K. Dryden-Palmer called the meeting to order at 0900 hrs.

1.0 Welcome

2.0 Agenda and Minutes Approval
The agenda was approved as distributed.

3.0 Something Fun
L. Parker led the group with a fun warm up exercise.

4.0 Questions to the BOD Reports: Brief Updates
4.1 President - K. Dryden-Palmer highlighted some areas from her annual report for 2014-2015. Her theme as president has been Together We Can. The Board of Directors worked to advance the strategic plan, sustained work with partners, and provided education products to members.
4.2 Membership - L. Parker reported that the membership on April 1, 2015 was 1314. There are no student members. Certifications – initial 67, renew 21 (adult) and initial 3, renew 6 (pediatric).
4.3 Treasurer – R. Mazur reported that CACCN is in a solid financial position with a balanced budget.

4.4 Awards – B. Fagan reported that CACCN lost 2 sponsors but the organization paid for those 2 awards. All awards are awarded this year. There was a new award – Sage Poster Bursary. Will be revising the Editorial Awards.

4.5 Publications – The name of the journal changed to The Canadian Journal of Critical Care Nursing.

Dynamics – Next Dynamics is in Charlottetown, PEI. Then Toronto 2017. Saskatoon is under review for 2018. The Board is considering revising the schedule to Halifax, Toronto, Calgary.

5.0 New BOD Structure/ BOD Guiding Principles

The new structure of the Board of Directors was discussed with “committees” described. The BOD shared their guiding principles when meeting:

- Say what needs to be said. No outside negative conversations.
- Creating an environment that is respectful, open, and safe.
- Unified decisions and support each other.
- All are equal.
- Trust in people’s ability to do the role.
- When given a role, come prepared and ask for help if needed.
- No judgement.

6.0 Committee Profiles

There are no longer Directors with portfolios on the BOD. Rather the structure has changed to committees based on the mission statement. Terms of reference have been developed for each committee and each Committee Chair briefly reviewed their committee’s purpose.

- Finance – R. Mazur
- Member relations – L. Parker
- Partner relations – K. Bouwmeester
- Professional development – B. Fagan
- Communications – R. Chauvin
- Dynamics – C. MacDonald

There was open discussion and feedback from the Chapter presidents. Chapters will have more access to the BOD.

7.0 Perspective Shifting Exercise

C. MacDonald guided all through a perspective shifting exercise.

8.0 Working Groups

Break out session into working groups with each committee to discuss:

- Expectations of the committee
- Factors that will impact/influence the work
- How will the committee move forward

9.0 Present Work Plans/Timelines with Main Group

9.1 Member relations –
• Expectations – increase communication with all members, increase networking, increase ability/opportunities to connect, develop strategies for recruitment
• Factors – work/life balance, finances, time, level of engagement, increase engagement from employers
• Moving forward – connect with educational programs, connect with employers, face to face with nurses in units, possible lottery, open teleconference with chapter executive, mini chapter connections day, road show, challenge, plaque idea, what have other chapters done, how reach other critical care nurses (e.g., pediatrics, NICU), resources to advertise CACCN

9.2 Professional development –
• Expectations – Dynamics, certification, education, journal, standards, responsive to members’ needs, education in different modalities, incentives, access to Dynamics for more members (e.g., taping sessions), current trends and best practices, subspecialties, novice to expert, interprofessional
• Factors – time, distance, resources, finance, support, come out of comfort zone, advertise, sponsors, learning strategies, focus
• Moving forward – needs assessment (survey email and paper), repository of existing standards of practice, endorsement of curriculum of post basic programs, need to form the committee first, who owns certification? CNA? Do our own?

9.3 Communications
• Expectations – improve communication, exchange of information, means of getting in touch, hard to recruit and attendance at Dynamics is down, work with employers, communicate the value, create list of all employers, survey employers, plan education sessions together with employers
• Moving forward – website, bulletin, support the chapters, bilingual issues, communication with the public

9.4 Partner relations
• Expectations – to solidify and network with partners, get new partners, help chapters with partnerships, focus on new grads and with universities and CC programs, look at the “competition”, partner with other associations
• Factors – hospital policies re: sponsorship
• Moving forward – who are our partners, change name to partners communication, be resource to chapters, get list of partners, employers, educators

9.5 Finance
• Expectations – financial stability
• Factors – will be influenced by committees
• Moving forward – each committee will have a budget, distribute resources to support chapters

9.6 Dynamics
• Expectations – open to new ideas, who is leader, how join, role clarity
• Factors – time commitments, what if change the conference and it doesn’t work, how recruit, conflict issues
• Moving forward – determine how to work together, tap into resources, mastery, look at other conferences and check them, stay on budget

There will be a call out for members for these committee on October 1, 2015.

10.0 Something Else Fun
   Counting to 20.

11.0 Chapter Presidents’ Work Shop
11.1 Nuts and bolts of chapter leadership
• Very dedicated members
• Challenge trying to engage members
• Members tend not to attend education sessions and sometimes have more non-members
• Surveys have been done
• Challenge with recruitment – present an award to new CC grad
• Other local groups also offering education sessions
• Great executive but struggle with recruitment and engagement
• Others try to recruit new grads
• Lots of education competition with other events
• Personal recruitment
• Leadership – modelled what previous exec did
• If have a strong leadership it is often daunting for new people to feel he/she can take it on
• Another challenge is an executive that changes frequently
• Challenge with getting representation from centres at a distance.
• Some chapters do an education session and then have the AGM and call for members
• One strategy is to have conference call
• Some have had co-presidents. Can be very challenging with roles and meeting timelines
• What if no one is nominated when an executive member wants to step down?
• Go out and contact people personally
• Charge for events – costs vary for members and non-members
• Sponsorship varies
• Some charge a nominal fee and reimburse when come
• Regional differences

11.2 AGM 101
• An AGM is required
• Purpose to elect the executive, review the financials, and provide a forum for discussion.
• Requirements – hold once per year, no later than 6 month after the end of the fiscal year, need to give notice, quorum is 2.5% of the membership, follow rules of order, provide copy of last year’s minutes, report from president and treasurer, nominations for elections, discuss what you’ve done and plan to do
• Tips for success – combine with an educational event, show off fundraising things, talk about it, seek nominations early, use a template
• Discussion – try during an event, try with dinner and a speaker, at the chapter level does not need to be too formal

11.3 How to hold an education event
• Plan well in advance
• Plan budget – determine venue, meals, etc.
• Review previous events
• Decisions about topics, look at previous evals and current trends and population
• Make accessible
• Education updates in newsletters
• Pool from resources for topics and speakers
• Challenge with pediatrics
• Outreach strategies – travel to distant centres
• Some have themes or different streams
• Advertising – posters, newsletters, website, email, posters on units, use former executive to sponsor nurse
• Contact vendors on a regular basis

11.4 Engaging stakeholders (experiences of Montreal chapter)
• Identify who the stakeholders are and communicate with them
• Identify hospital liaisons and use as communicators and volunteers and room bookers, find speakers (experts)
• Contact vendors for sponsorship
• Ask for sponsorship well in advance
• Talk to new staff about CACCN
• Engage people through CNA study groups
• It is time intensive at first but pays off
• Start collaborating with community – if serving food have them pay
• Involved with a charity (Hungry Box)
• Canadian Intensive Care Week – spent time on each unit (gained a lot of new members)
• People tend to respond to face to face

12.0 Physician Assisted Death survey – Tabled

13.0 Outstanding Items
• Certification – there is a lot of confusion between roles of CACCN vs CNA. CNA worried about decreased numbers in some specialties (especially peds critical care). CACCN’s role is supportive. We do not drive the exam. We review the exam, not necessarily item writers. CACCN is a member of the Canadian Network of Nursing Specialties.
• The future of certification is uncertain.
• There is no certification this year as the exams are going online. Registration for writing the exam in 2016 will be in April 2016 with exam writing in the fall 2016.

14.0 Adjourned at 1700 hrs.

Recorder:

Paula Price
Editor, The Canadian Journal of Critical Care Nursing