a critical part of formulating a diagnosis -- the power to order lab and diagnostic tests and perform those tests where appropriate.[3] RNAO recommends legislation be amended to include diagnostic testing for common ailments, reflecting RN's clinical competency to conduct comprehensive health assessments, formulate a diagnosis, and prescribe medications.

4. **Amend necessary legislation to ensure RNs are able to practise to their full scope across all health-care sectors and practice environments.**

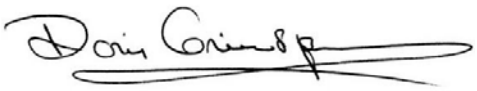
By limiting RN prescribing to certain practice settings, RNs will not able to consistently provide care that matches their knowledge, skill, and competency level. The *Public Hospitals Act, 1990* contradicts the principles of access and equity due to its restrictions on RNs working in hospitals who will not be able to prescribe medication under the legislation.[3] The exclusion of RN prescribing in any sector deprives the public of improved access to safe and comprehensive care.[4]

RNAO urges the CNO to move forward with RN prescribing in a way that maximizes the full impact this enhanced scope of RN practice can have on health system access, effectiveness and

efficiency. Such expanded scope is highly endorsed by the International Council of Nurses (ICN)[5], and being widely implemented globally.

Please feel free to contact us should you wish to discuss our recommendations. We appreciate the opportunity to provide this feedback

Warm regards,



Doris Grinspun, RN, MSN, PhD, LLD(hon), Dr(hc), FAAN, O.ONT.
Chief Executive Officer, RNAO

Angela Cooper Brathwaite, RN, MN, PhD
President, RNAO

CC: CNO Council
Hon. Christine Elliott, Minister of Health
Helen Angus, Deputy Minister of Health
Sean Court, ADM, Strategic Policy, Planning & French Language Services, MOH
Michelle Acorn, Provincial Chief Nursing Officer, MOH
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH
Mike Heenan, ADM, Hospitals and Capital, MOH

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[2] CNO. (March 2020). Council briefing package. *RN prescribing: Proposed amendment to the by-laws related to the Register,* p. 52-53. Retrieved from http://www.cno.org/globalassets/1-whatiscno/council/meetings/2020/council-march2020-observer-package.pdf

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

AGENDA ITEM 4.3

Discussion Note – December 2020 Council
Modernizing Practice Standards

Contact for Questions

Kevin McCarthy, Director of Strategy

Public Interest Rationale

CNO's purpose is to protect the public by promoting safe nursing practice. The standards of practice set the foundation for how we regulate; therefore, they are integral to achieving our purpose. Standards that are aligned with our public protection purpose will reflect:

- current evidence
- regulatory best practices
- current and evolving nursing practice / health system realities, and
- changing public expectations and societal values.

Modernizing standards of practice will support CNO's proactive approach to regulation, strengthening our position as a system partner in patient safety.

Introduction

The purpose of this item is to introduce Council to a new strategic initiative to modernize CNO's standards of practice. Staff are seeking early feedback from Council to shape next steps.

Background

CNO's standards of practice are the benchmark for safe and ethical nursing practice. The standards inform nurses of their accountabilities. They also inform the public of what to expect from nurses. CNO's standards are complemented by practice guidelines and web-based practice resources (for example, webcasts, frequently asked questions), which address specific topics and help nurses make safe and ethical decisions. CNO's consultation services support nurses and other stakeholders in understanding and applying the standards of practice. Together, the standards, guidelines, web resources and practice support services promote safe nursing practice.

CNO constantly monitors the environment to keep standards, guidelines and practice resources current. Over time CNO has revised, retired and introduced new standards in response to changes in legislation, nursing practice, the health system, best practice in regulation and public expectations. In 2019, CNO introduced the Code of Conduct for the nursing profession. Informed by evidence, the Code tells the public and other stakeholders the behaviour they can

expect from nurses. The Code changed how CNO communicated standards: it became an overarching standard of practice and CNO's other standards now complement the Code by providing greater detail in certain practice areas.

Despite many changes over the years, some standards remain dated and there has not been a review of all standards *and their relationship to each other*.[1] As CNO launches a new and aspirational strategic plan, it is time for a comprehensive review to modernize our standards, guidelines and practice resources to:

- reduce duplication
- address gaps
- promote a consistent "look and feel", and
- ensure they provide an integrated framework to promote safe nursing practice.

Objectives and Approach

Objectives of this review is to ensure practice standards are:

- Accessible (for example, clear and easy-to-understand)
- Defensible (for example, evidence-informed, measurable)
- Relevant (for example, reflect contemporary practice, meet the needs of stakeholders)

Staff will build on work already completed to understand the public's expectations of nurses, including the extensive research that informed development of the Code. The approach will include:

- reviews of literature and other evidence (for example, CNO data)
- learning from other regulators' experience, and
- extensive stakeholder engagement to understand how nurses and others use the standards, what their needs are and how CNO can support understanding and implementation of standards.

Understanding stakeholder perspectives is critical to modernizing the standards and advancing the new strategic plan, which emphasizes CNO's role in influencing the system. CNO is planning rigorous engagement with a variety of audiences who have an interest in the outcome of this review, including:

- nurses
- the public
- employers
- academia
- other regulators
- nursing associations and unions, and
- CNO statutory committees.

[1] This type of analysis is particularly relevant since the Code of Conduct created a new relationship among the various standards.

While these stakeholders use CNO's standards for different reasons and may have different needs, all share a common interest in patient safety.

Next Steps

In March, CNO will update Council with findings from the review of evidence and discussions with stakeholders to seek your input on next steps.

Questions / Considerations

Please reflect on the following questions in preparation for the Council discussion.

1. What would "modern standards" look like? What would they achieve?[2]

2. Think about how standards are used by nurses and members of the public (patients, caregivers). How can we improve their use of the standards?

3. What considerations would Council like staff to keep in mind as we initiate this work?

[2] A live polling feature will be incorporated into Council's discussion for this first question.

Safe nursing care with you

STRATEGY 2021-2024

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

THE STANDARD OF CARE.

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.

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EXECUTIVE DIRECTOR & CEO'S MESSAGE

When we began working on a new Strategic Plan, we chose an approach that would strengthen our position as a leader in patient safety in a rapidly changing health care environment. This led to an exciting journey that encouraged us to think more broadly about our role as a regulator and transform how we see the future.

The outcome is a robust Strategic Plan that will advance our purpose: To protect the public by promoting safe nursing practice. Strategy 2021-2024 positions CNO to influence the broader patient care system in four main ways: through insights, agility, proactivity and stakeholders. Our capabilities and culture provide a strong foundation for enabling the plan's success.

Responding to the COVID-19 pandemic in 2020 has highlighted the importance of working together for collective impact and quickly adapting to shifting demands in the health care system, while ensuring public safety. With our new plan, we will continue to become a more agile and proactive organization, committed to a system-wide approach to nursing regulation. Strategy 2021-2024 also emphasizes the fundamental role we play in preventing harm before it occurs.

Developing this new Strategic Plan was a collaborative and valuable process. Thank you to our Council and staff, as well as nurses and partners in safety for sharing your insights. By working with you to protect the public, we can make a greater collective impact on patient care and the system in which it is delivered.

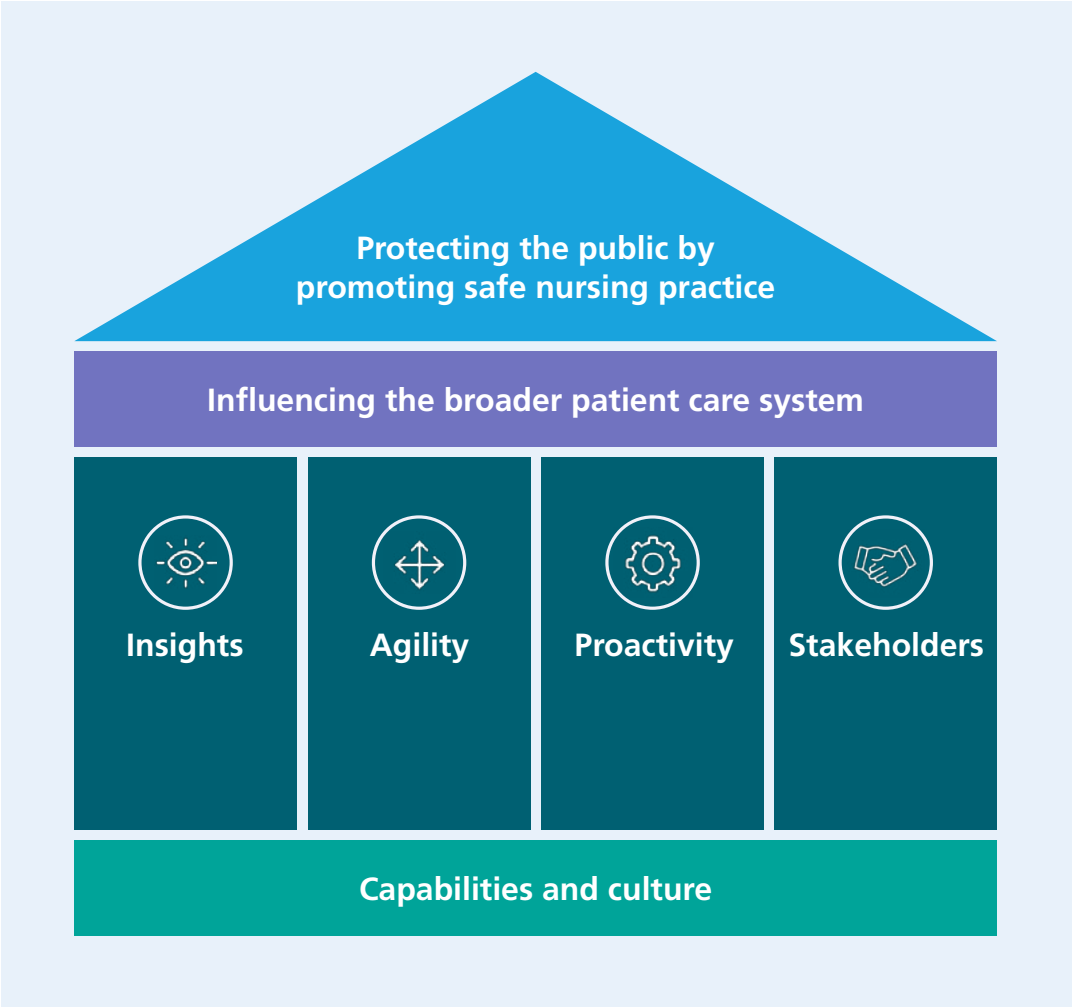
Anne Coghlan
Executive Director & CEO

STRATEGY 2021-2024

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.

New Strategic Plan

CNO's 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. CNO's capabilities and its culture provide a strong foundation that will continue to grow and evolve in order to execute this plan.



BACKGROUND 2011-2020

Achievements and accomplishments

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

1 Building confidence in nursing regulation

2 Advancing the use of CNO knowledge

3 Leading in regulatory innovation

It was enabled by four strategies:

1. Using evidence-based approaches
2. Optimizing technology
3. Pursuing strategic partnerships
4. Promoting 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 that include:

Changing patient expectations

Rapidly developing new technologies

Changing scopes of practice

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

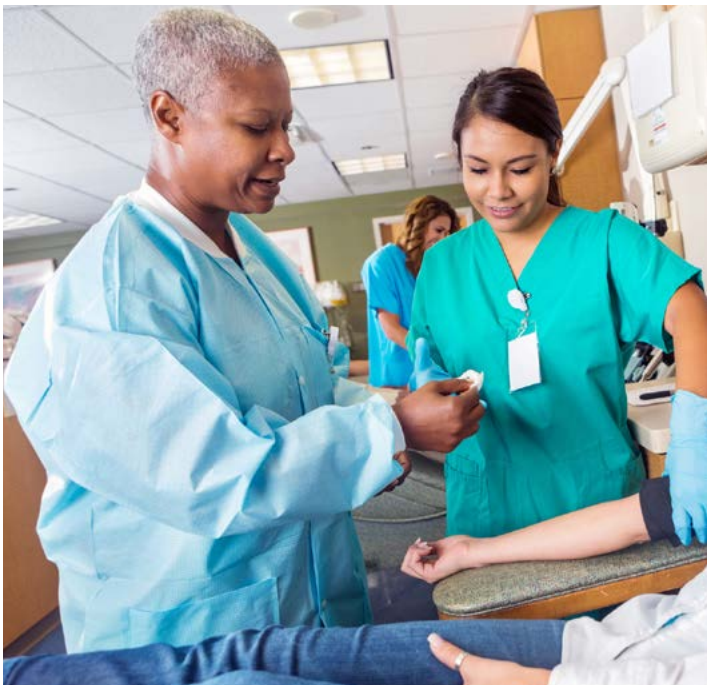
After an external review of our governance structure, CNO created an evidence-based plan to enact major changes to the size, structure and associated processes of its Council (board), so it is better focused on the public's needs and interests. Vision 2020 also includes a plan to enact necessary legislative 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 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.

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 Board 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.



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.

OVERVIEW OF 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 needs 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

PURPOSE

CNO's Strategic Plan is driven by our purpose – *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.

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 fulfill its commitment to protect the public by promoting safe nursing practice, CNO has developed four goals to support Strategy 2021-2024. 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.

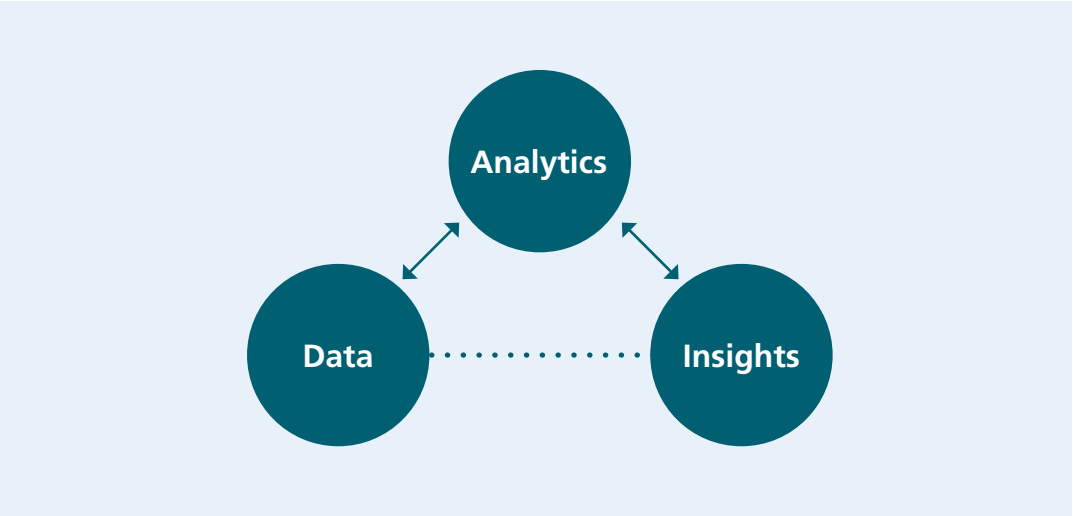
Purpose	To protect the public by promoting safe nursing practice
Goals	**Major activities**
Build and operate an Insights Engine 	▪ Build a data infrastructure and management processes ▪ Train and support employees and leadership on how to use the Insights Engine ▪ Leverage the Insights Engine to make informed decisions ▪ Secure the resources required to build an Insights Engine ▪ Enhance the evidence-based decision-making culture
Operate with agility 	▪ Adopt a two-speed organizational model ▪ Adopt a Stage-Gate sequenced approval process ▪ Use test-and-learn techniques ▪ Develop appropriate key performance indicators (KPIs) to measure performance ▪ Establish clear ownership for decision-making ▪ Establish an iterative prioritization model, and build and operate an enterprise-wide project management function ▪ Establish an agile approach to resource
Enable proactivity 	▪ Integrate risk-based regulatory principles ▪ Integrate Right-Touch regulatory principles ▪ Take an insights-driven approach to being proactive ▪ Direct efforts upstream ▪ Establish an iterative harm-identification process ▪ Expand organization-wide culture of proactivity
Engage and mobilize our stakeholders 	▪ Build internal systems and processes to create the foundation for successful stakeholder collaboration ▪ Capitalize on collaboration opportunities with stakeholders ▪ Evolve our culture to support stakeholder engagement decision-making culture

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 below for an illustration of CNO's Insights Engine's core components.



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 fulfill 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.

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.

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 below, for an example).

How CNO could prioritize its finite resources against multiple harms

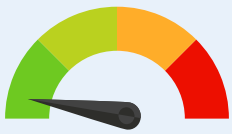
Harm 1

The result of actions and behaviours A and B, and has a 50% chance of occurring and a 50% severity if it does occur.

Risk score is 25%

Harm 2

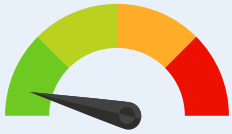
The result of actions and behaviours D, E and F, has a 20% chance of occurring and a 40% severity if it does occur.



Risk score is 8%

Harm 3

The result of actions and behaviours G, H and I, and has a 10% chance of occurring,



Risk score is 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 risk 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 19, 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. It will broaden our understanding of who can best help us, and who we can help to advance our patient safety mandate. 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 toward 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. Protecting the public and contributing to a quality patient care system 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.

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

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Achieving Impact

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THE STANDARD OF CARE.

10-year Strategic Plan report (2011-2020)

Vision: Leading in regulatory excellence

Mission: Regulating nursing in the public interest

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

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

We set out to do this in four main ways:

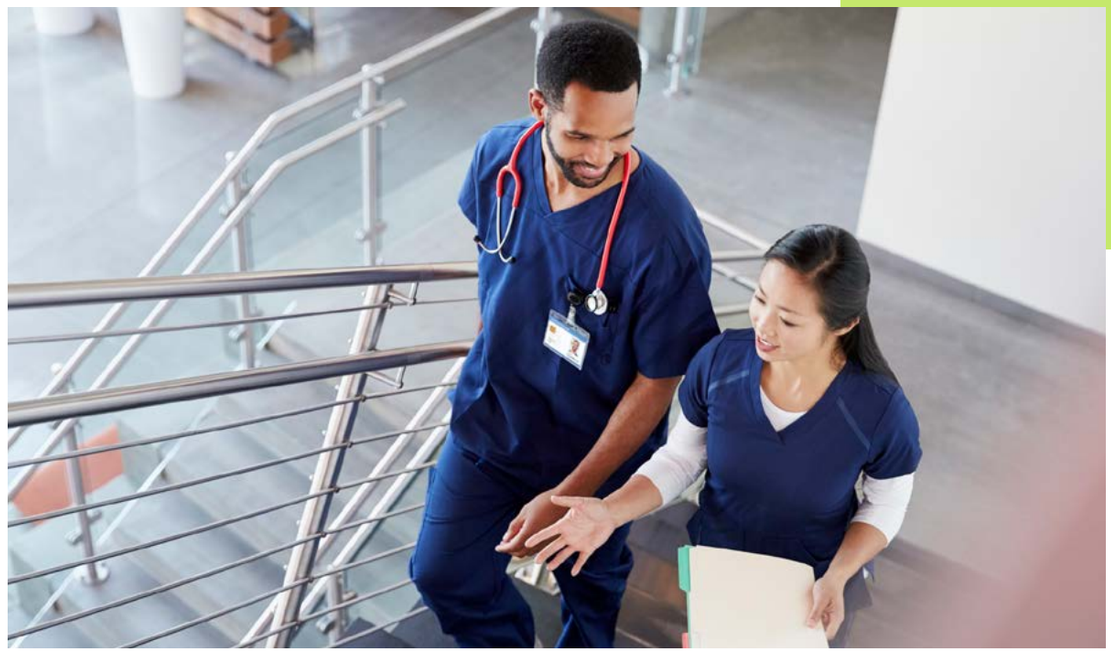
1. Using evidence-based approaches
2. Optimizing technology
3. Pursuing strategic partnerships
4. Promoting a culture of leadership and innovation

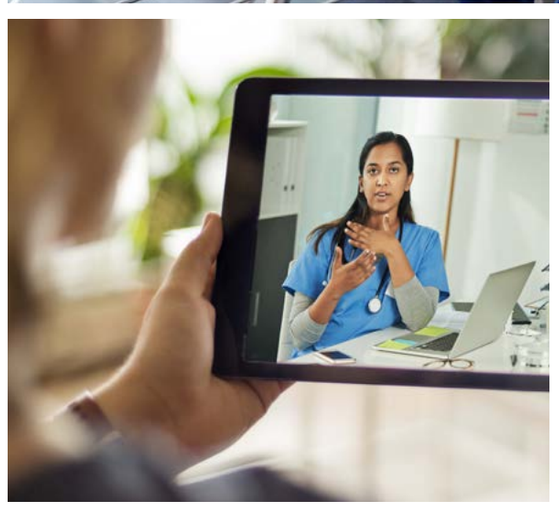
In the last decade, CNO and the health care system have experienced a lot of change.

To start, patient expectations have increased along with rapidly developing technologies and widespread access to information.

With this comes patients who need convenience, quality service and integrated care. As health care evolves, so do scopes of practice for Registered Nurses (RNs), Registered Practical Nurses (RPNs) and Nurse Practitioners (NPs). As well, new concepts on the regulatory landscape have changed how we approach our activities in Ontario, across Canada and around the world.

All throughout this time, we successfully navigated this environment of change. By introducing increasingly proactive elements to our initiatives, we experienced landmark regulatory successes that continue to influence the health care system.





Initiatives & accomplishments

This report highlights some of our major activities over the past 10 years under the following themes:


Patient safety


Innovation


Technology


Entry requirements


Scope of practice

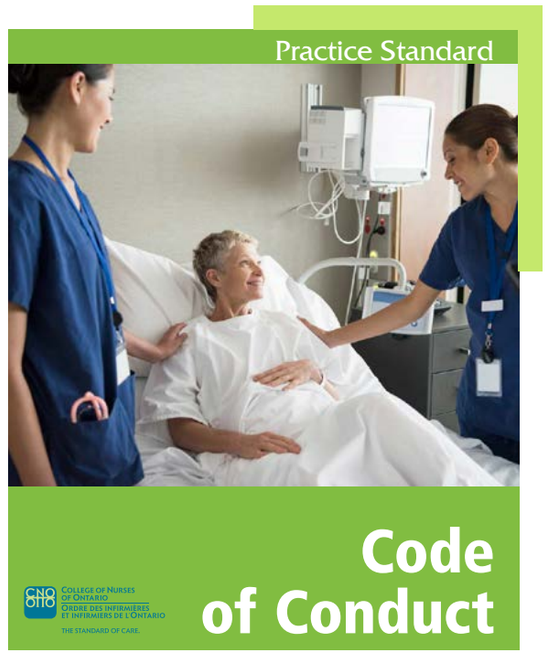

Transparency & stakeholders

Building public trust in nursing care

Code of Conduct

Public trust and confidence in the care nurses provide is essential. Knowing this, in 2019 we developed a new Code of Conduct for nurses. This Code of Conduct is an overarching practice standard that describes the accountabilities all Ontario nurses have to the public.

The Code consists of six principles – all of which put patients at the centre of nursing care. Each principle is supported by a set of statements. Together, they define the kinds of behaviours patients can expect from nurses. When developing these principles, we integrated feedback from members of the public, nurses, educators, nurse employers, nursing associations, nursing unions and government. To ensure Ontario's culturally diverse population can read and use the Code, we translated it into six languages spoken in Ontario.■



Principles

1. Nurses respect the dignity of patients and treat them as individuals.
2. Nurses work together to promote patient well-being.
3. Nurses maintain patients' trust by providing safe and competent care.
4. Nurses work respectfully with colleagues to best meet patients' needs.
5. Nurses act with integrity to maintain patients' trust.
6. Nurses maintain public confidence in the nursing profession.

Public inquiry

After a nurse registered with CNO confessed to murdering eight Ontario patients, we participated in the Long-Term Care Homes Public Inquiry in July 2019 to understand how this happened and what changes were needed in the health care system.

Even before the recommendations from the inquiry came out, we'd already started making improvements based on what we had heard. Our public report from December 2019 shows we had already addressed the recommendations for CNO.

To start, our policies and procedures include the possibility that a nurse might intentionally harm a patient, so that nursing colleagues are more aware of potential signs. We have also improved the way we explain nurses' professional accountabilities to protect patients and to encourage reporting of concerns about a nursing colleague's practice.

We partner with approved nursing education programs in Ontario to ensure students are learning to care for an aging population, and that they know about the possibility of nurses causing intentional harm. We also shared CNO research on health care serial killers with other partners to raise awareness of the issue.

Engaging with employers at long-term care homes, we strengthened our process for addressing their concerns about a nurse's practice. In addition, we made our Reporting Guide and forms clearer so anyone working with a nurse understands what, when and how to report concerns.■

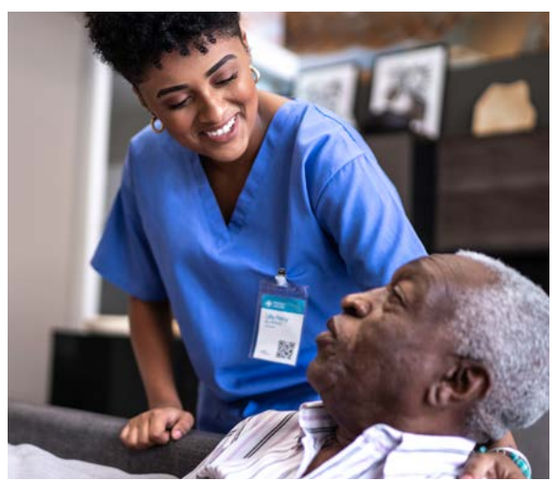
MORE INFORMATION

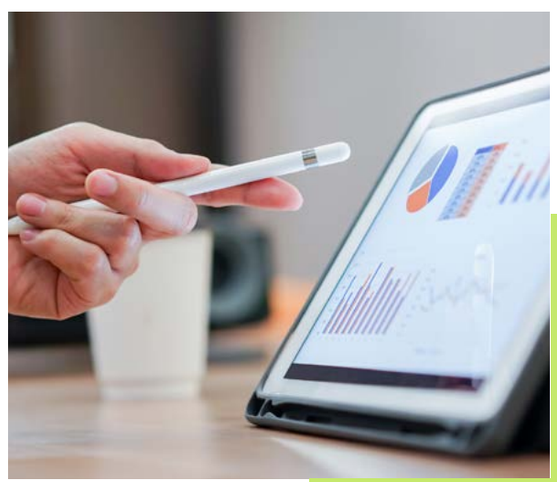
Intentional harm research

We know that a small number of health care providers harm patients on purpose. With this in mind, we set out to learn how CNO can proactively prevent these atrocious situations from happening.

First, we explored trends among health care providers who harm patients: health care serial killers, and people who commit sexual abuse and other forms of harm. We looked at our own data for sexual abuse reports from 2000-2017 and consulted with international experts. Using analytics, we conducted a research study on the risks to patients of nurses committing sexual abuse.

Armed with this information, we identified some of the common characteristics of health care providers who harm patients. We developed interventions to help detect and prevent abuse.Today, our investigators have a new tool for assessing risk when we receive a concern about a nurse. We also have new practice resources for nurses, educators and employers. We continue to share what we learned with others in the system, including health care regulators at home and around the world.■





Leading in the regulatory field

Governance Vision

What the public needs and expects from its regulators is always evolving. That's why our governing body must also continually evolve to best serve the public.

To do this, Council took a bold step forward in 2014 and invited an external task force to review all aspects of its governance. Council wanted a proactive, objective, expert and evidence-informed review that was completely centred on public trust. From this initial review, we created an evidence-based vision to change Council's size, structure and processes.

We envision a future where CNO is better able to respond to change and where Council decisions are clearly focused on patient safety. In 2016, Council approved a new Governance Vision for the way it works, which is better focused on the public's interests and needs. It includes a smaller board with equal numbers of members of the public and nurses (12 in total, reduced from 37). The new, smaller model provides a balance between members of the public and nurses, is more effective in making decisions and reflects the board's commitment to the public.

Board members are appointed based on their experience, knowledge and skill, rather than being elected by their peers. The board creates advisory groups as needed, to help promote decision-making from a diverse range of perspectives. Every three years, an external expert evaluates the board and its governance processes so it can continuously improve.

Our stakeholders tell us they have confidence in this approach. Indeed, our governance vision already has influenced changes in the governance structure of other regulators. We also have received interest from all over the world, paving the way for future regulatory changes that can influence the health care system positively.■

MORE INFORMATION

Nurses' Health Program

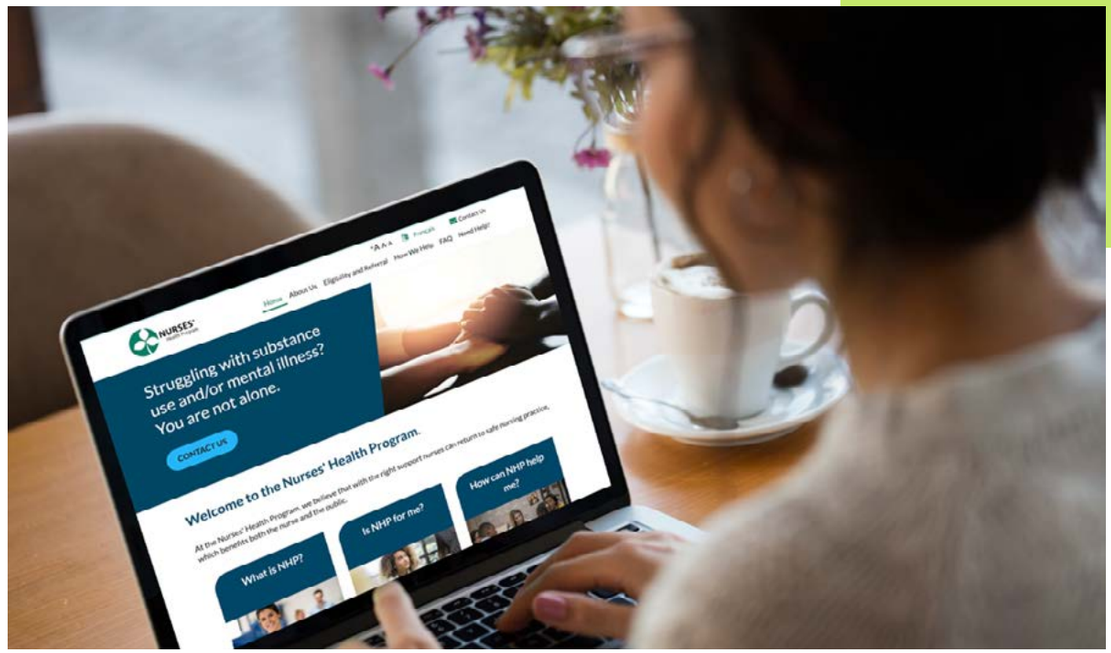
In 2019, we collaborated with other nursing professionals on an innovative new program for nurses with mental health and/or substance use disorders. Nurses' Health Program (NHP) enhances public safety by encouraging nurses in Ontario with these conditions to seek treatment.

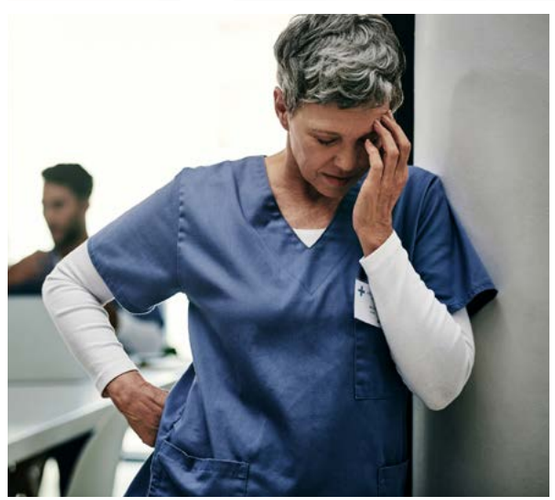
Together with the Ontario Nurses' Association, Registered Nurses' Association of Ontario and Registered Practical Nurses Association of Ontario, we created a program based on evidence. The NHP offers a proven approach that is modelled on similar programs that other regulated health professions use.

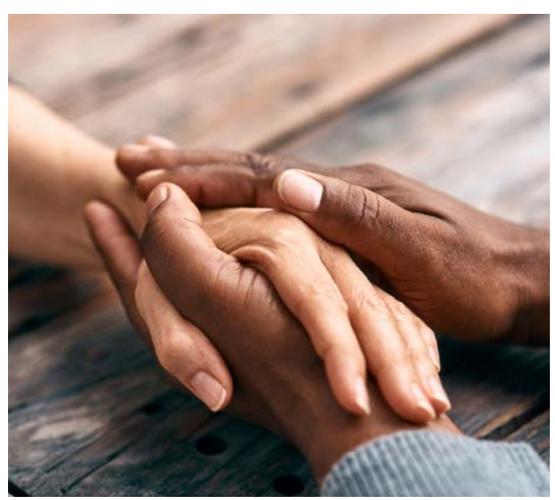
Recognizing mental health and substance use as illnesses, the program's non-punitive approach reduces stigma and focuses on recovery. It balances the unique needs of health care professionals with the importance of protecting the public.

With the right early support, nurses can return to safe nursing practice, which benefits both the nurse and the public.■

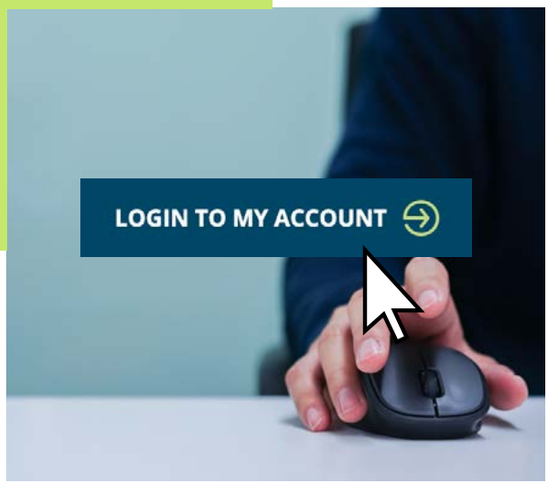
MORE INFORMATION







Improving services



As the world witnessed many advances in technology over the past decade, so did we. In the last decade, CNO used technology in all sorts of ways to improve services for our stakeholders.

Keeping pace

In the last decade, we leveraged technology to communicate directly, efficiently and conveniently with all our stakeholders. Members of the public can find more information about the nurses providing their care on our online public Register, Find a Nurse, or send us a complaint about a nurse online.

In 2011, we launched an online portal for nurses, called Maintain Your Membership. The self-serve portal allows nurses to log in and perform a number of tasks efficiently and securely. Nurses can, for instance, update their contact information, apply to the Non-Practicing Class or report registrations in other jurisdictions easily and securely online. They can pay for most services and receive receipts this way, too. We also developed online applications for our Quality Assurance Program, and improved Annual Membership Renewal services and Find a Nurse, which suit every mobile device.

People who want to become nurses also have new ways of engaging with CNO online. Applicants to CNO use our Applicant Portal and its Message Centre to submit documents securely and receive messages about the status of their application, which can make the entire application process quicker.

Since embarking on a paperless path, the vast reduction in paper we use has translated into increased efficiency for our meetings and processes. These days, members of our Council and committees receive all the information they need for meetings electronically, using a secure online portal.

Well before the COVID-19 pandemic, CNO became a fully teleworking organization. Using technology, we developed new ways (such as document sharing) for our growing staff members to collaborate while working remotely. We also shifted our operations to a new Customer Relationship Management system that is more user friendly – and has the potential to evolve. These kinds of initiatives will help us engage stakeholders and provide services in extraordinary times. This will also support more growth in the future and enhance all our business functions.■

MORE INFORMATION

Strengthening education and application processes

Program Approval

Approving nursing education programs is one way we meet our mandate of protecting the public. In 2018, we launched a new way to objectively assess and measure a program's ability to meet standardized criteria. Called Program Approval, it also ensures our decision-making processes are clear and transparent. Today, our Council members use this process when deciding which entry-level nursing education programs (Practical Nursing, Baccalaureate Nursing and Nurse Practitioner) in Ontario to approve.

When it came to developing the new process, we used the best evidence available and consulted with our stakeholders to ensure our ideas worked. With this standardized approach, we can confirm all approved nursing programs meet comprehensive standards so that graduates are prepared to practice safely, competently and ethically. For example, we look at whether schools have processes in place to learn from safety incidents, such as student errors.■

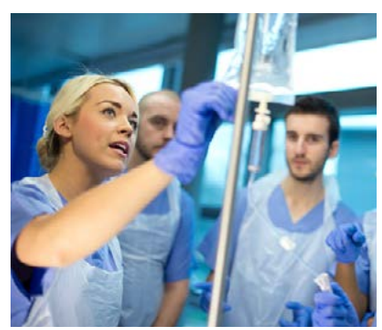
MORE INFORMATION

International applicants and nurses

Over the last decade in Canada, CNO has advanced a more consistent approach to assessing the education of Internationally Educated Nurses (IENs). These days, we use a number of standardized processes for applicants, so the information we use to assess their requirements is more relevant to both applicants and CNO.

Internationally educated applicants to CNO start their application process with a service that all participating regulatory bodies endorse. Called the National Nursing Assessment Service (NNAS), it ensures a consistent approach to assessing documents and education requirements, as they relate to Canadian entry-to-practice requirements. The NNAS also provides CNO with advisory reports, which support our registration processes.

We also collaborated with Touchstone Institute, the largest assessment centre of its kind in Canada for internationally educated health professionals. With CNO, Touchstone developed the Internationally Educated Nurses Competency Assessment Program (IENCAP), which is a standardized evaluation of the knowledge, skill and judgment for IENs seeking to become RNs in Ontario.■



Exams

Registration exams contribute to patient safety. As the provincial regulator of the nursing profession, CNO is accountable for ensuring that only those who demonstrate the ability to apply nursing knowledge and provide safe care can practice in Ontario. In the past decade, we evolved the processes we use to assess readiness for safe practice.

In 2015, we started using the National Council Licensure Examination – Registered Nurses (NCLEX-RN), to test the knowledge, skills and judgment that nurses need at the beginning of their careers. NCLEX-RN suits both our needs as a regulator, as well as the needs of exam writers. It features a sophisticated testing format that is accessible, fair and efficient. It also provides writers with year-round access and faster results.

We worked with Canadian nurses and Canadian nurse regulators from 10 provinces and territories to implement the NCLEX-RN that is currently used. The U.S. National Council of State Boards of Nursing developed the NCLEX-RN, and we ensured it met the needs of Canadian regulators.

Recently, we also started work with the BC College of Nurses and Midwives on an entry-to-practice exam for people applying to become a Registered Practical Nurse (RPN). When it is implemented, the Regulatory Exam – Practical Nurse will be the test for knowledge, skills and judgment nurses need at the beginning of their careers in both Ontario and B.C.■

Expanding roles for nurses

Supporting public safety

Throughout all regulation activities and changes, CNO supports nurses to understand how their role is affected and ensure that patients are safe. When new legislation authorized RNs and RPNs to dispense medication in 2014, we made sure safe nursing practice was supported during this change. Recently, at the start of the COVID-19 pandemic, we implemented the Emergency Assignment Class so more nurses could assist during the emergency.

In 2019, RNs and RPNs in community settings became authorized to independently perform the component of psychotherapy that has the highest risk to the client. Using evidence and stakeholder consultations, we developed mechanisms to ensure patient safety was protected, and created resources for nurses navigating the change. We also collaborated with the colleges of other health professionals who have access to psychotherapy, to promote consistent understanding of this change across the health care system.■

NPs prescribing controlled substances

Nursing scope of practice describes the procedures, actions and processes nurses are qualified to perform according to current legislation, practice environment and individual competence. Over the last decade, the scopes of practice for RNs, RPNs and NPs have evolved. Throughout this evolution, CNO has been there to ensure safe nursing practice is supported for patient safety.

In 2016, we worked with government on regulations to authorize NPs to prescribe controlled substances. Since prescribing controlled substances is a high-risk activity, we made sure there were mechanisms in place for public protection. We also aligned our resources for practice expectations with this new activity.

When our Council approved the regulations in 2017, they decided that NPs can only prescribe controlled substances if the NPs have specific education. We put this information on our public Register, Find a Nurse, so members of the public can trust they are receiving safe care.■

RPN scope changes

In 2020, Council approved proposed changes to authorize RPNs to initiate components of four controlled acts. Controlled acts are activities that can cause harm if performed by an unqualified person (such as performing a prescribed procedure below the dermis or mucous membrane). When government enacts these changes, RPNs in community settings who have the relevant competence will be able to decide independently that a procedure is required, then safely perform the procedure.

Both RPNs and RNs became authorized to dispense medication in 2014. Five years later, RPNs and RNs in community settings could independently perform the component of psychotherapy, which has the highest risk to the client.

These are only a few examples of changes CNO has navigated throughout the last decade. Throughout all regulation activities, we support nurses to understand how their role is affected, and develop mechanisms to ensure that patients are safe.■

RN prescribing

In 2017, the Ontario government changed the *Nursing Act, 1991* to authorize RNs to prescribe medication and communicate diagnoses for the purpose of prescribing medication. Since diagnosing and prescribing are high-risk activities, our Council ensured RN prescribing will be safe for the people of Ontario.

In 2019, our Council approved the following areas for future RN prescribing: immunization, contraception, travel health (prevention), topical wound care and over-the-counter medications. We conducted rigorous research and stakeholder engagement with the public, nurses, employers and others. Now, we have competencies, standards and regulation requirements to address this change. When the government approves the regulation, we are ready to support RNs and maintain patient safety.■

Maintaining public trust

Advisory Group for Regulatory Excellence

Throughout the past decade, professional collaboration, stakeholder confidence and system impact have been top of mind for CNO. To this end, we became a founding member of the Advisory Group for Regulatory Excellence (AGRE) in 2012. The current AGRE consists of CNO, College of Physicians and Surgeons of Ontario, Royal College of Dental Surgeons of Ontario, Ontario College of Pharmacists, College of Physiotherapists of Ontario, College of Optometrists and the College of Medical Radiation and Imaging Technologists of Ontario. Together, we share expertise in regulating professions with scopes of practice that pose significant risk of harm to the public.

One key success of AGRE was increasing the transparency of information about health care providers on our public Registers for the public. Council made decisions that influenced legislation changes for all health regulators. We helped form AGRE to identify opportunities and make policy recommendations that strengthen public confidence in self-regulation. We do this through research, debate and policy development.■

Find a Nurse

One way we protect patient safety is by providing the public with information about their care providers. To support this transparency, CNO added more information to our public Register, Find a Nurse.

Every nurse registered in Ontario has a profile on Find a Nurse. In 2015, we expanded this profile so it contained more information about employment and any conduct and practice issues. This included: findings from CNO's Investigations, Complaints and Reports Committee; discipline findings from other regulatory bodies; registrations in other jurisdictions; health facility privileges for NPs; any existing criminal or other charges relevant to a nurse's suitability to practice; and orders to complete education. In 2019, we added more information about a nurse's employment history. CNO continues to enhance and add more information to Find a Nurse to uphold public protection.■

Digital communications

As the world started communicating via online communities, CNO joined the conversation on social media, too. We launched a digital strategy so we could increase access to our information and communicate with nurses, applicants, members of the public and other stakeholders.

Every day, we send CNO practice standards, reminders and other nursing information out into the world via Facebook, Instagram and LinkedIn. You can follow our quarterly Council meetings live on Twitter or on our YouTube channel. We reach many nursing students on Instagram, leading readers to our website for more information.

Using analytics, we monitor users' activities and tailor our messages for the greatest reach. We also respond to comments from readers online, to answer questions and ensure they're getting accurate information.■

Partnering for patient safety

Citizen Advisory Group

Working with stakeholders builds confidence in nursing regulation. CNO collaborates with partners across the health care system, so we can hear firsthand what people think. We continually integrate this feedback into our initiatives to ensure our work is relevant.

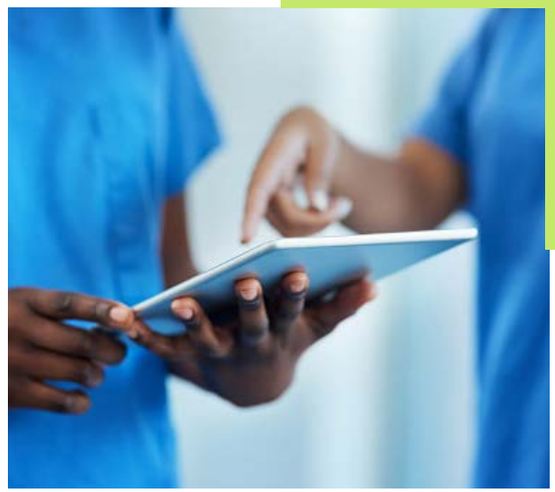
In 2018 we joined the Citizen Advisory Group (CAG) to engage with patients from across the province and get their feedback on our work. The CAG is made up of a diverse collection of people who use Ontario health services as either a patient or caregiver.

When we're developing a new resource such as the Code of Conduct (see page 6), we ask members of this group to review the information in advance so we can hear their perspectives about it. Working with this group ensures that members of the public inform our work protecting the public interest.■

Academic Reference Group

Nurturing strong links with nurse educators is important to the work we do protecting the public by promoting safe nursing practice. We started the Academic Reference Group in 2016 to provide an opportunity to discuss regulatory issues that are important to all of us.

The Academic Reference Group includes 10 Ontario nursing educators who have volunteered to represent all nursing programs in the province. Throughout the year, we meet to share information and collaborate on nursing regulatory issues of mutual interest and concern.■



Employer Reference Group

In 2018, we started another group as a way to strengthen the connection between CNO and nurse employers. The Employer Reference Group enhances professional collaboration between nurse employers and CNO. There are two Employer Reference Groups: one is for long-term care and the other is a multi-sector group.

Members of the group consist of nurse employers from across Ontario who share information with CNO and collaborate on nursing regulatory issues. We meet to provide opportunities for education, discussion and consultation related to regulatory issues and accountability.■

Highlights of our success

2011

- Online QA Program introduced
- Framework for NP Program Approval

2012

- Advisory Group for Regulatory Excellence

2013

- Jurisprudence exam

2014

- Facebook, LinkedIn
- Governance Vision starts

2015

- NCLEX-RN
- More information added to public Register

2016

- CNO launches Academic Reference Group

2017

- NPs prescribing controlled substances
- RN prescribing
- Controlled act of psychotherapy for RNs and RPNs
- Rex-PN initiated

2018

- Program Approval
- Employer Reference Group
- Citizen Advisory Group
- Intentional Harm Research began
- Risk-Based Sexual Abuse project began

2019

- Long-Term Care Homes public inquiry recommendations implemented
- Code of Conduct
- NHP launched
- More information added to public Register
- Twitter, Instagram

2020

- Council approves proposed regulations to expand RPN scope of practice
- Emergency Assignment Class

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THE STANDARD OF CARE.

Agenda Item 5.2.1

Executive Committee Zoom meeting
September 30, 2020 at 11:30

Minutes

Present

S. Robinson, Chair
A. Fox
J. Petersen
N. Thick
D. Thompson

Staff

A. Coghlan
J. Hofbauer, Recorder
K. McCarthy
A. McNabb

Purpose

S. Robinson noted that this special meeting of the Executive was called to address a request from the Minister of Health that CNO expedite approval of an amendment to CNO's Registration Regulation making a baccalaureate degree from stand-alone College of Applied Arts and Technology (CAAT) programs a requirement for registration as an RN.

Regulation Approval

S. Robinson noted that following Council in September, she received a letter from the Minister of Health asking that in December Council approve for submission to government the regulation changes needed for CAATs to offer baccalaureate nursing programs. She noted that to address the Minister's request, the Executive needs to act on behalf of Council. She asked A. McNabb, Strategy Consultant, to provide context.

A. McNabb noted that in order to bring a final regulation to Council for approval in December, the Executive will need to:

- approve a draft regulation for circulation; and
- approve that the consultation on the regulation be shortened from the legislated 60 to 30-days.

It was noted that the legislation requires that the Minister approve the shortened consultation timeframe. The consultation process will be the same as usual. The regulation will be sent to all nurses and stakeholders. In addition, it will be shared with RN regulators across Canada.

In December, Council will receive a report of the feedback along with the raw data and will be asked to decide whether to approve the regulation for submission to the Minister. A. McNabb noted that until the regulation is approved by government, Council will not be able to approve the stand-alone baccalaureate programs.

In discussion, it was noted that if CNO does not move forward with the regulation, it can be approved by the Minister. CNO has made it clear to the government that this approach was not what had been discussed with Council.

It was noted that CNO can be clear that it was directed by the Minister to shorten the consultation. In addition, it needs to identify that the new stand-alone CAAT baccalaureate programs will be required to go through CNO's program approval process and meet the same standards are the current baccalaureate programs.

Motion 1

Moved by N. Thick, seconded by J. Petersen,

> That the proposed changes, as shown in Attachment 1 to the briefing note, to Part II, Registration, of Ontario Regulation 275/94: General, as amended, made under the *Nursing Act, 1991,* be approved for circulation; and
>
> That, in accordance with ss. 95 (1.6) of the *Health Professions Procedural Code* and in order to meet the requirement of the Minister of Health to present a final regulation amendment for approval to Council in December, pending written approval from the Minister of Health, the Executive approves a 30 day circulation for the proposed changes to the Registration Regulation.

CARRIED

_____

Chair

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

THE STANDARD OF CARE.

Executive Committee Zoom meeting
November 12, 2020 at 9:00 a.m.

Minutes

Present

S. Robinson, Chair
A. Fox
J. Petersen
N. Thick
D. Thompson

Staff

A. Coghlan
J. Hofbauer
R. Jabbour
K. McCarthy

Agenda

The agenda was approved on consent.

Minutes

Minutes of the Executive Committee meeting of August 20, 2020 had been circulated. The minutes were approved on consent.

Minutes of the Executive Committee meeting of September 30, 2020 had been circulated. A typographical error was identified. The minutes were approved on consent.

Proposed revisions to the Registration Regulation to establish a baccalaureate degree awarded by a College of Applied Arts and Technology (CAAT) as a requirement for registration as an RN, for submission to the Minister of Health

The Executive received an interim briefing on the responses to the consultation on the proposed regulation amendments. It was noted that the consultation is still underway and that the final results, which will include analysis of the themes in the feedback, will be available to Council.

The unique nature of this consultation was flagged. The decision has been made by government that CAATs will award baccalaureate degrees in nursing. CNO has been asked to make the needed regulation change. The public safety mechanism is that any baccalaureate program, no matter the provider, will need to meet the rigorous standards of CNO's program approval process. A presentation will provide the context for Council.

RN Prescribing: Amendments to the Register By-Law for final approval

This By-Law amendment is needed so that stakeholders will know whether an RN is authorized to prescribe drugs. It will come into effect once the amendments to the Controlled Acts regulation to allow RNs to prescribe medications are made by the government.

It was noted that some of the feedback was about RN prescribing. The decision at the December meeting is about the By-Law change related to the register, and the importance of Council focusing on that decision was identified.

Strategic plan

In December, Council will discuss:

- Strategy 2021-2024 and
- The final Performance Report for the 2011-2020 Strategic Plan.

K. McCarthy shared the purpose level outcomes for Strategy 2021-2024 that have been developed by management. The outcomes are what CNO hopes to achieve over the 4-year life of the plan. Staff are now developing metrics and activities that can be reported on over the life of the plan.

In December, Council will have an opportunity to discuss the outcomes and will see the fiscal support for the plan in the proposed budget. It was noted that the outcomes are measurable, focus on what is achievable and will have the biggest impact. The plan is agile and flexible and, if circumstances require, can be adjusted as it moves forward.

Council will also receive a final performance report on the 2011-2020 Strategic Plan. S. Robinson noted the importance of celebrating the significant accomplishments under the current plan, including CNO's influence – such as the impact of Council's governance vision.

Council agenda

The Executive received a draft agenda for the December 2020 Council meeting. The Executive was informed of the deferral of the approval of nursing programs to March. The Executive will recommend a closed session to receive advice from legal counsel.

Council professional development activities

R. Jabbour, Strategy Consultant, joined the meeting to discuss the plans for a board professional development session to be held on Wednesday, December 2nd.

In the afternoon, there will be a professional development session with the goal of maintaining and enhancing a positive board culture. The Executive was informed that the session will include a broad range of methods of engagement, including plenary and small group discussions. The Executive members agreed to facilitate the small group sessions. A meeting will be set up in advance with the facilitator.

The Executive flagged the importance of Council's Code of Conduct and its foundation, the Governance Principles. It was suggested that the Code be included in the pre-reading for the session.

It was noted that Council has been on a journey over time. With significant turnover and a shift to virtual meetings, it is important to bring everyone together to reflect on how best to come together as a team and build a strong culture.

Governance

The Executive has always had a role in supporting effective Council governance. The Executive had received a briefing note summarizing the impact on this role of:

- the sunsetting of the Governance Workgroup at the end of 2020, and
- the by-law amendments establishing the Executive as the Election and Appointments Committee until the Interim Nominating Committee can be appointed.

In supporting Council's continuing implementation of aspects of its governance vision, the Executive will provide leadership in relation to the activities needed to appoint Council's first Interim Nominating Committee.

The Executive's role as Election and Appointments Committee will include both statutory committee appointments and its role in relation to the election of Council members.

A meeting will be scheduled for mid-January for the first review of committee candidates.

The Executive agreed to an electronic vote to declare the elected candidates in the 2021 Council election.

It was noted that S. Robinson will be attending a meeting with the government about the College Performance Standards and will have an opportunity to raise the congruency of Council's governance vision with the governance performance standards.

R. Jabbour left the meeting.

September Council meeting

The Executive discussed the September Council meeting. It was noted that this was Council's second Zoom meeting and the first with a closed session and the Vice-Presidents managing speakers lists.

The Executive noted that some members were still having issues with knowing when to use the virtual hand raise in zoom and to raise their physical hands. The President will clarify in her introductory comments.

It was acknowledged as helpful in addressing Zoom fatigue to include unscheduled short comfort breaks.

K. McCarthy informed the Executive that Mae Katt has been invited to attend Council the morning of December 2nd. She is a Nurse Practitioner who works with indigenous communities and is a member of the Temagami First Nation. This is in follow-up to Council's discussion in September at which members expressed an interest in beginning a process of listening and learning so that Council can move towards a meaningful recognition of Ontario's indigenous community. The Executive supported this approach.

Public Member Appointment: Conduct Committee

The Conduct Committee is currently short of a public member. The Executive Committee was informed about volunteers.

Motion 1

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

> That N. Montgomery be appointed to the Conduct Committee.

CARRIED

ICRC committee member vacancy

The Executive was informed that a member of the Inquiries, Complaints and Reports Committee (ICRC) has resigned. The Executive received information on the candidates for the 2020 appointments. There were two highly qualified candidates who had applied previously. The Executive discussed the candidates.

Motion 2

Moved by J. Petersen, seconded by A. Fox,

> That Donna Rothwell be appointed to the Inquiries, Complaints and Reports Committee until June 1, 2020.

CARRIED

Committee appointment: Public member

The Executive was informed that a new public member has been appointed. Her background and time availability were shared with the Executive.

Motion 3

Moved by A. Fox, seconded by D. Thompson,

> That M. MacDougall be appointed to the Discipline and Fitness to Practise Committees.

CARRIED

Next meetings

The next meeting of the Executive will be February 11, 2021, in the afternoon. A meeting of the Election and Appointments Committee will be scheduled in January.

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Chair

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

THE STANDARD OF CARE.

Agenda Item 6.1

Decision Note – December 2020 Council

Confirmation of committee appointments

Contacts for Questions or More Information

Kevin McCarthy, Director of Strategy

Decision

That Council confirm the following committee appointments:

- Marnie MacDougall, public member, to the Discipline and Fitness to Practise committees;
- Natalie Montgomery, public member, to the Conduct Committee; and
- Donna Rothwell, RN to the Inquiries, Complaints and Reports Committee (ICRC) until June 2, 2021.

Background

The Executive Committee fills mid-year committee vacancies (Article 31.03). Those appointments come into effect immediately.

The following occurred requiring Executive action in November:

- Appointment of a new public member – Marnie MacDougall;
- A public member vacancy on the Conduct Committee; and
- An appointed committee member resignation from ICRC.

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ORDRE DES INFIRMIÈRES ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

Information item 1

Information Note – December 2020 Council

Approval of Nursing Education Programs: Delayed to March 2021

Contact for Questions or More Information

Anne Marie Shin, Director, Professional Practice

Background

One of the requirements for registration as a nurse in Ontario is successful completion of an education program approved by Council. Education programs are assessed based on a framework approved by Council. The framework includes:

- an annual review of all programs
- a comprehensive review of new programs (if any),
- a comprehensive review every 7 years for existing programs

The normal schedule for Council review and approval of nursing education programs is in June of each year.

The COVID – 19 pandemic impacted the schedule for program approval. When the pandemic hit, CNO deferred some operational activities and projects in order to focus on system needs. Nursing programs also informed CNO that they did not have the resources needed to provide information for approval in June. In consultation with programs, it was agreed to defer Council's approval of nursing education programs to December 2020. Since all programs are already approved, this deferral would not impact the ability of program graduates to become registered in Ontario.

In September, a presentation was provided to Council about the program approval process and the plans for transitioning the timing of the annual review of programs over 4 years from December back to June.

When CNO experienced the cyber security incident that resulted in the encryption of many of our files and systems, we were unable to restore the Practical and Baccalaureate Nursing programs' Map the Gap or comprehensive review documents. As a result, Council's annual and comprehensive program approvals scheduled for December 2020 need to be deferred to March 2021.

Nursing programs have been informed of this situation and asked to resubmit their Map the Gap documents needed for program approval. They do not need to recreate information. The nursing programs that submitted comprehensive review documents do not need to resubmit their information as CNO staff had already completed the assessment based on the documents they submitted.

The Nurse Practitioner programs were not affected by this incident however, their approval will follow the same schedule as the baccalaureate and practical nursing programs since annual program approval is brought to Council for all programs one time per year.

In our communication with the Practical and Baccalaureate Nursing programs we expressed our apologies for any inconvenience this may have caused and expressed our gratitude for their continued support of nursing students in the pursuit of academic excellence in these challenging and uncertain times.

All programs are currently approved, and that approval will continue until Council's review and approvals in March 2021.

The plan going forward to transition approval of nursing programs to June will be as follows:

- March 2021 (previously December 2020)
- December 2021
- September 2022
- June 2023