

**Canadian
Council of
Cardiovascular
Nurses**



**Conseil canadien
des infirmières et
infirmiers en soins
cardiovasculaires**

Canadian Council of Cardiovascular Nurses

2015 Strategic Plan

May, 2015

*Advancing cardiovascular nursing through
leadership, advocacy, research and knowledge
translation.*

Executive Summary

(Brief introduction about CCCN and why they wanted to conduct a strategic planning session)

The Board secured the services of Association Management, Consulting and Evaluation Services (AMCES) to facilitate a planning session that consisted of 10 participants, including Board and Staff. Following an assessment of CCCN's internal and external environments, the following priorities were determined by the group to be the focus for 2015 and onward:

1. Knowledge translation
2. Membership recruitment and engagement

This report documents the results of the strategic planning process and includes an action plan for each of the priorities. Supplemental information is provided in the appendices.

Table of Contents

Executive Summary.....	2
A. Background	4
B. What is a High Performance Association?	4
C. Review of the Current Situation	5
2011-2015 Priorities.....	5
External and Internal Environments	6
D. Determining the Preferred Future.....	8
Key Issues	8
Review of Strategic Statements	9
E. Establishing the Priorities	10
F. Acting on the Priorities	10
G. Next Steps	10
Appendix A – Roles and Responsibilities for Strategy Formulation, Implementation and Evaluation.....	11
Appendix B – Action Plan	13

A. Background

The Board participated in a strategic planning session in 2011 and it was agreed that it was time to refresh the plan to reflect the current realities of CCCN. The Board secured the resources of Association Management, Consulting and Evaluation Services (AMCES) to facilitate the process, the organization that provided support during the 2011 session.

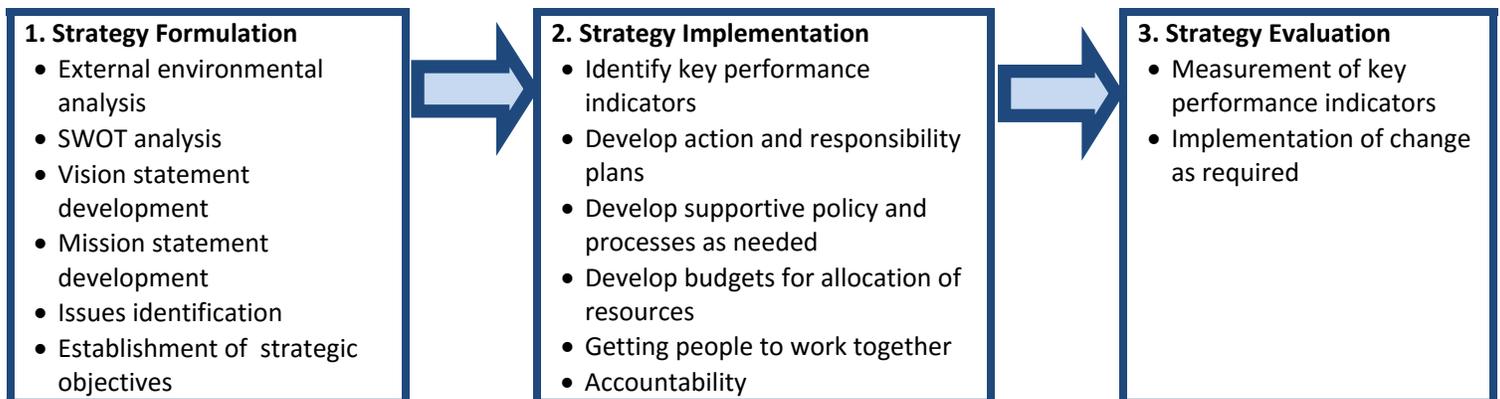
The 3 hour session took place May 2015 in conjunction with the CCCN annual general meeting. A total of 10 were in attendance, including 2 staff, 7 current Board members and 1 former Board member. This report reflects the large and small group discussions that took place during the planning session.

B. What is a High Performance Association?

Background information was presented on the key characteristics of high performing organizations. These characteristics include:

- The vision and mission of the organization are owned by all stakeholders
- Strategy is performance-based, clear and mapped to ensure individuals and team members turn vision and mission into action and results
- Goals are challenging and will make a difference to the way in which work is completed
- Teamwork is effective and empowered.
- Organizational practices are efficient and driven by focusing on member and employee satisfaction, fiscal and operational accountability and quality.
- Strong emphasis is placed on performance measurement using key performance indicators

The strategic management model is often the key to success for a high performance association and consists of 3 stages:



The strategic management model clearly defines the roles and responsibilities for stakeholders, the Board and staff. More information on these roles and responsibilities can be found **Appendix A**.

C. Review of the Current Situation

2011-2015 Priorities

The group reviewed the following three priorities that were established during the 2011 planning session:

1. Grow membership to 1,300 by 2014
2. Make the best use of technology for the delivery of education
3. Successfully implement a strategic alliance plan

2011-2015 Results

CCCN's membership reached its target but that was due in part to the change in the fiscal year and the extending of some of the memberships to 18 months. CCCN continues to have a core group of members (approximately 500 to 600) that renew annually and another 200 to 300 hundred that join/renew to take advantage of the discounted registration for the Canadian Cardiovascular Congress (CCC).

CCCN recognizes the need to engage its members in an effort to keep those members who renew solely to go to the CCC and to encourage other members to promote the benefits of joining. This will be addressed in CCCN's 2015 – 2018 Strategic Plan.

CCCN now successfully conducts its own webinars via a software platform that also allows the webinars to be recorded. By recording them, it allowed for asynchronous access. Those individuals who were unable to attend the webinar live were able to access them at their convenience.

CCCN maintained strategic alliances with those organization it had in the past such as Heart and Stroke Foundation, Hypertension Canada and the Canadian Cardiovascular Society but those alliances did not have any financial impact on CCCN – something CCCN needs to focus on. In that regard, CCCN has been moderately successful in creating a new strategic alliance with the Canadian Heart Failure nurses. CCCN has instituted a joint membership whereby each organization's members receive a discount for joining both. In 2015, the financial impact has benefited the Heart Failure nurses more than CCCN since more of our members took advantage of the discount. However, the Heart Failure nurses did conduct webinars on CCCN's platform which all CCCN members were able to attend. This enabled CCCN to provide educational sessions for our members at no additional cost to them. CCCN will continue to look at joint memberships as a viable option to increase its membership base.

External and Internal Environments

The group was divided into 3 working groups to review the current external and internal environment factors that affect CCCN. Group 1 was asked to review the political, economic and social factors, group 2 was asked to review the technological, governance and transportation industry factors and group 3 was asked to review the internal environment factors including CCCN’s strengths, weaknesses, opportunities and threats. The working groups shared the following findings:

External Environment	
<p>Political:</p> <ul style="list-style-type: none"> • Change of government (Conservatives not cooperative) • Strategies not implemented (health diet, no chronic disease plan) • Lack of action plan • Hypertension Canada (marketing to kids, policy statement, need national plan) • Multilevel teamwork 	<p>Economic:</p> <ul style="list-style-type: none"> • Lack of funding (provincially, institutional, sponsorship – pharmaceutical, Heart & Stroke Foundation, Hypertension Canada) • Inability to get time off
<p>Social:</p> <ul style="list-style-type: none"> • Disadvantage • Marginalized • Inability to access • Aging population – nurse mean age 45 • Age related changes (CVA, dementia, renal failure) 	<p>Technology/Government/Health sector:</p> <ul style="list-style-type: none"> • New way of doing business (i.e. conducting meetings such as spring conference) • Methods to recruit/retain members and engage using social media tools • Equal access to technology from anywhere. Is it accessible for all members? • Ensuring all critical roles within CCCN are populated • Create a culture of sharing – highlighting successes and creating templates to follow/use • Acknowledge volunteers and highlighting and broadcasting member successes • Buy in for value added to be/become a member • Fiscal restraints • Competing cross-over specialty memberships (how do we maximize our cross-over memberships) • Tapping into key members’ positions to help build social capacity → identify champions for the cause

Internal Environment

<p>Strengths</p> <ul style="list-style-type: none"> • Passion of members • There will always be a demand for CV nurses • Visionaries/willing to try new things • Listen to outside expert • Risk takers • Management firm • Organizational structure • Provincial chapters 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Provincial chapters (not all are active) • Loss of experience when Board members step down • Financial realities • Succession planning • Time difference across country • Lack of individuals wanting get involved/volunteering • Geographical size
<p>Opportunities</p> <ul style="list-style-type: none"> • Develop/support chapters in member initiatives • Provide provincial leaders training (leadership webinars such as how to run an AGM) • Create sub-chapters for larger geographical areas • Guide/timeline of activities • Growth → younger generation • Create yearly calendar of events • Social media (must ensure appropriateness of messages) • Nurses want education when they want it/convenient for them <ul style="list-style-type: none"> ○ On demand ○ Pre-recorded ○ Asynchronous delivery 	<p>Threats</p> <ul style="list-style-type: none"> • Demand for time and money • Not understanding member needs/what they want • Lack of time for volunteers • Burn out of board • Over burdening the volunteers

D. Determining the Preferred Future

Key Issues

Participants were asked to reflect on the issues and challenges affecting CCCN. Considering all of the information presented to date, each participant was invited to do some personal brainstorming on the preferred future of CCCN by writing statements beginning with the words “I wish” on individual pieces of paper. The group then organized the statements into three key categories:

Knowledge translation (9 votes)	Membership recruitment and engagement (9 votes)	Increase Resources (standards/guidelines, position statements) (2 votes)	Partnerships (0 votes)
<p><i>I wish...</i></p> <ul style="list-style-type: none"> • All CV nurse managers had to be certified in CV nursing to understand and promote CV nursing standards & certification • All provincial directors were supported to attend CV conferences • CCCN national could provide more 1 day conferences around the country • All cardiovascular nurses would have to be certified in CV nursing to work with CV patients • CCCN could engage in our own research, apply for grants and publish in our own journal • CCCN could develop Internet based education courses for its members • CCCN had their own set of revenue generating online asynchronous courses (12 lead ECG, BCMI, HF Guidelines, IABP, many more) • CCCN had an app for clinical information for clinical nurse • All CV nurses could access spring conference sessions virtually asynchronously 	<p><i>I wish...</i></p> <ul style="list-style-type: none"> • There was a mentorship prior to taking board position • CV nurses could produce awareness campaigns similar to Heart and Stroke • That provincial directors were recognized in a more public way for their contribution (letter to the employer acknowledging their (PD) contributions • Health care environments valued more professional engagement of their employees • All CV nurses had a professional conscience to volunteer to promote their professional cause • All current members were engaged (x 2) • We could meet every CV nurse’s need (satisfy all) • Every CV nurse was a member (x 3) • More CV nurses knew how rewarding it is to get to know and work with such committed nurses from across the country • That every heart centre or institute had a CCCN activity board • For an increase in CCCN membership 	<p><i>I wish...</i></p> <ul style="list-style-type: none"> • We became to “go to place” for CV nurses • CCCN was the go to organization for all policies standards, and information for all CV nurses • More nurses would contribute something to the CJCN or reach out and ask for help if unsure • More CCCN position statements and increase awareness of other statements we have endorsed (Marketing to kids, food and nutrition, etc.) • Calendar of dates published in January for upcoming events such as webinars, conferences and committee teleconferences • All CV nurse were aware of HP resources and made use of them (e.g. HTN Guidelines) • We had more standards or position statements like AACN, standards for ST, segments monitoring, standards for telemetry • We became the “go to place” for CV nurses 	<p><i>I wish...</i></p> <ul style="list-style-type: none"> • Pharma appreciated nurses as decision makers • We had national/provincial funding to promote CV health in our country • We had more sponsorship • CCS would reverse its conference decision • Someone would leave a legacy to CCCN • There could be a way for CCS to reconsider their financial decision for affiliate groups

Review of Strategic Statements

After determining the strategic priorities of CCCN, the group as a whole was asked to review the existing strategic statements to determine if they are in line with the organization's preferred future.

Vision

A vision statement should reflect the anticipated needs of stakeholders. It is often comprised of a single sentence or key words that reflect a desired position by the organization and it should encourage forward and creative thinking. CCCN's current vision statement is:

Advancing cardiovascular nursing through leadership, advocacy, research and knowledge translation.

Mission

A mission statement defines the purpose of the association and ideally includes who you serve, what you do, why you do it, concern for public image, employees, sustainability and growth, markets and technology. CCCN's current Mission Statement is:

To be the voice for cardiovascular nursing in Canada and promote the health and well-being of Canadians through standards, research, education, health promotion, specialty certification, advocacy and strategic alliances.

The Board considered the above strategic statements and concluded that they remain relevant today. These statements will be the foundation on which the association moves forward until its next strategic plan review in 2018.

E. Establishing the Priorities

Participants were each provided with two red dots and asked to vote on their two preferred issues of the four posted. The following two priorities were identified:

1. Knowledge translation
2. Membership recruitment and engagement

F. Acting on the Priorities

Back in the working groups, participants mapped out the strategies required to achieve the identified priorities. For each priority, the groups deliberated on the list of actions needed and for each action, the following elements were considered:

- The year that it will be completed
- The priority (1 is high, 4 is low)
- Who is accountable
- How it will be measured

The group work and other discussions have been consolidated to form the action plan located in **Appendix B**. This action plan will require further work from the staff and should be reviewed and adjusted as necessary. It is important to note that this action plan will serve as the Association's map to success and should be implemented as soon as possible.

G. Next Steps

The participants were asked to provide feedback on the planning process so that improvements could be made to future sessions. The positive aspects highlighted included the structured process, efficient use of time, a productive session that resulted in an action plan with measurable outcomes. Everyone agreed that the small groups worked well and that there was a benefit in conducting the session after the AGM because the group was able to receive input from members. Suggestions for improvement included the need for more time, perhaps a full day session and more advance preparation could have been done (for example, reading previous strategic plans).

It was agreed that this report would be reviewed by CCCN Staff and any changes or additions would be made, prior to the report being circulated to the Board for its next meeting.

Continuous monitoring and reporting will be the key to success with this plan. Ensuring that a discussion of the action plan is on the agenda for each meeting will ensure success is measured and any adjustments are made as needed.

Appendix A – Roles and Responsibilities for Strategy Formulation, Implementation and Evaluation

Formulation

Stakeholders:

- Provide comments on vision, mission, values and goal statements
- Provide the Board with information on external environment activity or issues that may affect the profession
- Respond to surveys to determine expectations
- Receive and review information on strategies being pursued

Board:

- Identify stakeholder expectations and issues
- Gather information on external opportunities and threats
- Determine internal strengths and weaknesses
- Develop a vision, mission, and values statements and approves statements after reviewing member input
- Understand success factors and sets goals
- Generate and choose strategies to pursue and sets indicators of measurement
- Board advises stakeholders on strategies being pursued

Staff:

- Assist the Board in the strategy formulation process through information gathering and analysis

Implementation

Stakeholders:

- Board keeps stakeholders informed as to the progress in implementation of strategy.

Board:

- Review and provide input to the annual action plan
- Prioritize and allocate resources to execute the strategies
- Develop and approve new policy to support the selected strategies and related tactics in the annual action plan
- Select the appropriate organizational structure and motivate volunteers and employees

Staff:

- Develop an annual action plan for Board consideration indicating who, when, what, how much and how they will be measured
- Provide support for the development of required policies

- Identify appropriate organizational structures and assists with motivating volunteers
- Apply resources to plans to execute the formulated strategies
- Alter administrative and operational practices and behaviour as required

Evaluation:

Stakeholders:

- Respond to requests for information about CCCN programs
- Review communication updates on how strategy turned out

Board:

- Assess how well strategies are doing
- Measure performance to key indicators
- Identify areas where corrective action is necessary
- Assess impact of change, decide about abandonment, adjustment or development of new strategies

Staff:

- Record, review and report progress of strategies
- Measure and report performance to key indicators
- Identify areas where corrective action is necessary
- Make recommendations regarding strategy about abandonment, adjustment or development of new strategies
- All strategy formulation activities will be led by the incoming President and supported by the staff. All strategy implementation and evaluation activities will be led by the staff and supported by the incoming President.

Appendix B – Action Plan

CCCN Action Plan (May 2015 – May 2018)							
1. Knowledge translation							
Activities	Priority (1 high, 4 low)	Responsibility	Start Date	Finish Date	Budget Impact	Performance Indicator	Progress
Develop guidelines <ul style="list-style-type: none"> ➤ 12 leads ➤ BCMI ➤ IABP 	1-2	D. Morris, S. Morris, C. Kuttinig	Sept 2015	Dec 31, 2016			
Develop Online courses <ul style="list-style-type: none"> ➤ 12 leads 	1	R. Pike, S. Morris	Oct 2016				
Provide 2+ day conference	1	Spring Conference Committee	Sept 2015				
Monthly webinars <ul style="list-style-type: none"> ➤ Get those presenting at CCC to do a webinar ➤ “Moving past the Wall at Congress” 	1	R. Pike, S. Morris and S. Matheson	Oct 2016				
Increase content in journal	1	S. Fredericks	Ongoing			More submissions to the journal	
Support submission of abstracts (“how to”)	1-2	L. Keeping-Burke					
Provide research/clinical grants	1-2	L. Keeping-Burke	Ongoing				
Engage in our own research	2	L. Keeping-Burke					

Use social media to disseminate education	3						
Develop app for clinical information	3-4						
Development and implement certification exam	4	Director of P.E.					

CCCN Action Plan (May 2015- May 2018) cont'd

2. Membership recruitment and engagement

Activities	Priority (1 high, 4 low)	Responsibility	Start Date	Finish Date	Budget Impact	Performance Indicator	Progress
Create messages that communicate who CV nurses are in order to recruit new members (*)	1	S. Morris	Q1 month			Measured via contact (hits) President's message will define: CV nurse (CCU, telemetry, CVICU, CRehab, SDU), who are we (heart failure, diagnostics, educators, manager)	
Develop a calendar of themes/topics	1	S. Morris					
Create a word doc template to highlight events and share with PDs							
Post a monthly Facebook message – photo from PDs	1	PDs, K. Cyr, S. Morris and BOD					
Notification of interesting facts and guidelines via Instagram – use Instagram to disseminate information	1+	All BOD		August 15, 2015			
Calendar of events	1+	R. Pike – webinars S. Fredericks – Journal				Other events to be included: committee teleconference, volunteer month, national conferences	

		D. Morris – World recognition days S. Morris – nurses week, heart month C. Kuttinig – provincial conferences					
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* Other idea: interview of Sr. CV nurses – profile Heather Sherrard