Registered Psychiatric Nurses Partnering with People

> 2014 ANNUAL REPORT

> > REGISTERED PSYCHIATRIC NURSES ASSOCIATION OF SASKATCHEWAN

MISSION

The Distinct Profession of Psychiatric Nursing is a valued partner in the continuum of health care with competent members who promote and support mental health, hope and recovery.

VISION

The mission of the Registered Psychiatric Nurses Association of Saskatchewan is to provide Saskatchewan People with competent psychiatric nursing.

The mission involves the achievement of the following ends:

- 1. Ensuring the supply of competent Registered Psychiatric Nurses
- 2. Protecting the public through regulation
- 3. Continual development of a body of knowledge
- 4. Developing practice opportunities
- 5. Advocating for quality integrated mental health services and policy



ш.

Annual General Meeting & Education Day	4
Statement of Purpose of the Annual Meeting	5
Rules of Order for Annual Meetings of the RPNAS	5
RPNAS Staff & Council	7
President's Report	8
Executive Director's Report	10
Registrar's Report	16
Member Statistics	19
Branch Reports	23
Swift Current	
North Battleford	
Regina	
Committee Reports	27
Professional Conduct	
Discipline	
Education	
Nomination	
Financials	31
2016 Proposed Budget	
2014 Financial Audit	

ANNUAL GENERAL MEETING & EDUCATION DAY

In 2008 Carla O'Reilly along with two other Saskatchewan Women, Elita Paterson and Tania Bird joined forces and sparked a healing wave of empathy when together they Co-Authored, The Smiling Mask-Truths about Postpartum Depression (PPD) and Parenthood.

With a mission to provide awareness, acceptance and understanding of postpartum difficulties, they have become awareness advocates and have destroyed the mask of PPD encouraging families across the nation to come forward and use their voices to destroy this silent and secretive illness!

Together the Smiling Mask team has spoken over 200 times, including print, media and radio across Canada including keynoting in 10 medical conferences.

The team's tireless work in the area of mental health advocacy has been recognized by receiving the 2010 YWCA Women of Distinction Award and the FRP Canada Family Legacy Award for outstanding work in the area of mental illness.

Carla's talk is called "Turn on the Switch! Choose your thoughts and change to positive!" share with the audiences her personal healing journey to overcome postpartum psychosis and also share the 15 wellness tools from Turn on the Switch!

Register today at http://www.rpnas.com/agm



Hosted at:

Temple Garden's Hotel & Spa 24 Fairford St E Moosejaw, SK S6H 0C7

Discounted Room Rate:

\$150/night

Booking Code: 113767 or

RPNAS

1-800-718-7727

Tentative Schedule - June 5th, 2015

7:30 AM	-	8:30 AM	Registration & Breakfast
8:30 AM	-	8:45 AM	Welcome & Introductions
8:45 AM	-	10:15 AM	Carla O'Reilly – Turn on the Switch!
10:15 AM	-	10:30 AM	Coffee Break
10:30 AM	-	11:45 PM	Speaker Two
12:00 PM	-	1:15 PM	President's Awards Luncheon
1:15 PM	_	End	Annual General Meeting



Statement of Purpose of Annual Meeting

In June 1984, the RPNAS Council passed a statement focusing the purposes of the Annual Meeting. These purposes are:

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To provide a forum for the dissemination of information from Council to the membership; 2

To provide a vehicle for the membership to give guidance to Council through adoption of resolutions/motions; and 3

To afford an opportunity for members to raise issues of concern through an "Open Forum."

The agenda for the Annual Meeting has been prepared following legislated requirements and these purposes. The call for submissions of new business via the Open Forum was published in the Spring 2009 issue of the RPNews. The guidelines for the Open Forum allow for questions and new business arising from the floor. Time limits for discussion will be at the discretion of the Chair.



Rules of Order for Annual Meetings of the RPNAS

The President, or in his/her absence or at his/her request, a Chairperson shall preside over the Annual Meeting.

SUBJECT OF DISCUSSION

No question of a sectarian character shall be discussed at meetings.

RECOGNITION

When a member wishes to speak, he/she shall be recognized by the Chairperson, and shall give his/her name and the branch he/she represents, and shall confine his/her remarks to the question at issue.

CONDUCT OF MEETING PARTICIPANTS

A member shall not interrupt another except it be to call a point of order. If a member is called to order, he/she shall at the request of the Chairperson, take his/her seat until the question of order has been decided.

Should a member persist in unparliamentary conduct, the Chairperson will be compelled to name him/her and submit his/her conduct to the judgment of the meeting. In such cases the member whose conduct is in question should explain and then withdraw, and the meeting will determine what course to pursue in the matter.

MOTIONS

All motions arising from the floor shall be written in duplicate and signed by the mover and seconder before being presented. Discussion will not commence until this process is complete.

DEBATE

Members who wish to speak to a question



or make a motion shall use the microphone, address the Chairperson and give their name and position.

No member may speak more than once to the same question unless all others who wish to speak have done so. If the mover of the motion speaks a second time, debate shall be closed.

Time for debate may be extended by a two-thirds (2/3) vote of the members.

When a motion to Close Debate is made, no discussion or amendment of either motion is permitted. If the majority vote that the "questions now put" the original motion has to be put without debate. If the motion to put the question is defeated, discussion will continue of the original motion.

CALLING THE QUESTION

When a question is put, the Chairperson, after announcing the question, asks "Are you ready for the question?" If no member wishes to speak, the question will be put..

Questions may be decided by a show of hands, or a standing vote, but a roll call vote may be demanded by 30 per cent of the members present. In a roll call vote, each member shall be entitled to one vote.

A call for a vote on the question ("Call to Question") requires a formal motion and approval by two-thirds (2/3) vote of the members.

APPEAL

The member may appeal the decision of the Chairperson. The Chairperson shall then put the question thus "Shall the decision of the Chair be sustained?" The question shall not be debatable,

except that the Chairperson may make an explanation of his/her decision.

RECONSIDERATION OF A MOTION

A motion may be reconsidered provided that the mover of the motion to reconsider voted with the majority, and notice of motion is given for consideration at the next meeting, and said notice of motion is supported by two-thirds (2/3) of the members qualified to vote.

AUTHORITY

In all matters not regulated by these rules of order, Robert's Rules of Order shall govern.

OBSERVERS

Observers may, at the call of the Chairperson, be invited to comment or ask questions on a particular issue once discussion by membership has been completed.

CLARIFICATION REGARDING ABSTENTIONS

The basic rule is that a motion requiring a majority vote is adopted if more members vote in favour of the motion than vote in opposition. Members who are entitled to vote but who abstain are not counted when determining a majority. In effect, they have relinquished their right to be a factor in the decision. (It is possible for example, to have 30 members in attendance at a meeting and when the votes are counted discover that there are seven votes in favour and five opposed. The motion would be adopted because a majority of those voting were in favour of the motion.)



Left to Right: Donna Dyck, Angie Craig, Don Froese, Syd Bolt, Shirley Bedford. Front: Marion Palidwor

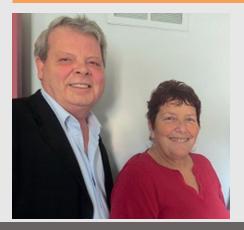
RPNAS Staff & Council

Staff

Executive DirectorRobert Allen, RPN, North Battleford

Registrar Candace Alston, RPN, Regina **Office Administrator** Kim Clory

Marketing CommunicationsMike Clory





Council 2014-2015

President

Marion Palidwor, RPN, North Battleford

President Elect

Sydney Bolt, RPN, Regina

Members-at-Large

Shirley Bedford, RPN, North Battleford Christina Chernick, RPN, Regina Angie Craig, RPN, Regina Donna Dyck, RPN, Saskatoon Brenda Francis, RPN, Saskatoon Don Froese, RPN, Saskatoon Tamara Quine, RPN, Regina Carlee Schindel, RPN, Saskatoon

Public RepresentativeMichael Lummerding



PRESIDENT'S REPORT

t is difficult for me to believe that my tenure as the President of the Registered Psychiatric Nurses Association of Saskatchewan has come to its conclusion. The two years I served as your President have been a time of learning and above all a very good experience. As I look back over the past two years I see all that the RPNAS has accomplished and am very proud to have been a small part of these accomplishments.

In my place as President for the RPNAS, will be Syd Bolt. Syd will assume the presidency of the RPNAS following the RPNAS Annual Meeting in Moose Jaw on June 5, 2015. Syd along with RPNAS Council members will continue to do the work started and take the RPNAS into the future.

Over the past couple of years the RPNAS council has fought for many things to improve the work environment and your practice as RPNs. There have been great strides made with the new entry level competencies, new process for examinations both for our home grown nurses as well as the internationally educated nurses wanting to enter our country as RPNs, and work has been done towards RPNs having the ability to work across Canada. It seems to me that larger strides have been accomplished working for the benefit of RPNs nationally.

When I look at what has been accomplished provincially I see only road blocks. The RPNAS has been continually requesting our Provincial Government to increase our nursing seats and to enhance the advanced education of RPNs to include a Registered Psychiatric Nurse Practitioner. To date all we have heard is that there is no need to increase the nursing seats because when the Government takes their "snapshot" of the current needs for human resources they don't see there are any empty RPN spots. This is made murkier because we (RPN/RN/LPN) are all lumped into the category of nurse in the health authorities. It is also not helpful when Saskatchewan Universities are graduating almost 800 registered nursing students and Saskatchewan Polytechnic

is graduating almost 400 licensed practical nursing students annually. These numbers stagger our 30 psychiatric nursing student seats. Some forward thinking managers of psychiatric facilities are insisting that when there is a nurse vacancy in their facility that an RPN is hired if they meet the posting qualifications. Mental Health is a specialized practice (just as working in the operating room or intensive care for example) and in my thoughts we are not interchangeable with just any nurse. Our clients deserve the very best quality of nursing that the health authorities are able to maintain.

A lot of collaborative work has been done working together with the three regulatory bodies, Registered Psychiatric Nurses
Association of Saskatchewan/Saskatchewan
Registered Nurses Association/Saskatchewan
Association of Licensed Practical Nurses. This work is still in progress and will continue into the future to ensure that each nurse can work to their full scope of practice and provide our clients with safe competent care.

The RPNAS has been able to meet with Saskatchewan Union of Nurses several times over my presidency. These meetings were well attended by both our council and their board of directors. We always have very intense conversations about our shared members. It has been difficult to have these very important interactions with SUN, mainly due to the RPNAS council is volunteer based and meets on weekends on a quarterly basis. This makes it difficult to coordinate a meeting with SUN board as they meet during the week days. The couple of times we have met, was due to a lot of coordination between both of us to have our meeting take place on a Friday when the SUN Board is meeting in Saskatoon. This means RPNAS Council members need to travel to a central location to be present at these meetings however thus far we have managed to always have someone present. I believe the RPNAS needs to increase the number of times we meet with SUN and hopefully it will be one of the things that Syd is able to make happen in his tenure as president.

Internally, the RPNAS Council has gone through a SWOT analysis, reviewed our current Governance policies and developed new ends. This is one item that is always on our meeting agenda and is a work in progress. As each new council member enters the arena of Carver Governance there is a fresh set of eyes that are able to bring attention to issues in wording or thought processes that made sense prior. Also there have been many positive changes within the RPNAS office. The office personnel have made major changes in operations and included in those changes is online registration for our members. Information will be sent out to members with their annual report package. Please activate your online account as soon as possible!

In closing, I would like to encourage each of you to participate in the RPNAS as a Council member, the President-elect, or through various committees. You would not be sorry for the experience. The experience gives you a better understanding of why the RPNAS exists, what the RPNAS is involved with provincially, nationally and internationally.

Respectfully Submitted,

Marion Palidwor, RPN

President



XECUTIVE DIRECTOR'S REPORT t is my pleasure to report on the activities of the Association for 2014. The Association operates under a policy governance model, with Ends that are established by Council. From those ends policies are established by Council to guide the Executive Director in fulfilling the mandate of the organization.

In March 2015 Council conducted a review of the established Ends and revised them with the guidance of a facilitator from Jan Moore and Associates, experts in policy governance. These new Ends will be prioritized at the first meeting of the new Council on June 19th and 20th 2015.

For the purpose of this report I will use the Ends that were in effect for the 2014 operating year (current end), followed by the proposed changes, in draft form, which are subject to approval in June 2015 (proposed end).

Current End

Proposed End

End 1 - Global Ends

Current

The Registered Psychiatric Nurses Association of Saskatchewan is a valued partner in the continuum of healthcare with competent members who promote and support mental health, hope and recovery at a use of resources that demonstrates good stewardship of member's fees.

The mission of the Registered Psychiatric Nurses Association of Saskatchewan is to provide Saskatchewan people with competent psychiatric nursing.

The mission involves the achievement of the following ends:

- 1. Ensuring competent Registered Psychiatric nurses
- 2. Protecting the public through regulation

- 3. Continual development of a body of knowledge
- 4. Developing practice opportunities
- 5. Advocating for quality integrated mental health services and policy

Ends 1 and 2 are Council's highest priority.

Proposed

The Distinct Profession of Psychiatric Nursing is a valued partner in the continuum of healthcare, with competent members who promote and support mental health, hope and recovery, with a use of resources that demonstrates good stewardship of member fees.

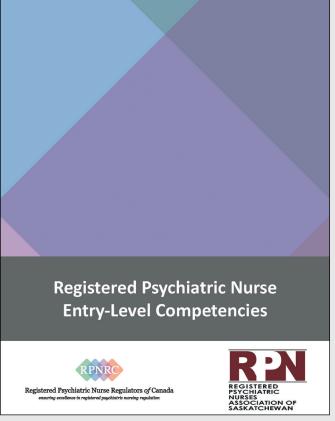
Three complaints remained ongoing from 2013, with one referred for ADR (Alternate Dispute Resolution) and a training module advised. The other two remain ongoing investigations.

There were twelve complaints for 2014. Four required no further action. One cautionary letter was sent and one was referred for ADR with completion of a module on medication and the elderly. Six are in the process of investigation and remain ongoing. No disciplinary hearings were held throughout the year.

NNAS (National Nursing Assessment Service) required ongoing meetings and travel by the registrar and Executive Director. This new non Profit Corporation is represented on the Board by two Provincial Executive Directors from our profession. The Registered Nurses (RN) and the Licensed Practical Nurses complete the Board of Directors.

The NNAS ensures that all international applicants are processed through one portal and assessed against national standards and criteria.

The National project funded by HRSC consumed time and staff resources as well as involving considerable travel. The project was completed on time and a final report will be available this summer. One product of the project was the completion of national Entry-level



RPN Entry-Level Competencies can be found at http://www.rpnas.com/elc

competencies for psychiatric nurses. Work is nearing completion to map the entry-level competencies to the curriculum of the education programs. National educational program approval criteria and standards will complete the process. This multi-tiered project was the largest ever undertaken in our history and will reap benefits for years to come.

The association consults with stakeholders and provides a resource to government in the area of mental health. We maintain membership/involvement and an active role in numerous organizations such as:

- CMHA (Canadian Mental Health Association)
- NIRO (Network of Inter-professional Regulatory Organizations)
- Provincial Nursing Council
- RPN Education Advisory Committee (SASK Polytechnic)
- The University of Regina Senate
- The University of Saskatchewan Senate
- SRNA, SALPN, SASW
- RPNRC (Registered Psychiatric Nurse Regulators)



- of Canada)
- Collaborative Nursing Group
- Northern Economic Development nursing Advisory Committee (NECC)
- Saskatchewan Mental Health Coalition
- NNAS (National Nursing Assessment Service)
- CNNAR (Canadian Network of National Association Regulators)
- Attendance at the annual meetings and conferences and education days of other organizations such as SUN, CMHA, Quality Council, Saskatchewan Legal Association, SRNA, SALPN.

Nationally the organization was represented at meetings and events of the CPA (Canadian Psychiatric Association), C N A (Canadian Nurses Association), CIHI (Canadian Institute of Health Information), CNNAR (Canadian Network of National Association Regulators).

END 2

Competent Registered Psychiatric Nurses and Graduate Psychiatric Nurses

The End "Competent Registered Psychiatric Nurses and Graduate Psychiatric Nurses" is interpreted to include, but not limited to:

Current

- Education programs in place that ensure graduates meet beginning practitioner competencies.
- 2. RPNs adhere to Standards of Practice and Code of Ethics.
 - 2.1 RPNs working in independent practice comply with the standards set out in the document Guidelines for Registered Psychiatric Nurses in Independent Practice.
- 3. A credible measure of competence.
 - 3.1 Advanced education and ongoing licensure.
- 4. Criteria for registration and ongoing licensure.

Proposed

- Education programs in place that ensure graduates meet beginning practitioner competencies.
- 2. RPNs adhere to standards of practice and code of ethics
- 3. A credible measure of competence.
- 4. Criteria for registration and ongoing licensure.

All complaints received against members are investigated. Processes are in place for continual review by the Council of the policies established for registration and renewal.

We will continue to work with Government and the SRNA regarding advanced practice or additional authorized activities for members of the profession.

Policies exist for members wishing to be in independent practice.

Continuing professional development is an expectation and self-reporting by membership is monitored, with a percentage of files being audited annually.

The National Exam (RPNCE) is delivered through Assessment Strategies Incorporated (ASI) and has the highest standards for credibility and dependability.

The publicly available members list on our website where members may be searched by first and last names or registration number is undergoing enhancement and will now include members with temporary license and information about any practice conditions or discipline imposed.

END₃

Public Policy that Promotes/Supports Optimal Mental Health

The End "Public Policy that Promotes/Supports
Optimal Mental Health" is interpreted to include but
not limited to:

Current

- 1. RPNAS is a competent, reliable resource for public and other agencies.
- Government consults with RPNAS as a credible source when forming mental health policy.
 - 2.1 RPNs in Saskatchewan lobby on issues related to optimal mental health.
- 3. Public research funds are allotted to mental health.
 - 3.1 RPNs are consulted/involved in carrying out research.
- 4. Public policy is in place that prioritizes safety for vulnerable individuals and care givers.

Proposed

- 1. Public and other agencies have reliable mental health information.
- 2. Government accesses credible information when forming mental health policy.
- 3. More funds for mental health research.
- 4. Public policy is in place that prioritizes safety for vulnerable individuals and care givers.

The RPNAS continues to work collaboratively with other nursing bodies and Government. There are few funds attached to research in mental health however we are more able to participate with the increased technology available. We participated in several research surveys of our membership this past year.

RPNAS continues to maintain that more education seats in psychiatric nursing are required. Degree options are now available in every jurisdiction where RPNs are regulated but with diploma as the entry to practice this does not increase our membership.

RPNAS continues to work toward being included in the Provinces human resource workforce plan. Our decline in numbers provincially is well documented in reports from CIHI and provincially commissioned reports.

With all of the increased attention to mental health in our country, Saskatchewan continues to be the lowest spender on mental health and mental health services.

END 4

Psychiatric Nursing is a Self-Regulated Profession

The End "Psychiatric Nursing is a Self-Regulated Profession" is interpreted to include but not limited to:

Current

- 1. Members understand and support self-regulation.
- 2. Public and members receive fair and just hearing of concerns.
- 3. Public participation in the regulation process.
- 4. Members have pride in their profession.

Proposed

- 1. Members understand and support self-regulation.
- 2. Public and members receive fair and just hearing of concerns.
- 3. Public participation in regulation processes.
- 4. Members demonstrate ethics, professionalism, and pride in their profession.

There has been a tremendous increase in communications with our registrants with the utilization of technology thanks to our talented staff members. Since the RPNAS went digital the communication with members has increased dramatically. Our newsletter is now online and 2016 registration will be done online. We will make every effort to make this a smooth transition and through the use of volunteers assure that every registrant is provided the help they need to register. We believe

that having the ability to maintain an online portfolio will be well received.

We know there is a need to increase member awareness and knowledge of self-regulation and will respond to that need with increased education.

A new Public Representative joined Council this past year, welcome to Michael Lummerding. We look forward to your involvement on the Council.

END₅

Mental Health is a Valued and Integral part of the Health System

The End "Mental Health is a valued and integral part of the Health System" is interpreted to include but is not limited to:

Current

- 1. Public receives competent mental health care
- 2. RPNs are valued partners in a quality health care system.
 - 2.1 RPNs teach other service providers concerning mental health.
 - 2.2 There is an adequate supply of RPNs in Saskatchewan.
 - 2.3 RPNs have equal opportunity for career advancement and mobility.
- 3. Public and human service providers recognize psychiatric nursing as a distinct profession.

Proposed

- 1. Public receives competent mental health care.
- 2. RPNs are valued partners in a quality health care system.
 - 2.1. RPNs teach other human service providers concerning mental health.
 - 2.2. There is an adequate supply of RPNs in Saskatchewan.
 - 2.3. RPNs have equal opportunity for career

advancement and mobility.

3. Public and human service providers recognize registered psychiatric nursing as a distinct profession.

RPNs are the largest group of professionals in mental health in Western Canada. We have been sounding the alarm to the extent possible that we have insufficient members to meet the needs. Healthcare is a challenging environment at best but becomes very complex when mental illness and addictions are involved.

We believe that mental health does not exist independent of physical health and patients should be cared for by the appropriate provider, with the education and expertise needed.

We are pleased to be part of the development and refinement of a framework for staffing assignment, working collaboratively with the SRNA and SALPN.

The development of the entry-level competencies provides an opportunity to market the value that RPNs bring to the workplace, and we will pursue that theme as we struggle to bring more understanding and literacy to the various employers and providers throughout the Province.

END₆

Public Knowledge and Awareness of Mental Health Literacy

The End "Public Knowledge and Awareness of Mental Health Literacy" is interpreted to include but not limited to:

Current

- 1. Comprehension of mental health as not merely the absence of mental illness
- 2. Human service providers have an understanding of mental health literacy.
- 3. Social inclusion
- 4. Recovery

No proposed changes.

* We have defined mental health literacy as the knowledge and skills that enable people to access, understand and apply information for mental health. (CAMIMH)

There remains a long way to go to increase public and provider awareness of mental health and mental illness. This past decade has seen the work of the Mental Health Commission of Canada raise awareness to a new level.

Provincially there have been shining stars, of particular note is the annual Champions of Mental Health Awards presented by the North Battleford Branch of the RPNAS. The Saskatoon Fun Run for Mental health is another. This truly reflects "think globally" and "act locally".

The RPNAS continues to be part of the Mental Health Coalition in Regina and they continue to be an inspiring organization.

END 7

A Distinct and Vibrant Professional Identity

The End "A Distinct and Vibrant Professional Identity" is interpreted to include but is not limited to:

<u>Current</u>

- 1. Engaging membership
 - 1.1 networking
- 2. Celebrating professional pride
 - 2.1 Sharing accomplishments
 - 2.2 Acknowledging successes
 - 2.3 Role modelling professional pride.
- 3. Maintaining and developing internal and external communication and marketing strategies

Proposed

- 1. An engaged membership
 - 1.1. Members network with other human services providers
- 2. Members demonstrate professional pride

As I look back on this past year I am humbled by the service and commitment of Council members that have served many years. Unfortunately we are faced with the loss of several long term members at once and can only hope they will consider a return after a mandatory absence. At the time of this writing I do not know if we will be having an election for the vacancies but early nomination results are encouraging.

For many years we have been involved in and sponsored psychiatric nursing nationally and internationally with the World Congress of Psychiatric Nursing and Horatio, the European psychiatric nursing organization. We are looking forward to the World Congress in Banff Alberta in May. This event is a celebration where the pride in our profession is celebrated and evident.

Again, the Council of the RPNAS will be finalizing and prioritizing the Ends for the Association at the next meeting June 19th and 20th 2015.

Respectfully submitted,

Robert Allen, RPN

Executive Director



he regulatory function of the Registered Psychiatric Nurses Association of Saskatchewan is to ensure that our members deliver safe, competent and ethical care to the citizens of Saskatchewan. In order to do this our members must comply with legislation, standards of practice, a code of ethics and registration processes. I would like to ask our members to insure that the information provided to us at renewal time is an accurate representation of their current situation and reflects their highest level of academic achievement. This year renewal will be online which should make this process much easier. Canadian Institute of Health Information (CIHI) uses the information you provide to produce their reports. Big thanks to Kim and Mike for their hard work during renewal season and beyond.

I would like to congratulate the 2014 graduating class of the Psychiatric Nursing program and welcome them to the profession. You have worked hard to complete your program, pass the national examination and are now working as Registered Psychiatric Nurses throughout the province. Congratulations again on a job well done!

As Practice Consultant my responsibilities include supporting members in their practice by assisting them to understand and apply the Code of Ethics and Standards of Practice As well as collaborating with employers to assist them to define the RPN role as it relates to our competencies. RPNAS, SRNA (Saskatchewan Registered Nurses Association) and SALPN (Saskatchewan Association of Licensed Practical Nurses) continue their commitment to collaboration in the province with projects that will assist in collaborative practice.

In the capacity privacy officer my responsibilities are to insure that our organization is in compliance with privacy legislation and ensure that our members are in compliance with the Health Information Protection Act (HIPA).

INTERNAL COMMITTEES

EDUCATION COMMITTEE

It is my responsibility to provide staff support to this committee by organizing the annual review of CPD audits, following up on any committee recommendations as well as presenting scholarship and bursary applications to the committee as well as reviewing applications for RPN Awards.

EDUCATION APPROVAL COMMITTEE

This committee provides guidelines for the review of the Psychiatric Nursing Programs within the province.

NOMINATIONS COMMITTEE

The responsibilities of this committee are to seek RPNs to are interested in running for RPNAS Council and oversee the election process. Our Council positions for this year were filled by acclamation. I would encourage our members to consider running for Council.

RPN-P COMMITTEE

There is currently no activity within the RPN-P Committee.

EXTERNAL COMMITTEES

NETWORK OF INTER-PROVINCIAL REGULATORY ORGANIZATIONS (NIRO)

This group is made up of members of the 26 regulated health professions in Saskatchewan. They meet twice a year to discuss issues common to all and participate in an educational opportunity.

MENTAL HEALTH COALITION

This is an inter-provincial committee consisting of over 150 agencies, groups, citizens who have a common goal of advocating for a better quality of life for those who live with mental illness members. This year the focus is on improving the system

to allow for stakeholder engagement and to enhance the continuum of care in Saskatchewan. Member agencies were asked to follow up on the recommendations contained within the Mental Health and Addictions Action Plan for Saskatchewan which was released December 1, 2014.

Orientation to Nursing in Canada for Internationally Educated Nurses — Program Advisory Committee — SIAST

This committee meets annually to provide a link between Saskatchewan Polytechnic and the various sectors that they serve. They provide advice and guidance to assist in determining program quality, relevance and currency.

NATIONAL ORGANIZATIONS

REGISTERED PSYCHIATRIC NURSE REGULATORS OF CANADA (RPNRC)

This group consists of the Presidents and Executive Directors from each province in which Psychiatric Nurses are regulated. They meet annually to discuss matters of national concern. The working committees of this group are the Executive Directors Resource Group (ERDG) and the Inter Provincial Group (IPG).

INTER PROVINCIAL GROUP (IPG)

This group meets quarterly in conjunction with the meetings held by the ERDG. The discussion at these meetings relate to common practice concerns, the Mutual Endorsement Agreement and other issues that may have inter-jurisdictional implications.

ASSESSMENT SERVICES INCORPORATED (ASI) – REGISTERED PSYCHIATRIC NURSES OF CANADA EXAMINATION ADVISORY COMMITTEE

This committee consists of two representatives from each jurisdiction. The mandate is to approve test materials at critical points in the test development cycle, to resolve issues and problems related to the



work of item writers groups and to report to the Client Advisory Group.

CANADIAN INSTITUTE OF HEALTH INFORMATION (CIHI)

Our organization along with our inter-provincial colleagues continue to assist this group to ensure that the information gathered about our profession is accurate and complete. In addition to attending the annual meeting with CIHI my current role is to participate as part of the Nursing Database Dictionary working group. This group consists of 2 members of each regulatory group. Its purpose is to review dictionary of information collected for submission to CIHI.

NATIONAL NURSING ASSESSMENT SERVICE (NNAS)

This non-profit corporation was established to co-ordinate a consistent national approach to the assessment of internationally educated nurses' eligibility for licensure by Canadian nursing regulators. As part of the Change Management team my role is to act as a liaison between the

NNAS and the regulatory organization to facilitate the transition. This service went live in late 2014. As of the end of 2014, there were several applicants proceeding through the application process but no completed applications have been received.

RPNC MOBILITY PROJECT

This committee has been dissolved as the Entry-Level Competency Document has been approved for use in all jurisdictions. Meetings have been held with various national stakeholders to explore the feasibility of RPN registrations East of Manitoba.

Respectfully submitted,

Candace Alston RPN
Registrar





5-Year Comparison of:

- Active Members
- New Registrations
- New Registrations via Exam

Members By:

- Branch
- Age & Gender
- Primary Employing Agency



Figure 1 — The chart compares active members from 2010-2014. With the exception of 2013, there has been a consistent decline in active practising members.

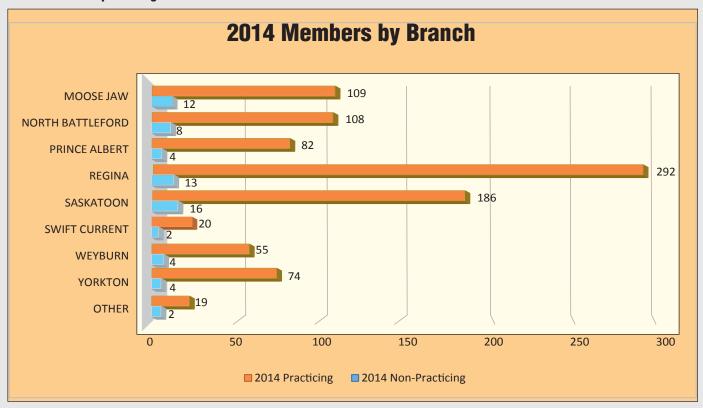


Figure 2 — The chart shows practicing and non-practicing members by branch. A notable increases in the number of RPNs in Regina, however this does not indicate an increase overall. A discrepancy in the total active in 2014 is due to those that moved within this province after the report was generated.

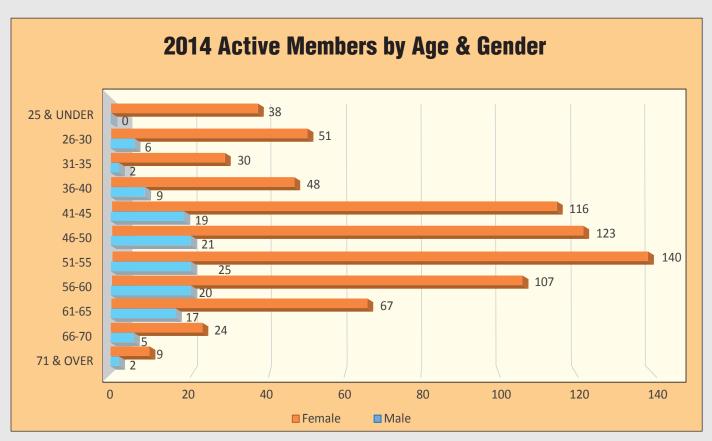


Figure 3 — This chart compares the members by age and gender. The average age of our members is 49. For a comparison with previous years, please look in our previous annual reports, available on our website.

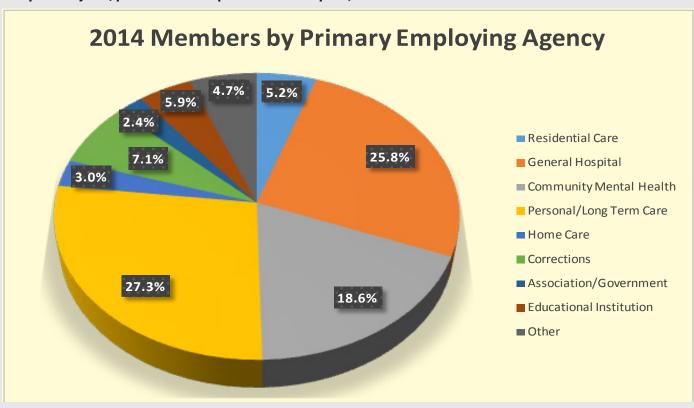


Figure 4 — This shows what percentage of our members are employed in specific agencies. These numbers have remained relatively consistent over previous years.

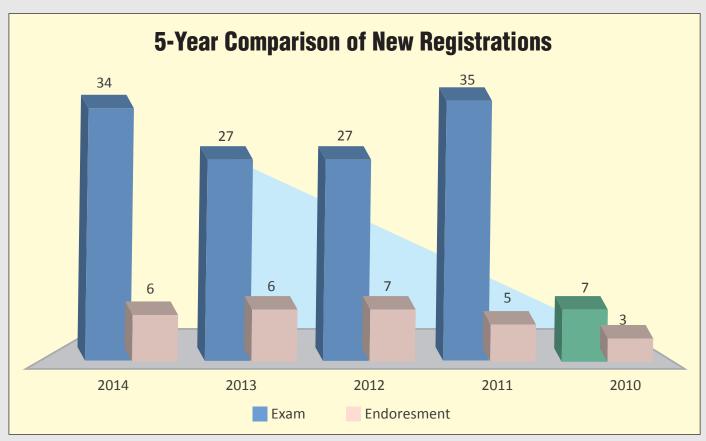


Figure 5 — This chart shows the number of new registrants we have received in a given year. Exam refers to the national RPNC Examination, endorsement means they were registered in another province and transferred to Saskatchewan.

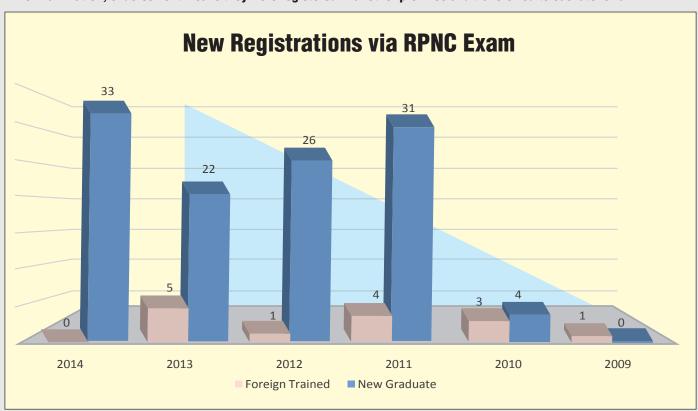


Figure 6 — This chart compares the number of people who wrote the RPNC Exam in Saskatchewan. New graduate would be from an approved education program in Canada, whereas Foreign trained refers to someone that was trained outside Canada.

Swift Current Branch
North Battleford Branch
Regina Branch

Swift Current Branch

Chairperson: Jennifer Hennig

Number of Meetings: 4

Our branch continues to meet quarterly in an effort to maintain a connection among members and discuss our thoughts and concerns as they pertain to our very special profession. The number of members in our region are few but we've developed close bonds over the years. Our activities this year are as follows.

- We have again attended the annual Career Expo and the local high school in September to promoted the psychiatric nursing profession; the response from the students was excellent!
- One member attended the AGM last June.
- One member sat on an open forum panel during Mental Illness Awareness Week in October which was very informative to the public and well received.
- Size members gathered for a Christmas dinner at a local restaurant.
- Fund raising efforts for the branch continues to be very difficult due to low membership and not meeting requirements of the municipality for non-profit status.

There were no major projects completed by the branch last year. We wish to continue our annual participation at the Career Expo to promote the Psychiatric Nursing Profession.

North Battleford Branch

Chairperson: Marion Palidwor

Number of Meetings: 10

The North Battleford Branch has been planning for our 6th annual Champions of Mental Health Awards Banquet. Most of the meetings we have had pertain solely to the organization of this endeavor. We have changed up some of the internal workings of this gala and hope these changes will broaden our reach into the community.

We have members sitting on the board of our communities Canadian Mental Health Association and those members have been actively assisting in the planning for upgrades in the CMHA building and programming. As well have been assisting with planning for Mental Health week 2015. Our branch will give the CMHA a donation towards the planned CMHA BBQ.

We have not participated in any Mental Health clinics at our local malls this past year for reasons of lack of member participation in this program. We will try to revitalize this program in this next year as we feel it is a great way to bring mental health information to our community.

A successful 5th Annual Champions of Mental Health Awards Banquet was held May 10th, 2014. Our silent auction raised \$3000.00, which we presented to the Battleford Trade and Education centre building fund.

Planning for the 6th Annual Champions of Mental Health Awards Banquet May 9, 2015 is well in the finalized stages and we are looking forward to a sell-out crowd again this year. We have great entertainment planned to round out the evening.

Our branch will go through our branch by-laws and make any necessary changes. We also plan to resurrect our Mental Health Clinics in this year, which we will aim for in the fall.



Prairie Employment Program was presented with their award by Marion Palidwor (left). Photograph by John Cairns. Courtesy of the Battleford News-Optimist.

Helmay and Arnie Loewen were presented their volunteer award by Lucy Bendall (centre). Photograph by John Cairns. Courtesy of the Battleford News-Optimist.

Regina Branch

Chairperson: Candace Alston

The Regina Branch continues to focus on renewal. We want our branch to be a vital part of the mental health community. To facilitate this renewal effort we continue to offer educational presentations and opportunities for new graduates and those who have not been involved in Branch events and activities.

The Regina Branch hosted the Annual General Meeting at the Double Tree on June 5th and 6th, 2014. There were 130 registered for the AGM & Education day. Our guest speaker was Dr. Joyce Mikal-Flynn who spoke on a strengths based framework that she dubbed the Metahabilitation Model.

Number of Meetings: 4

Students from Saskatchewan Polytech that attending the 2014 Annual Meeting & Education Day hosted by the Regina Branch.





Several members from the Regina Branch planning committee that helped put the Annual General Meeting & Education Day together. Left to Right: Shiela Moore, Angie Craig, Caroline Hoffart, Roberta Jors, Sue Myers, Kathy White, Sue Field

Attendees enjoying the 2014 Annual General Meeting.

Our first event was the Meet and Greet for 1st year Psychiatric Nursing Students who were introductions to champion psychiatric nurses. There were several skilled and interesting RPNs who answered our request to share their knowledge with the 1st year students - Bill Horbach, Byron Nurse, Marlin Marynick, Paul Hodson, Dev Francis and Jerry Fitzgerald. These are a group of very committed male RPNs who spoke of their amazing experiences as psychiatric nurses.

The branch held a social event at the Olive Tasting Room in December which was very well attended. We had an opportunity to make new acquaintances and renew old friendships while enjoying the tasty pairing of olive oils and balsamic vinegars.

In January we had a presentation by Dr. Dave Malloy, who spoke to us about maintaining person-hood when there is diminishing cognitive capacity. It was titled "Am I Still Me?". Dr. Ann Bellows presented on Transgender Health at the May meeting.



Professional Conduct Committee

Discipline Committee

Education Committee

Nomination Committee

Professional Conduct Committee

Chairperson: Delores Maduke

Number of Meetings: 3

Three complaints remained ongoing from 2013. On was referred for ADR (Alternate Dispute Resolution) and a training module advised. The investigations from the other two remain ongoing.

There were a total of twelve complaints for 2014. Four of these complaints required no further actions. One cautionary letter was sent and one was referred for ADR with completion of a module on medication and the elderly. Six are in the process of investigation remain ongoing.

This year, the usage of an online system for complaints is being undertaken with training and demonstrations expected soon. This will minimize the usage of paper and allow all members of the committee ease of access to the necessary files.

Discipline Committee

Chairperson: Theresa Girardin

Number of Meetings: 0

No hearings were held in 2014 and there are currently none pending. Thank you very much to all commitment members – the time and commitment that is contributed is much appreciated. Our committee will continue to hold hearings as is required.

Nominations Committee

Chairperson: Candace Alston

Number of Meetings: 1

An election was not required in 2014 as we did not receive enough applicants for council to warrant one.

Education Committee

Chairperson: Roberta Jors

Number of Meetings: 1

A partial committee met last spring; those present were Syd, Karen, Candace and myself; regrets from; Lance, Dellina, Linda, Tania, and Geraldine.

This past year the committee reviewed last year's old business and did the work of the committee for the year. Old business included information that had been requested for attendance at a conference was received which it had been and the funding was awarded. The follow up requested for the previous 2 years audits which were both conducted in 2013 was received and audits completed.

We awarded the Terry Christiansen Memorial Bursary to Ezra James Paul. He was also the successful applicant for the Psychiatric Nursing Program Student Bursary Year III.

There were 2 member applications for the special education fund and each were awarded \$300.00.

25 members were audited and 4 required further information. A suggestion to Candace - registrar to include clarification of what is expected for an audit be included in next year's random picks as most of the further information seemed to be a result of perhaps not understanding what was being asked for; this has been a trend.

2016 Proposed Budget

2014 Financial Audit

2016 RPNAS Proposed Budget

Revenues	
Annual Fee Practicing	531,200.00
Annual Fees Non Practicing	3,000.00
Temporary License	2,000.00
Registration fees	1,500.00
Interest Income	11,000.00
Liability insurance	5,810.00
Registration examinations	3,000.00
Miscellaneous	3,000.00
Total Revenues	560,510.00
Expenditures	
Expenditures Part A	
Office Insurance	750.00
Salaries	305,000.00
Employee Benefits	55,000.00
Taxes	6,000.00
Telephones	3,000.00
Postage/Bank Changes	3,000.00
Office Supplies	10,000.00
Accounting/Audit	12,000.00
Printing Costs	3,500.00
Executive Director Expenses	12,000.00
Staff Development	1,500.00
Computer Support	3,000.00
Utilities	12,000.00
Total	426,750.00

Statutory Functions	
Council Meetings	10,000.00
Council Insurance	2,500.00
Council Honorarium	4,000.00
Council Development	2,000.00
Disciplinary Hearings	10,000.00
Professional Conduct Legal	10,000.00
PCC Chair Honorarium	500.00
Discipline Chair Honorarium	500.00
Registrar Travel	12,000.00
Election	1,400.00
International Conference	10,000.00
Total Statutory Functions	62,900.00
Representative Activities / Services	
Provincial Student Resources	1,000.00
Special Education Fund	3,000.00
Bursaries/Scholarships	8,000.00
Membership Fees	3,500.00
Delegate Expenses	1,500.00
Executive Travel	3,000.00
Total Representative Activities / Services	20,000.00
Membership Services	
Annual Meeting	6,000.00
Liability Insurance	6,230.00
RPN NEWS	1,000.00
Annual Report	4,500.00
Public Relations	8,000.00
Total Membership Services	25,730.00
Total Expenditures Part A	535,380.00
Expenditures Part B	
	5 500 00
Statutory Committees	5,500.00
(Legislation, Professional, Conduct, Discipline, Nominations)	
RPNRC	4,000.00
Special Projects/RPNP/Program Approval	15,630.00
Total Expenditures Part B	25,130.00
Total Expenditures	560,510.00



Financial Statements

December 31, 2014

December 31, 2014

CONTENTS

	raye
Financial Statements	
Independent Audit Report	1
Statement of Financial Position	2
Statement of Operations	3
Statement of Unrestricted Net Assets	4
Statement of Cash Flows	5
Notes to the Financial Statements	6



FRANK E. GARRETT, MBA, CPA, CMA

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INDEPENDENT AUDITOR'S REPORT

April 15, 2014

To the Board of Directors

Registered Psychiatric Nurses Association of Saskatchewan

I have audited the statement of Financial Position of Registered Psychiatric Nurses Association of Saskatchewan as at December 31,2014 and the Statements of Operations, Statement of Unrestricted Net Assets and Cash Flows for the year then ended. These financial statements are the responsibility of the company's management. Our responsibility is to express an opinion on these financial statements based on our audit.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian CPA Accounting Standards for Not-for-Profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility

Our responsibility is to express opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. These standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for audit opinion.

Opinion

In my opinion, these financial statements present fairly, in all material respects, the financial position of the company as at December 31, 2014 and the results of its operations and cash flows for the year then ended in accordance with Canadian CPA Accounting Standards for Not-for-Profit organizations.

Frank E. Garrett MBA, GPA, GMA

Statement of Financial Position

December 31, 2014

	Note	2014	2013
Assets			
Current Assets			
Cash	2. \$	497,818 \$	499,822
Accounts receivable, net of allowances		2,800	4,263
Prepaid expenses		19,304	18,134
Total Current Assets		519,922	522,219
Long term investments	5.	499,486	449,969
Property, plant and equipment, net of accumulated amortization		93,986	96,241
Total Assets	\$	1,113,394 \$	1,068,429
Current Liabilities Accounts payable and accrued liabilities Deferred revenue	\$ e.	31,286 \$ 530,499	30,435 453,003
Total Current Liabilities		561,785	483,438
Equity			
Contingency Reserve Fund		127,352	127,352
Investment in capital assets		93,986	96,241
Bursary Reserve		48,046	42,446
Unrestricted Net Assets		282,225	318,952
Total Equity		551,609	584,991
Total Liabilities and Equity	\$	1,113,394 \$	1,068,429

Approved on Behalf of the Board;

Marie liano for

The accompanying notes are an integral part of these financial statements.

Statement of Operations

For the Year Ended December 31, 2014

	2014	2013
Revenue		
Non-active fees	\$ 3,330 \$	3,100
Licensing fees	555,044	547,096
Interest income	17,867	16,149
Other revenue	7,015	9,153
Member's liability insurance	6,153	6,258
Administration fees	4,947	4,780
Promotional	1,546	246
Total revenue	595,902	586,782
Operating expenses		
Advertising and promotion	3,742	1,642
Council and membership meetings	19,673	29,337
Amortization of tangible assets	2,255	5,648
Employee benefits	42,089	49,948
Insurance-professional liability	6,285	6,258
Insurance-office	2,575	3,586
Interest and bank charges	4,271	2,570
Memberships and licenses	3,881	2,345
Office expenses	27,099	31,187
Professional fees	11,992	15,789
Property taxes	6,429	5,803
Committees	23,436	20,606
Repairs and maintenance	11,469	13,890
Salaries and wages	303,870	296,223
Training	18,545	10,122
Membership development	18,808	40,982
Travel expenses	10,059	6,529
Utilities	10,322	9,846
Donations	650	1,025
Discipline hearings and professional conduct	47,798	46,018
Promotional	 16,199	15,030
Total operating expenses	591,447	614,384
Revenue over expenses	\$ 4,455 \$	(27,602)

The accompanying notes are an integral part of these financial statements.

Statement of Unrestricted Net Assets

For the Year Ended Wednesday, December 31, 2014

	2014	2013
Contributed and other surplus	\$ 318,952 \$	291,757
Net income (loss)	4,455	(27,602)
Transfers from (to) restricted funds	(41,182)	54,797
Ending Balance-Unrestricted Net Assets	\$ 282.225 \$	318.952

The accompanying notes are an integral part of these financial statements.



Statement of Cash Flows

For the Year Ended Wednesday, December 31, 2014

	Note	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES:			
Cash received from contributions	\$	5 48, 6 48 \$	606,494
Cash received from unrestricted investment income		17,867	16,149
Cash paid for program service expenses		(244,405)	(222, 195)
Cash used for Council and Committee exepnses		(42,579)	(44, 122)
Bursaries and other payments awarded		(4,822)	(5,070)
Cash paid to employees		(300,130)	(296,223)
TOTAL CASH FLOWS FROM OPERATING ACTIVITIES		(25,421)	55,033
CASH FLOWS FROM INVESTING ACTIVITIES:			
Proceeds from sale of available for sale securities		-	360,000
Purchase of long-term investments, net		(50,000)	(503,066)
Proceeds on disposal of long-term investments		62,500	56,536
NET CASH USED BY INVESTING ACTIVITIES		12,500	(86,530)
CASH FLOWS FROM FINANCING ACTIVITIES:			
OTHER ACTIVITIES:			
Cash and cash equivalents at beginning of year		510,740	531,319
Cash and cash equivalents at end of period	\$	497,819 \$	499,822

Notes to the Financial Statements

For the Year Ended December 31, 2014

1. Significant Accounting Policies

The Registered Psychiatric Nurses Association of Saskatchewan (the "Association") is the professional Association with regulatory authority for the registration and licensing of psychiatric nurses in Saskatchewan and is incorporated under a Special Act of Saskatchewan. The Association is exempt from income tax under paragraph 149(1)(1) of the Federal Income Tax Act.

Property, plant and equipment

Property, plant and equipment is carried at cost. Depreciation is calculated using the straight-line method over estimated useful lives ranging from:

Rate

Buildings	20 years
Furniture and equipment	3-5 years

b. Impairment of long lived assets

The Association assesses impairment of all of its financial assets measured at cost or amortized cost. The Association groups assets for impairment testing when there are numerous assets affected by the same factors. Management considers whether there has been a breach in contract, such as a default or delinquency in interest or principal payments in determining whether objective evidence of impairment exists. When there is an indication of impairment, the Association determines whether it has resulted in a significant adverse change in the expected timing or amount of future cash flows during the period. If so, the Association reduces the carrying amount of any impaired financial assets to the highest of: the present value of cash flows expected to be generated by holding the assets; the amount that could be realized by selling the assets; and the amount expected to be realized by exercising any rights to collateral held against those assets. Any impairment, which is not considered temporary, is included in current period excess (deficiency) of revenues over expenses.

The Association reverses impairment losses on financial assets when there is a decrease in impairment and the decrease can be objectively related to an event occurring after the impairment loss was recognized. The amount of the reversal is recognized in the excess of excess (deficiency) in the period the reversal occurs.

Reserves

Contingency Reserve:

The contingency reserve represents an amount established by the Governing Council for the purpose of

6



Notes to the Financial Statements

For the Year Ended December 31, 2014

1. Significant Accounting Policies continued

c. Reserves continued

providing for unexpected events. The interest earned on funds established for the contingency reserve remains as part of the general operation of the Association.

Bursary Reserve:

A bursary reserve was established by the Governing Council for the purpose of providing bursaries each year. Interest relating to the bursary reserve is allocated to the operating surplus, and bursary awards are charged to the reserve annually.

d. Financial instruments

The Association recognizes its financial instruments when the Association becomes party to the contractual provisions of the financial instrument. All financial instruments are initially recorded at their fair value, including financial assets and liabilities originated and issued in a related party transaction with management.

At initial recognition, the Association may irrevocably elect to subsequently measure any financial instrument at fair value. The Association has not made such an election during the period. Cash, accounts receivable, short-term investments, long-term investments, and accounts payable and accrued liabilities have been designated to be subsequently measured at their fair value. Fair value is approximated by the instruments' initial cost in a transaction between unrelated parties. Transactions to purchase or sell these items are recorded on the settlement date.

The Association subsequently measures investments in equity instruments quoted in an active market at fair value. Fair value is determined by the instruments' initial cost in a transaction between unrelated parties. Investments in equity instruments not quoted in an active market and derivatives that are linked to, and must be settled by delivery of, unquoted equity instruments of another entity, are subsequently measured at cost less impairment. All financial assets and liabilities are subsequently measured at amortized cost.

e. Revenue recognition

Licensing fees, both active and non-active, which are based on a calendar year, are recognized as revenue in the fiscal year that they are applicable to. Deferred revenue represents fees received during the year that relate to the next fiscal period. All other revenue is recognized when earned.

f. Use of estimates

7

Notes to the Financial Statements

For the Year Ended December 31, 2014

1. Significant Accounting Policies continued

f. Use of estimates continued

The preparation of financial statements in conformity with Canadian Accounting Standards for Not-for-Profit Organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Amortization is based on the estimated useful lives of the capital assets.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary they are reported in excess of revenues and expenses in the periods in which they become known

g. Fund accounting

Two funds are maintained: Operating Surplus Fund and Investment in Capital Assets Fund.

The Operating Surplus Fund is used to account for all revenue and expenditure related to general and ancillary operations of the Association.

The investment in Capital Assets Fund is used to account for all capital assets of the Association and to present the flow of funds related to their acquisition and disposal, unexpended capital resources and debt commitments.

2. Cash and short term savings

Cash and cash equivalents consist of the following:

	2014	2013
Cash (bank chequing and savings)	\$ 497,818 \$	499,822

3. Property, plant and equipment

Property, plant and equipment consist of the following:



Notes to the Financial Statements

For the Year Ended December 31, 2014

3. Property, plant and equipment continued

				2014	2013
	Cost	Accumulated Depreciation		Net Book Value	Net Book Value
Land	\$ 38,250	\$ -	\$	38,250	\$ 38,250
Buildings	141,990	(101,210)	40,780	42,479
Machinery, equipment, furniture and fixtures	 107,077	(92,121)	14,956	15,512
Total	\$ 287,317	\$ (193,331) \$	93,986	\$ 96,241

4. Credit risk

Credit risk

The Association does not face significant credit risk exposure. The fair values of items that meet the definition of financial instruments approximate their carrying values. These items include accounts receivable, notes receivable and short-term debt.

Fair value

The carrying amount of the Association's financial instruments approximates their fair value due to their relatively short-term maturity, except for long-term investments which are recorded at their fair value, determined by reference to published bid price quotations in an active market

Interest rate risk

Interest rate risk is the risk that the value of a financial instrument might be adversely affected by a change in the interest rates. Changes in market interest rates may have an *effect* on the cash flows associated with some financial assets and liabilities, known as cash flow risk, and on the fair value of other financial assets or liabilities, known as price risk. The Association is exposed to interest rate risk primarily relating to its marketable securities and long-term investments

5. Long-term investments

		2014	2013
Cash	-	\$ 74,178 \$	53,679

Notes to the Financial Statements

For the Year Ended December 31, 2014

5. Long-term investments continued

		2014	2013
Canadian corporate bonds maturing at dates ranging between June 2015 and March 2021 (December 2011 - June 2015 and March 2021), with interest rates at varying rates ranging from 4.450% to 6.250%		421,427	389,040
Equity		3,881	-
otal	\$	499,486 \$	442,719

6. Pension

Employees of the Registered Psychiatric Nurses Association of Saskatchewan participate in the Saskatchewan Healthcare Employees' Pension Plan (SHEPP). The plan is a defined benefit plan and the pension benefits and assets are for all members of the plan and are not segregated by participating organization. Both the employer and employee contribute to the plan. The Association remits the contributions monthly, based on the contribution rate provided by SHEPP, which totaled \$ 19,285 for the year (December 2013 -\$25,852).

Although the plan is a defined benefit plan, the Corporation's financial obligation is limited to contributions in respect of employees' current service.

Contribution rates are as follows:

December 31, 2014 -8.10% (December 31, 2013 -7.70%) of pensionable earnings up to the yearly maximum earnings (CPP) plus 10.70% (December 31, 2013 - 11.00%) of pensionable earnings above the yearly maximum earnings (CPP).

7. Commitments

The Organization also has entered into various lease agreements for office equipment with estimated minimum annual payments as follows:

2014	8,520
2015	9,036
2016	9,036



This publication is also available on our website www.rpnas.com



REGISTERED
PSYCHIATRIC
NURSES
ASSOCIATION OF
SASKATCHEWAN

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