CNA Board of Directors Report
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Thank you, Karima [Velji], and special thanks to Chantal [Backman] and Barb [Shellian], our president-elect candidates. We look forward to hearing more from you later on.

I will now begin the 2013 board of directors report. Hard copies of CNA’s annual report are available in your kits. For those of you on webcast, you can access the report from the participant materials links beneath the webcast window. At the end of this presentation, we will take a few minutes for questions.

To start, it is important to me to thank a few people.

First, thank you so much to my employer, Ontario Shores Centre for Mental Health Sciences, and in particular Karim Mamdani, CEO, and Mary Rose Bouwman, my executive assistant. Simply put, I could not have carried out this meaningful role without their constant support and understanding of my many absences and frequent pronounced distractedness! I am enormously grateful!

I also extend my thanks to CNA’s board of directors. You have demonstrated commitment and courage in your governance role for CNA and our profession. Today’s proceedings reflect deep thought, impassioned debate and strong resolve to position CNA for continued success and sustainability in the years to come.

Special thanks go to incoming president, Dr. Karima Velji. Karima, it has been a pleasure working with you these past couple of years. I know that your strategic and visionary leadership will further strengthen and inspire CNA in your term as president.

I have received tremendous support from CNA staff members during my four years at CNA. To all at CNA House, thank you for your dedication to the nurses of Canada, for being such gracious and caring ambassadors for CNA, and for all of the time, talent and thought you have each so generously shared with me.

Lastly, thank you to all of you — the members of the Canadian Nurses Association. Your engagement with your association and with our profession of nursing is what fuels and inspires the work we do and gives CNA the power and voice to make a difference in the health of all Canadians.

Today’s board report will focus on three areas:

1. Leadership
2. Advocacy
3. Membership

In 2012, at CNA’s last biennial convention, the National Expert Commission (NEC) released its report, A Nursing Call to Action. As incoming president, I committed to do everything possible, together with the CNA team, to bring the recommendations to life. Today I’m proud to report favourable progress on a number of key NEC recommendations.

The primary activity in CNA’s NEC action plan was to champion the Top 5 in 5, a list of priority goals addressing the health status of Canadians and the performance of the health system:

- Increasing the percentage of primary care practices offering after-hours care
- Increasing chronic disease case management and navigational capacity in primary care
• Increasing Canadians’ access to electronic health information and services
• Reducing hospital admissions for uncontrolled diabetes-related conditions
• Reducing the prevalence of childhood obesity

CNA convened different stakeholders for a consensus conference to establish the goals in June 2013. From there we completed a final report and action plan. We’ve created the Caring Ahead series to elaborate on the priority goals with recommendations on moving them forward. The series will be released later in 2014, after we collect some initial feedback from nurses during this convention.

Another key activity of CNA’s NEC action plan was furthering our Health in All Policies agenda. After much consultation and research throughout 2013, CNA is implementing a Health in All Policies action plan that aims to build public awareness and garner support among public, private and non-governmental organizations for the adoption of a Health in All Policies approach.

Nurses, especially those here in Manitoba and in Saskatchewan, may be familiar with recent outbreaks of tuberculosis, which have been linked to poor ventilation and mould in homes. This is a prime example of where a government policy can affect our health. So, when CNA was invited to present during the federal government’s budget consultations, we helped them understand the very real consequences of unsafe or unstable housing. And we helped them understand how they could create positive change for so many people’s health by making safe housing a priority. Our Health in All Policies National Action Plan is available online at cna-aiic.ca.

As part of our NEC action plan, we have also been working on a quality/safety agenda with the Canadian Federation of Nurses Unions (CFNU), in collaboration with Accreditation Canada, the Academy of Canadian Executive Nurses, and the Canadian Patient Safety Institute. CNA and CFNU, along with these organizations, came together in December 2013, where the group worked on identifying how to best enable quality and safety in patient care, established the priorities to act on and created a framework with which to guide our future efforts.

The priorities include:

1. Empowering patients and the public through education
2. Supporting nursing students and nurses to enhance how quality care and patient safety is integrated into education, orientation and mentorship
3. Promoting evidence-based nurse staffing practices
4. Advancing strong nursing leadership, a key enabler of quality care and patient safety

I must say that I’m particularly proud of this project. It can be easy to gloss over terms like quality care and patient safety because they’re so ubiquitous in our field. So let’s pause to acknowledge that this work is helping people. It’s helping make sure that people, people like you, me, our families and neighbours, can benefit from better care and better health.

Other work in progress includes: nursing and aboriginal health and a national nursing education task force.

CNA is a proud supporter of the North American Indigenous Games and has been working with the Aboriginal Nurses Association of Canada and the Saskatchewan Registered Nurses’ Association to promote health and well-being among aboriginal athletes, aspiring athletes and others attending the
games. Our focus during the games, taking place in July in Regina, will be preventing chronic disease.

In May, CNA and the Canadian Association of Schools of Nursing published a report with our vision for the future of nursing education, conceived during a national nursing education summit that brought together educators, regulators, practitioners and students. This vision provides a platform upon which we can work together to create a national education strategy that will transform nursing and nursing education in Canada for our constantly evolving health-care system of today.

All of these projects together, though, represent CNA and RNs leading a force for change, for all Canadians. They represent a concrete and comprehensive implementation of the NEC recommendations, and they’re a testament to what can be achieved through collaboration and informed goal setting.

I extend my thanks once again to NEC co-chairs, Marlene Smadu and Maureen McTeer, and the outstanding Canadians who served as NEC commissioners.

The second area this report examines is advocacy. One of our goals is to shape and advocate for healthy public policy provincially/territorially, nationally and internationally.

Every year, we speak of the success of our annual Hill Day where CNA’s board meets with federal MPs and senators. The continued success of this event has led to a greater profile for CNA and for registered nurses with Canada’s elected leaders. These days, CNA is consistently invited to make parliamentary committee presentations and join in on consultations — giving us a direct channel through which we champion change with our country’s leaders.

Prominent issues in 2013 included

- healthy aging and seniors care;
- improved access to supervised injection sites and other harm reduction measures;
- health benefits for refugees;
- income inequality; and
- the prevention and treatment of prescription drug abuse, to name but a few.

I’d like to be able to report today that the government has readily acted on all of these issues, but the pace of parliamentary change, as you might appreciate, requires patience. It also requires relentless perseverance! We’ve already had a busy schedule with government this year, and we look forward to continuing our work with them to improve health and health care in Canada. Change, especially on a nationwide health-care system scale, is incremental, but our commitment remains for the long-term.

This third and final section of the report is about membership. This topic might seem like quite a departure from the policy work I just spoke of, but they are indeed connected.

CNA’s valued and credible voice with other health-care providers, governments and the public is made possible because of our strong and collaborative profession.

Recently, there have been a few developments that affect CNA as a member association. However, at 106 years old, we’re accustomed to navigating shifts in course.
In our third year of having a redefined relationship with RNs in British Columbia, I am proud of how our continued work and support has ensured that the professional voices of B.C. nurses remains strong. When the College of Registered Nurses of B.C. (CRNBC) withdrew from CNA in 2011, a group of highly engaged nurses came together to establish the Association of Registered Nurses of B.C. to carry on the advocacy torch. I hasten to add that our success in B.C. is also due to the collaborative and courageous leadership of Cynthia Johansen, CEO of the College of Registered Nurses of B.C., and the CRNBC board. To Cynthia and the CRNBC council I extend my profound thanks. Your collaboration in assuring that the pillars of both regulation and professional practice remain strong in B.C. has been transformative.

Recent legislative changes in Manitoba required a response and plan from CNA’s board. As the new Regulated Health Professions Act will restrict the advocacy arm of [the College of Registered Nurses of Manitoba] CRNM, a group of Manitoba RNs has already come together to carry on the professional voice. And, as in B.C., we are encouraged by the progress thus far.

Lastly, CNA is working with the Registered Nurses’ Association of Ontario as it implements its board’s decision to give its members a choice about CNA membership, beginning in November of this year.

All these changes and more are part of an organization’s history, but our central focus — as always — remains on our members and the mission and mandate you have entrusted to us. One common element among all three of these situations is that RNs made their voices heard in demanding the continuation of a strong and meaningful connection to CNA. Thank you to the nurses in B.C., Manitoba and Ontario for your engagement and advocacy for a strong and sustainable CNA. Your voices of support brought joy and hope and have enabled new possibilities.

Later this morning, CNA will present a complete set of new bylaws for consideration for approval by today's voting delegates. These new bylaws are a culmination of years of work that started when the federal government announced changes to the legislation governing Canadian not-for-profits. I firmly believe that what we have to present today empowers CNA to maintain relevance and sustainability while giving RNs in every province and territory an authentic voice.

One of my proudest moments of this process was during our AGM last year when voting delegates approved the inclusion of the family of nurses, including retired and independent nurses, and assigned voting rights to our students during AGMs. Earlier this year, at our special electronic meeting, you — our members — gave your approval for a revised voting rights model that more equitably recognizes the voice of each of our valued jurisdictions. I look forward to our bylaw discussion later today.

Well, I’ve come to the end of this 2013 board report, which I have been privileged to present on behalf of my board colleagues. I offer special thanks to the many individuals and groups that have made this work possible: CNA staff, our nursing colleges and associations and their teams, and of course, our RN members.

My term as president of CNA and chair of this board comes to a close on Wednesday. It has been an amazing journey, and I am deeply grateful for the opportunities to meet and work with so many of you as we collectively upheld and advanced CNA and for the warm memories I will always carry.

I now open the floor for questions and comments.