

# DRAFT

Oregon Action Coalition  
December 11, 2014  
Notes taken by S. Bakewell-Sachs

Attendees: S. Bakewell-Sachs, D. Bjarnason, J. Bitton, C. Brown, G. Campbell, J. Creviston, T. Engle, E. Keavney, R. Menkens, L. Ray, Judy Ulibarri, Emily Goerke

## Introductions Agenda Review Minutes Review

- Previous minutes approved without revisions

## Strategic Plan and Priorities

- Reviewed list of priorities from the Nov strategic meeting
- Discussion that top 5 seem to be important and the list reflected the discussion
- If these are our priorities how do we determine strategies and tactics to organize the work and accomplish our goals?
  - For example, the education committee is working on % of baccalaureate nurses – this is lower on the list of priorities – does that need to change?
  - Tom – need to reset and pause, examine priorities and see if there is a work group to assign the work; if no work group, create new path/work group
  - Carl – how many of these do we want to try to tackle?
  - Judy – agree with choosing what is realistic and that we can bring to fruition
  - Gladys – organizational mapping and dissemination of information are process steps and short-term; several of the priorities will be ongoing work
  - Starting with organizational mapping may help to establish who else is already working on these priorities
  - Organizational mapping volunteers – S. Bakewell-Sachs, Gladys Campbell, Jana Bitton, Tom will help with mechanical issues
    - Leslie distributed prior work list
    - Requests of the group – timeline – by Feb meeting, Org mapping group will have report on prioritized list (top 10), process for learning if organizations know about IOM report and are they are working on that, key contacts
      - Other considerations - a template for becoming members of the coalition
      - Tool for communication in OR, to national Campaign

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for Action, with the organizations themselves, and for new members

- Template for collecting information
- Advocacy for Advanced Practice – large focus – will help to find out what is already happening across other groups
- Visibility of work being done on IOM recommendations
- Communications group – would like to update website to have more of a national presence
  - Communication workgroup – tactics discussed at last meeting
    - Like the flyer
    - Developing speakers' bureau
    - Recommend each member of steering committee provide photo, brief bio and contact information/email
    - Each workgroup provide overview of goals, accomplishments and workgroup members/contact information
    - Links to twitter and facebook – need dedicated person
    - Need action photos on the website
    - Review national website for ideas about what others are doing
    - 2 practicing clinical nurses at the meeting suggested simple action steps about how individual nurses can participate and contribute to goals
      - e.g. get baccalaureate; get doctorate
    - re-visit appropriate stakeholders about being engaged now – need clarification; what was/is process of organizations getting engaged? (membership group working on that)
    - Need a better path to the website so it's not a link; have national priorities more visible and our actionable items of the OAC – items for website need to go through communications group and steering committee for review and branding
  - Education workgroup
    - Priority not reflected in top 10 but the priorities connect with priorities that the workgroup has identified – e.g. visibility of work

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- Leadership subcommittee - next week meeting – spend agenda time focused on advocacy for advanced practice and nurses in policy roles and on boards, legislative action

## Leadership – discuss and decide

- Co-Leads and Chair
  - Organizations – need to consider the right strategic place for non-nursing organization – e.g. Oregon Public Health Association – or should we have another organization?
    - Pt. Safety Coalition still wants to be involved but not in co-lead role
    - National level – co-lead partners – non-nursing and nursing organizations – should we choose the people or the organizations? We need both the right people and organizations.
    - Could we go back to the NW Foundation? Their mission focuses on health disparities, community health and children
    - Care Oregon – highly committed to quality; would be good partner whether or not a co-lead
    - Health Insurance
    - Rural health partner – OR Office of Rural Health might be a possibility but it's located at OHSU and we need to expand.
    - Interim co-lead of the steering committee person for now?
      - Considered several suggestions for the short-term. Decided that Tom and Jana will be co-leads and Tom will remain Chair for the next 3 months. They will discuss other positions and structure and bring back to the group.

## Membership process – Leslie

- Used Texas as a guide
  - Handout distributed – lead organizations, coalition member organizations listed, not individuals
  - Application forms – businesses, short form; others, including individuals, longer form
- Decisions today – categories and requirements for each
  - What does it mean to be a member?
  - Leslie – likes idea of 3 types of members with agreement to committing to at least one but not all 3 of the requirements

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- e.g. individual RN joining and committing/pledging to seeking a board position; including IOM key messages in every presentation
- Dana Bjarnason will review the Texas document and recommend Oregon language for next meeting

## Legislative Concept – OCN Support Membership Process

### Co-Lead Report – Jana

- OCN – putting forward legislation, SB 72; would add \$9 surcharge to licenses to come back to OCN for data work for nursing workforce, above and beyond state work on nursing workforce, e.g. nurse faculty to ensure that foundational work is in place to advance nursing in the state; could OAC do a letter of support? (OSBN is not taking a position on this)
  - Tom – need to read the bill; Jana will forward to committee members
  - SBS – need to know what the state collects and reports provided and what OCN collects and reports to show what OCN is doing that is above what the state does and its effectiveness
  - Gladys – best to have a sunset clause
  - Tom – easier to support if and when OCN regains stability in leadership and work
  - Jana - State uses minimum data set to focus on supply data, OCN focuses on demand side – currently much is based on OSBN data but OCN goes beyond to additionally survey and coordinate with the state to have meaningful data and reports
    - Gladys provided examples from Washington Center for Nursing
  - OCN is collaborating with the ONLC
  - Jana will send out the bill and a template letter

### Co-lead report – decisions

- Campaign for Action for panel and training opportunity on Coalition development and engagement of volunteers
  - Jake willing and able to go
- Evaluation of Campaign for Action – 10 people from across the U.S. to evaluate the Campaign – OAC could recommend someone. SBS will find out more about expected timeline and time commitment.

### Leadership committee Update

- Meeting next week
- Will discuss refocus of the workgroup

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- Committee is open to new members; contact Gladys

## BSN Update

- Met yesterday; Jana was guest
- A main goal is to provide avenues for nurses interested in BSN education to get information, focus on removing barriers
- Will use OCN as a portal for FAQs, will use Providence list if can get permission
- Seeking ways to better target population in the workforce who need to get BSNs and those coming out of Community Colleges
- Casey Shillan, working with Center to Champion Nursing in America and interested in what data exist regarding nurses who are going back to report on; Elaine will ask Paula Gubrud-Howe for OCNE data
- Since interest in communications, want to collaborate with communications work group

Adjourned