



**MEETING MINUTES**

Submitted by Kelley Ilic                      November 14<sup>th</sup>, 2014

**Present**

**Members:** Leslie Ray, Jana Bitton, Tom Engle, Emily Goerke, Renee Menkens, Elaine Keavney, Gladys Campbell, Dana Bjarnason, Paula Gubrud, Jake Creviston, Judy Ulibarri, Susan Bakewell-Sachs; **Virtual attendees:** Renee Menkens

**Facilitator:** Louise Shores

Agenda Item	Discussion
Review of Mission and Vision	<ol style="list-style-type: none"> <li>1. Copies of the charter (revised 7/25/2014) were distributed. Charter is not cast in stone can be changed to reflect decisions made today. Charter is designed to define the consensus-model of the coalition and support of the work groups.</li> <li>2. Current mission and vision were outlined by Tom Engle.               <ol style="list-style-type: none"> <li>a. Brand: Inclusive through innovation: Transforming health in Oregon                    Mission: All Oregonians have access to high-quality, holistic patient centered care in a progressive, integrative health care system. The OAC is committed to nurses promoting the health and wellness and contributing as essential partners in achieving success.                    Vision: Inclusive through innovation: Transforming health in Oregon through implementing the Institute Of Medicine Future of Nursing Report</li> </ol> </li> <li>3. Other factors to potentially keep in mind               <ol style="list-style-type: none"> <li>a. Triple Aim</li> <li>b. Movement of care outside hospital systems</li> <li>c. Changing role of nursing</li> </ol> </li> <li>4. Jake Creviston stated that he feels the second sentence of the mission could be strengthened.</li> </ol>
Strategic Priority Setting	<ol style="list-style-type: none"> <li>1. Co-leads have selected using a nominal group process for the priority setting today. Louise outlined the steps of the process for members.</li> <li>2. Instructions are to be visionary but not completely ignore the pragmatic aspects/problems the group may encounter.</li> <li>3. Question before the committee is <b>“What actions should we undertake this year to move toward full implementation of the IOM Future of Nursing recommendations?”</b></li> </ol>
Nominal Group Process: Generation of Action Statements:	<p>Members were given 10 minutes to write down action statements for consideration, keeping in mind the IOM recommendations, Triple Aim goals and write down any idea that came to mind, even if they have reservations about it.</p>

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Nominal Group Process: Round Robin Sharing of Action Statements:	Once ideas are shared they become the product of the group.	<ol style="list-style-type: none"> <li>1. Strengthen through legislative action the role of advance practice nurses in Oregon.</li> <li>2. Resume data collection related to nurse faculty shortage.</li> <li>3. Enroll all Oregon hospitals with 100 beds or more into the CAPII database by October 2015.</li> <li>4. Work with OSBN specific to Division 45 on scope of practice issues for RNs, making sure that OAC is at the table as the division is being discussed.</li> <li>5. Form a data and research committee to study and answer questions that arise.</li> <li>6. Identify and map all organizations engaged in these activities to determine roles, relationships to IOM recommendations and gaps.</li> <li>7. Revising the Division 52 rules related to CRNA scope of practice.</li> <li>8. Assign an expert for any given recommendation that we have prioritized.               <ol style="list-style-type: none"> <li>a. Have expert-prepared preliminary reports of IOM recommendations in Oregon.</li> <li>b. Draft plan of action related to recommendations.</li> </ol> </li> <li>9. Develop an FAQ for nurses who are considering furthering their education. Explore the role of a nurse coach.</li> <li>10. Protect nurses and advance practice nursing through legislation, either sponsoring or supporting legislation.</li> <li>11. Collaborate with other organizations to promote nurse leadership in healthcare.</li> <li>12. Identify corporate and philanthropic partners willing to contribute funds towards education recommendations.</li> <li>13. Extend SB4 allowing PERS exceptions for state employees.</li> <li>14. Define and mitigate practice barriers related to CRNAs and CNMs.</li> <li>15. Create program to and reward nurses who successfully manage and maintain HCAP scores.</li> <li>16. Start leadership/mentorship programs.</li> <li>17. Determine county based interprofessional workforce needs and data needed to forecast.</li> <li>18. Support CAPII initiatives and removal of scope of practice barriers at the institutional level.</li> <li>19. Increase visibility of the Oregon Action Coalition and its work throughout the state. (social media, press releases)</li> <li>20. Create an online portal for life-long nurse learning.</li> </ol>

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		<ol style="list-style-type: none"> <li>21. Review existing partnerships and opportunities for strengthening relationships.</li> <li>22. Collaborate with partner organization to establish scholarship/loan forgiveness programs for nurses returning to school for advance degrees.</li> <li>23. Develop a logo and slogan that will make OAC more identifiable.</li> <li>24. Describe quality standards for RN-BSN programs.</li> <li>25. Enroll all ambulatory settings with 3 or more APRNs in to CAPII by October 2016.</li> <li>26. Increase faculty salaries.</li> <li>27. Create partnerships to develop continuing education mechanisms.</li> <li>28. Determine education capacity (current and needed) across the full education pipeline.</li> <li>29. Encourage mentorship programs for APRNs.</li> <li>30. Create map of Oregon nursing organizations and their work on the IOM recommendations that is published on-line.</li> <li>31. Create a virtual forum for nurses to dialogue related to continuing education.</li> <li>32. Create an information campaign for nurses to continue their education.</li> <li>33. Develop a structure for nurses to learn about leadership and advocacy.</li> <li>34. Mandate OSBN require some amount of CEs for nurses.</li> <li>35. Ensure comprehensive and consistent workforce data collection and dissemination.</li> <li>36. Fund the development of needed clinical education opportunities at all levels of education.</li> <li>37. Define, publish and actively support existing initiatives to develop front-line staff to lead improvement processes.</li> <li>38. Highlight nurses involved in interprofessional collaboration to improve patient outcomes.</li> <li>39. Conduct structured conversations with nurses and the public across the state related to the IOM recommendations.</li> <li>40. Determine major health initiatives taking place in Oregon and nursing leadership engagement that is being provided or that is needed.</li> <li>41. Provide information to APRNs related to obtaining doctoral degrees.</li> <li>42. Host a health policy course/workshop for nurses.</li> <li>43. Research what barriers are in place for BSN education from the student and health care organization side.</li> <li>44. Create, strengthen and support nurses in working more interprofessionally.</li> <li>45. Mandate annual sharing of nurse initiatives from each health system in Oregon at</li> </ol>

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		<p>state or national conferences.</p> <ol style="list-style-type: none"> <li>46. Have a nurse as a voting member on every hospital board.</li> <li>47. Define standards for transition to practice at all levels.</li> <li>48. Encourage BSN nurses into APRN education/roles.</li> <li>49. Have an annual Future of Nursing conference.</li> <li>50. Create and maintain a leadership database from which recommendations can be made for strategic appointments.</li> <li>51. Encourage nursing leadership on community/public boards.</li> <li>52. Have at least one nurse on every CCO board.</li> <li>53. Define funding needs related to IOM recommendation implementation.</li> <li>54. Fund a study to determine nurse attitudes toward leadership.</li> <li>55. Create a formal award to honor nurses that have moved an IOM recommendation forward.</li> <li>56. Deliberately invite inspiring nurse leaders to experiential opportunities.</li> <li>57. Collect exemplars of nurses leading change and promote opportunities for nurses to present and publish their work.</li> <li>58. Find two health systems willing to engage in a yearlong discussion about scope of practice issues.</li> <li>59. Visibly engage at least two key non-nursing organization in the OAC.</li> <li>60. Promote the idea of providing support/access to resources for new graduates.</li> <li>61. Have nursing students present at every OAC meeting for credit.</li> <li>62. Have OAC represented at nursing conferences throughout the state.</li> <li>63. Create/find models to demonstrate the value of nursing.</li> <li>64. Support OCN to develop a robust database that will include the presence of nurses in ambulatory care, public health, and APRN.</li> <li>65. Every OAC steering committee has a mentor that they include in meetings throughout the year.</li> <li>66. Create a website presence that compares and contrasts doctoral programs.</li> <li>67. Perform gap analysis on residency programs.</li> <li>68. Academic practice partnership incentive creation</li> <li>69. Encourage schools of nursing to have advisory committee made up of practicing nurses.</li> <li>70. Define and measure the impact of nursing on public health.</li> <li>71. Continuing education needs assessment.</li> <li>72. Coordinate actions to increase the proportion of Oregon nurses with advance</li> </ol>

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		<p>degrees to align with demand.</p> <p>73. Making sure that OAC information is easily accessible via links.</p> <p>74. Encourage educational institutions to include students on all committees.</p> <p>75. Advocate that all county health departments require that nurses have a BSN degree or higher.</p>
<p>Clarification and consolidation of duplicate action statements</p>	<p>Group considered the 8 IOM recommendations and whether the priorities reflected all the recommendations.</p>	<p>1. <b>Nurses on boards</b></p> <ul style="list-style-type: none"> <li>a. Nurses on every hospital board</li> <li>b. Nurses on community boards</li> <li>c. Nurses on CCO boards</li> </ul> <p>2. <b>Mandate CEs for nurses</b></p> <ul style="list-style-type: none"> <li>a. Have nursing board require CE</li> </ul> <p>3. <b>Identify and map all nursing organizations engaged activities to determine roles, relationships to IOM recommendations and gaps.</b></p> <p>4. <b>Increase workforce information</b></p> <ul style="list-style-type: none"> <li>a. Increase workforce database of OCN related to ambulatory care, APN, etc.</li> <li>b. Comprehensive workforce data collection and dissemination</li> <li>c. Data collection regarding nurse faculty shortage</li> <li>d. Comprehensive workforce data collection and dissemination</li> <li>e. Increase workforce database with a focus on ambulatory care, APN, etc.</li> <li>f. Determine county based workforce needs</li> <li>g. Hospitals enrolled in CAPII</li> <li>h. Enroll ambulatory settings in CAPII</li> <li>i. Fund a nurse attitude study on leadership</li> </ul> <p>5. <b>Increase work of OAC visibility</b></p> <ul style="list-style-type: none"> <li>a. Inform public of goals of IOM</li> <li>b. Booths of appropriate conferences</li> <li>c. Add links between OAC and partner websites</li> <li>d. Conduct structured conversations with nurses re IOM around that state</li> <li>e. Annual future of nursing conference</li> <li>f. Annual nursing award</li> <li>g. Strengthen branding of OAC</li> </ul>

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		<p><b>6. Support educational progression</b></p> <p><b>7. FAQ resources for nurses related to education</b></p> <ul style="list-style-type: none"> <li>a. Collaborate w/ partner organizations to develop scholarships &amp; loan forgiveness</li> <li>b. Information campaign for RN to get degree</li> <li>c. Encourage APN organization to promote education opportunities on website</li> <li>d. Encourage RNs to APN roles</li> <li>e. Website with comparison of doctoral programs</li> </ul> <p><b>8. Define and measure impact of nursing on public's health</b></p> <ul style="list-style-type: none"> <li>a. create/find models to demonstrate value of nursing</li> </ul> <p><b>9. Policy/advocacy</b></p> <ul style="list-style-type: none"> <li>a. Legislative/action - APN</li> <li>b. Regulatory action (Div 45) re scope of practice</li> <li>c. Division 52 CRNA scope of practice</li> <li>d. Protect APN role through legislative action</li> <li>e. Define/mitigate CRNA practice barriers</li> <li>f. Reward nurses for HCAP scores and allow to manage</li> <li>g. Increase faculty salaries</li> <li>h. Public health nursing requires BSN</li> </ul>
Identifying individual priorities	Members had the opportunity to vote for any of the strategic actions identified in the morning's session.	See attached priorities document
Wrap-Up and Next Steps	Review priorities at next meeting and identify strategy and tactics for action in 2015	Louise will tally up the votes from today's session and produce a report for the group.