CANADIAN ASSOCIATION FOR RURAL AND REMOTE NURSING

Annual General Meeting
June 18, 2006
1115 – 1230 hours
Sheraton Hotel
Saskatoon, Saskatchewan

Dial in Participants – please dial in at 1100 hours Saskatchewan time

AGENDA

1. Call to order and welcome

2. Introductions and roll call
   • Conference call participants

3. Adoption of the agenda

4. Review of work from June 2004 to June 2006
   • Recognition of CNA support and consultation
   • Annual report – attached
   • Reports
     o Membership
     o Treasurer
     o Newsletter

5. Amendment of bylaws
   (attached)

6. Report of Nominations Committee and call for nominations from the floor
   • President Elect
   • Secretary
   • Treasurer
   • Membership Coordinator
   • Newsletter Editor

8. Website
   Need for list serve?


10. ICN Mobile Library Project (information attached)

11. Date of next meeting
    • June 2008

12. Adjournment
ANNUAL REPORT

GROUP
Canadian Association for Rural and Remote Nurses (CARRN)

HISTORICAL PERSPECTIVE
From time to time Canadian rural nurses have discussed the possibility of creating a national interest group for rural and remote nurses. In 2002, a group of Canadian nurses with a sincere interest in rural and remote nursing determined that work needed to be done to make this possibility a reality. It was proposed that a logical way to organize would be through the emerging group membership structure of the Canadian Nurses Association. Over the course of two years, the small group of nurses implemented a variety of strategies to connect with rural and remote nurses across Canada to assess and generate interest with nurse colleagues for a national group that would connect nurses practicing in rural and remote settings.
In 2003, the Canadian Association for Rural and Remote Nursing (CARRN) achieved emerging group status under the auspices of the Canadian Nurses Association (CNA) and held the first general meeting in June 2004. Bylaws were adopted at that time and an Executive Committee was elected in November 2004. CARRN has a membership of over 100 nurses from across the country – from sea to sea. A list serve and website have been initiated for nurses to connect with each other on issues of policy and practice and a regular newsletter will be provided for members.

GENERAL STRUCTURE
Bylaws have been adopted by the membership and an Executive committee has been elected. The members of the Executive Committee are:

President
Barbara Shellian
Canmore, Alberta

Secretary
Julianne Sanguins
Winnipeg, Manitoba

Treasurer
Meg McDonagh
Cochrane, Alberta

Membership Coordinator
Debi Matias
Winnipeg, Manitoba

Newsletter Editor
Carol Ulliac
Atmore, Alberta
OBJECTIVES
Objectives of CARRN include:

- To promote the development and dissemination of standards of practice
- To facilitate communication and networking
- To present the views of the CARRN to government, educational, professional and other appropriate bodies.
- To explicate the evolving roles and functions of rural and remote nurses
- To identify and promote educational opportunities
- To promote the conduct and dissemination of research
- To collaborate with the key stakeholders on the development of sound health policy for those living in rural and remote Canada.

MEMBERSHIP
126 paid members from all provinces and territories with the exception of Prince Edward Island, New Brunswick and Nunavut.

SPECIAL PROJECTS AND ACTIVITIES
- Distribution of two newsletters
- Development of a work plan and budget
- Formulation of a communications strategy to highlight the profile of rural nursing
- Launching of website www.carrn.com
- Strategies to increase the profile of CARRN during Nurses Week 2006 – draft letters have been formulated for the membership to send to employers and the media
- Action taken to ensure that all CARRN documents are available in both official languages
- Planning for 2006 annual general meeting to be held in Saskatoon – business items include election of officers for Executive Committee and revision of bylaws
- Planning for education session June 2006 in Saskatoon - the theme will be discussion related to the development of competencies for rural and remote nursing
- Planning related to a membership survey for Fall 2006
- Initial discussion related to possible fund raising activities to support an ICN Mobile Library
- Refinement of list serve to distribute information to members

EVENTS OF THE PAST YEAR
- Connection established with the ICN Rural and Remote Nurses Network – the President of CARRN attended ICN in Taiwan and participated in the inaugural meeting of the ICN-RRNN
- Presentations by CARRN at ICN in Taiwan and Western Nursing Leadership Conference in Edmonton
- Additional international connections include discussions with nurses from Argentina and Australia

ISSUES OF CONCERN
Recruitment and retention of nurses in rural and remote areas is a significant concern. Enhancing opportunities for education and networking across distances will require a unique approach. Introduction of umbrella legislation and corresponding regulations for some provinces have resulted in difficulties in scope of practice for nurses practicing in the North.
I. NAME:

The name of this association shall be the Canadian Association for Rural and Remote Nursing. Abbreviation: CARRN

II. MISSION:

The purpose of the Canadian Association for Rural and Remote Nursing is:
- to represent rural and remote nurses in Canada,
- to serve as a voice for rural and remote nurses,
- to advance the unique specialty of rural and remote nursing practice through recognition, research and education, and
- to influence rural and remote health policy.

III. OBJECTIVES:

- To promote the development and dissemination of standards of practice for Rural and Remote Nursing.
- To facilitate communication and networking among nurses committed to rural and remote nursing.
- To present the views of the Canadian Association for Rural and Remote Nursing to government, educational, professional and other appropriate bodies.
- To explicate the evolving roles and functions of Rural and Remote Nursing.
- To identify, promote, and possibly broker basic and continuing education opportunities for Rural and Remote Nursing.
- To serve as a resource and support to Rural and Remote Nursing.
- To promote research and its dissemination related to rural and remote nursing practice.
- To collaborate with the key stakeholders on the development of sound health policy for those living in rural and remote Canada.
IV. MEMBERS:
For the purpose of membership classification, “nursing role” may include nursing practice in areas of direct care, education, administration, research or policy development.

1. There shall be five types of membership:
   a. Regular Member
      A member with full voting and membership privileges, which includes eligibility to stand for executive office, is a registered nurse who:
      • Is registered with a provincial/territorial nursing association/college that is a member of the Canadian Nursing Association,
      • Is employed as a Registered Nurse in a rural/remote nursing role and has a commitment to or concern for rural/remote nursing roles, and
      • Pays the prescribed fee annually.
   
   b. Associate Member:
      A member who does not hold voting privileges and cannot stand for executive office is a registered nurse or other individual who:
      • Is not registered with a provincial/territorial nursing association/college that is a member of the Canadian Nursing Association;
      • Is employed in a nursing role in a rural/remote setting or has an interest in rural and remote health care; and
      • Pays the prescribed fee
   
   c. Student Member:
      A member who does not hold voting privileges and cannot stand for the executive office is a person who:
      • Is a full or part-time student in a nursing or closely related health science program where the focus is predominantly nursing, and graduation from the program would entitle the student to full or associate membership upon graduation;
      • Provides proof of current enrolment; and
      • Pays the prescribed fee.
   
   d. Retired Member
      A member who does not hold voting privileges and cannot stand for executive office is a registered nurse who:
      • Is not registered with a provincial/territorial association/college that is a member of the Canadian Nursing Association;
      • Retired from a nursing role in a rural/remote setting, and
      • Pays the prescribed fee annually.
   
   e. Honorary Life Member
      Honorary life membership shall be granted to any member of the association whose active participation and longstanding membership warrants such respect. This shall be sanctioned by vote of the general membership. Honorary Life Members are not required to pay annual membership fees.
2. The fee for regular, associate, student and retired memberships shall be established at the biennial meeting. Fees for membership shall be recommended by the Executive Committee and approved by resolution at the General Meeting. Such fees shall be payable on or before December 31 each year. No fees will be pro-rated as to time of joining or of resigning from the Association.

3. The Executive Committee shall review the qualifications of applicants and approve them for the appropriate type of membership.

V. OFFICERS:

1. The officers of the association shall consist of a President, Past President, President Elect, Secretary, Treasurer and Membership Coordinator. The Editor of the newsletter will be considered an ex officio member of the Executive. These officers shall hold office for a term of two (2) years or until their successors are elected, and shall perform the duties prescribed by these by-laws adopted by the association.

2. The officers shall be elected at the General Meeting which coincides with the biennial conference by the membership via a mail-in ballot circulated in September of the election year. Officers shall be regular members of the association and shall be elected on the basis of a plurality vote. All Executive Committee members shall be eligible for re-election or re-appointment as the case may be, providing they continue to be voting members. Any board member can serve only two (2) consecutive terms in the same office.

3. Whenever possible, a minimum of two (2) nominees shall be nominated for each position to be elected.

4. The Nominating Committee terms of reference are established by the Executive Committee and revised as required. The Nominating Committee is struck by the Executive in January of the election year.

5. The call for nominations must be made by the Nominating Committee at least six (6) months prior to the General Meeting by April of the election year. The slate of nominees for office must be prepared by the Nominating Committee and published at least sixty (60) days prior to the General Meeting by August of the election year. Nominations also will be accepted from members during the association’s General Meeting in June of the election year. Prior to the election of officers, all persons nominated must signify a willingness to accept the office and be nominated by a member of the association and this will be indicated on the nomination form. The election results will be communicated to members by October 31 of the election year.

6. The Returning Officer for the election shall be the President Elect. The count shall be witnessed by the Returning Officer and one other person who is not identified on the ballot.
7. If a vacancy on the Board occurs during an elected term of office, the Executive Committee shall appoint a member of the CARRN to the vacated office for the remainder of the designated term.

8. Provincial and territorial representatives will act as a liaison between the Executive Committee and the general membership. The provincial and territorial representatives are appointed or elected by their provinces or territories.

VI. MEETINGS:

1. A General Meeting of the Membership shall be held annually at a date and location chosen by the Executive Committee for the purpose of receiving reports of officers and all committees, and for any other business that may arise.

2. A biennial scientific and educational conference shall be held in conjunction with the Annual General Meeting (AGM) at which the election of officers will take place.

3. Special general meetings of the association may be called by the President only at the request of provincial representatives representing a minimum of six (6) provinces/territories.

4. A quorum of the AGM shall be 20 members in attendance either in person or by electronic means.

VII. EXECUTIVE COMMITTEE:

1. The officers of the Association shall constitute the Executive Committee.

2. The Executive Committee shall have general supervision of the affairs of the association between its AGMs, fix the hour and place of meetings, make recommendations to the association, and shall perform such other duties as are specified in these by-laws. The Executive Committee shall be subject to the orders of the association, and none of its acts shall conflict with action taken by the association.

3. The Executive Committee membership year and the fiscal year shall commence January 1 and end December 31 of the same calendar year.

4. A quorum of the Executive Committee shall be four members in attendance either in person or by electronic means.
VIII. COMMITTEES:

1. Committees shall be appointed as required and as directed by the Executive Committee. Any committee reports will be presented at the AGM.

IX. AMENDMENT OF THE BY-LAWS:

1. Amendments must be submitted in writing to the Secretary at least three (3) months prior to the date of the association’s AGM, and such proposed amendments shall be circulated to the regular members at least sixty (60) days prior to the AGM.

2. All amendments must be approved by a two-thirds (2/3) vote at the association’s AGM.

X. DISSOLUTION:

1. In the event of dissolution of the Association and the discharge and settlement of its affairs, all funds and properties of the association remaining after payment of its liabilities shall be conveyed to the Canadian Nurses’ Foundation.
Information Backgrounder

Mobile books for nursing and health

Nurses deliver more than 80% of health care in developing countries. These nurses are often working in remote clinics, with poor or no access to current health care information.

Yet everyday these nurses are called upon to care for people with new diseases, such as HIV/Aids and to treat those suffering from reemerging ones, including TB and malaria. They must also respond to the full span of a population’s normal health care needs – immunization, health promotion, childbirth, care of the injured, the elderly and the dying.

But too often the sources for information these nurses have are dangerously out of date. The reference materials may not address the new health problems nor have the most recent, best practice information on prevention and treatment. Even nurse educators may be working from old textbooks, recommending practices that research has now proved to be ineffective and in some cases harmful.

Or, the right information may simply be inaccessible - preciously stored in libraries and other institutions, which often do not have the resources to make it available to nurses working ‘in the field’. Too frequently up-to-date health reference works may be so treasured that they are stored away under lock and key.

The ICN-Merck Mobile Library, housed in a transportable trunk resilient to moisture, insects and hard knocks is dedicated to closing the gap between the desperate need for nursing information and its availability. This unique initiative will deliver knowledge to the field, providing a key resource and tool for the main health workers in developing countries.

It Takes a Team

An extraordinary team of industry and nursing partners has mobilized to achieve the International Council of Nurses (ICN) vision of a Mobile Library. While ICN has been coordinating the entire project, including sourcing material, funds and designing the support programme, others team members have made key contributions.

Merck was first on board, delivering funding for the distribution of 20 Mobile Libraries in Kenya, Zimbabwe and Botswana and donating multiple copies of the renowned Merck Manual for the libraries.
*Elsevier Science* joined in with the offer to handle the packing and shipping of the libraries, ensuring their safe arrival at ICN member nursing associations in targeted countries.

*Nursing organisations*, including schools of nursing, national nursing associations and foundations, have also taken up the project in support of their colleagues and profession, by committing the $2500 required to stock, ship and manage each Mobile Library unit.

*Nurses on the ground* in the receiving countries have taken on the task of distribution, maintenance and training for support of the library in the field.

*Ministries of health and health related NGOs* in receiving countries will assist in moving the libraries units out from the capital to designated sites in the field.

On behalf of nursing and improved health worldwide, ICN would like to thank and congratulate this team for its visionary commitment and invite others in industry and all aspects of civil society to donate support for *Mobile Books for Nursing and Health*.

*The national nurses associations of Australia, Denmark, Germany, Iceland, Japan, Korea, New Zealand, Norway, Spain, the UK, and Taiwan, the Edwina Mountbatten Trust, the Health Academy, Groinigen Hospital, the International Committee of Red Cross, the Sigma Theta Tau International, the Nursing College of Wayne State University, the Malawi Association for Christian Support, the Commission on Graduates of Foreign Nursing Schools, the Nursing Standard UK, the Health Volunteers Overseas, the Kellogg Foundation, the Canada Fund, Canadian Embassy, the Lubwe Hospital Development Fund and the Florence Nightingale International Foundation have each committed to sponsor the cost of sending one or more unit(s) to a location in need.*

Judith Oulton (Chief Executive of ICN), Gary Zelko, (Director of Merck Publishing), Mrs. Nancy Kirui, (High Commissioner of Kenya to the UK), and Fadwa Affara, (ICN Consultant), at the official launch of the ICN/Merck Mobile Library in London, December 4, 2001