

World Federation of Critical Care Nurses

2001-2005 Report

"Connecting Critical Care Nurses in the World"



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PHILOSOPHY

The philosophy of the WFCCN is to assist critical care nursing associations and nurses regardless of age, gender, nation, colour, religious beliefs or social background in the pursuit of the objectives of the WFCCN.

PURPOSE

The purpose of the WFCCN is to link critical care nursing associations and nurses throughout the world, to strengthen the influence and contribution of critical care nurses to health care globally and to be a collective voice and advocate for critical care nurses and patients at an International level.

OBJECTIVES

1. To represent critical care nurses and critical care nursing at an International level.
2. To improve the standard of care provided to critically ill patients and their families throughout the countries of the world.
3. To advance the art and science of critical care nursing in all countries throughout the world.
4. To promote co-operation, collaboration and support for critical care nursing organisations and individuals.
5. To improve the recognition given to critical care nursing throughout the world.
6. To maintain and improve effective co-operation between all health professionals, institutions, agencies and charities who have a professional interest in the care of critically ill patients.
7. To establish standards for education, practice and management of critical care nursing.
8. To foster and support research initiatives that advance critical care nursing and patient/family care.
9. To encourage and enhance education programs in critical care nursing throughout the world.
10. To provide conferences, written information and continuing education for critical care nurses.



**REPORT FROM THE
CHAIR, WFCCN**
A/Prof Ged Williams

The World Federation of Critical Care Nurses is fortunate to have a wonderful and dedicated Council. Through these people we are able to do much with relatively few resources at our disposal. Their enthusiasm, dedication and commitment is unquestioned and their advocacy for their respective countries, colleagues and patients has been an inspiration to me and many others who have come to know the WFCCN. These wonderful people have been a tremendous source of knowledge, wisdom, fellowship and support over the last 4 years and even prior to that when the idea of the WFCCN was only being contemplated.

Since our formation in Sydney, Australia on 30 October 2001, the WFCCN has steadily grown in number and activity. The WFCCN has now established itself as a world entity with formal Partnerships to 3 international corporate entities Code Blue Nursing Agency, Abbott laboratories, Datex Ohmeda. We now have established affiliations with the International Council of Nurses, World Federation of Societies of Intensive Care and Critical care Medicine, Asia Pacific Federation of Critical Care Nurses and the European federation of Critical Care Nursing Associations. WFCCN has also been invited to register on the Yearbook of International Organisations and a small but growing number of our

representatives are acknowledged on International indices.

The partnerships and friendships that WFCCN establish are strategically important so that we can continue to strive to link and support critical care nurses of the world and to help them help the sick and vulnerable critically ill patients and their families in their communities. This is our *raison d'être*.

Further more the WFCCN has shown considerable leadership in the last 12 months through the development of many new activities of strategic significance including draft papers on workforce and education for critical care nurses, conference sponsorship plans for the years 2004-2009 in 6 different countries on most major continents of the world, a growing website containing useful and informative news and views and a stabilising financial position, not to mention a listing of over 20 member associations which is steadily growing.

The purpose of this report is to inform our member associations, corporate partners and the broader critical care and nursing community of what the WFCCN have achieved so far and what we hope to achieve in the following years.

Finally, I do thank my Council colleagues, the member and affiliate associations, corporate partners and the many friends and colleagues in the world who have provided sustained support and encouragement to me over the last few years. It is through our collective cooperation and contribution that the WFCCN can continue the journey towards a better world in which critical care nursing can make a positive contribution.

**MESSAGE FROM THE
WORLD FEDERATION OF
SOCIETIES OF INTENSIVE AND
CRITICAL CARE MEDICINE**

Dear Colleagues,

On behalf of the World Federation of Societies of Intensive and Critical Care Medicine (WFSICCM) I would like to congratulate the World Federation of Critical Care Nursing (WFCCN) on an auspicious and successful inauguration. Ultimately, international professional organizations will create the forum in which communication, collaboration and honest appraisal of results will lead to worldwide improvement in healthcare.

The WFSICCM has been intimately involved with the development of an international nursing forum and integrated nursing membership on its Council several years ago. The development of the WFCCN is a natural and desirable extension of this activity, and the WFCCN is to be recognized for undertaking this successful initiative. The collaboration between our organizations must mimic the collegial relationships between nursing and physician partners that exist in the most successful Intensive Care Units. Certainly our heritage and past performance support this relationship, and together our organizations must effectively bridge the gaps of distance, resources, language and expertise that compromise the care of many patients. Sophistication, wealth, technology and outcome do not go hand in hand; the realistic appreciation of health care goals and capabilities in different locations will provide our organizations the ability to help local providers match available care delivery with optimal outcome. The

importance of strong and continuing collaboration between our two organizations is fundamental to our individual and collective success, and I anticipate that we shall be able to positively affect critical health care delivery in an important and meaningful way worldwide.

This year marks the WFSICCM's 9th Quadrennial Symposium in Buenos Aires, Argentina on August 27-31, 2005. Our Argentinean hosts have created an excellent program that incorporates WFSICCM and WFCCN activities, and I look forward to welcoming you to your first World Congress and to participating together in a number of interesting, challenging and inclusive educational forums. It has been a privilege to participate in the inauguration of your organization. I look forward to our continued partnership, collaborative educational and research projects, integrated communication services and successful care initiatives to improve access to and implementation of therapies to critical care patients in an ethically appropriate and culturally sensitive manner worldwide.

Philip D. Lumb, M.B., B.S., FCCM

**MESSAGE FROM THE
CHIEF EXECUTIVE OFFICER
OF THE INTERNATIONAL
COUNCIL OF NURSES**

The International Council of Nurses (ICN) is delighted that the World Federation of Critical Care Nurses has joined the global family of nurses as an ICN Affiliate. On behalf of the ICN Board and staff I am pleased to offer a heartfelt welcome and to congratulate WFCCN on its leadership in reaching out to nursing colleagues globally and regionally. WFCCN joins the other ICN Affiliates, including the International Federation of Nurse Anaesthetists; the International Federation of Perioperative Nurses; the International Society of Nurses in Cancer Care, and the Council of International Neonatal Nurses, as well as ICN's 126 member National Nurses Associations, in working to unite and strengthen nursing and healthcare worldwide.

As the voice of more than 12 million nurses working across the globe, ICN understands the critical importance of both unity and leadership in nursing. The healthcare environment of the 21st century presents many challenges for nurses -- challenges that directly affect our ability to care for patients and also to care for ourselves. The global impact of HIV/AIDS, health care reform, the status of nursing in many countries, the worldwide nursing shortage, and the challenge of nurturing and supporting nurse leaders stand out as key issues, but we realize there are others specific to critical care. We know how hard

you are working to improve nursing as a profession and I commend the WFCCN and critical care nurses everywhere for your commitment to providing and improving quality care for the vulnerable critically ill patients and their families. Nursing has always been about putting patients and their families first and we congratulate you for your emphasis on this.

I would also like to congratulate the WFCCN on your many achievements over the past 4 years, including papers on the workforce and education for critical care nurses, a steadily growing membership, a lively website and international conference planning. Please accept ICN's best wishes for continued success in all future endeavours as you put patients first.

**MESSAGE FROM THE
EUROPEAN FEDERATION OF
CRITICAL CARE NURSING
ASSOCIATIONS**

The European Federation of Critical Care Nursing Associations (EfCCNa) was founded in Berlin in 1999. EfCCNa has a membership of 22 associations all across Europe. EfCCNa has several objectives. These include maintaining effective co-operation between all health care professionals, who have a professional interest in the care of critically ill patients, to establish standards for education, practice and management of critical care nursing. EfCCNa also recognises the importance of support and encouragement to the world of

critical care nursing and is pleased that the World Federation has been founded. EfCCNa and the WFCCN have taken the first step in working together by the online journal CONNECT and had the first joint meeting in Cambridge UK, September 2004. At the meeting there were several ideas to produce projects jointly, where it is preferable to speak with one voice. Other thoughts are charring objectives, key projects, and exchange of good practice and position statements. It is the view of the representatives at the meeting, that it is important the wheel should not be re-invented. In the end, critically ill patients and their families are the main concern where ever in the world they are. They are the reason for the existence of critical care nursing organisations. It is the responsibility of the critical care nurses of the world to join forces and contribute to safe environment and best available treatment at all times for our clients. This supports the importance of an ongoing commitment between the two federations.

**Working together –
Achieving more.**

On behalf of EfCCNA's Council

Rósa Thorsteinsdóttir
(Vice-President)

**MESSAGE FROM THE
ASIA PACIFIC FEDERATION OF
CRITICAL CARE NURSES**

The Asia Pacific Federation of Critical Care Nurses (APFCCN) was launched and had the first inaugural meeting on March 1, 2003 in Manila, Philippines. The launch was participated by seven associations in the Asia Pacific region. Ged Williams, Chair of the WFCCN, was the distinguished guest during this event. The objectives of APFCCN includes advancing the art and science of critical care nursing in the Asia Pacific region, establishment of standards for education, practice and management of critical care nursing, providing and encouraging professional networking and communication among critical care nurses in the region and supporting activities for education and research. During the inaugural year, the Asia Pacific region was confronted with the challenges of SARS and has kept nursing activities focused towards care of patients afflicted with SARS and control of this devastating disease. This has slowed down the activities of the APFCCN. Currently, APFCCN is still moving to bring more members to work and attain the established objectives. Just like any region in the world, the culture and language barrier have made this task hard and slow paced. However, we are optimistic that APFCCN will unify the critical care nurses in the region, with the support and guidance of the WFCCN, because we share the same philosophy in education, standards, research and publications.

Ma. Isabelita C. Rogado, RN, MAN
(Convener)

HISTORICAL BACKGROUND OF THE WFCCN: The Formative Years

The World Federation of Critical Care Nurses was born on 30 October 2001 at a meeting 70 critical care nurses from 15 different during the 8th World Congress on Intensive Care in Sydney, Australia. At this meeting a number of prominent critical care nurses from around the world presented their ideas and views on how the many different critical care nursing organisations could cooperate and meet to expand their networks, ideas and activities globally. After some discussion and debate the meeting developed and endorsed a constitution that would form the World Federation of Critical Care Nurses (WFCCN). However there was a long “gestational” period which may be of interest to many...the story begins:

The history of formal international dialogue aimed at forming stronger international networks between critical care nurses and Critical Care Nursing Organisations (CCNOs).

1985 - 4th World Congress - Tel Aviv – A nursing organisation (Australia) first ask to be admitted to World Federation of Societies of Intensive Care and Critical Care Medicine.

1989 - 5th World Congress - Kyoto - Australia and USA applications accepted by WFSICCM. Sarah Sandford (USA) and Lorraine Ferguson (Australia) ask for a nursing position on the board of the WFSICCM.

1993 - 6th World Congress - Madrid - CCNOs from Australia, USA, Britain and Spain formally admitted to WFSICCM and a Nursing member was appointed to the board (Belinda Atkinson, England). Madrid Declaration on the Preparation of Critical Care Nurses announced and signed at this meeting. CCNOs pledge to improve international communication, collaboration and expansion.

1994 - AACN Global Connections Conference, Toronto. CCNO's meet during this conference, share visions and pledge to improve international communication, collaboration and expansion.

1997 - 7th World Congress - Ottawa - CCNOs meet during this conference, share visions and pledge to improve international communication, collaboration and expansion.

2000 - BACCN - Global Connections Conference, Edinburgh. Ged Williams presents results of the world CCNOs survey and outlines possibilities for an International network of Critical Care Nursing Organisations. (Full Text: Williams G, Chaboyer W, Thornsteindottir R, Fullbrook P, Shelton C, Chan D, Wojner A. 2001. World Wide Overview of Critical Care Nursing Organisations and their Activities. International Nursing Review. 48, Dec: 208-217.)

2001 - 30 October, 70 critical care nurses from 15 different countries were represented at a meeting of nurses during the 8th World

Congress on Intensive Care in Sydney, Australia*. At this meeting they developed and endorsed a constitution to form the World Federation of Critical Care Nurses (WFCCN).

The inaugural Council were made up of:

Ged Williams (Australia) - Chair
Belle Rogado (Philippines) - Secretary
Bernice Budz (Canada) - Treasurer
John Albarran (United Kingdom) – Trade Liaison
Esther Wong (Hong Kong)
Debbie Kim (Korea)
Birte Baktoft (Denmark)

Gordon Speed (New Zealand)

KEY MEETINGS AND DECISIONS OF THE WFCCN

31 October, 2001 Sydney, Australia

- Ratification of the Declaration of Sydney – the Constitution of the World Federation of Critical Care Nurses
- Election of the Inaugural Council of the WFCCN
- First meeting of the WFCCN Council
- Agreement to accept Code Blue Nursing Agency of Australia as the first Corporate Partner to WFCCN and sponsor of the WFCCN website.
- Agreement in principle to pursue a relationship with the editors and publishers of CONNECT journal.

- WFCCN Council members active participants in 8th World Congress of Intensive Care.



28 May, 2002 Paris, France

- WFCCN Council active participants in 1st European Federation of Critical Care Nursing Associations Conference.
- WFCCN Core Administration meeting
- International Council of Nursing (ICN) representative Tesfamichael Ghebrehiwet, met with Core Administration to explore reciprocal information exchange and future association.
- Datex Ohmeda representative, Susanne Kreuter, met with Core Administration to explore a corporate sponsorship arrangement with WFCCN.
- Paul Fulbrook, Co-Editor CONNECT journal met with Core Administration to progress the development of an official WFCCN Journal.
- Nigel Turner, Code Blue Agency representative met with Core Administration to confirm Corporate membership and to

develop website plan. Draft WFCCN logo created.

- Abbott Laboratories confirmed as corporate sponsor to WFCCN.
- WFCCN agreed to establish official postal address with secretary – Manila, Philippines.
- WFCCN agreed to establish financial head quarters in USA and use US dollar as currency. Filed for Certificate of Authority for Foreign Non-profit

Corporation, Established bank account with Wells Fargo.

(What a hassle – only Months after September 11 2001 we try to establish a bank account with President in Australia, Head office in Philippines, wanting to open a bank account in USA using a woman from Canada. WFCCN looked suspicious, but were accepted eventually!!)



**26-28 February, 2003
Manila, Philippines**

- Ged Williams attends Annual Convention of Critical Care Societies of the Philippines as invited speaker.
- Belle Rogado hosts meeting of Asia Pacific Critical Care Nursing Associations to form Asia-Pacific Federation of Critical Care Nurses
- Ged and Belle plan San Antonio meeting.



**17 May 2003
San Antonio, Texas, USA**

- WFCCN Council members active participants in American Association of Critical Care Nurses National Teaching Institute
- Second meeting of WFCCN Council.
- Website Confirmed, Karl Oyri (Norway Rep.) contracted as Webmaster. Nigel Turner of Code Blue Nursing Agency in attendance to confirm ongoing assistance and support – WFCCN Logo confirmed.
- Explored the possibility of Asia – Pacific Network of critical care nurses.
- Agreed to have first WFCCN Congress in Cambridge in 2004 and to attempt one single international congress per year after that.
- Agreed to have second WFCCN Congress as co-hosts to the WFSICCM World Congress in 2005.
- Draft terms of reference to establish international standards on critical care workforce and education tabled and approved

- Other discussions – ICN membership, finances, sponsorships, new membership



**17 November 2003
Reading, England.**

- Ged Williams visit to UK and BACCN on route from APICE conference in Trieste, Italy.
- Meeting with BACCN representatives and Index Communication to plan first WFCCN/2nd BACCN international critical care nursing conference.

**18 November 2003
Standford Air Port England**

- Ged Williams, John Albarran, Paul Fulbrook (co-editor of CONNECT) meet with Heike Strunk and Wouter de Graff (EfCCNa) to establish contractual arrangements and partnership to maintain CONNECT the world of critical care nursing as the official journal of WFCCN in association with EfCCNa.

**12 September 2004
Cambridge, England**

- First joint meeting of the WFCCN and EfCCNa Councils
- Confirmed arrangements for ongoing support to CONNECT journal.
- Sharing of ideas, directions and issues for each federation.
- Commitment to ongoing sharing of information and support one another's activities.



**15 & 16 September 2004
Cambridge, England**

- WFCCN Council members actively participate in first WFCCN Congress with BACCN and over 400 participants.
- Third meeting of WFCCN Council
- Confirmed application for ICN affiliate membership
- Confirmed plans for annual WFCCN conference. 3rd WFCCN to be in the Philippines in 2006. Tentative arrangements for 6th WFCCN congress to be 10th World Congress of Intensive Care with WFSICCM in Florence, Italy.
- Agreed and confirmed membership and support for

European Society of Intensive Care Medicine (ESICM) CoBatrice Project (intensive care medicine training program).

- Laura Alberto, Argentina rep., met with Council to discuss the World Congress plans and to inform us of South American critical care nursing issues and needs.
- Review of draft Workforce and Education statements – agreed to finalise and endorse these in Argentina, August 2005.



**1 March 2005
Manila, Phillipines**

- WFCCN Core Administration members actively participate in the 7th Joint Annual Convention of Critical Care Societies with over 600 participants.
- Meeting of WFCCN Core Administration.
- Commenced detailed planning for Argentina meeting and conference and tentative planning for 3rd WFCCN Congress in Phillipines in 2006.
- Planned attendance for ICN in May 2005 and agreed to affiliate membership endorsement to ICN.
- Agreed to write WFCCN 2001-2005 Report and commenced draft document.

- Reviewed membership and future strategies to improve membership.
- Agreed to support the formation of a South American network of Critical care Nursing Associations if there is adequate local support for the idea – Ged Williams to visit South America in April 2005 to make connections and establish readiness for this idea.
- Other Discussions – financial report and progress, website developments, CONNECT developments.



**13-16 April 2005
Santos, Brazil**

- Ged Williams participates in Brazilian Critical Care Conference and hosts meeting of South American critical care nurses to explore future collaboration with WFCCN and a regional network of South American Critical Care Nurses.

**18 April
Santiago, Chile**

- Ged Williams meets with Chilean critical care nurses in three separate city hospitals.
- Division Enfermeria Sociedad Chilene Medicina Intensiva and Abbott Laboratories host

WFCCN meeting and presentation. Further discussion of a South American Network are encouraging.



26-31 August 2005

Buenos Aires, Argentina

- Forth meeting of WFCCN Council
- WFCCN Council members actively participate in second WFCCN Congress with WFSICCM at the 10th World Congress on Intensive Care. (Event had not commenced at the time of writing this report)

KEY POSITION STATEMENTS OF THE WFCCN

The World Federation of Critical Care Nurses were informed that we had an important role in providing guidelines and advice on key nursing issues globally – two such issues were identified as workforce standards and education and training standards.

Two such documents will be ready for final ratification of the WFCCN Council in August 2005.

DECLARATION OF BUENOS AIRES

(Position Statement on the Provision of Critical Care Nursing Workforce)

And

DECLARATION OF MADRID

(Position Statement on the Provision of Critical Care Nursing Education)

The **first** drafts of these position statements were distributed to member societies of the WFCCN between February 2004 and September 2004 and changes made following discussion and meeting of the WFCCN in Cambridge September 2004.

The **second** draft of these position statements were distributed to a wider audience including member societies of WFCCN, other international nursing and medicine organisations and individuals with an interest in critical care nursing between October 2004 and April 2005.

The **third** and final draft position statements encapsulated feedback from all responding stakeholders and were made available to all known interested parties in June 2005 for final comment prior to ratification of the WFCCN in August 2005.

The WFCCN have been discussing the relative merits of a position statement on the rights of the critically ill person. This is in early discussion and further research into existing statements by the United Nations, World Health Organisation and others are being investigated to determine if we should consider adopting an existing statement and supporting those or developing a specific statement in this area.

PROGRAMS

CONNECT: The World of Critical Care Nursing



Paul Fulbrook

Connect has now been available on-line at www.connectpublishing.com since the beginning of 2004. To date the website has received 271,079 'hits'.

Connect is the official journal of the World Federation of Critical Care Nurses (WFCCN) and it is published in association with the European federation of Critical Care Nursing associations (EfCCNa).

Four issues of the journal are published annually, and all articles, including the archive, are available for free download.

The purpose of Connect is to provide a forum for critical care nurses around the world to share good practice. It aims to be the voice of critical care nurses world-wide. One of its founding principles is that of support. Connect aims to create a nurturing environment that enables all critical care nurses to have a voice. As such, the editors believe that all nurses have something valuable to contribute to Connect that others may learn from. For this reason, no articles are rejected on the basis of language, and the editors have undertaken to provide help to authors writing in a second language.

The main focus of Connect is clinical practice, and the editors are particularly keen to receive articles that describe or evaluate developments in nursing. The journal contains a mixture of articles, including descriptions of practice innovation, literature reviews, letters, conference reports, clinical skills guidelines, news items, research and, of course, information about developments in WFCCN.

In addition to formal articles the Connect website also provides a resource for critical care nurses for conference information, global news, internet website information, critical care association websites, and industry information.

An international Editorial Board has been established consisting of two Co-Editors (Australia and UK) and five Associate Editors (Australia, Denmark, Hong Kong, Norway, USA). The Editors are supported by a nineteen person International Advisory Board consisting of members from eighteen different countries (Austria, Belgium, Finland, France, Germany, Greece, Hong Kong, Iceland, Italy, Philippines, Mexico, Netherlands (2), New Zealand, Spain, South Korea, Sweden, Turkey, and UK). All member associations of WFCCN and EfCCNa have been invited to nominate a representative to serve on the International Advisory Board. In addition, five Peer Reviewers have been appointed, from two countries (Australia and Hong Kong).

Members of the Editorial Board and International Advisory Board have held one meeting in 2005, in the UK, during the BACCN/WFCCN conference. During this meeting a number of

developments were planned (subject to funding), in particular, to make the Connect website multi-lingual. Some progress has been made to date: the site has now been translated into five further languages, and will go 'live' during 2005. Also, the system has now been set in place for all Connect articles to be made available in HTML as well as PDF format. This will reduce download time.

Further Editorial/International Advisory Board meetings are scheduled to be held in August 2005, during the WFCCN congress in Argentina, and November 2005, during the EfCCNa congress in The Netherlands. The Directors of Connect meet monthly for a teleconference.

The *connections* theme is developed throughout the journal and there are several regular features, to which all critical care colleagues – from anywhere in the world - are invited to contribute:

- Clinical Connections (practice: ideas, development, review articles, news, information, support, equipment)
- Global Connections (World news, information, exchange programmes)
- Internet Connections (useful web site information about critical care)
- Research Connections (research abstracts, news)
- Conference Connections (conference news, reports, adverts, information)

To date, five issues have been published, with a total of 26 articles. The majority of articles were clinically based:

- Clinical Connections 15
- Research Connections 5
- Global Connections 3
- Internet Connections 2
- Conference Connections 1

Subsequent to a suggestion made at the 2005 Editorial/International Advisory Board meeting, guidelines have now been put on the website for a new type of article: *This is my unit* (see: <http://www.connectpublishing.com/submission/ThisIsMyUnit.asp>). The purpose of this type of article is to provide a forum for nurses working throughout the world to discuss their day-to-day working lives and activities. It will allow nurses to showcase their unit, the roles and activities of staff members and to describe any new developments and/or special features. Most articles will be relatively short, approximately 2000 words, and the use of photographs is encouraged.

Articles have been published from 10 different countries, mostly European:

- Australia 1
- Denmark 2
- Germany 1
- Hong Kong 4
- Netherlands 2
- New Zealand 1
- Norway 4 (2 joint with UK author)
- Turkey 1
- USA 1
- UK 9 (2 joint with Norwegian author)
- European (multi-author) 1
- World Federation 1

All articles submitted to Connect have been double-blind reviewed. The majority of authors required assistance from Editorial Board members to prepare their articles for publication in English. Most articles have been accepted for publication.

Connect is now indexed with CINAHL and is scheduled to be indexed with MEDLINE within the next two-three months.

WEBSITE DEVELOPMENT

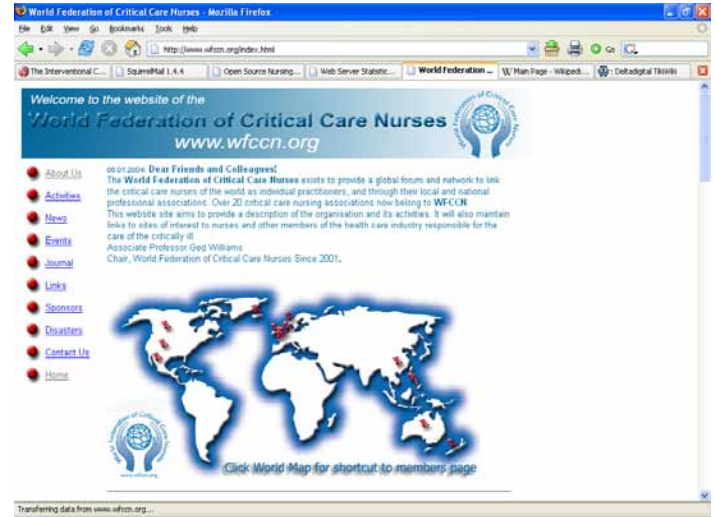


Karl Oyri

Since the start of WFCCN it was obvious that WFCCN needed a presence on the internet. There were several reasons for this including need for dissemination of information between international members, promotion of the organization and the sponsors. Discussions about the WFCCN website were held in Paris during the EfCCNa conference in spring 2002. A temporary website was launched on the domain **wfccn.org**, registered in August 2002. During the WFCCN board meeting in Texas in May 2003, a strategy for a new website was made. The assignment to develop the new website was given to the current web spinner based on the structure discussed in Texas. The design of the new website was based on the new logo, and the website was launched in mid August 2003. The website has a 3 layer structure, with emphasis on simple navigation and user interface. The site consists of flat-file html pages linked together without an underlying database. All material must be entered on the site by the web spinner. This makes the content static, and updates have not been frequent.

The following report contains overall statistics and shows analyzed requests from 14th of August 2002 to 19th February 2005 (figures in parentheses refer to the 7-day period ending 20th February 2005). Successful requests: 96,345 (1,632). Average successful

requests per day: 104 (233). Successful requests for pages: 35,199 (582). Average successful requests for pages per day: 38 (83)



The WFCCN website

Future website strategy

A possible solution to improve the WFCCN website is to redevelop the site based on a content management system (CMS) platform. A CMS would allow dynamic content, and WFCCN members to enter material directly on the website. With close to 100.000 requests since the start, the WFCCN website has established a position on the internet. User-based update of content, and interactivity between users in areas of the WFCCN website could be a strategy to improve substance.

www.wfccn.org

CONFERENCE REPORT

1st WFCCN Congress Cambridge UK, September 2004

The 2nd BACCN and 1st WfCCN joint international conference has been declared as an outstanding success. This can be attributed to the high quality of poster and oral presentations delivered by nurses from around the world. The programme was highly stimulating, innovative and exciting, in part this was because of the wide range topics covering all aspects of critical care that were made relevant to critical care practice and the enthusiasm of presenters and delegates. Interestingly many of the international colleagues were impressed to see that the programme was entirely shaped by nurses for critical care nurses.

The delegates were also treated to some very inspirational and motivating plenary papers by Professor Julie Scholes and Dr Beverly Malone, General Secretary of the Royal College of Nursing.

Amongst the most profound and innovative presentations was a paper delivered by Michelle Ryder-Lewis and her associates, who were awarded the best oral presentation sponsored by *Blackwell Publications*. The paper entitled “Going home to die from Intensive Care: a celebration of life”. Michelle described how nursing staff at her ICU in Wellington, New Zealand, are directly involved with the family, community services in supporting patients to die at home. The judges were

impressed by the quality of the presentation and the unique way that nurses were making a difference.

Julie Scholes (Editor) presenting Michelle Ryder-Lewis with best oral paper award and trophy, sponsored by Blackwell Publishing



The best poster, sponsored by BACCN, again had an international flavour. The poster entitled “Acute Coronary Syndromes in the University Centre, Ljubljana, Slovenia- A nursing clinical pathway” was prepared and presented by Marusa Bvar and colleagues. The poster was described as visually effective, and the content was concise with clear implications for practice.



Julie Scholes (Editor) presenting Marusa Pvar with a prize of £200 for the best poster, sponsored by BACCN

The best student essay, a new innovation introduced by BACCN, attracted a number of entries that addressed a variety of subjects relevant to critical

care nursing. Helen Beard, from Bury St Edmunds was chosen by a panel of experts as the best entry. She was presented with a £200 cheque for her manuscript “Does intermediate care minimise relocation stress for patients leaving the ICU?” This submission was part of Helen’s dissertation and will be published next year in *Nursing in Critical Care*.

It would be unfair and inappropriate not to pay tribute to all many colleagues who presented, as without their contribution the conference would not have been as enjoyable or as rewarding.

Pictured below Chris Smith (Chair BACCN) Dr Beverly Malone, and Annette Richardson (BACCN National Board)



John W. Albarran,
WFCCN UK Rep.
Congress Scientific Convenor

FUTURE CONGRESSES

The WFCCN has established a policy that they will sponsor an international congress each year. This will be done in association with one of our member organisations or with another World body who share our interests and goals, eg WFSICCM.

As mentioned in this report the first such event took place in Cambridge, United Kingdom in conjunction with the BACCN annual conference and as reported, this was a resounding success.

In August 2005 the WFCCN will co-host the 9th World Congress on Intensive Care with the WFSICCM in Buenos Aires, Argentina. The 3rd WFCCN Congress will be in Manila, Philippines in February 2006.

The 4th WFCCN Congress in 2007 and the 5th WFCCN Congress in 2008 will be determined at the meeting of WFCCN in August 2005. However it is encouraged that the successful host nation provide adequate support to the WFCCN Council members to attend and participate and that the selected country be in a different part of the world to previous congresses where possible. The 6th WFCCN Congress is anticipated to be with the 10th World Congress on Intensive care with WFSICCM in Florence, Italy.

APPENDIX

Constitution of the World Federation of Critical Care Nurses (Declaration of Sydney)

30th October, 2001

I. GENERAL PREREQUISITES

ARTICLE 1 TITLE, SITE AND HEAD OFFICES

1. The World Federation of Critical Care Nurses, abbreviated as WFCCN, is a federation of critical care nursing associations. The member associations are formally admitted into membership and have accepted the constitution of WFCCN.
2. The address for any formal correspondence to the WFCCN is with the secretary of WFCCN.

ARTICLE 2 DESCRIPTIONS AND DEFINITIONS

1. The WFCCN is a non-governmental and independent organisation.
2. A critical care nursing association is an association, society, or federation of critical care nurses. In countries where no such group exists, it is a separate critical care nurses section within a health professional association or a subgroup of the national nurses association which have in both cases its own constitutions, regulations and rules.

3. A critical care nurse is a person who holds a recordable or registered nursing qualification in their own country and contributes to the field of critical care nursing.
4. Critical care nursing is specialised nursing care of critically ill patients who have manifest or potential disturbances of vital organ functions. Critical care nursing means assisting, supporting and restoring the patient towards health, or to ease the patients' pain and to prepare them for a dignified death. The aim of critical care nursing is to establish a therapeutic relationship with patients and their relatives and to empower the individuals' physical, psychological, sociological and spiritual capabilities by preventive, curative and rehabilitative interventions.

ARTICLE 3 OFFICIAL LANGUAGE

1. The official language of the WFCCN is English.
2. Should there be any questions arising as to the meaning in translated documents, the meaning in the text written in the official language shall be predominant.

II. PURPOSE AND OBJECTIVES

ARTICLE 4 PHILOSOPHY

The philosophy of the WFCCN is to assist critical care nursing associations and nurses regardless of age, gender, nation, colour, religious beliefs or social background in the pursuit of the objectives of the WFCCN.

ARTICLE 5 PURPOSES

The purpose of the WFCCN is to link critical care nursing associations and nurses throughout the world, to strengthen the influence and contribution of critical care nurses to health care globally and to be a collective voice and advocate for critical care nurses and patients at an International level.

ARTICLE 6 OBJECTIVES

The objectives of the WFCCN are:

1. To represent critical care nurses and critical care nursing at an International level.
2. To improve the standard of care provided to critically ill patients and their families throughout the countries of the world.
3. To advance the art and science of critical care nursing in all countries throughout the world.
4. To promote co-operation, collaboration and support for critical care nursing organisations and individuals.
5. To improve the recognition given to critical care nursing throughout the world.
6. To maintain and improve effective co-operation between all health professionals, institutions, agencies and charities who have a professional interest in the care of critically ill patients.
7. To establish standards for education, practice and management of critical care nursing.
8. To foster and support research initiatives that advance critical

care nursing and patient/family care.

9. To encourage and enhance education programs in critical care nursing throughout the world.
10. To provide conferences, written information and continuing education for critical care nurses.

III. MEMBER ASSOCIATIONS

ARTICLE 7 CRITERIA FOR MEMBERSHIP

1. Any critical care nursing association in the world is eligible for membership as long as they fulfill the WFCCN definition stated in this constitution (article 2.2 and 2.3) and are not in conflict with the WFCCN objectives.
2. The critical care nursing associations/sections that join the WFCCN shall be controlled by critical care nurses. Such associations and their representatives gain their authority from their members when speaking on critical care nursing matters.
3. Critical care nurses from countries with no critical care nursing association may have observer status to WFCCN meetings, and/or identify a single contact person for information distribution. Alternatively they may affiliate with a WFCCN member organisation from a nearby country.
4. Associate Members: any individual or organisation wishing to participate in the activities of the WFCCN but

does not have a member association in their country. These may include, but are not limited to persons identified in Article 7.3, Trade and Industry Partners, Non Critical Care Nursing organisations. Associate members may apply for observer status at WFCCN meetings but do not have any of the rights or obligations outlined in Article 9 (1-3) for members.

ARTICLE 8 FORMAL PROCEDURES FOR ADMISSION

1. The critical care nursing association applying for membership shall apply for membership in writing to the WFCCN.
2. An eligible critical care nursing association is accepted into membership through the vote of the Council of Representatives.
3. Associate members apply for membership in writing to the WFCCN.

ARTICLE 9 RIGHTS AND OBLIGATIONS OF MEMBERS

1. To speak and to vote in the meetings of the Council of Representatives (CoR).
2. To nominate and elect candidates for the WFCCN offices and committees.
3. To notify the Core Administration about the number of active critical care nurses on December 31 each year and to pay the membership subscription in time.
4. To inform the Core Administration about changes which relate to the Council of Representatives.

5. To assist the WFCCN in its activities as agreed to from time to time by the CoR.

ARTICLE 10 WITHDRAWAL FROM MEMBERSHIP

A member association may withdraw its membership in the WFCCN at anytime for any reason by giving written notice to the Core Administration. The withdrawal is effective at the end of the calendar year. Any property of the WFCCN is to be returned. Any member association shall receive formal acknowledgement of withdrawal from the Core Administration and shall fulfill any subscription fees paid to WFCCN prior to withdrawal.

ARTICLE 11 TERMINATION OF MEMBERSHIP

The membership of a member association may be terminated by the Council of Representatives on the grounds of no longer meeting the criteria for membership (article 7) or failure to conduct according the obligations (article 9) . Fundamental to this action is a recommendation of the Core Administration after a formal hearing of the concerned representative and a majority voting of two-third of the CoR's who are present and voting at the meeting.

IV. MEMBERSHIP SUBSCRIPTION

ARTICLE 12 DETERMINATION OF SUBSCRIPTION FEES

1. The annual membership subscription shall be based on a formula agreed by the CoR and to be paid annually and as required by each member association.

2. The annual membership subscription shall be effected in advance for the following fiscal year. Any association who joins the WFCCN after July 1, shall pay half of the annual fee.
The Council of Representatives may make special determinations from time to time to waiver fees of associations with genuine cases of impoverishment.

ARTICLE 13 PAYMENT OF SUBSCRIPTION FEES

The annual membership subscription is due January 1 of the year.

ARTICLE 14 FUNDING OF THE FEDERATION

Until the WFCCN is able to generate income the representatives will be funded by their own critical care nursing association to participate in the activities of the WFCCN.

V. STATUTORY BODIES AND COMMITTEES

ARTICLE 15 COUNCIL OF REPRESENTATIVES

1. The highest authority of the WFCCN is the Council of Representatives. Each association shall be represented by one representative. Each representative must be a critical care nurse and be nominated by the critical care nursing association. Each representative must have access to email and be competent in the English language.
2. The inaugural CoR will serve the WFCCN until 2003 by which

- point the CoR will review this constitution to ensure a long term sustainable structure for WFCCN and it's members . If a representative is unable to attend meetings or activities of the federation, the critical care association may nominate another critical care nurse of their association as a proxy or substitute.
3. The meetings of the Council of Representatives shall be at least once every 2 years and will be planned 12 months in advance. The venue of the meeting shall move around the world and should attempt to coincide with a major international critical care conference. The Chair of the Federation will chair each meeting or nominate a delegate in her/his absence.
4. The Chair shall work with the Secretary to arrange the meeting agenda. The chair and the Secretary shall work with the Administrative Secretary to determine the agenda, proceedings and facilities/ catering of the meeting. The Administrative Secretary to each meeting is the WFCCN representative of the host country or any other critical care nursing leader from that country if there is no association member in that country.
5. Extraordinary meetings of the Council of Representatives shall be held as it is deemed necessary by the Council of Representatives and/or the Core Administration. They will be called upon by the Core

- Administration on request of at least one-third of the Council.
6. The meetings of the Council of Representatives may be attended by more than one representative or by board members of the critical care nursing association, by associate members, official observers or invited guests who may report on special topics. All of them have the right to speak by invitation of the Chair but will not hold any voting rights.
 7. The functions of the Council of Representatives is to:
 - establish policies and priorities to fulfill the objectives of the WFCCN,
 - communicate with the CoR's and the Core Administration,
 - receive, consider and act upon information, motions and nominations,
 - act upon recommendations regarding the admission of member associations,
 - determine the amount of subscription fees to be paid each year
 - amend the constitution, and
 - dissolve the WFCCN.
 8. Each country/association will have one vote on the Council of Representatives. If the representative or its proxy is unable to attend, s/he can nominate in writing one of the other CoR representatives to take over her/his proxy voting.

ARTICLE 16 CORE ADMINISTRATION

1. The Core Administration (CA) takes the actions for business of the WFCCN within the time intervals between the meetings of the Council of Representatives.
2. All member representatives of the WFCCN shall be equal and will be entitled to one vote only on any matters raised and thus have no hierarchical positions. The Core Administration shall have the post of Chair, Secretary, Treasurer and Trade and Industry Sponsorship Coordinator. These roles represent specific tasks and responsibilities but have no extra powers or authority than any other member of the Council.
3. The representatives or member associations shall nominate individuals and elect candidates for the Core Administration by majority voting at the meeting of the Council of Representatives. The inaugural Core Administration will serve the WFCCN until 2003 by which time this constitution will be reviewed. .
4. The Core Administration shall regulate its business according a standing orders, policies and procedures developed and agreed to over time by the CoR.
5. The Core Administration is accountable for organising the meetings, administering the budget, monitoring the achievement of objectives and attracting sponsorship.
6. Immediate actions of the Core Administration which may be executed by (e)mail, fax or phone

must be ratified at the next meeting of the Council of Representatives or by way of a virtual decision emailed and accepted by the CoR each 6 months.

7. The Core Administration shall meet at least once in every year. At the Core Administration meetings the representatives will neither represent their member association nor vote for their country. They rather, agree only by consensus on actions of business to be undertaken on behalf of and for the WFCCN.
8. In the case of a vacancy of one Core Administrator the vacancy shall be filled by nomination and election of another representative at the next meeting of the Council of Representatives or by virtual decision via an email nomination and voting process.
9. The meetings of the Core Administration shall be funded by WFCCN once the budget provides enough income. In the mean time, their member organisation will be responsible for these costs.

ARTICLE 17 FORMAL COMMITTEES

1. The WFCCN shall establish committees and/or working parties as required.
2. The chair of the committee/working party shall be nominated by the CoR and the chair of the committee shall present recommendations for the CoRs consideration and action.
3. The meetings of the Committees/working party shall

be funded by the WFCCN if required.

VI. NOMINATIONS AND ELECTIONS

ARTICLE 18 NOMINATIONS

1. Any representative of a member association may nominate one individual for each of the four offices of the Core Administration.
2. Nominations for the Core Administration can only be drawn from the Council of Representatives.

ARTICLE 19 ELECTIONS

1. The Council of Representatives elects the candidates for each of the offices of the Core Administration by secret ballot at the appropriate meeting or (e)mail, if an unacceptable delay is expected till the next meeting of the CoR.
2. The members of the Core Administration shall be elected according to those who received the highest number of votes. In the event of two persons receiving the same number of votes, a second ballot shall be taken restricted to those nominees who are tied until a clear winner is identified.

ARTICLE 20 QUORUM/VOTING

1. A quorum for the Council of Representatives is defined as at least one-half of the Council of Representatives.
2. A quorum for the Core Administration is defined as at least three-fourth of the Officers of the Core Administration.

3. The meetings of the Council of Representatives and the Core Administration must have a quorum in order to take action for its business.
4. Any action must be accepted by voting of the Council of Representatives and be based on a majority vote of the representatives who are present and voting.
5. Abstentions shall be excluded from the total from which the majority is calculated but the results of voting shall be noted in the minutes as: 'for', 'against' and 'abstain'.
6. In the event that a decision of the Council of Representatives is required between meetings, the Chair may allow a motion to be made and seconded by any other members and a virtual decision may be accepted according to the above rules via email. Each member's vote must be recorded by the Secretary and minuted at the next meeting.

VI. FINAL PREREQUISITES

ARTICLE 21 AMENDMENTS

1. Any member association may propose amendments of the constitution of the WFCCN. The constitution may be amended at any meeting of the Council of Representatives provided that written suggestions are forwarded to the CoR three months in advance.
2. Any amendment must be accepted by voting of the Council of Representatives and be based on a majority voting of two-third of the representatives who are present and voting.

ARTICLE 22 DISSOLUTION

1. The WFCCN may be dissolved at any meeting of the Council of Representatives provided that written recommendations of one-half of the member associations are forwarded to the CoR six months in advance.
2. The dissolution of the WFCCN is only possible if two-thirds of the member associations vote for the dissolution of the WFCCN.
3. Fundamental to the dissolution of the WFCCN is that all financial obligations are fulfilled. The remaining assets, financial and the equipment, will be shared equitably and be given to the member associations of WFCCN.