

ARNBC Network Leads Project

Evaluation of the Pilot Phase



Association of Registered Nurses
of British Columbia



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The following report provides an overview of the ARNBC Network Leads Project and includes a description of the planning phase, the first six months of operation and an interim evaluation. The evaluation is based on feedback from Network Leads, observations and data collected by the project coordinators, and a general appraisal of the project against stated goals.

Background

The Network Leads Project was created to help fulfill a set of strategic objectives set by the ARNBC Board of Directors in October 2012¹. The objectives, developed in response to input received through consultation with Association members, supported the organization's broader goal of 'engagement'. Nurses from around the province told the ARNBC that in order to be relevant, it would need to engage with them through effective, two-way communication that built trust, demonstrated transparency, and facilitated networking.

The Association contracted with consultant Barb Reece RN, BSN through Monkeytree Creative Inc. to further develop, pilot and evaluate a first phase of this project. She worked under the supervision of Project Manger Nora Whyte and guidance from the Engagement Action Team, co-chaired by Paddy Rodney and Carl Meadows, and supported by Board members Christine Davidson, and Leanna Loy. It was estimated that this project would take approximately 6-8 days of consultancy time per month over 5 months (\$30K), although it has taken less time than anticipated. During the project, Barb Reece checked in with Nora Whyte by telephone every two weeks and with email as needed, and three times with the Engagement Action Team² and email as needed. ARNBC's Communications Coordinator Alix Arndt, (Monkeytree Creative Inc.) worked closely with Barb Reece to provide technical and operational support for the project, such as formatting and sending group emails, overseeing development of the Nursing Networks webpage, and keeping the Network Leads database updated. From March through May, the project was also supported by consultant Cynthia Monk approximately 2 days/month. Cynthia facilitated communication and relationship building with the B.C. aboriginal nursing community and other nursing networks in Northern Health.

Goal 2: Engagement

To engage with RNs in a manner that builds trust and transparency in creating the public policy voice for the nursing profession.

Engagement Objectives

- 2.1 To establish universal communications to RNs throughout the province.
- 2.2 To create opportunities for face to face consultations and engagement.
- 2.3 To network with interest and practice groups of RNs throughout the province.
- 2.4 To create sustainable, regular, consistent vehicles of communication.

The Planning Process

The first set of tasks in the planning phase consisted of:

- Adopting a mental model for how ARNBC would define 'nursing networks'; making some assumptions about how nurses use their networks to exchange information and ideas about professional practice and policy issues; and recruiting and supporting Network Leads to access and strengthen these natural networking opportunities.

¹ Extracted from the ARNBC Goals, Objectives and Action Team summary document (October 2012).

² Minutes from the meetings with the Engagement Action Team were kept and are available in the project archive.



- Creating a high-level work plan (see Appendix A)
- Developing a set of key messages that clearly described both the purpose and philosophy of the Network Leads Project (see Appendix B)
- Articulating a 'critical path' for becoming a Network Lead that was consistent, sustainable with existing resources, and straight forward to implement (See Appendix C)

The mental model we chose proposed that a nurse might be part of several 'nursing networks' – where they work, live, attend school, volunteer or participate in a specialty nursing group or specific community of practice. The Network Leads Project aimed to capitalize on those pre-existing networking channels rather than create a new infrastructure (See diagram Appendix D). Taking a non-hierarchical approach, Network Leads were welcome from any region, work setting or career level, as long as they supported the goals of the Project, connected formally or informally with a network of at least 6-10 other nurses and were willing to commit the time.

It was important to ensure that messaging for the Project was aligned with the organization's overall messages. In communications about the project, we proposed that Network Leads would support the ARNBC by:

- Acting as ambassadors for the Association
- Helping to identify and/or establish practical, relevant, accessible nursing networks in BC that facilitate two-way communication between the ARNBC and its members
- Leading ARNBC related discussion groups in local settings, supported by the Association
- Enabling rapid feedback to and from the ARNBC Board of Directors around urgent, time-sensitive RN issues when they arise
- Having a say in how this Network Leads role evolves and helping to evaluate it as we go

By volunteering as a Network Lead, a nurse would:

- Gain leadership experience
- Develop a stronger nursing policy and practice 'voice' capable of speaking to local nursing and healthcare issues and experiences
- Have opportunities to get involved in nursing professional work provincially and nationally

The Work Plan was dynamic, and served as an effective communication tool between contractors, staff and the Engagement Action Team.

Recruiting

Beginning in early March of 2013, three main strategies were used to recruit Network Leads. Barb Reece personally contacted many of the nurses that she met while conducting consultation sessions for the ARNBC during the spring of 2012, and followed up with those who indicated they were interested in 'getting involved'. Contact data had been kept in a spreadsheet during the consultation project and was easy to return to. We used the ARNBC website as a recruiting tool, asked Board members and other contract staff to network the information as appropriate, and introduced the Project during the 2013 AGM in June.



In early April, four general information webinars, and 11 orientation sessions webinars were scheduled and hosted by Barb Reece. Dates and times for these sessions were posted on the ARNBC website, and sent to potential volunteers by email. A total of 7 nurses participated in the general information sessions and 8 in the orientation sessions.

By mid-April, we had successfully recruited 20 Network Leads. Each Lead was sent a Welcome Email (see Appendix E) that reinforced the purpose and philosophy of the Project, asked Leads to complete an e-form providing details about themselves and their networks, gave them information resources and suggestions about how to prepare themselves for the Network Lead role as well as some tips for getting started, and set a schedule for eight Check-in webinars scheduled to run from April 25/13 through July 4/13 – roughly every two weeks.

At the time of writing this report, 35 Leads have volunteered. The number has almost doubled since April. Most of these nurses contacted the ARNBC email because they heard about the Project through word of mouth, the website, or the AGM and wanted to be part of it. Barb Reece has continued to provide every new Lead with a brief telephone orientation to the Project to ensure a consistent understanding about the philosophy and aims of the Project.

Profiles for the Network Leads are very diverse (see Appendix F – Spreadsheet) and include nurses who are affiliated with every health authority in the province, multiple schools of nursing, and many specialty nursing groups - perioperative nursing; palliative care; nurse practitioners; AIDS care; mental health and addictions; emergency nursing; critical care nursing; sexual health and forensic nursing, and private home health care. They have been nurses from anywhere from eight to 40 years. The represent networks that range in size from eight members to 200, and many are not sure yet how far their 'reach' could be. Nurse-managers, as a group, are startlingly absent from the Network Leads profiles. A separate initiative to explore the unique needs of this group is underway, with a focus group scheduled for later in August.

Utilizing the Network Leads

Between April 25 and July 30, there were eight Check-in webinars held with the Network Leads. The number of participants on each call ranged from one to nine. The webinars were scheduled well in advance, and a reminder with agenda was sent out to all Leads by email a few days in advance of the event. ARNBC information to be communicated during the webinars was reviewed with Nora Whyte prior to the webinars to ensure accuracy and consistency of messaging. Format for the webinars was standardized, and an email update summarizing the webinar was sent out a few days post-webinar to all Leads. (See Appendix G for typical agenda and Appendix H for example of an Update Email). The goal for the webinars was reinforced at every opportunity. It was to:

- Build the 'community' of Network Leads
- Facilitate two-way communication and info exchange
- Swap ideas and discuss issues with other Network Leads
- Try out a variety of communication strategies and patterns and figure out what works best

Webinar participants were invited to use their webcams if they had them, and we would often have as many as six or seven nurses networking with one another face-to-face, which they were very excited about. Barb Reece hosted all of the webinars using her webcam and desktop. A Go-to-Meeting account was opened following a thirty day free trial at a cost of \$49.00/month.

In total, there were eight webinars held and four Updates sent out. Topics covered during the webinars included: Nursing Week activities; provincial elections and ARNBC tool kit; ARNBC Board of Directors elections and the AGM; the ARNBC Blog;



evaluation of the Network Leads Project; the Canadian Nurses Association AGM; the CRNBC/ARNBC transition plan and funding arrangement. Strategies for carrying out the Network Lead's role were discussed and ideas were exchanged. While there was a core group of Leads that regularly attended the webinars, there was usually at least one new Lead each time. In the Welcome Email, Leads were invited to order hard-copy materials from the ARNBC to support awareness building, but only one Lead requested hard-copy materials from the Association to support nursing week activities.

Gathering Feedback

A high level evaluation plan was used to guide the process (see Appendix I). Network Leads were given the opportunity to provide verbal feedback during every webinar, and encouraged to send an email to admin@arnbc.ca with additional ideas/feedback if they had it. Barb Reece shared with Nora Whyte on an ongoing basis. One of the networks submitted a formal proposal for funding support to the ARNBC Board just prior to the Network Leads Project start-up. At the end of June, a web-based survey was sent to all Network Leads seeking input on specific aspects of the Project (see Appendix J – survey results). Only 11 Network Leads completed the survey despite several reminders. This represents approximately half of the original 20 Leads. We suspect that the lower response rate is partially due to summer vacations, and partially due to the fact that 30% of the Leads are newer recruits and don't have much experience to reflect on.

Some of the key things that the Leads told us included:

- They found the Check-in webinars 'frequently useful' (64%)
- 27% of them had not participated in a webinar
- They found the Go-to-Meeting app easy to use and enjoyed meeting face-to-face by webcam
- They liked having a choice between a noon call and an evening call
- They liked having an agenda and the structure it provided
- They would like to have a space on the Network Leads webpage where a profile and photo of each Lead could be posted to facilitate faster round-table introductions during the webinars
- 82% of respondents found the Updates from the webinars frequently useful and everyone had read at least one
- 73% of respondents thought that the conference call with webinar, facilitated by a coordinator, was the best way to connect with other Network Leads although finding a 'good time' for everyone remains a challenge
- 91% of respondents think that the frequency of email contact about the Project was 'just right' (average of 1-2 emails/month)
- There is high variability in the number of contacts (email, webinar, conference call, face-to-face meeting, posters etc.) that each Lead has made with their network members since they started with the Project, ranging from three to "more than 60".

In the survey, we asked them what the ARNBC should keep doing that is working to support them; start doing to better support them; or stop doing that isn't working or detracts from networking. Here are some of the key things they told us:

Keep doing....

- Continue to have ARNBC staff the project, facilitate the webinars and send Updates
- Provide templates for posters, election tools, opportunities to connect with other Leads
- Maintain the profile for the Network Leads Project on the website to encourage ongoing volunteerism
- Maintain a contact person to oversee the Project



- Nice to have our local posters on the ARNBC website and Facebook page

Start doing....

- Provide an ARNBC-branded email address for networks to use and a little funding to help with promotion materials
- Provide networks with a small amount of travel funding to facilitate gatherings across rural areas
- Provide guidance on coming up with key messages around issues
- Create an archive/forum for Leads to share materials and ideas with each other (so we don't have to re-invent the wheel each time)
- Create an FAQ/Did you know? document to encourage discussion amongst our networks
- Send an Outlook invitation for webinars so it goes straight into calendars
- Create a more interactive 'space' i.e. portal on the ARNBC website to facilitate exchange of information
- Make ARNBC 'pins' available for purchase or gifting
- Provide a web based space to archive Network Lead information and materials to help preserve the history of this new Association and evolution of the Project and foster sharing of information and tools between Leads
- Create a mechanism for connecting with ARNBC Directors and other networks in the health authority to collaborate on regional issues
- Provide learning opportunities and/or training to identify issues that are professional practice/policy issues, and develop an effective briefing note on the issue so it can be brought forward to the Association and used as a communication tool
- Create a mechanism to bring developed issues forward to the Association for help in addressing

Stop doing....

- There was nothing identified in this category.

When asked what their network members were saying about the frequency and quality of information the Leads had been sharing with them, answers were generally positive, but ranged from "great feedback from everyone" to "there hasn't been an awful lot of engagement. Not sure if it is apathy or just a lack of understanding".

Recommendations Going Forward

In general, the Network Leads Project has been enthusiastically received by BC nurses that have heard about it and has made measurable progress towards the main goals that were identified:

- Build the 'community' of Network Leads
- Facilitate two-way communication and info exchange
- Swap ideas and discuss issues with other Network Leads
- Try out a variety of communication strategies and patterns and figure out what works best

Through the experience of coordinating this project, it was apparent that there is still a general lack of awareness about the ARNBC and how it differs from, or complements, the other nursing organizations (BCNU and CRNBC). The Network Leads Project may be one of the most effective ways to increase this awareness.



One-to-one communication with potential Leads was very important to the success of this project, both to clarify the goals of the project, orient Leads to Association resources (website etc.) and model relationship building. Nursing networks are built on relationships, and one of the strongest attractions for most has been the 'organic' structure of it – having the freedom and encouragement to 'do what works' in local settings to foster two-way communication and effective networking. While this is a clear strength of the networking model we've chosen to build from, there are some potential challenges that will need to be considered if the Association decides to scale up this initiative. At the current time, the Network Leads project may be 'touching' several hundred nurses in the province, although it is hard to say at this early stage. To reach 30,000 nurses, ARNBC may need to have up to ten times the current number of Leads, or encourage Leads to develop much larger networks. Challenges associated with this include:

- Keeping network profiles updated, and contact information for Network Leads current
- Finding the 'best' times and technology for hosting webinars, conference calls and other gatherings
- Vetting the quality of Network Leads performance in the role. How are they representing the Association? How effective are they at bringing relevant issues forward?
- Ensuring consistency of ARNBC messaging once in the hands of Network Leads
- Ensuring that Network Leads communicate input from their network members accurately
- Providing staff support

The following recommendations take these challenges into consideration assume that the Project will continue. They are intended to support and further shape the next phases of the Network Leads Project.

1. Grow the Project into an ARNBC Program and continue to staff with a dedicated resource that can facilitate planned communications with the Network Leads, monitor quality and effectiveness, and connect around issues as needed, but continue to promote a self-serve approach to administratively heavy aspects of the Project. Encourage use of existing ARNBC website resources including admin@arnbc.ca email address; transfer responsibility for updating network profiles; teach Leads how to develop issue briefs using template and learning module; engage Leads in contributing evaluation data on regular basis etc.
2. Consider providing funding for networks on an as-requested basis with justification. Set an annual ceiling amount and having Network Leads apply for a 'network grant' annually. Make the process administratively simple by having clear criteria and thereby minimizing the vetting process. Use the number and size of requests as an evaluation indicator, and for planning future budgets.
3. Develop the current Welcome Email into a more comprehensive document that serves as an orientation resource for all Network Leads and defines a code of conduct that will help further define the quality of leadership that this role requires. Review and update annually.
4. Plan to conduct a more fulsome program evaluation in one year. Start now by establishing measurable indicators of success, have Network Leads contribute relevant data on a semi-annual basis, and use this data to evaluate and report progress next year.
5. Further develop the Nursing Networks webpage and Network Leads section to include a forum for online networking between Leads.



6. Facilitate regional 'clustering' of Network Leads and networks around shared issues as appropriate as the number grows and involve ARNBC Directors in shaping this.
7. Encourage more routine use of the capacity generated by the Network Leads Project. Build it into the Association's communication plan and strategic activities. The more the Leads are consulted and utilized through these established channels, the more proficient they will become in their roles and the greater impact they can have on the Association's goals.
8. Maintain current pattern of communication with Leads, as well as current mechanisms (webinars; Marketwire email updates; website) as they have been very positive about these and are familiar with them now.
9. Continue passive recruitment of Network Leads via website and word-of-mouth and targeted recruitment for underrepresented practice areas or geographic regions until clear targets for the program are determined so as not to undermine the enthusiasm and volunteerism that has been generated to date.



Appendix

Appendix A – Work Plan

Appendix B – Key Messages

Appendix C – Critical Path for Becoming a Network Lead

Appendix D – Diagram: Mental model of how nurses network

Appendix E – Welcome Email

Appendix F – Spreadsheet: Network Leads (current; with profiles)

Appendix G – Example of webinar agenda

Appendix H – Example of post-webinar Update (email broadcast)

Appendix I – Evaluation Plan

Appendix J – Evaluation Survey results (summary format)



Appendix A: Work Plan: Developing the Conceptual Roadmap for ARNBC Network Leads

The Work Plan was a dynamic document used to guide and communicate about the project, and elements were modified as needed. This has been included as a 'process' example.

| Task/Activity | Considerations & Dependencies | Target Date |
|---|--|-------------|
| | <ul style="list-style-type: none"> Who else needs to be involved? Special resources or expertise? Build on previous work? Time sensitive? | |
| Develop definition and description of ARNBC Network Lead that will be used for communication purposes, including graphics/branding <ul style="list-style-type: none"> ARNBC goal for establishing ANL Expectations of ANL Opportunities for ANL | Reference work of Engagement Action Team and ARNBC goals and objectives Work with Monkeytree team on brand, language, 'fit' with communications strategy | |
| Develop and implement a recruiting plan <ul style="list-style-type: none"> Determine target # and sources Put out call; follow up with previous informal 'leads' from consultation project | Reference 'influence networks' literature ID where nurses naturally gather/ seek professional information | |
| Review data base – is it structured the way we need it to be? Example: how searchable is it? | Work with Alix Get feedback from Engagement Action team and Nora; how do they want to be able to use this data in future? | |
| Map out processes for two way communication of information; plan evaluation strategy for post implementation. How will we know it works? | Work with Monkeytree on process: data base maintenance; procedures for fan-out; Plan to test this with Election Campaign, Nursing Week activities; Elections and AGM | |
| Develop needs assessment tool and process – what information, tools and preferred methods of communication with ANL | Build on work done during consultations project/ report | |
| Plan and implement orientation to ANL role <ul style="list-style-type: none"> Webinar series (welcome; how it will work; ongoing recruitment – snowball technique) Carry out needs assessment of ANL | Work with Monkeytree and Engagement Action Team on webinar style – replicable for other purposes once we get methodology and technology down. Is there a precedent? Work by Sean for consultations? | |
| Develop supportive e-resources/ website | Consider brand; ability to multipurpose materials. Work with Monkeytree on communication aspects | |
| Develop tracking tool/mechanism for <ol style="list-style-type: none"> Growth and adoption of ANL by membership and activities that are undertaken Evaluating effectiveness as communication method (both ways) Document exemplars – cases of what worked or didn't work to inform future planning | Decide how to report to Board and membership on how it's going | |
| Write report – synthesis of experience to date | | July 31/13 |



Appendix B: Key Messages about the ARNBC Network Leads Project

Association of Registered Nurses of BC

ARNBC Network Leads Project

How do you connect with other RNs? Are you the 'go-to' person on your nursing unit who likes to keep up-to-date with professional nursing issues? Are you good at organizing gatherings for your nursing colleagues? Do you connect socially with a special group of nursing classmates or previous workmates?

The Association of Registered Nurses of BC (ARNBC) is seeking a diverse group of RN volunteers to pioneer an innovative idea called the Network Leads Project. This opportunity is open to nurses at all levels of practice and from every region in the province. Created in response to input we received last year during our consultation process, this initiative supports networking around professional nursing practice and policy in the many different settings and communities that B.C. nurses live, learn, work, and volunteer in. During our conversations, you also told us that in order to be relevant the ARNBC must engage with you in ways that build trust and transparency through effective, two-way communication. As a 'pioneer' in the Network Lead role, you will be helping to bring this vision to life.

Network Leads will support the ARNBC by:

- Acting as ambassadors for the Association
- Helping to identify and/or establish practical, relevant, accessible nursing networks in B.C. that facilitate two-way communication between the ARNBC and its members
- Leading ARNBC related discussion groups in local settings, supported by the Association
- Enabling rapid feedback to and from the ARNBC Board of Directors around urgent, time-sensitive RN issues when they arise
- Having a say in how this Network Lead role evolves and helping to evaluate it as we go

By volunteering in this role, Network Leads will:

- Gain leadership experience
- Develop a stronger nursing policy and practice 'voice' capable of speaking to local nursing and healthcare issues and experiences
- Have opportunities to get involved in nursing professional work provincially and nationally

Nurses, by nature, often belong to many different 'networks' – formal and informal. The purpose of this initiative is to increase communication with nurses, about professional nursing in B.C., by tapping into these networks. If you are a registered nurse or nurse practitioner who has regular contact with a group of nurses wherever you live, learn, work or volunteer, consider becoming a Network Lead by contacting Barb Reece at 604-240-0378 or 604-538-7735, or admin@arnbc.ca. Plan to call in to an informational webinar about the Network Leads Project. Dates and times can be found by going to, <http://www.arnbc.ca/images/pdfs/network-leads/ARNBC-Instructions-dates-times-for-sessions.pdf>.

vision:

Nurses making a difference for the health and health care of British Columbians.

mission:

ARNBC is the professional voice for nursing leadership, policy, and practice



Appendix C: Critical Path for Becoming a Network Lead

| Network Lead will: | Required Process/Activity for Monkeytree or Association |
|--|---|
| Be actively recruited by Barb, Cynthia, others | Update and maintain contact list generated during Consultations and also Specialty Nursing Groups list |
| Be passively recruited (ongoing) through website or information session | load Key Messages document to ARNBC website News page once it is formatted by Mike Hold four + information sessions by conference call. Advertise these on the website |
| Provide contact info, preferences, info about their Network | Create intake form and data base for capturing this information – determine in advance what we want to know about both the Lead and their network |
| Participate in an orientation call or webinar | Schedule 6-8 conference calls/webinars between April 1 and 5, and then 2 monthly after that. Vary times of calls: noon, 4:30 and 7 p.m. |
| Explore ARNBC website | |
| Explore Network Lead webpage on ARNBC website and familiarizes self with material and tools | Develop Network Lead page and re-purpose some materials from Consultations (Barb, Alix, Mike) |
| Receive orientation 'kit' from ARNBC | Standardize process and content for hard-copy materials to send to Lead as requested. Establish process for tracking what is sent to each Network and guidelines for number and frequency of requests etc. |
| Report all meetings and other contact with Network members over pilot period to Network Lead Coordinator | Develop reporting process that is not time consuming or onerous. Monthly conference call for all Leads to share their experience/ideas Barb to capture this info in spread sheet and report. |
| Distribute/disseminate info provided by ARNBC on request | Prepare each 'campaign' – standardize process and be consistent <ul style="list-style-type: none"> • What are the key messages? • What is the 'ask' of each Lead? • What is the timeframe? • What are the expectations for gathering info/feedback etc.? • Who is the Board resource or other contact? |
| Communicate issues, ideas, feedback to ARNBC as it is generated by their network or on request | Process for receiving this info. <ul style="list-style-type: none"> • admin@arnbc.ca? • Monthly conference calls • Direct calls with Coordinator (Barb) |
| Participate in evaluation | Create survey for first 3 months |
| Review report | Generate report for Board; have Leads review before final. |



Appendix D: Mental Model for How Nurses Network





Appendix E: Welcome Email (first page only)

Association of Registered Nurses of BC

April 15, 2013

Welcome!

Thank you again for volunteering to be a Network Lead for the Association of Registered Nurses of BC (ARNBC). You will be pleased to know that your 'Network' of nurses is one of more than twenty that have formed over the past month in response to the Association's call for Network Leads. It seems that interest in professional nursing practice and policy is alive and well in BC!

As we've talked about in our Orientation calls and webinars, the goal of the Network Leads Project is to support networking around professional nursing practice and policy in BC wherever nurses live, learn, work or volunteer, and to build trust and transparency through effective two-way communication between registered nurses and their professional association.

In the email below is all the information you'll need to get started in your role as Network Lead.

On behalf of the ARNBC, I look forward to supporting you in the weeks and months ahead.

Barb Reece RN, BSN
Coordinator, Network Leads Project

Tell us more about you and your Network

We need to gather a bit more information about you and the Network you will be leading. Take five minutes to complete the following online form for us, www.arnbc.ca/network-leads/network-lead-submission-form.php.

Prepare yourself to be an 'ambassador' for the ARNBC

An important part of your role as Network Lead is to be an ambassador for the Association. If you are not already familiar with the [ARNBC website](#), take a few minutes to review it. Watch for a dedicated Networks web page that will be coming soon!

If you are not already receiving ARNBC Updates by email, send a message to admin@arnbc.ca and request to be added to that mailing list. Encourage all of your Network members to sign up as well. Here is an example of the [March 2013 Update](#) so you can see what you can expect.

Consider following ARNBC news using our social media channels such as Twitter [@BCRNs](#) or [Facebook](#) etc.

Other printable resources can be found on the [ARNBC website/Consultations page](#).

On these pages you will find materials such as:

[ARNBC-Fact-sheet-Timeline.pdf](#)

[ARNBC-FAQ.pdf](#)

You may also want to order some hard copy materials from ARNBC to post or share with your Network



Appendix F: Network Leads with Profiles (select information included)

| Network Lead | Name of Network | Affiliation | Description of Network | Number in Network (estimate) | Area of nursing | How many years as a nurse? |
|----------------------|---|---|---|---|--|----------------------------|
| Leah Peters-Michaud | | Comox Valley ARNBC Group | | | | |
| | | | Our network is framed within the 2013 strategic directions of ARNBC and its relevance as a professional nursing association in BC. We think the development of a local network and the activities that we are going to organize will engage Comox Valley nurses' active participation in professional issues. We also anticipate this local network has the potential to: •Connect Comox Valley nurses with other registered nurses across B.C. Local Action: o Challenging the rest of the nurses in the province to become involved via ARNBC site blog •include the voice of Comox Valley nurses in influencing change on social and health issues Local Actions: o Meeting with local | | | |
| Pam Burton | Comox Valley ARNBC Group | Comox Valley ARNBC Group | | 60 | Education | 28 |
| Anthony Malig | | Richmond Hospital; VCH Professional Practice | | | | |
| Lorna Jensen | | BC Perioperative Nurses; Royal Columbian Hospital | | | | |
| Kathy Haley | | UNBC, Northwest Community College, Terrace | | | | |
| Andrea Lindsay | Penticton Regional Hospital - Ambi Care and PCCs | Patient Care Coordinator, Penticton Regional Hospital | Our Ambi Care Unit consists of day surgery, infusion program, endoscopy, minor procedures and cystoscopy. I will also share all ARNBC info with the other Pt Care Coordinators here at PRH. I will have direct contact with approximately 35 nurses. | 35 | Ambulatory Care | 34 |
| Darcee Bidgood | Recently retired; will be in touch | BC Hospice Palliative Care Nursing Group | | | | |
| Stan Marchuk | | BC Nurse Practitioners Association | is looking for a Lead from their group | | | |
| Sarah Heins | | Carrier Sekani Family Services Nurses, Prince George | aboriginal nurses and other nurses working in First Nations communities | | | |
| Lori Campbell | Vancouver Professional Practice | Downtown Eastside Vancouver; Resource Nurse, Professional Practice, Vancouver Community | We are a team of 8 nurses who cover VCH Vancouver acute and community services for practice-related questions, new initiatives, and policy/best practice development. Due to our wide breadth of coverage, we hear from and communicate to many practice leaders. | 8 | Professional Practice | 8 |
| Donna Kurtz | Aboriginal nurses | UBC School of Nursing, Kelowna | Educators at UBC Kelowna School of Nursing | | research nursing education | 36 |
| Cynthia Monk | | UNBC, Prince George | | | | |
| Nadine Pasay | | Nelson Hospital | Nelson Hospital Nurses ; connect with Katie Weir (CRNBC Practice Advisor for the Kootenay Region 250.354.1128 weir@crnbc.ca | | | |
| Angela De Smit | | Fort St. John Hospital | Networked with NE Acute Nursing Committee; Nurse Leaders. Thinking about how to network with Mental Health, Community etc. | | | |
| Paula Araujo | TBD | BCCA - Kelowna; PHSA Professional Practice. Oncology. | Also interested in starting a network of nurses interested in issues around eldercare in BC. No decision yet on network established. | | Oncology | 26 |
| Jagbir Kohli | | BCCA - Fraser Valley Prince George; clinical educator, mental health and addictions | Is connected to Paula Araujo. They are taking this on as a PHSA professional practice 'project' | | | |
| Damen DeLeenheer | | | Is a new NP | | | |
| Brynn Grierson | Canadian Association of Nurses in AIDS Care (CANAC) | CANAC (Canadian Association of Nurses in AIDS Care) | CANAC is a nursing organization for nurses working in or interested in the field of HIV/AIDS nursing. Nationally we have 200 members, with 90 members in the Pacific Region. | 90 in the Pacific Region | HIV/AIDS | 9 years |
| Linda von Tettenborn | Douglas College FHS | Douglas College FHS | There are probably at least about 70 RN's on faculty in the 3 nursing programs. I have been teaching in the BSN program since 1999, so know many faculty members. We all interlink with clinical agencies, as well as other networks and venues within which we live. I can reach the faculty members via internal college e-mail. Since this is a new venture, I can only guess at the number of more active members we may have. | 70 | Education-post secondary | 40 |
| Cheryl Isaak | BCIT Specialty Nursing | BCIT; dean specialty nursing | I work with nine specialties at BCIT including: Critical Care, Emergency, High Acuity, Neonatal, Nephrology, Occupational Health, Pediatrics, Perinatal, Perioperative nursing. There are 45 full time faculty and many adjunct faculty that support the education of specialty nursing students. | 45 | Associate Dean - Specialty Nursing at BCIT | 35 |
| Lucy Barney | Aboriginal nurses | | | | | |
| Christina Choung | VGH ICU | ICU Nurses at VGH | | 200 | ICU Nurse at VGH | 8 |
| Pam Samuelson | Abbotsford MH | | My RN colleagues in acute MH at Abbotsford are limited but I also hope to connect with the hospital CNE group and other RN's that I know. The current number would be 25 and I hope to reach 100 by the end of the year. | currently 25, hoping for 100 by end of year | Mental Health | 26 |



| | | | | | | |
|--------------------|---|--|--|--------------------|--|-----|
| Tanya Runfola | Cariboo Memorial Nurses | Intensive Care and Emergency | I will be connecting within the Cariboo Memorial Hospital Nurses, many whom I presently work with. About 20 nurses. | 20 | | 18 |
| Lesley Auguer | Interior Health Educator | | | | | |
| Sherry Stackhouse | Emergency Nursing | | We are hoping to reach as many ED nurses as possible-rural, urban, community and teaching.(aim for 200) | around 200 | ER Nurse | 29 |
| Mavis Nordstrom | | RMH ER staff | I connect with about 75 RNs who work in my ED as well as the site CNE group and the FH ER CNE group. | around 75 anywhere | Emergency | 25 |
| Janine Stevenson | VCC Network | HIV/Hep C STI, Harm reduction, Epid | The network will consist of nursing instructors at Vancouver Community College. Unsure just yet how many it could be from 6-25 or 30 | between 6 to 30 | HIV/Hep C STI, Harm reduction, Epid | 20 |
| Mari Lyn Kelly | Director of Care, Nanaimo Seniors Village (VIHA) | | | | | |
| Hannah Varto | Sexual Health Nurses Network | youth health, public health, sexual health, forensic nursing | I hope to connect with nurses and NPs who work in or have a passion for sexual health care. This includes NPs and nurses who work in public health, youth clinics, contraceptive clinics and sexual assault/forensic teams. I currently lead the BC Contraceptive Management Community of Practice and through this existing network hope to tap into more NPs and nurses working in this field (both certified or not). | ? | youth health, public health, sexual health, forensic nursing | 11 |
| Ken McDonald | TBD - administrative leaders | Fraser Health, mental health and addictions | This group will connect people in low and middle management positions, within medium to large healthcare organizations, that have a bureaucratic organizational structure. I can recruit approximately 10 people on my own, with the potential for more depending on the degree of interconnectedness and communication supports | roughly 10 | Administrative Leadership | 13 |
| Rosanne Beuthin | VIHA | | Nurses across all program areas, across the VIHA as part of my everyday work... | | Professional Practi | 30+ |
| Christina Berlanda | VIHA Professional Practice | | | | | |
| Karen Salamak | She is starting a new job in private home health care (St. Elizabeth's) in Vancouver and has connection with her personal network, a group called Emerging Health Leaders, and nurses working with St. Elizabeth's. FYI, she worked for | | | | | |



Appendix G: Example of Webinar Agenda

Association of Registered Nurses of BC

Greetings ARNBC Network Leads,

I'm looking forward to connecting with as many of you as possible on Thursday or Friday this week. The call/webinar won't last longer than an hour, and we'll try to keep it to 45 minutes. Please choose the day and time that works best for you, as you don't need to participate in both. No registration is necessary.

Call in information is in the box below.

Barb Reece, RN

ARNBC Consultant/Project Facilitator

Agenda for April 25th/26th

1. Round-table introductions
2. Review of resources available to Network Leads resources
3. BC nurses and the provincial election
 - ARNBC Provincial Elections webpage and resources
<http://www.arnbc.ca/election/index.php>
 - ARNBC Blog about provincial election <http://www.arnbc.ca/blog/nurses-speak-up-for-health-election-tools-for-b-c-nurses/>
4. Q&A

To join the conference call:

Dial: 1-888-289-4573 Participant Code: 2911818

To join the webinar (video only), click on link or paste in your browser:

<https://global.gotomeeting.com/meeting/join/517343253> or enter www.gotomeeting.com in your browser, choose 'Join Meeting' from the menu bar and then log in with the following meeting ID: 517-343-253

Reminder of scheduled dates/times for check-in calls:

Thursday, April 25th @ 7:30 p.m. or

Friday, April 26th @ noon

Thursday, May 9th @ 7:30 p.m.

Thursday, May 30th @ noon

Friday, June 14 @ noon or

Monday, June 17 @ 7:30 p.m.

Thursday, July 4 @ noon or

Thursday, July 4 @ 7:30 p.m.



Appendix H: Example of Post-webinar Update (first page only)

Association of Registered Nurses of BC

ARNBC Network Leads Update

May 2, 2013

It was great to meet those of you who participated in the first scheduled Check-in Webinars on April 25th and 26th last week. We officially have 23 Network Leads and interest continues to grow. Many of us used webcams to connect 'face to face' during the webinar, and everyone agreed that the conference call/webinar format was easy to use and would work well for us going forward. Through regular check-ins we hope to:

- Build the 'community' of Network Leads
- Facilitate two-way communication and info exchange
- Swap ideas and discuss issues with other Network Leads
- Try out a variety of communication strategies and patterns and figure out what works best

Don't worry if you were not able to join us this time around. Information shared during the calls is included in this message, and/or available on the ARNBC website at www.arnbc.ca. Plan to join the scheduled calls/webinars when you can but also expect to get this type of email every week or two as another means of keeping you updated. You will receive an email reminder about the next check-in call/webinar scheduled for **May 9th at 7:30 pm**.

INFO FROM WEBINAR

ARNBC Provincial Election Webpage

Network Leads are encouraged to check out the Elections Webpage and become familiar with the key messages ARNBC has developed www.arnbc.ca/election/index.php. Consider making the provincial election a focus for your network in the next few weeks leading up to May 14th. The webpage is FULL of fantastic information and resources that will support nurses to speak with their local candidates about nursing and health care issues that are important to them during this election and in the future. Encourage your members to respond to the blog entry www.arnbc.ca/blog/nurses-speak-up-for-health-election-tools-for-b-c-nurses/. What questions would you ask your MLA?

Celebrating Nursing Week May 6-12th

Network Leads exchanged information about the ways they are planning to celebrate Nurses Week. Watch for a list of ideas on the ARNBC website in the coming days.

NEW THIS WEEK

Nominations for ARNBC Board of Directors positions are open

Information about ARNBC's Annual General Meeting and elections process has been posted on the website www.arnbc.ca/agm/index.php.

Canadian Nurses Association (CNA) AGM

The ARNBC Board of Directors has created an opportunity for one of our Network Leads to participate as a voting delegate to the CNA Annual Meeting to be held in Ottawa on June 19, 2013. ARNBC will provide \$1,000 toward the cost of travel and accommodation.

If you are interested, please send us a message with the following information to admin@arnbc.ca:

- Name and Home Mailing Address
- Telephone number
- CRNBC Registration Number
- Name of your Network/Group
- A short statement (3-4 sentences) describing your interest in participating as a voting delegate from



Appendix I: Evaluation Plan

| | |
|---|---------------|
| Confirm all Network Leads – gather missing profile information | by July 5/13 |
| Gather feedback during last scheduled set of Check-In webinars | by July 4/13 |
| Send survey out to all Network Leads | by July 5/13 |
| Conduct phone interviews by request | by July 21/13 |
| Compile 'products' of Network Leads Project in single file for review | by July 5/12 |
| Analyze survey results | by July 21/13 |
| Write report and submit to Nora Whyte and Engagement Team | by July 31/13 |



Appendix J: Evaluation Survey Results (Summary)



Network Leads
Summary Report
July 16