Thoughts on Membership for the OAC Steering Committee

Though we have had much discussion on the right mix and types of members for the OAC Steering Committee, refreshed thinking on this topic should consider the balance and potential interplay between our steering committee and our *future coalition*. With this in mind I offer the following recommendations to the membership committee.

<u>Membership on the Steering Committee –</u> Because the Steering Committee of the OAC "steers" the actions that the OAC is to take on the IOM recommendations, the primary consideration in selecting members should be that potential members have a strong personal commitment to the future of nursing and the IOM recommendations related to the future of nursing. A secondary priority should be populating our steering committee with people who understand and are willing to do the "<u>heavy lifting</u>" necessary to execute on the action steps that will produce outcomes which align with the recommendations for the Future of Nursing, understanding that we are an <u>ACTION</u> coalition. Additionally it will strengthen the group if we have leaders who are able to approach the recommendations from <u>diverse vantage points</u> and different mental models; leaders who begin with the end in mind, that end being the outcomes we hope to achieve from the actions we take.

With this foundational strength, the steering committee can then support the addition of a certain number of "learner" or guest slots which can be allocated to those who would like to be either one-time guests to our meetings, or formal <u>"learners</u>". Formal learners should be set up in specific "learning partnerships" with steering committee leaders, such that a continuous mentorship is possible.

To support efficiency and effectiveness in the work of the OAC, <u>"historians</u>" of the work against the IOM report on the Future of Nurses should be included on the Steering Committee; those with historical knowledge of the state's work against the IOM recommendations. These individuals may also be those with heavy lifting skills or stakeholder alignment.

Because there are so many potential stakeholder groups who have interest in both nursing and health care in Oregon, (ONA, ORANA, Student Nursing Association, OCN, NWone, Public Health Nursing Association, Clinical Nurse Specialist Association, Nurse Practitioner Association, OHSU, University of Portland, our community and technical colleges, Linfield School of Nursing, Providence Health System, Salem Health, Legacy Health System, etc.), it will be impossible for the OAC to have robust <u>stakeholder</u> representation on the steering committee. With this in mind, the future OAC <u>coalition</u> should be well populated with stakeholders to assure that there is alignment around the IOM recommendations for the Future of Nursing beyond the OAC, and to help the OAC be aware of what work, across the state, is being taken against the IOM recommendations so that the OAC can take action where gaps exist.

The Steering Committee should thus have members in the following categories:

- <u>"Heavy Lifters"</u> -- 10 identified individuals who are highly skilled in moving from knowing to doing; who have demonstrated competence in developing action plans and taking an action plan through execution to outcome. These individuals do not need to be nurses and in fact those who are not nurses will enrich the texture of the OAC's conversations and challenge traditional thinking. "Heavy Lifters" may also be stakeholders, historians, or a person with a diverse vantage point.
 - An important and powerful person, problem solver, someone who gets things done

- A person who has the knowledge, skills, abilities, and will to move the IOM recommendations from idea to action to outcomes
- 2. <u>"Historians</u>"-- 2 to 3 identified persons who have been active in the Oregon work related to the IOM recommendations on the Future of Nursing since October of 2010.
 - Those who bring perspective and context to the work of the OAC through their long standing commitment to the work and through their personal understanding of what has gone before.
- 3. <u>"Those with Diverse Vantage Points</u>" -- 5 identified persons who have a diverse view or mental model based on:
 - National origin, color, religion, socioeconomic stratum, sexual orientation, age, or gender
 - A person who brings diversity of thought to the table. This diversity may or may not be influenced by ethnicity, religion, economic status, sexual orientation, gender, or age.
 - A person whose diversity may be based on the fact that they are not a nurse.
- 4. "<u>Learners</u>"-- who will be the "Torch-Bearers" of the future -- 2 to 3 identified persons who bring a thirst for knowledge and experience to the OAC while also showing the potential to be a future leader who can bring the torch of this work into that future. This is some who is:
 - Learning by experiencing/observing/participating
 - A person who is committed to the intent of the IOM recommendations; who is learning how to move those recommendations to action, and will provide a link from the current IOM recommendations and the OAC to the next generation of both care providers and consumers

These members may come from the following arenas, assuming a balance in talent and thought between the Steering Committee and the yet to be formed "Coalition":

- Health care providers of all types
- Elected officials
- Academics and researchers
- Civic, local government, and business leaders
- Elected officials and/or members of their staff
- Public School teachers and leaders
- Public Health officials/leaders
- IT innovators
- Faith based volunteer leaders
- Community leaders

Selection of Steering Committee Members

To assure the leadership strength necessary for our steering committee, the selection and management of members should be intentional and rigorous without being bureaucratic or burdensome. A formal candidate application and assessment should accompany an interview processes. Final selection should be based on a presentation of candidates to the full steering committee followed by an affirmative majority vote. Terms of office should be two years with the opportunity for successive terms based on performance and affirmation/election by members of the committee.