

*The Canadian Heart Failure Society's mission is to improve the care of patients through research, advocacy, education and development of best practices in the field of heart failure disorders.*

### **Nursing and Allied Health Council**

#### **Purpose:**

Increase participation of nurses and allied health professionals (AHP) in the CHFS activities to help fulfill the mission.

#### **Objectives:**

Provide an opportunity for nurses to network with colleagues to enable them to have a robust and informed voice on CHFS committees.

Represent a bidirectional conduit for communication between CHFS committee activities and nurses/allied health professionals.

#### **Specific Mandates**

- Interaction with the CHFS committees through Nurse/AHP committee representative to support CHFS committee activities educational content, KT opportunities and website resources (e.g. educational committee, website committee)
- Encourage and provide opportunity for networking, sharing information and knowledge translation (KT) within the nursing and AHP community.
- Share best practices and resources aimed at enhancing patient care.
- Ensure timely access to information and current events related to heart failure care.
- Engage new members to participate in the CHFS mission and share the future generation
- Yearly NAHC activities include a dedicated time for networking at the HF update conference and an education session at the CCC.

#### **Mandates to consider- (maybe not for first year)**

- Lead and collaborate in the development of clinical guidelines and standards of care to support nursing and AHP-specific practice.

#### **Council membership**

The Allied Health Representative (AHR) from the executive will serve as the Chairperson and the term shall be two years in conjunction with the terms of the AHR. The membership of the Council shall consist of a minimum of 6 CHFS members to a maximum of 10; with at least 2 of which shall be an AHP.

Chair: Nursing/AHP representative from the CHFS Executive

Executive council members: Nursing/AHP representative from each of the CHFS committees and BOD

Ideally- may consider representative from each province if available- makes for large council, but also provides opportunity for mentorship and capacity building.

Possible members:

- Registered Nurses, Nurse Practitioners, Clinical Nurse Specialists, Nursing Assistants
- Pharmacists, Dietitians, Social workers, Exercise Specialists (e.g. physiotherapists, kinesiologists)
- Academic institution instructors, research coordinators

### **Meetings**

The Council will conduct meetings at least twice a year by teleconference and as often as necessary to accomplish its mandates. (e.g. may depend on frequency of individual CHFS committee meetings)

### **Reporting**

The Council shall provide minutes of its meetings to the CHFS Executive. Matters of substance shall be referred to the CHFS specific committee or executive for consideration and final decision.

The Council shall provide an annual report at the CCC each year.

### **Accountability**

The Council is accountable to the CHFS Board of Directors and Executive

