

Oregon Action Coalition
Strategic Planning Session and Monthly Meeting
November 13, 2015

Members Present: Lance Cook, Tom Engle, Joane Mocerri, Judy Ulibarri, Denise Foster, Jana Bitton, Edward Brewington, Gladys Campbell, Renee Menkens, Paul Ventura, Dana Bjarnason, Jordan Ferris, Elaine Keavney, Susan Bakewell-Sachs,

1. Announcements
 - a. Renee Menkens was just selected as a Breakthrough Leader of Nursing by the Robert Wood Johnson Foundation. Renee joins Jake Creviston as the second Oregonian to receive this honor.
 - b. March of Dimes has agreed to participate in the Oregon Action Coalition as a member and has given Gladys a contact name. Gladys is also talking to Cambia Health Foundation.
 - c. Both OHSU and OHSU School of Nursing have signed off on becoming institutional members of the Action Coalition.
 - d. Connie Curran's last book "Nurse On Board"
2. Strategic Planning
 - a. Committee members sent Tom Engle their ideas regarding what work OAC should be involved in the next 2 years.
 - b. Objectives (bold mentioned more than once) (numbers indicate recommendation alignment)
 - i. Leadership Development (2,6,7) – Oregon nurse leaders will have increased knowledge of change and innovation theories
 - ii. Convene a leadership summit to determine which groups are working on which recommendations so work is not duplicated (2,7)
 - iii. Complete and publish the RN to BSN comparison spreadsheet (4)
 - iv. Act as an advisor on the SIP grant (7, SIP)**
 - v. Oversee the conference associated with the SIP grant (SIP)
 - vi. Develop a robust OAC mailing list (other)
 - vii. Increase nursing student knowledge of the OAC in general and leadership work specifically (2,7)
 - viii. Get the voice of non-nursing leaders incorporated into the leadership summit (other)
 - ix. Participate in another legislative day (other)
 - x. Progress report on Oregon Action Coalition progress on the 8 recommendations (other)
 - xi. Establish a set of competencies required to serve on health policy boards (7, SIP)
 - xii. Identify opportunities to develop competencies to serve on health policy boards (7, SIP)
 - xiii. Encourage nurses at all levels to join Oregon Action Coalition (2, 7)
 - xiv. Develop content experts for each IOM recommendations (other)
 - xv. Prioritize which IOM recommendations OAC will focus on (other)**
 - xvi. Meet with CCO innovators at OHA (2)
 - xvii. Effective leadership transition for workgroups (other)
 - xviii. Increase number of coalition members (other)

- xix. Regional listening sessions around the state (other)
- xx. Increase involvement and visibility of nurse executives and deans in the work of the OAC (other)
- xxi. Speakers bureau of nurses willing to speak to non-nurses about the IOM recommendation and OAC (other)
- xxii. Align all work with IOM recommendations and prioritize a few to be accomplished within the year (other)
- xxiii. Create a directory of boards that would benefit from nurse involvement (SIP)
- xxiv. Create a directory of nurses willing to serve on boards (SIP)
- xxv. Maximize social media/website to attract more attention to the OAC (other)**
- xxvi. Establish a plan for education progression through advanced degrees with tips for students on achieving their goals (4, 5, 6)
- xxvii. Promotional video for students planning to continue their education (4)
- xxviii. Partner with clinical organizations across the state to support educational progression (4,5,6)
- xxix. Recreate educational modules for Best on Boards (SIP grant)**
- xxx. Have OAC represented at nursing conferences to increase awareness of OAC work (4)
- xxxi. Leadership/mentoring program (2,4,7, SIP)
- xxxii. Workshop on community activism/how to strategically get the message of nursing out to the larger non-nursing society (7)
- xxxiii. Conduct policy/advocacy educational sessions outside the metro Portland area. (7)
- xxxiv. Update membership list (other)

3. To pare down the list:

- a. Look at how objectives align with recommendations
- b. Consider what the impact/outcome will be
- c. Consider what work is already happening/what workgroups are already working on

Scope of practice barriers	Lead and diffuse collaboration efforts	Nurse residency programs	80% BSN by 2020	Doctorally-prepared nurses	Lifelong learning	Lead change to advance health	Data
0	6	0	6	3	5	10	OCN

4. Additional Discusson

- a. Doctorally-prepared nurses –
 - i. Cost prohibitive – Can a fellowship be created? Or information on what fellowships currently exist
 - ii. Understanding the cost-benefit relationship or return on investment for advanced nursing education
 - iii. Centralized place for scholarship information
 - iv. Advising tips for students
- b. Lifelong learning
 - i. Aligns with American Nurses Association
- c. Lead change to advance health
- d. Nurse residency programs
 - i. Increased conversation among long-term care organization and ambulatory care

- ii. Hiring nurses into new roles
- iii. More research relate to need for nurse residency programs
- iv. Foundational/Other items
 - 1. Jana/Tom can take the work and items listed and group/organize for discussion at the next meeting.
 - 2. Is there another workgroup/sub-group needed?
 - 3. Would be good to have a joint meeting of the steering committee and all workgroup members. Goal: increase awareness of what each group is working on and the number of individuals working on behalf of the OAC.
 - 4. Leadership Summit
 - a. Oregon Council of Deans idea – Vast array of nursing leadership organizations in the state. No one knows what anyone else is doing. Where are the collaboration gaps? Where is the overlap? What are the main mission of the organizations? How does it relate to the IOM recommendations?
 - i. OCAP
 - ii. OCD
 - iii. OCNE
 - iv. ONLC
 - v. OSBN
 - vi. NWONE
 - vii. ONA
 - viii. OCNE
 - ix. OCN
 - 5. Invitational summit about leading Oregon to a culture of health