



**Business Meeting  
April 7, 2017  
Embassy Suites, Sacramento CA**

Present: P. Greiner, S. Ziehm A. Berman, A. Martanegara, D. Tavernier, P. McFarland & CACN membership  
Recorded by K. Warner, Secretary

<b>Topic</b>	<b>Time</b>	<b>Discussion/Conclusion</b>	<b>Action Needed</b>
Call to Order	0915	<ul style="list-style-type: none"> <li>i. Approval of Agenda</li> <li>ii. Approval of Minutes Fall 2016</li> </ul>	<ul style="list-style-type: none"> <li>i. Approved</li> <li>ii. Approved</li> </ul>
Officer Reports			
President Report – P. Greiner		<ul style="list-style-type: none"> <li>i. Strategic Priorities – discussed at EC on Wed. April 5, 2017; have completed approximately 70% of goals. Shift away from White Papers. Topics will be discussed at Fall meeting and will determine which should have position statements. A Strategic Planning retreat will be scheduled for next spring (2018-2021) with presentation to members at spring meeting.</li> <li>ii. Ongoing meetings with BRN – issues such as clinical placements (service providers will be involved in these discussions). Need for simulation to</li> </ul>	<ul style="list-style-type: none"> <li>i. Completion of CACN Goals; Review White Paper topics at Fall meeting to determine which should have position statements; Pending Strategic Planning meeting for 2018-21.</li> <li>ii. Ongoing efforts with BRN to address increasing simulation allowed for clinical experiences.</li> </ul>

		replace some clinical experiences – will help with providing excellent experiences and address clinical shortages.	
President-Elect Scott Ziehm		i. CACN/COADN joint meeting Oct. 18-20, 2017 Westin Resort Rancho Mirage.	i. Arrangements pending.
Past President Report- Audrey Berman		i. Elections - in fall will need members to form nominating committee – Treasurer and President Elect for next spring.	i. Recruitment of Nominating Committee to handle upcoming elections (Treasurer/President Elect).
Secretary Report – Kris Warner		i. Posting of Fall 2016 meeting minutes delayed.	i. Minutes Fall 16 meeting which will be posted online for member approval. No additional information/updates.
Treasurer Report – A. Martanegara		<ul style="list-style-type: none"> <li>i. 2016 Financials – a net negative was budgeted but net revenue was actually \$6251 - \$9000 shift from negative to positive.</li> <li>ii. Year-to-date Financials</li> <li>iii. \$1000 per month for ACNL support along with a percentage of conference revenue. Both CACN and ACNL are both 501(c)3 organizations. Approximately \$120,000 in reserves. Bring on part-time person for website updating (a nursing student)</li> <li>iv. Doing well financially as a small organization.</li> </ul>	<ul style="list-style-type: none"> <li>i. No action.</li> <li>ii. No action.</li> <li>iii. Need to identify part-time member for website updating – prefer nursing student; members to help with recruitment.</li> <li>iv. No action.</li> </ul>
Member at Large – Debbie Tavernier		i. Review of position statements updates.	i. Continue with updates and present at Fall Meeting Oct. 2017.
Executive Officer –		i. P. McFarland will be stepping down	i. Member identification of potential

Pat McFarland		<p>with onboarding of new CEO of ACNL. Seeking recommendations from members.</p> <ul style="list-style-type: none"> <li>ii. Update database - ongoing</li> <li>iii. Filing of non-profit – taxes filed</li> <li>iv. Policies and procedures – working through process (conflict of interest, ACNL relationship, conference management, financial policies etc.</li> <li>v. PG recommended that we need approximately \$300,000 in reserves to be healthy and provide for growth.</li> <li>vi. Scholarships – need to get word out so that there are more and stronger applications (few if any over past several years). Determine funds based on quality. One recipient in 2016.</li> </ul>	<p>individuals to replace P. McFarland as CEO of ACNL.</p> <ul style="list-style-type: none"> <li>ii. Continue with database update.</li> <li>iii. Completed.</li> <li>iv. Ongoing discussions/recommendations of policies and procedures with respect to ACNL/conference management with AOADN.</li> <li>v. Ongoing review of achievement toward reserve goal.</li> <li>vi. Advertisement of scholarships earlier to assure wider dissemination and number/quality of applicants.</li> </ul>
New Business		<ul style="list-style-type: none"> <li>i. “Current barriers during BRN (ELC, Board) meeting to expand nursing programs” – BRN seems to be looking at these placement issues as ‘veto power’ which can have detrimental effect on new programs and expansions – conflict predominately between AD and BSN programs. Discussion: Loss of placements can be for a variety of causes (not solely program expansion). Broader issue is the need for qualified workforce – not clinical placements. Need for collaboration with COADN. Need for alternative placements beyond acute care settings (community, simulation</li> </ul>	<ul style="list-style-type: none"> <li>i. Ongoing efforts by CACN Leadership and Member schools to coordinate with COADN regarding clinical placement conflicts that have arisen especially in South State areas. Efforts to increase use of alternative placements for member schools – sharing of opportunities identified with membership. Continue efforts with regional partners to expand number and types of clinical experiences</li> <li>ii. Unique opportunity with M. Wickman assuming leadership of ACNL to increase collaboration with ACNL especially with respect to regional meetings to discuss academic/practice partnerships.</li> <li>iii. Ongoing efforts with BRN to allow for</li> </ul>

		<p>etc.). Regional partners are an asset in looking at availability and planning for clinical experiences.</p> <p>ii. Mary Wickman President of ACNL would like to partner with CACN to address the clinical experience availability issue. Possibility of ACNL hosting regional meetings for practice and academic partners to discuss the topic. Solutions are likely at a regional level not just statewide. Need for collegiality between programs. BRN will support alternatives to acute care experiences – often it is programs and the faculty who are resistant to rethinking what constitutes acceptable experiences.</p> <p>iii. Competency based education – would allow for non-nurse professionals to teach certain content. Would require change in law.</p> <p>iv. Need to explore a leadership mentorship program.</p>	<p>non-nurse professionals to teach certain topics not necessarily requiring Registered Nurse status.</p> <p>iv. To increase leadership competency at academic institutions recommend implementing a mentorship program. Can model after existing programs for practice partners.</p>
Member Forum		<p>i. Discussion regarding above content.</p>	<p>i. Review by P. Greiner regarding need for recruitment for above initiatives including BRN updating of policies, enhanced relationships with COADN and ACNL.</p>
Adjournment	1015		