

Oregon Action Coalition
Meeting Minutes December 11, 2015

Introductions

Edward Brewington-co-lead AARP

Tom Engle-Co-lead

Kelly Fox-guest

Kelly Ilic-guest

Christopher Wallace

Denise Foster

Paul Ventura

Susan Bakewell-Sachs

1. No changes to the agenda
2. November meeting minutes: approved
3. Steering committee membership-four current openings.
 - a. Two visitors this month and two more visitors will attend in January.
 - b. The OAC needs to approach partner organizations to gain more non-healthcare partners.
 - c. OAC steering committee members are encouraged to bring possible members
 - d. Who is leaving: Leslie Ray and Elaine Keavney, the OAC needs APRN representative
 - e. Looking for heavy-lifters who can do the work now as well as learners and future leaders
 - f. Invite community stakeholders
 - g. Increase diversity in professional membership
4. Review and discuss November planning session
 - a. White sheets-SIP and non-SIP
 - b. Discussion on purpose of OAC and which of the items are going to be assigned as priorities.
 - i. Action, outcomes and timelines-accountability
 1. Assign accountability
 - ii. Time and work commitment
 1. Mentoring
 2. Education progression
 3. Lecturing /presentations
 4. Advocacy events
 5. Leadership not included in the SIP
 - iii. Outcomes versus input
 1. Capstone model-experiential learning opportunities
 - a. Example: SIP project person could be someone in a DNP program

- 2. Content, mentoring, projects
 - 3. Oregon Public Health-Legislative session
 - iv. Suggestions on nursing leadership development
 - 1. Pipeline of student nurses
 - 2. Seasoned leaders who need developing
 - 3. Building the education pipeline across the state
 - 4. Is there data on what is currently happening?
 - a. How many nurses are on boards in Oregon
 - v. Education progression-are people really interested.
 - 1. 80% BSN by 2020
 - a. Increased BSN rate associated with improved patient outcomes
 - i. State data is skewed to Portland
 - ii. Variable outcomes d/t to complex environment
 - iii. Barriers in individuals
 - iv. Getting to people early and helping them get there early in their careers
 - v. Building opportunities
 - 2. Double the # of doctoral prepared nurse
 - a. Involve Oregon Deans
 - vi. Speakers/lectures
 - 1. Heavy hitter nurses to speak at non-nursing events to push the voice of nursing outside nursing
 - a. City club-example for APRN to talk about nurse-led clinics e.g. Minute Clinics
 - b. Nurses have stories to tell the world and could benefit from media training
 - c. Suggestion to include speech training as a long-term education approach
 - vii. Advocacy
 - 1. Needs to defined-what is we are advocating for, and why?
 - a. We need a collective voice and to know the audience to influence their thinking
 - 2. Focus on strategies to improve health
 - 3. New care models to drive outcome
 - 4. Unleashing the power of nursing to influence culture of health
 - 5. Lack of nursing involvement in policies (policies going wrong because nursing is absent)
 - a. Example of nursing involvement-Reimbursement for APRNs
 - b. Lack of nursing involvement on CCOs and ACOs
 - i. ACOs-no nurse lead ACOs in private sector
 - viii. Use high-low rating system to determine priorities
5. Leadership and SIP
 - a. Addressing FON recommendations #2 and #7 to do the work for SIP
 - b. Information on nurse on boards

- c. List of boards that would benefit having nurses: CCOs and hospital system boards
 - d. Directory of nurses who desire a board
 - e. Identify board training programs
 - i. Best on Board
 - ii. ?????
 - f. Identify organizations that are making policy changes
 - i. Posted job description for SIP job who should it be?
 - g. Question about going to DNP students as a paid capstone
 - i. Is this person going to be the public face of the leadership group? Should it be a nurse? What is the role about? Data or public interface? Need to go back to the job criteria to determine what kind of person to hire. Position description skill set does not match nursing skills.
 - h. Funding from SIP has arrived.
 - i. Conference for OAC?
 - i. This spring or at the end of the grant?
 - ii. The group supports doing two conferences.
 - iii. Launch a conference about raising interest of nurse on boards; potentially get Kimberly McNally as a speaker.
 - iv. Potential conference topics:
 - 1. How nurses improve health
 - 2. People wanting more information about boards
 - 3. Identify group of interested nurses
 - a. Best on board online course
 - 4. Getting experience nurses who can identify nurses
 - 5. Marketing process
 - 6. Accomplishments of the OAC...and next steps?
 - 7. Example; Summit on OCN-showcasing what they learned-assuming leadership-ongoing work
 - 8. Survey of nurses on boards: what did you need? Importance of networking with other nurses on boards.
 - 9. Should we create a mentoring circle of nurses on boards?
- 6. Education-update on leadership change
 - 7. Strategic planning sessions
 - a. Send effort/impact grid to determine priorities.
 - 8. OCN update
 - a. Interactive map
 - b. Nurses night out
 - 9. ONSA
 - a. Conference in February
 - i. speakers: Dana Bjarnason and Jordan Ferris