During the *Campaign for Action* Summit 2013, participants convened sessions to discuss the topics of their choice. After each session, conveners compiled reports so they could share insights with anyone who did not get to participate in person. Each convener report is included in this document.

*This material emerged from the Campaign for Action Summit 2013: Transforming Health Care Through Nursing, a convening of Action Coalitions from 50 states and the District of Columbia, February 28–March 1, 2013. For more information, visit [www.campaignforaction.org/national-summit](http://www.campaignforaction.org/national-summit).*
SUMMIT CONVENER’S REPORT

Topic Title: Action Coalition Structure for Decision Making

Convener’s Name: Julie Holt, Ohio Action Coalition

Participant Names:
Susan Swart (IL), Barbara Hanson (Maine), Shirly Gibson (VA), Jane Foote (MN), Tim Size (WI), Barbara Kim Stanton (HI), Susan Outen (SC), David Cedrone (MA), Carole Bergeron (CT), Eileene Shake (NC)

Conversation Summary

Several participants voiced the desire to have a clearinghouse where we can share best practices and successes on not only IOM initiatives but also on operational processes/structure/decision making.

Virginia offered to share their structure:
- Governor created “Initiative for Health Reform”
- VAC Co-chairs of “Steering Committee”, one from AARP
- VAC created “Work Groups” w/co-leads for each team
- Workgroups:
  - Meet monthly by phone
  - Conduct forums in the member communities to educate communities on initiatives and progress
- Steering Committee:
  - Meets every other month w/co-leads from each work group
  - Work groups make it happen
  - Steering committee has final decision making authority
- Strategic Plan created in the beginning to go back to when disagreements arise.
- They have learned to take it one step at a time, moving in the direction of the goal
- VAC supported by state Magnet Hospitals
- Education Progression has moved well b/c of Magnet support and the “Forecasting” model (Webinar available and also presented at AONE)

“Movements are messy” this is a movement…..not just a project.

All states present voiced concerns re: funding and decision making
There is disagreement in some states re: the reporting ability of AC re: other groups that are working on similar projects

**Action Steps**

Build relationships which build trust which will then help w/consensus

Proactively approach opposition

Set ground rules proactively w/in the Strategic Plan so that when things get messy the AC can go back and recheck

Be persistent! Do not give up
SUMMIT CONVENER’S REPORT

Topic Title: Articulating the Value of the BSN

Convener’s Name: Delores Clair

Participant Names
Jean Wortook
Sway Spatsman
Olga Yakusheva
Wendy Caray
Liz Close
Helen Reid
Amy Huett
Delores Clair

Conversation Summary
The challenges of how we articulate the value of the BSN to nurses who are not BSNs. Many of these nurses are very experienced and feel that they can “out nurse” their counterparts on any given day. How is this issue addressed with hospitals with limited resources? The reality is that hospitals and organizations are not going to terminate licensed nurses because they need to meet the health care needs of the community. The last challenge is as we talk with the business community, how do we address the value of the nurse who is prepared at the BSN or above level. What will be the return on investment.

We discussed different strategies to focus on the various stakeholders.

Action Steps
Focus discussions with stakeholders on the difference in the preparation for the BSN nurses. These items in the toolbox include: research, community health, organizational change, health care system, leadership and statistics.

The debate is not on the clinical skills but the value that the BSN level of preparation has on patient outcomes.
Focus discussion on the evidence based research on the impact of the BSN on patient outcomes.

Recognize that AA programs are not going away but rather view them as a feeder to the BSN programs.

Encourage staff to continue education and partner with nursing schools on seamless progression to BSN programs.

Offer incentives to staff to obtain BSN and advanced degrees.

Support ongoing nursing research about the relationship of the BSN and patient outcomes such as, reduction in readmissions, lower LOS, and improved health management.
SUMMIT CONVENER’S REPORT

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**Topic Title:** Barriers to Practice Outside of Federal and State Regulation: The Healthcare Organization and Others

**Convener’s Name:** Billie Madler, DNP, FNP

**Participant Names**
Susan, PA; Gail, UT; Julie, NC; Linda, SD; Michael, FL

**Conversation Summary**

1. At times the barrier is people’s lack of knowledge. That lack of knowledge may be from any member of the healthcare team and may even be the APRN. Examples:
   - Labs ordered by NPs are not returned to NP when completed but rather to a physician as a result of the lab believing the NP cannot interpret or make decisions based on lab findings.
   - Hospital requirement for all charts (i.e. progress notes) completed by NPs to be “signed off” by physician

2. Hospital credentialing processes can present barriers or contribute to confusion. Examples:
   - Being defined as an allied health professional
   - Requiring “collaborating” physician/s to sign credentialing application
   - Failing to include nurses on credentialing committee

3. Third party payors can limit
4. Restrictive hospital bylaws and failure to have nursing participation on medical executive committees
5. Languaging – mid level, physician extenders
Solutions:
Work to include APRNs on credentialing and medical executive committees
Grassroots education on a daily basis – correcting language and misunderstandings/misconceptions
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**Topic Title: Business Case for BSN**

**Convener’s Name: Casey Blumenthal**

**Participant Names**
Brad Westby, Margaret Henbest, Nancy fishman, Linda Roberts, Lori Judson, Polly Johnson, Toni Villarruez?, Helen melland, Mary Sue gorski, Jude Hanson, Rita Franz ?

**Conversation Summary**

Whom do we want to convince of the business case for BSN? Mostly for CEOs of small critical access hospitals, but also for ADN programs in community colleges. Most any info currently available comes from large tertiary care centers, nothing really out there that shows dollars and cents for small rural facilities.

--In Illinois, they are paying for nurses to become RNs or get BSNs, but require years of service in return. Across the river, they are paying for it but not requiring a return, so that is tough competition. They are also training managers how to be supportive of nurses who go back to school. Original intent of academic progression was to get more nurses into faculty?

--Many small hospitals are now part of larger networks, can we take an approach through them? But still have many in some states that are stand-alone.

--Hard to move RNs into teaching when faculty is so underpaid; this is true in all disciplines. Not much incentive for higher ed.

--Do we need to start at elemental level and explain diff between ADN and BSN? But hard to do with same title, same licensure, same exam. Lay person would never understand that. What is with that anyway?

--Colleen Goode, who works with Colorado residency paper, just published a JONA article in last month or so, which gets beyond the surgical outcomes for BSNs; need to check it out.

--We can look at LOS, HAI—other outcomes measures, that if not met, would lose money for a facility
- We need tools to take back to CAHs or community hospitals to help sell advancing education for their staff nurses
- Campaign should craft toolkits for us ☺ Tools that address the full spectrum of employment settings—why should I hire a BSN, or encourage my nurses to move along on their progression?
- Can we adequately articulate the difference between the skills and knowledge of ADN and BSN?
- How does your topic move beyond nursing-only efforts to focus on patients and families?
- How does your topic include more diverse stakeholders critical to success?
- How does your topic facilitate delivering short-term results even as you are generating long-term relationships?
- How does your topic attract new resources to sustain the transformation?

**Action Steps**

- What are your first steps? Who? When?
- What are examples of 15% Solutions?

Note: Capture what was discussed by participants in way that can be understood by someone who was not present.
SUMMIT CONVENER’S REPORT

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**Topic Title: Communications Planning/strategies**

**Convener’s Name: Edna Cadmus**

**Participant Names**
Kristin – VA  
Andrew – NY  
Robert – CT  
Shelly – CT  
Mary – OK

**Conversation Summary**
Making connections between 2-4 year colleges about working together on nursing issues  
National messages need to be in place  
Helping 50 AC’s to tailor messages  
Need a comprehensive communications plan  
Data gathering for evidence needs to be improved as part of the messaging  
Which states have best PR practices  
Potential partnerships with nursing supply companies to underwrite communications’ efforts  
Identify generic groups of potential stakeholders to disseminate key messages  
Need to have nurses build stronger voices to be better advocates for the profession and the issues  
Bringing PR experts to help with strategic communications planning  
Consistent messaging is a challenge for many AC’s

- How does your topic move beyond nursing-only efforts to focus on patients and families  
- How does your topic include more diverse stakeholders critical to success?
• How does your topic facilitate delivering short-term results even as you are generating long-term relationships?
• How does your topic attract new resources to sustain the transformation?

**Action Steps**

• What are your first steps? Who? When?
• What are examples of 15% Solutions?

National needs to create umbrella messages with multiple tool kits that AC’s can tailor to meet their PR needs

More emphasis on local media training from the national organization – pro bono help
SUMMIT CONVENER’S REPORT

Topic Title: Consensus Model

Convener’s Name: Linda Lazure

Participant Names

Joe Napolitano - PA

Conversation Summary

- How does your topic move beyond nursing-only efforts to focus on patients and families? **Cost, quality, access for consumers. Standardized statutes and regulations.**
- How does your topic include more diverse stakeholders critical to success? **Stakeholders**: Legislatures, hospital associations, Minute clinics,
- How does your topic facilitate delivering short-term results even as you are generating long-term relationships? **Education about consensus model needed for nurses and public. State-by-state passage of model.**
- How does your topic attract new resources to sustain the transformation? **Not sure**

Action Steps

- What are your first steps? Who? When?
  - **Action Coalitions** -- Educate nurses and consumers about Consensus model
  - State boards of nursing -- Compare state statutes and regulations to consensus models.
  - **Action coalition** – determine who are non-nurse stakeholders
- What are examples of 15% Solutions? **See above**
SUMMIT CONVENER’S REPORT

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**Topic Title: Creating a Unified Vision for Statewide Education Initiative**

**Convener’s Name: Giddens/Sanchez (New Mexico)**

**Participant Names**

Jean Giddens NM  
Joseph Sanchez NM  
Kate Salvato DE  
Roy Thomas Washington DC  
Stephanie Steward WI  
Lorie Judson CA  
Shirley Gibson VA  
Cynthia Bienemy LA  
Lori Forneris IA  
Joseph Napolitano PA  
Shelly Balfour Aetna  
Pam Thompson Washington DC  
Deb Zimmerman VA  
David Cedrone MA  
Mindy Schoffer WA

**Conversation Summary**

- How does your topic move beyond nursing-only efforts to focus on patients and families?

Having a shared vision for nursing education can lead to increased graduate prepared nurses that in turn can provide primary care for underserved populations and serve as nursing faculty. Higher education and policy makers have an interest in state needs.
How does your topic include more diverse stakeholders critical to success? Involvement of practice and policy makers and employers will be necessary to shape and own the shared vision in moving nursing education to a more efficient process. We need to also be aware of education beyond just ADN and BSN – such as LPN and diploma programs.

How does your topic facilitate delivering short-term results even as you are generating long-term relationships?

Getting by-in from the community colleges and universities for a shared vision; this leads to trust and ownership which is essential for long-term success. Employers are increasingly expecting staff to earn BSN degrees or are hiring more BSN faculty.

How does your topic attract new resources to sustain the transformation?

This process will provide leverage for improved use of current resources (faculty, facilities, staff). Having more BSN prepared nurses will improve an employer ability to gain magnet status. We wonder if degree at initial licensure will change the long-term projections / predictions for graduation education.

**Action Steps**

- What are your first steps? Who? When?

1. Increase inclusion of wider audiences and stakeholders to create a shared vision. This is not just for the educators to develop.
2. Increase visibility among current and future students related to their opportunities for education degrees within a statewide model. Provide stretch goals for students so they can see their maximum potential

- What are examples of 15% Solutions?

Improved communication on websites

Convene a “town hall” or to a reception inviting wide audiences to explain our project (using simple language the link to benefit of healthcare and what is in it for them)
SUMMIT CONVENER’S REPORT

Topic Title: Developing Future Nurse Legislators

Convener’s Name: Margaret Henbest

Participant Names
Casey Shillam
Gayle Harrel
Peter Reineke
Andrea Brassard
Mary Rita Hurley

Conversation Summary
The discussion was very broad in focus and included how to recruit nurses to run for office, to how to support, and inform them in the process. Existing resources and what the campaign could do to create a national initiative and resource center for this effort was also discussed.

- How does your topic move beyond nursing-only efforts to focus on patients and families? We discussed the need to not only have legislators who are nurses increasingly elected, but also how to make sure we inform all (especially new) legislators about health policy issues of importance to nursing. It was acknowledged that not all nurses are “friendly” to nursing issues.

- How does your topic include more diverse stakeholders critical to success? Diverse stakeholders include citizens, health care providers and industry, partisan groups, gender groups.

- How does you topic facilitate delivering short-term results even as you are generating long-term relationships? It was recognized that both short term and long term gains are to be had by increasingly placing nurses in positions to influence policy decisions.

- How does your topic attract new resources to sustain the transformation? Our action items focused on creating webinars, on-line programs tool kits and mentoring in order to disseminate greater and coordinated resources across all the states.

Action Steps
- What are your first steps? Who? When?
o CFA to put together a tool kit that all states/coalitions could use to orient new legislators to nursing policy issues and the CFA
o Connect the existing 130 nurse legislators/office holders. Find out what their "stories " are
o Do a survey of existing resources to support/ encourage people to run: EMERGE program (partisan in 20 states) , New Jersey (get ready to run), Mary Foley (ANA), Darylyn Curley, JONAS foundation, Helen Thompson (California legislator)

o Look at past campaigns that have resulted in sectors getting people elected: the AMA was very successful. How did they do it? Consider designing a nurse campaign.

o Strengthen state resources and programs for policy advocacy through sharing of practices that work.

o Create a drop box for this issue.

o Provide strategic planning assistance for persons interested in running.: cost of campaign, balancing work with time out to serve, analyzing opportunities for realistic success: demographics, geography, partisan issues.

o Grow the farm team: provide opportunities to educate and expose nurses to the legislative process: day on the hill, scholarships to support time away and travel, strategies for identifying future candidates that you can ask about running.

● What are examples of 15% Solutions?
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Topic Title: Developing nurse residency programs

Convener’s Name: Dr. Sandie Nadelson, RN, PhD

Participant Names

Sandra Phullips, Maureen Keefe, Gay Cunningham, Lori Forneris, Jane Foote, Kim LaMar, Sherry Perkins, Kate Salvador, Sandy Caimody?, Lynne Dunphy, Juliana Laprist?, Annette Beuchler

Conversation Summary

- How does your topic move beyond nursing-only efforts to focus on patients and families?
  We started by describing what was happening in the various states in terms of developing residency programs. The majority of states were in the planning process. Louisiana has developed a program for APN’s that has been put into practice. Some states were farther along than others. Some of the more advanced states have developed a plan which could be implemented within the next years. The main states to discuss their plans were Maryland (who is buying a curriculum from UHC, Minnesota (that is developing their own), Iowa (which is developing their own curriculum).

- How does your topic include more diverse stakeholders critical to success?
  We discussed including hospitals and nursing home leaders in the process as well as university and college level faculty. Also discussed was including LPN’s, AND RNs and BSN RNs and Advanced Practice Nurses

- How does you topic facilitate delivering short-term results even as you are generating long-term relationships?
  We discussed the processes that worked well or weren’t. Issues of having too many people included in the decision making was discussed.

- How does your topic attract new resources to sustain the transformation?
  Funds were obtained from hospitals and grants.
Action Steps

- What are your first steps? Who? When?
  We plan on continuing our conversation and share resources as needed through email.
  In terms of plans for states interested in developing residency programs: finding a good number of people to be involved is important (too many people slows the process), identifying what will be done is important (eg buy curriculum, develop online modules, in person training, combo, etc).
- What are examples of 15% Solutions?
  Getting a group with focused plan, working together towards solutions and including hospitals in the process.
  Some suggestions is to get national funding for residencies like physicians do, focus on case management, community based education, include long term care in the process.
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Topic Title: Educate APNs about Full Practice Authority

Convener’s Name: Gail Finley

Participant Names
Dori Weigared
Joy Deupree
Andrea Brassard
Sharon Adkins
Margie Dorman O’Donnell
Carol Ratcliff
Jake Crevisten

Conversation Summary

- How does your topic move beyond nursing-only efforts to focus on patients and families?
- How does your topic include more diverse stakeholders critical to success?
- How does your topic facilitate delivering short-term results even as you are generating long-term relationships?
- How does your topic attract new resources to sustain the transformation?

Lack of a standardized training on the Nurse Practice Act
Educational programs may or may not have “policy” as a topic
Policy may not be inclusive of the requirements for practice in different settings
Policy may not cover the issues of empanelment or those issues that need to be covered to establish a practice
**Action Steps**

- What are your first steps? Who? When?
- What are examples of 15% Solutions?

Determine what APNs may not know or have been required to be tested about professional "roles and issues" based on when they were certified.

Create a training webinar or hire a nurse educator to provide/offer this information.

Ask the state BON to consider offering a CE on the state nurse practice act upon licensure renewal.

Create training on credentialing/empanelment issues with payors.

Note: Capture what was discussed by participants in way that can be understood by someone who was not present.
SUMMIT CONVENER’S REPORT

Topic Title: Education MD (learned maybe this name should change – see comments)

Convener’s Name: Billie Madler, DNP, FNP

Participant Names

Cheryl Schmidt, AR
Maureen Shekleton, IL
Barbara Brown, ND
Nancy Foller
Kristin Punger, MO
Susan Hallish, PA
Patricia Travis, MD
Rick Kiovsky, Indiana
Lisa Deuton, LA
Pam Randolph, AZ

Conversation Summary

- We need physicians willing to listen and nurses will to talk
- The work needed really is a culture change. A physician on our group made the observation that all of the nursing meetings he attends the first comments often heard are related to scope of practice and uses nurses to their full scope of practice. This may be inflammatory – and perhaps nursing would be better off focusing on team based care where nursing or others may lead the care. An effort to distribute the workload of healthcare across a team. Focusing on patient-centered care and the effort really is on doing what is best for the patient instead of the victim’s perspective of allowing nursing to do what some may have been keeping nursing from doing.
- Education is needed not only among physicians but also all other healthcare professionals including physicians. The term “educating” may be patronizing. The work of educating should be through academic programs and interdisciplinary simulated opportunities and contribute to knowledge building.
- To educate, nurses need to be assuming leadership roles in areas of governance
**Action Steps**
Promote conversation
Develop students both nursing and others of the interdisciplinary team through collaborative activities that develop team concept at this stage
SUMMIT CONVENER’S REPORT

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Topic Title: What should be the qualities of effective leaders in the AC?

Convener’s Name: Cynthia Gustafson - MT

Participant Names
Gay – UT, Roy-DC, Karren-CO, Mary- CT, Debbie- AK, Maureen-CCNA, Mary- NJ

Conversation Summary
The following is a list of effective leader qualities that the group came up with: Influencer, consensus builder, people who get the work done, project manager skills, communicator, innovative, vivacious, be a leader in training, be a disruptive innovator, ask the why questions, vision setting.
Talked about how to go beyond nursing – when the group got into nursing leadership qualities – took the discussion back to leader qualities that may not be related to nursing although there is good literature on nursing leadership qualities that can be used.
Need to include leaders beyond nursing. Realize how much power you may have to make changes.
Tried to discuss what it might mean or how to go about actually having the courage or means to let some of the current leaders go.

Action Steps
Assess the current leaders in the group by doing a self-leadership assessment. Suggest that possibly we need to give more people a chance to step up in leadership roles. Mentor new leaders – make sure to have emerging leaders a part of the group.
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Topic Title: Empowering Diverse Workforce

Convener’s Name: Dr. Pier Broadnax PhD, RN (DC)

Participant Names:

Deb Washington (MA)
Mary Rita Hurley (OR)
Arilma St.Clair (DC)
Winifred Quinn (DC)
Pam Agee-Lowery (NE)
Marj Dugan (PA)
Beverly Jordan (TN)
Eileene Shake (NC)

Conversation Summary

Issues that contribute to the challenges to meet workforce diversity are but not limited to:

- Absence of mentoring and models of mentoring that are culturally sensitive is a large issue.
- Approaches that are culturally appropriate to address potential mentees are poor and absent in some areas.
- Lack of experience and exposure to diverse population in some parts of the country is a barrier.
- Consumer perspective plays an important role on establishing demands and value of a diverse workforce.
- Poor efforts of universities seeking a diverse nursing student body.
• Nursing admission criteria that excludes the value of minorities students and adult learners work and life experiences.

**Action Steps**
• Be the link to connect mentors and mentees, students and professional of all levels.
• Program building initiative to mentor and create confidence among potential and current nursing students.
• Involve local and federal Education leaders with the ACs.
• Recruit multidisciplinary professionals vested in empowering a diverse workforce.
• Identifying weak links on learning skills and tackle them with encouragement
• Involved minority leaders to join ACs
• Encourage involvement of employers to have an active role in creating internal workforce development, job shadowing, mentorship, ESOL support, etc.
• Create a model that implements a safe place for minority students and professionals to share stories addressing culture based experiences that may impact potential for leadership.
• Define qualities of leadership and mentorship that are culturally sensitive.
• Create a culture of mentorship, plant the seed.
• Identify private and public resources, grants, APIN, AHEC, HRSA, HHS, etc., and support strategies that support the process from the beginning to the end.
• Advocate at the local Board level to require CEUs for licensure that includes cultural sensitivity training.
• Use technology and innovative tools to reach out to masses and create a link to all communities.
• Raise visibility of ACs by attending community based events and reach out to those who are vested and share common objectives.
SUMMIT CONVENER’S REPORT

Topic Title: Engaging Business Community

Convener’s Name: Hollie Shaner-McRae (substitute convener 😊)

Participant Names
Lisa Deaton – LA
Tim Size WI
Polly Johnson NC
Jennifer P. NJ
Linda Yo – Nevada
Linda Berger Spivack – CT
Linda McCauley – GA
Robert Valdez NM
Carole Bergeron CT
Judie Berg – CA
Lynne Gagnon- ME
Judi Hansen, WI
Susan? H. SC
Linda Tieman WA
Carolyn O.
Vickie Niederhauser TN
Sally VA
Hollie Shaner-McRae VT
Carol R AL

Conversation Summary

- Discussed ways to engage businesses including:
  - National, State and Local chapters of
  - Businesses for Social Responsibility Network
  - Chamber of commerce, rotary
- Brilliant suggestions included
  - Inviting editor of business journal/newsletters/magazines to be on coalition board (New Mexico!)
  - Regularly feature articles about nursing, nursing coalition and importance of nursing to the community
- Identify business partners already involved in the campaign on a national level and look to their state/regional/local chapters for support
- TX has a great model with > 300 business partners – (can this be prepared as a 1 page summary for others to learn how they recruited them?)
- Work with businesses on Wellness & Health Initiatives (TN has done this)
  - Esp. focus on large employers who have interest in workforce health, health costs and savings oppys. Find the WIN-WIN sweetspot
- Invite potential business partners to events like this! (or other coalition related meetings so they can see/experience the momentum and participate).
• Social Media – leverage the Campaigns FB page and other social media linkages to create visibility
• Leverage the power of your PEOPLE/networks – who knows who – make a list of connections people have and use this as an entree to invite new partners
• Leverage the Business/Govt connections – NV did this! After meeting resistance on one level, went to legislators – who effectively validated the campaign – the business community came on board after this
• Know your talking points! Campaign materials include some – team suggested there be more TPs for business community. Discussed most compelling issues to engage businesses…
  o Cost of healthcare, quandary over insurances, larger employers – large workforces – concerned about costs
• Walmarts & mini – clinics – nurse run clinics…
  o Feature nurses and NPs
  o When reaching out to them, consider asking for $$ to fund scholarships to ensure there are nurses in the future to meet their workforce needs
• Be organized! Have key messaging ahead of time
  o What nurses can/do for employees – keep them well, health promotion
• Have a Celebration/Party/recognition event!!
  o VA did this – had an event to honor early adopters --partners
  o Wine, gave out medallions, photo op & put in local paper to create a Buzz!
• Consider partnering with Quality Improvement organizations

• How does your topic include more diverse stakeholders critical to success?
  Business community needs to get on board with this – understand their role – its not just money – (money helps) – inkind – other ways to engage

• How does you topic facilitate delivering short-term results even as you are generating long-term relationships?
  o Increases awareness building, getting message out
  o Helps build relationships for longer term goals around $$ and inkind

• How does your topic attract new resources to sustain the transformation? see above!!

**Action Steps**
What are your first steps? Who? When?

See above – everyone is in different points of evolution – so will depend.

REQUEST FOR CAMPAIGN-ask campaign to provide talking pts for businesses; access to the NM biz journal articles 2012 -samples of what we ALL can do!!

• Map of Business partners already involved – nationally – so we can find their local affiliates

• What are examples of 15% Solutions?
SUMMIT CONVENER’S REPORT

Topic Title: Engaging Consumers and Patients

Convener’s Name: Andrea Routh

Participant Names

- Patrick Ohana, Hawaii
- Juliana Preston, Utah
- Bob O’Connell, NY
- Nancy Reller
- Julie McNullly, AK
- Ken Helander, AK
- Beverly Jordan, TN
- Susan Lamontane, CFACT
- Denise Bottcher, LA
- Mary Holter, OK
- Janet Allen, OK
- Marjorie Dugan, PA
- Marcells McKay, MS
- Ann Cary, LA
- Suroy Sportsman, TX
- Delores Clair, DC
- Joyce Batcheller, TX

Conversation Summary

- How does your topic move beyond nursing-only efforts to focus on patients and families? If consumers don’t know what’s happening and we don’t engage them, we can’t improve health care. Consumers and patients will engage when they see their voice will be heard, their voice needs to be heard. We must reach out to consumer groups that are in every state to engage them in our work – we must demonstrate how the Coalition can help them attain their goals.

- How does your topic include more diverse stakeholders critical to success? There are consumer health alliances in all states; families usa is on the web and can direct you to who is the representative in your state; community catalyst is a national group who can provide resources on state issues and can connect you with groups that are active. Connecting with the AARP office in your state is also a good way to include a consumer group.

- How does your topic facilitate delivering short-term results even as you are generating long-term relationships? Engaging consumers, consumer groups and patients on the action coalition will better position the coalitions to reach their long
term goals. If our goal is to improve health care through nursing, consumers and patients are important to tell the story.

- How does your topic attract new resources to sustain the transformation?
  Consumer groups can do the following things:
  o Help write grants
  o Relationships with policy makers
  o Relationships with funders
  o Help gathering consumer stories
  o Social media
  o Relationships with the press
  o Resources

**Action Steps**
- What are your first steps? Who? When?

  We must learn about the consumer groups, their purpose, the political environment and align with what they are doing in our own state. Reach out to Consumer health alliances, families USA, AARP state offices. Give consumers several levels of activity or ways to engage. Look at the National Nurse Champion Coalition to find local partner organizations. ACTION STEP for CCNA: Find out who are our local partners on the coalition. For example, we all want to connect with Aetna and United Health – who do we call in our own states? We also need to connect with the disease nonprofits – American Cancer Society, Lung, Heart, March of Dimes.

- What are examples of 15% Solutions?
SUMMIT CONVENER’S REPORT

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Topic Title:

Non-Nursing Stakeholders: How to engage and what’s in it for them?

Convener’s Name: Marcia Proto

Participant Names

- Aimee Manish
- Tim Size
- Karen Stallings
- Judy Beal
- Pat Crombie
- Barb Hannan-Vestino
- Pam Randolph
- Jane Mahowald
- Dee Hutch
- Susan Lamountaple
- Peter Reincake
- Helen Melland
- Delores Clair
- Joyce Batcheller
- Shirley Gibson
- Sonia Swayze
- Jaimie Kelley
- Debra Toney
- Casey Blumenthal
- Brad Westby
- Bob O’Connell
- Marcia Proto
Conversation Summary

- How does your topic move beyond nursing-only efforts to focus on patients and families?
  - The discussion focused totally on how to engage non-nursing stakeholders in the conversation and to identify what are the Key Communication Points to share when making the first connection with them related to informing them that an action coalition exists and how we can support and provide benefit to their organizational efforts.

- How does your topic include more diverse stakeholders critical to success?
  - Our group identified (21) non-nursing industry/organizational “types” that we can approach and defined the top 3 “what’s in it for me” areas for discussion.

- How does your topic facilitate delivering short-term results even as you are generating long-term relationships?
  - Communication and Conversation starters were identified which can be used in print, phone call or “person-to-person” conversations for initial communications and to set meetings.
  - In the short term, these communications points will help the AC’s to share information to begin a process for engagement and a forum for the AC’s to learn the needs of the non-nurse stakeholder.
  - Based on the conversations and the information gathered, the AC can best position itself as a resource to the non-nurse stakeholder and define common ground for engagement and support.

- How does your topic attract new resources to sustain the transformation?
  - This opens the doors to many organizations that many of the ACs have not considered. The groups that were identified include:
    - Large Retailers, Hospital Systems, healthcare Trade Associations,
    - Banks, Casinos, Utilities, Business Round Tables, Chambers of commerce, Pharmacists
    - Physicians (some resources are in the back of the Summit Booklet), Insurance Companies, Tourism Entities, Unions, Organizations on Aging, K-12 Schools, PTA Groups
    - Church & Religious Organizations, Large Corporations and manufacturers, Economic Development Boards, Consumer Groups, Minority Associations, Workforce Investment Boards, Professional Sport Teams
**Action Steps**

- **What are your first steps?**
  - Identify the TOP 5 organizations that the AC wishes to approach in the next two weeks.
  - Conduct research on the organization related to mission, vision and community involvement.
  - Review the TOP 3 “what’s in it for me” issues pertaining to that organization and craft a communication… written, phone or face-to-face meeting that incorporates these issues so that you are setting up your interaction for success.
  - **Who?**
    - Each member of your AC's “Steering Committee” can select an organization type and draft up an initial communication. The “CONTENT” of the communication can be “vetted” by the committee to best hone the message and then the member can reach out to the organization.
    - **When?**
      - This activity may best be implemented as an agenda item at a monthly meeting, so that many communications can be crafted, vetted and prioritized for implementing by the AC. Also at this time, a clear communication can be established for all future groups the AC wishes to engage.

- **What are examples of 15% Solutions?**
  - Some key communications to specific groups include:
    - **Insurance Companies:** Improving population health, Reducing Re-Admissions and ultimately payments to cover cost of care, help them with improving their competitiveness once the insurer’s plans are part of their state’s insurance exchange, minimizing risk via medication errors and patient complications.
    - **Workforce Investment Boards:** Support a climate for business within their regions by offering high quality and lower cost healthcare resources, act as a resource or contractor for state and federal grants they receive and administer within their regions.
    - **Physicians:** Interprofessional Collaboration, Increase Life balance for the MD, Decrease healthcare costs, decrease hospital re-admissions, right level or care at the right time for chronic care.
    - **Pharmacists:** Collaboration and alignment with nurses, the most trusted profession, decrease of medication errors, advocate for safe medication administration, policy partners.
    - **Utility Companies:** Improve healthcare of their employees for chronic disease and episodic care, decrease absenteeism, decrease healthcare costs, increase employee productivity, align with nursing- big Public Relations Boost as they face negative image due to current storm response.
- **Aging Networks/Organizations**: Clients are older persons and have health concerns, nurses are a valuable community resource and partner in health promotion and disease management, the notion of what’s better for the nurse is better for patient care and quality outcomes, support in respite care and case management for constituents.

- **Hospital Systems**: Similar discussions are occurring in the C Suites related to safe and quality care- synergy exists, Important part of ACO and Medical Home models, address forecasted shortages for their employee populations, being seen as supportive of their largest employee population, AC understanding of HOT Topics for the largest employers of nursing.

- **Business Round Tables**: Increase the quality of healthcare for the members, decrease absenteeism, increase support to local communities, foster opportunities for local scholarships for nurses pursuing higher degrees to demonstrate community benefit to their constituents.
SUMMIT CONVENER’S REPORT

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**Topic Title:** Engaging other professional Nursing Organizations in the Coalition

**Convener’s Name:** Mary Bylone

**Participant Names**
Debra Toney NV
Carole Stacy MI
Barbara Hannon ME

**Conversation Summary**

How does your topic move beyond nursing-only efforts to focus on patients and families?
Most professional nursing org have patients and families as part of their mission
How does your topic include more diverse stakeholders critical to success? We discussed the fact that professional organizations have ties to non-nursing partners.
- How does your topic facilitate delivering short-term results even as you are generating long-term relationships? These organizations have members who could get involved. It could give some coalitions opportunity to quickly identify potential workforce to help with initiatives.
- How does your topic attract new resources to sustain the transformation? Many of these organizations have well developed resources around marketing, project management as well as financial resources

**Action Steps**

- What are your first steps? Who? When? Find out which organizations are already in the pipeline and involved. Tap into others. If you find yourself at one of these meetings, make sure to talk about the Action Coalitions
- What are examples of 15% Solutions? Black Nurse Association is well involved and very strategic in their involvement
SUMMIT CONVENER’S REPORT

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**Topic Title: Engaging Staff Nurses in the State Action Coalitions**

**Convener’s Name: Robin Schaeffer**

**Participant Names**

<table>
<thead>
<tr>
<th>Mary Bylone, CT</th>
<th>Dristen Pringer, MO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jill Klithermes, MO</td>
<td>Sheri Webster, SC</td>
</tr>
<tr>
<td>Nataila Barolin, Communications Team</td>
<td>Mary Gunther, TN</td>
</tr>
<tr>
<td>Diana Mason, NY</td>
<td>Robin Schaeffer, AZ</td>
</tr>
</tbody>
</table>

**Conversation Summary**

- There is not a good communication mechanism within the state to reach the staff nurse group.
- Most nurses involved in direct patient care do not have a broad view of health care and the Future of Nursing report.
- CNO’s are challenged finding nurses to engage, even when given the opportunity (i.e. shared governance).
- Staff nurses are not being allowed to practice to the full extent of their training or potentials. Most are not aware of their RN scope of practice.
- It is difficult to transition new grads into practice and expect them to practice the updated models of care they have learned, when older nurses are training them.
- Many faculty members are not familiar with the Future of Nursing report, so how can they teach it? Is the report part of the nursing curriculums?
- Nurses are “pigeonholed” into tasks and structure; therefore it is a challenge to expect them to become influential participators without an intervention. It may be more beneficial to get nurses involved from the bottom-up, instead of top-down.

**Action Steps**

- Action Coalitions should develop a staff nurse committee to focus on Recommendation #1. Staff nurses would “own” their work and be more engaged.

- Develop a contest: (i.e.: video submission) for staff nurses. Subject: “Know your Scope/Tell your Story”.
SUMMIT CONVENER’S REPORT

- Recorder: Andrea Routh (Missouri)
- Record the name of the session
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**Topic Title:** How to get funding from a Foundation

**Convener’s Name:** Sue Hassmiller

**Participant Names**

**Conversation Summary**
- Discussion involved five funders, one national, two statewide and two regional within a state. Foundation representatives talked about how to build relationships with them, the importance of understanding what a funder’s priorities are and then aligning your work with theirs. Funders want true partners to move their priorities and outcomes forward.
- Funders suggested that Action Coalitions start with Guidestar and the Foundation Center to begin to identify funders in their states, what those funders have funded and what their priorities are.
- Grant Makers in Health was mentioned and also that some states have foundation/funder organizations like GHI that may be a place to start.
- AC’s should offer themselves as experts, resources or speakers, or panel members to funders as beginning points. Also suggested was asking funders to be on AC advisory boards. ACs should have informational meeting with funders and with state government to keep them apprised of what the coalition is doing, how things are going, etc. This can happen even if the coalition is not getting funding from the Foundation yet.
- Building relationships does not mean taking funders to lunch, or to play golf!!
- How does your topic move beyond nursing-only efforts to focus on patients and families?
Consumer groups and funders can be great partners. Foundation suggested going beyond nursing to get folks to be part of the AC and have them talk with funders with them.

- How does your topic include more diverse stakeholders critical to success?
  - Insurers are great partners for ACs as they understand the need for transformation of health care. Some of them have foundations in the states.
  - One state foundation connected with the Blues will soon announce grants available to regional groups in their state who can help move the work of the AC’s forward.

- How does your topic facilitate delivering short-term results even as you are generating long-term relationships?
  Some organizations and businesses may have small amounts available on shorter turnarounds to support the AC work. Then their foundations could be a resource for long term investment.

- How does your topic attract new resources to sustain the transformation? See above.

**Action Steps**

- What are your first steps? Who? When?
  Identify funders in your state. Do research their priorities and missions, what they have funded before, etc. Connect with them by phone briefly. Then send short statement of what AC is doing and ask for a meeting. Take a few diverse stakeholders to the meeting—helpful to bring program person if you have one. Do not ask for money in first meeting. Better to discuss what you know about the foundation, ask them to talk about their priorities, connect what you are doing to their priorities.

- Could ask funder to serve on advisory committee of AC, partner in some other way.
  Later, follow up and ask if they want to partner with you by funding. Watch for funders’ putting RFP’s out and look for even small connections to your goals.

- What are examples of 15% Solutions?
  Build relationships with funders.
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Topic Title: Funding

Convener’s Name: Alexia Greene Mary Dickow

Participant Names
Alexia Greene, TX
Mary Dickow, CA
Casey Shillam, MD
Joie Glenn, NM
Jennifer Polakowski, NJ
Linda von Reyn, NH
Catheryne Welch, NY
Janet Allen, MD
Linda Berger Spivack, CT
Debra Collins, NV
Linda Yi, NV
Eileen Werdman, OH
Vickie Neiderhauser, HI
Andrea Routh, MO
Hollie Shanes-McRae, VT
Cheryl Schmidt, AR
Linda Tienan, WA
Stephanie Stewart, WI
Liz Sether, MN
Conversation Summary

- TX (Alexia) and CA (Mary) shared some of their successes and lessons learned
- Casey Shillam, CCNA shared her area of expertise and how she can support AC’s
- Most AC’s have no funding – some have small grants and most could identify sources of in-kind support or temporary staffing.
- Most participants were interested in creating development and sustainability plans
- Casey shared how she worked with TX AC – they created a 2-year plan and looked at budget needs through 2020
- We talked about need to think about infrastructure costs/long term needs/associated costs and how each state may have different needs
- Many AC’s struggle with relationships with their workforce centers or agencies/schools where they are housed and some competing for funding
- TX shared how they built partner base and used personal relationships for outreach to partners and funders
- Discussed Funders Roundtable strategy
- Alexia shared giving tree idea and donation tactics
- TX created a plan where each member had to identify 5 potential asks and go out and do it
- TX members also committed to giving personal donations to show their support for the work
- AC’s shared other ideas around individual asks – such as donate $1 for each year you have been a nurse
- On-line donations and licensing fees
- The need to have funds in a neutral space was important
- Concerns about indirect cost and administrative fees

Action Steps

- Alexia, Mary and Casey agreed to send or post templates
- AC’s asked if CCNA could develop generic case or templates that AC’s could use as starting point and revise as necessary
- AC’s need to have a clear “ask” – donors need to be able to connect to the work so what is the message?
- AC’s need to identify their in-kind support and highlight how much that is to leverage additional resources
- AC’s need to understand funders priorities
SUMMIT CONVENER’S REPORT

Topic Title: How can we help you?

Convener’s Name: Pat Farmer

Participant Names
Sandra McBournie (NH) Kristin Julian (MT) Mary Val Palumbo (VT) Julie Holt (OH) Eileen Wirdmon (OH) Sherry Perkins (MD) Linah (CFACT) Pat Crombie (MA) Mary Sue Gorski (CCNA) Jen Cooper (CCNA)

Conversation Summary

- How does your topic move beyond nursing-only efforts to focus on patients and families?
  - Participants seek information about how best to locate resources and “success stories” of other ACs; how to reach out to funders and others to advance the work
- How does your topic include more diverse stakeholders critical to success?
- How does your topic facilitate delivering short-term results even as you are generating long-term relationships?
  - States sometimes need very straightforward links to others or clarifications about what resources are available and how to find them. Specific requests included help with strategic plans and their implementation and finding content on the website
- How does your topic attract new resources to sustain the transformation?
  - That is a specific question posed by the ACs but at present none had reviewed existing resources on this topic

Action Steps

- What are your first steps? Who? When?
  - Identify for participants their national liaison (Done at this session) Clarify access to existing resources (done at this session) Request improved navigation of website including identification of success stories, search for content (Follow up to CCNA). Identify what assistance is available in planning and linking work of AC to existing work in state
- What are examples of 15% Solutions?
  - Some issues resolved within this session! Group able to help one another
SUMMIT CONVENER’S REPORT

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Topic Title: Session - How To Do Policy Without Lobbying

Convener’s Name:  Diana Mason

Participant Names
Sue Salmond - NJ
Patricia Travis - md
Connie Mullinix - NC
Linda Lazure - NE
Nina Bakker - MO
Debbie Ford - KS
Mary Foley - CA
Molly Mccrea - CO
Carole R Myers - TN
Kimberly Harper - IN
Kate Locke - PA
Sonia Swayze - DC
Edna Cadmus - NJ
Aimee Marion - GA
Eileene Shake - NV
Mary Lou Brunell - FL
Kim Barnes
Winifred Quinn

Conversation Summary
The boundaries of what action coalitions can do around policy and how to advance policy without lobbying by the coalition were the focal points. Key themes were:
- Relationship building with policymakers without “asks” or specific legislation is key. The focus should be on the evidence behind issues such as access to primary care. Members of the coalition can serve as ‘expert’ who speak to the evidence, not to specific legislation.
• Using evidence-based reports, such as the IOM report and the recent National Governor’s statement on modernizing APRN scope, the coalition can update legislators on new information and evidence.

• The priority for the coalition is the advancement of the IOM recommendations by speaking to the evidence, not branding the coalition. Thus, the coalition might help to bring in nursing and non-nursing stakeholders to speak to policy issues with policymakers but representing their home organizations, not the coalition. So the coalition can help to organize behind-the-scenes, but not sponsor, legislative events or testify about specific legislation.

• The coalition could organize a roundtable on access to primary care providers for policymakers and representatives of health systems, speak to the evidence in the IOM report and other evidence-based reports, line up members of the coalition to speak (emphasizing non-nursing groups) about the barriers, and, if asked about specific legislation, to say, for example, that while the AC cannot address specific legislation, “the evidence shows that removing barriers to all health care providers practicing to the full extent of their education and capacity can improve access to care and reduce costs” the questioner might want to speak to John Doe from the state organization for nurse practitioners. Media should not be invited to the event and participation should be by invitation only. The other alternative would be for the AC not to sponsor the roundtable and for its members to speak as representatives of their home organizations. What is important is that policymakers see nursing organizations and other stakeholders organized around a common issue, demonstrating the “strange bedfellows” agreement. Holding a roundtable before specific legislation is introduced is ideal.

• The action coalition cannot send an email to its members asking them to act behalf of specific legislation. But the AC could send an email to its list informing people that they can get information on a legislative issue by contacting someone else and include a link to the source.

• AC members can and should wear different hats and be clear about what hat they’re wearing when speaking with policymakers. In general, it’s better to be speaking for another organization.

• ACs can help to get the consumer to policy tables to speak about issues of access and delays of care.

• Policymakers can and are members of some coalitions, but some believe they can be more helpful behind the scenes without identifying with the coalition. The state insurance association is potentially an important stakeholder to have in the AC, since AHIP is supporting allowing health care professionals to practice to their full capacity.
ACs can speak to state offices, but not lobby legislators, about getting nurses appointed to positions such as on the advisory body for the state health exchange.

- A key message is, “In the new world of systems and payment reform, we want all practitioners to perform at the full extent of their education and capacity.”

- How does your topic move beyond nursing-only efforts to focus on patients and families?
- How does your topic include more diverse stakeholders critical to success?
- How does your topic facilitate delivering short-term results even as you are generating long-term relationships?
- How does your topic attract new resources to sustain the transformation?

**Action Steps**

Reach out to policymakers now and build relationships. Discuss within coalition the appropriate strategies for the coalition to support the IOM recommendations, when the AC must not be visible, and how the member organizations can and should be visible.

- What are your first steps? Who? When?
- What are examples of 15% Solutions?
SUMMIT CONVENER’S REPORT
Section 1 A

How to talk to Non-Nursing Groups
Consumers (AARP, ACS, JDF….)

- Decrease costs
- Increase access to care
- Convenience
- Nurses are multiplier for future org memberships
- Increase quality of care
- Patient and Family Education
- Self Care/Self Advocacy
- Nurses as Resources for Membership
- Nurse Volunteers for AARP and others
- Nurses as Volunteers for their Orgs

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Topic Title: SIP grant recipients Issues

Convener’s Name: Carole Stacy

Participant Names

Conversation Summary
Summary of each participant’s SP grant focus r/t IOM Future of Nursing priorities
  - Academic progression models
  - Nurse residency models – Leadership – career planning to positioning and developing nurse leaders for Board positions
Workforce Data – from strategies to collect baseline data to more advanced data collection from specific groups
  Removing practice barriers for APRNs
  Interprofessional education and work
Diversity – this topic ranged from including representatives from underrepresented groups on advisor and steering committees to working to increase the diversity of the nursing workforce – gender, age, ethnicity, race

- How does your topic move beyond nursing-only efforts to focus on patients and families? Almost all the projects will impact patients, families and communities but little time was spent on that discussion
- How does your topic include more diverse stakeholders critical to success? Discussion focused around need to identify key stakeholders and partners and being able to release those who are not able to help advance the work
- How does your topic facilitate delivering short-term results even as you are generating long-term relationships? – not sure yet as projects are just getting started
- How does your topic attract new resources to sustain the transformation? Need to bring grantees together in like groups or small learning collaboratives

**Action Steps**

- What are your first steps? Who? When?
- What are examples of 15% Solutions?
SUMMIT CONVENER’S REPORT

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Topic Title: INFRASTRUCTURE CHANGES NEEDED

Convener’s Name: Carole Bergeron

Participant Names

Conversation Summary

Action Coalitions have been developed with multiple organizational parameters over time. Many have been very effective in implementing priorities and making substantial progress. As time has progressed, there is a need to further configure the state infrastructure to support continued work, engage broader stakeholder groups, enliven the voices within the conversation and engage more leaders in the work of the ACs. Many groups began with Steering Committees which are now morphing into Advisory Groups. Most ACs talked about challenges with engaging non-nursing partners in any capacity. States discussed where their ACs were housed---under what umbrella organization, if any. The majority involved the state nursing association, nursing centers of excellence or workforce centers. Some states operated autonomously with no larger infrastructure for support. Smaller states have particular challenges in engaging the numbers of active partners to facilitate the work of the AC. Issues that are important at this juncture include: development of 501©(3), creating public-private partnerships, requesting that CCNA develop a few templates that appear to be successful including structures within each that enhance the work---this would allow the states to hybridize as might be appropriate for their specific situation but not re-create. All states involved felt that the change in infrastructure was a serious consideration that impacted their ability to move forward effectively.
• How does your topic move beyond nursing-only efforts to focus on patients and families?
• How does your topic include more diverse stakeholders critical to success?
• How does your topic facilitate delivering short-term results even as you are generating long-term relationships?
• How does your topic attract new resources to sustain the transformation?

Action Steps

• What are your first steps? Who? When?
  ○ Create email group to share information related to some of the issues raised---immediately after the Summit
  ○ Indiana appeared to have a great deal to share re their structure----that should be ongoing---set up after Summit
  ○ Funding is essential to sustainability---the infrastructure of state ACs will be instrumental in identifying stakeholder groups that could facilitate this need---learn from other states

• What are examples of 15% Solutions?
SUMMIT CONVENER’S REPORT

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**Topic Title:** Innovation in Public Engagement

**Convener’s Name:** Victoria Niederhauser

**Participant Names**
Mindy: WA; Deb: HI; Hollie: VT; Carole: TN; Ruth: OK; Peter: CCNA, Diana: NY; Natalia: CCNA; Molly: CO; Jamie: Sue Hassmiller’s office

**Conversation Summary**
- Issues at finding success at getting the word out about Action Coalitions.
  - Finding patient stories/identifying how to find patients and engage the public
  - People and groups want to know “what is in it for them?”
  - Would like to engage groups but the Action Coalition does not have a process for doing so.
  - Small states in particular have many groups with the same people. How does the Action Coalition synergize instead of compete?
- Ideas to get the word out about Action Coalitions
  - The University of Penn hired a photographer named Earl Dotter who created an exhibit on “Nurses as Knowledge Workers.” Posters were made with photography on the actual work nurses do.
  - Something at the national level is needed that can be used by everyone
    - Vignettes
    - Commercials
    - Prezi presentation where users could zoom into each state
  - Local stories could be more effective. Paid advertising may not be possible.
  - Technical solutions
    - Digital story boards
    - Flipdocs.com
    - Campaignmonitor.com
- Keep the Action Coalitions websites updated
- Youtube messaging

  o Work with other groups:
    - Identify groups your Action Coalition would like to target
    - Look at the groups affiliated with the Action Coalitions at the national level and see if there are local chapters your state Action Coalition can work with.
    - Determine what you are trying to accomplish and where there are overlaps with other groups.
    - When your Action Coalition does engage with other groups, you can reach out to the media: TV, radio, print, etc. with “an exclusive”

  o If you live in a state where there are groups that are competing, work to determine who does what best and agree to disband certain groups or responsibilities.

  o Use the resources from the Campaign
    - State liaisons
    - Answer the survey on what the Campaign can do for you
    - The Campaign is already working on messaging for certain groups, if multiple states want this done for another group this can be done.
SUMMIT CONVENER’S REPORT

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**Topic Title:** Intentional Diversity and Inclusion for Action
Coalition Membership and Leadership

**Convener’s Name:** Bill Lecher (Kerry Nolte, NH, recorder)

**Participant Names**
Kerry Nolte (NH), Carole Myers (TN), Linda Roberts (IL), Sharon Gale (MA),
Jean Giddens (NM), Bryan Hoffman (DC), Joseph Sanchez (NM), Carole Stacy
(MI), C. Alicia Georges (NY), Ken Helander (Alaska), Marj Dugan (PA), Toni
Villarrue (MI), Pier Beoadnas (DC), Patricia Travis (MD), Arlina St Clair (DC),
Linda Wright Moore (PA), Deb Washington (MA), Julie George (NC)

**Conversation Summary**

- Defining Desired Diverse Participants: Gender, race, ethnicity, age, geography
- Diversity and inclusion needs to be intentional or the normal paradigm will continue on its current course
- Gender diversity and inclusion: underrepresented minority, role models and perspectives needed
- Ethnic/racial diversity: role modeling, seeing people who look like them in leadership roles will attract others, including other stakeholder interest; need to reach out and seek out those who are diverse not wait for them to join nursing,
- Diverse faculty: relating to others, adaption to overcoming challenges of relating to others as a minority, lack of preparation for college
- Reframing related to the changing demographics; if more people do not get opportunities, we are not fully developing opportunities or our impact
- Can be awkward to discuss strategies for diversity and inclusion to address gender, racial and ethnic diversity
- Significant discussion around diversity as a pillar vs throughout each pillar, no consensus reached
Parking lot: Diversity & Inclusion Pipeline discussion
Multiple discussions came up to pipeline programs and issues (we recorded these comments to capture even though not the intended topic of discussion): Despite recruitment for diverse students drop out rates are still significantly higher, Resources should be available to enable those who are interested, Older nurses turnover (current pipeline is not enough to meet needs) -Developing pipeline into health professions (succession planning) -HS -AHEC where they exist can provide these resources (HRSA funded) -Scholarship support with mentorship, additional resources than simply scholarships Engage diverse racially, ethnic stakeholders developing and designing systems of recruitment and retention - Use AAMC (American Association of Medication Colleges) strategy for the pipeline as it has been successful

Action Steps

Ways to be intentionally diverse within the Action Coalition:
1. Attempt to engage nay-sayers, allow for Diverse Opinions- alternative views
2. Finding ways to invite into the conversation, feeling welcome, have a seat at the table
3. Have an operational definition, concentrate our efforts, be open to redefining this
4. Need to ensure diversity is included throughout AC groups
5. May also want a specific diversity and inclusion team so there is some central or concentrated attention
6. Or Diversity should not only be represented on Diversity Workgroup - encourage any interest, not an intentional group
7. Young members have diverse opinion
8. Pragmatic processes
9. Diverse role models: leadership positions
10. Partner with STEM programs from school districts with diverse students
11. Build, engage together- mutually beneficial relationship with community groups etc
12. Encourage leadership development fellowships, compendium of backgrounds
13. Mentorship -provides a chance to succeed on the coalition
14. Engage/ invite new nurse managers, junior faculty

Member/leader Recruitment solutions:
1. Churches/ religious organizations
2. Intention is not to share 'our message' with diverse members but recognize the mutually beneficial relationship and participate as a partner
3. Network at Hispanic/ Black nursing association events
4. Invite organizations that can contribute members, offer as a leadership opportunity
5. Creating a shared agenda
SUMMIT CONVENER’S REPORT

Topic Title: LawAtlas Project (Statutes and Regs for Nursing Education and Practice)

Convener’s Name:
PA Coalition Members: Tine Hansen-Turton, Chris Alichnie, Susan Hallick, Julie Fairman

Participant Names
- Karen Scipio-Skinner – DC Coalition
- Mindy Schaffner – WA
- Sherry Greenberg – PA
- Mary Palumbo - Vermont

Conversation Summary

Expanding the use of the existing RWJ supported LawAtlas for Nurse Practitioners, to include:

Regulatory and statutory reviews, incl interpretative statements, including, but not limited to the following, following in each state:

All APRNs (CNS, CRNAs, CNMs and NPs)
General RNs
LPNs
Requirements of all nursing programs (above accreditation)
Implementation of the consensus model, including interpretation within acute care practice

Action Steps

The PA Action Coalition will submit a concept paper to RWJ regarding this critical idea. This LawAtlas could serve as the common source of data focusing on the 8 IOM report recommendations.
This LawAtlas is used by anyone – incl the legal profession – to get accurate data in one place.
It can be used in by all the Action Coalitions to share best practices and to develop common strategies across the states.

Sue Hassmiller and Susan Reinhard look for a concept paper in the near future!
SUMMIT CONVENER’S REPORT

Topic Title: Mentoring to deploy Transformational leaders

Convener’s Name: Wanda Montalvo

Participant Names
Beverly Jordan, TN
Jake Creviston, OR

Conversation Summary

• How does your topic move beyond nursing-only efforts to focus on patients and families?
  - Developing transformational leaders to help lead policy change impacts broader community to meet the demands of the ACA
  - Mentors can be identified from the patient community, opportunities to forge relationships with patient advocate groups
  - Supporting development of transformational leaders can help move the science of nursing into the community, support communities of practice based research

• How does your topic include more diverse stakeholders critical to success?
  - Diversity of stakeholder is key, both for the development of transformational leaders within the nursing community and engagement of business leaders as a way to gain buy-in on the role nurses can play on boards
    - FedEx * Business Schools * Coach
    - AmEx * Salesforce Enterprise
  - Identifying mentors representing diverse groups can help fill the mentorship gaps, nurses benefit from seeing “someone who looks like me” in leadership positions.
    - C-suite leaders (La Prenza, Goya)
    - Deans at Schools of Nursing

• How does your topic facilitate delivering short-term results even as you are generating long-term relationships?
  - Using hybrid models of mentorship can open the landscape to access leaders at a broader level
  - Mentorship can help prepare nurses to lead on committees at the state and national level, not just at the table to chairing the committees
  - Mentorship benefits from formal structures to help match mentor-protégé using appreciative interviews and development of action plans
  - The need for mentorship is apparent, especially as protégés seek to make a connection with a proper mentor.

• How does your topic attract new resources to sustain the transformation?
The development of emerging leaders helps with succession planning at multiple levels
Seasoned leaders enjoy “giving back” and reciprocal relationships can be developed between mentor-protégé
Organizations with transformational leaders are able to implement system changes, transformational leaders are able to engage followers and set vision to achieve incredible goals (i.e. Magnet Status, PCMH)
Transformational Leaders are able to lead research teams using interdisciplinary research because they possess the skills to engage followers

**Action Steps**

- What are your first steps? Who? When?
  - In NY, the RWJF Executive Nurse Fellows hosted a regional meeting focused on transformational leadership. On Feb 1st we hosted our second meeting on Mentorship and had sixty participants representing academia, service and community. The plan is for this meeting to act as a catalyst for the local metro action coalition to sign-up mentors willing to mentor a nurse. The mentors will be invited to join the effort both from within and outside of the discipline of nursing.
    - Target: 150 mentors in 2013 *(example of 15% solution)*
  - Tenn: Plans to develop leadership institute and is developing a leadership committee structure by strategically considering the “type” of members that will be needed on the board and what inspired them to join. Looking at leaders outside of nursing, this can help inform strategy for bridging new partnerships

- What are examples of 15% Solutions?
  - Mentorship is a topic that seems to resonate at the leadership, director, manager, novice level. The relationship can be reciprocal and benefit both the mentor-protégé
  - Academic institutions can support mentorship (beyond advisor role on academic progression) by connecting students to alumni association
  - Partnering with business schools to support development of emerging leaders
SUMMIT CONVENER’S REPORT

Topic Title: Messaging

Convener’s Name: Dee Hutch

Participant Names
Lynn Gangor, Mary Val Palumbo, Kristin Jimison, Jon Teel, Susan Lamontagne, Kim Harper, Denise Bottcher, Shelley Balfour, Robert Fort, Mary Bononi, Debbie Ford, Julie Fairman, Chris Alichie, Lindsey Cardwell

Conversation Summary
- How do we get nurses to say things in simple terms?
- How do we write messages that reach and speak to non-nursing stakeholders?
- How do we refine messages and make them clearer?
- Why aren’t we delivering the messages we already have crafted?

Action Steps
- Make sure your group understands their basic, clear message. Customize it depending on your audience.
- Work to determine if you need to reach out to nurses, non-nurses, or both depending on where your AC is at in terms of development.
  - Newer ACs may need messaging that engages nurses first
- Share resources via CFA website (meeting strategy worksheet, communication plans, best practices.
- Practice speaking simply and do not assume you are speaking with a nurse when promoting your message.
- Eliminate jargon when talking to nursing champions.
- Re-evaluate your message periodically.
SUMMIT CONVENER’S REPORT

Topic Title: Moving Leadership Forward – Getting Nurses on Boards

Convener’s Name: Victoria Vinton NEBRASKA

Participant Names
Roy – D.C., Lisa – LA, David- MA, Debbie Alaska, Karen – CO, Pam - NE

Conversation Summary

- How does your topic move beyond nursing-only efforts to focus on patients and families?
  - Nurses are connected to patients and families, first point of contact we coordinate care and advocate for patients and families
- How does your topic include more diverse stakeholders critical to success?
  - How do we establish relationships with those stakeholders outside of nursing who can support us and advocate for us. For example Corporations, AARP, Women’s Chamber of Commerce Groups, League of Women Voters, Governor’s staff.
- How does your topic facilitate delivering short-term results even as you are generating long-term relationships?
  - Short term: Develop a data base for party affiliation/districts who are passionate, interested in issues. Identify nurses across the state through gove office HHS, Women’s Foundation of Omaha League of Women Voters, C of C.
  - Long term relationships: If you have nurses who are elected officials connecting with them works wonders. Develop nurses to serve on councils: 40 U 40, use of existing Leadership Institutes for training, online support from nurses already on boards, make sure nurses speak with one voice to avoid competing nursing groups. Look long term at what is educational piece of nurses serving on boards: what is the skill set- asking powerful questions, prepare yourself for board meetings, read materials, understanding fiduciary responsibility,
- How does your topic attract new resources to sustain the transformation?
  - Go outside to diverse groups as mentioned above

Action Steps
• What are your first steps? Who? When?
• What are examples of 15% Solutions?

Action Steps:

• Salons once a month. Looked at leaders of professional nursing orgs – Get people interested in board positions
• Get educational info to prepare these nurses. Webinar out of CFA: Nurses on Boards. Participate in CFA’s leadership series with Jenifer. Use Sue Hasmiller’s article on Nurses on Boards
• Get nurses on state hospital association boards
• For states that are having difficulty getting buy in – important to develop relationships. Make it personal. Governor not on board, use family experiences personal to healthcare
• Important to have more than 1 nurse on a board. Numbers should match same as physician positions to get at nursing’s unique perspective.
• Database of nurses interested that would make good board members including interests such as party affiliation and Congressional district
• Develop a leadership survey to determine who’s currently serving. Can help identify mentors as well.
• Make sure nurses are involved in areas important to public issues: Autism Speaks, NAMI, et c.
• Be careful not to make it just about nursing focus should be healthcare of the state
• Develop a relationship with current board members as a way to get appointed. Develop a relationship with them to get appointed.
SUMMIT CONVENER’S REPORT

Topic Title: Nurses on Boards

Convener’s Name: Connie Mullinix

Participant Names
Lindsey Cardwell, VA; Heather Young, CA; Linda Burns-Boulton, RWJF; Mary Holter, OK; Debbie Ford, KS; Dorie Wigund, VT; Ann-Lynn Denker, FL; Susan Reinhard, AARP; Susan Kosnar, CT

Conversation Summary
Themes:
- Resources available to ACs for nurses who wish to serve on boards:
  - AARP DVD about serving on boards
  - East Carolina State Univ. will offer a course about serving on boards in the fall, then will adapt that to a CNE version
- Types of knowledge/skills nurses need in order to serve effectively on boards:
  - Financial information
  - Understanding of governance
  - Communication skills outlined by L. Burns-Boulton outlined below
  - Understanding of resources and how to acquire resources
- L. Burns-Boulton recommended three strategies to prepare for serving on a board:
  - Do own self-assessment: articulate what you can bring to the table; what are your passions and how do they fit with the mission of the organization within which you wish to serve
  - Who do you know: about building relationships
    - Ability to speak up
    - Authenticity/genuine
    - “Call in your circle”
    - Confidence building

*Match your competencies with the mission of the board upon which you wish to serve

- Look for training sessions run by various organizations that prepare people to serve on boards, e.g., American Heart Assoc., American Lung Association, etc.
- Remember to consider non-health care-related boards, such as PTA/PTO, other nonprofits, for-profits (if you are comfortable with the financial aspects, in particular)
• How does your topic move beyond nursing-only efforts to focus on patients and families?
• How does your topic include more diverse stakeholders critical to success?
• How does your topic facilitate delivering short-term results even as you are generating long-term relationships?
• How does your topic attract new resources to sustain the transformation?

**Action Steps**

- S. Reinhard will find the DVD from AARP about serving on boards.
- AAN: Raising the Voice campaign
- Check the AARP website under Leadership Learning Collaborative
- Book: Hall & Weaver: How to Get Into Organizations (C. Mullinix knows the reference)
- Check in to the NSNA Leadership University—students earn credit by taking on leadership roles
- Look into AAN/AARP board member development resources
- AHA Hospital Research Organization Trust may have resources
- Invite community members/leaders to participate in some type of panel discussion about board opportunities, mentoring, etc.
SUMMIT CONVENER’S REPORT

Topic Title: Removing Taboos: How to get organizations to fund and support removing scope of practice barriers

Convener’s Name: Shannon Idzik, Maryland

Participant Names
Gail - Colorado
Andrea - CCA
Margaret - Idaho
Billie - ND
Sharon - Tennessee
Diana - NY
Jane – Oklahoma
Mary

Conversation Summary

- How does your topic move beyond nursing-only efforts to focus on patients and families?
  1). Getting families and consumers involved grass roots efforts

- How does your topic include more diverse stakeholders critical to success?
  1). Again, mobilizing consumers, building relationships

- How does your topic facilitate delivering short-term results even as you are generating long-term relationships?
  1). Short term goal of preventing new scope of practice barriers with long term goal of removing scope of practice barriers.

- How does your topic attract new resources to sustain the transformation?
  1). Engage students, particularly DNP students
Action Steps

- What are your first steps? Who? When?
1). Stop using divisive terms such as independent practice, but rather us “Full Practice Authority”. Educate state NPs to do such
2). Start the conversation with Access to Care
3). Mobilize consumer organizations to reach out to legislators
4). Build relationships
5). Reach out to top Drs. who support NPs and ask them to sign on to a statement or be willing to talk to others. If not willing to sign on or speak, get a list. That way you can at least take the list to the legislators and say that these physician have told you they support NP’s.
- What are examples of 15% Solutions?

1). Moving forward make sure that no new practice barriers are enacted. Scour every piece of legislation to make sure that it is provider inclusive
SUMMIT CONVENER’S REPORT

Topic Title: Research Needs: What do you need to know to advance your cause?

Convener’s Name: Olga Yakusheva (WI)

Participant Names
Joanne Spetz (CA), Jim Durbin (OK), Patricia Moulton (ND), Kristin Juliar (MT), Mary Lou Brunell (FL), Julie McNulty (AK), Patrick Ohana (HI), Kate Locke (PA), Nancy Reller (VG)

Conversation Summary

Critical research needs were identified as evidence of return on investment in nurse education, and data/tools for projecting demand and supply for nurses (LPNs, RNs, NPs)

- How does your topic move beyond nursing-only efforts to focus on patients and families?  
  The identified research needs are of critical importance to hospital administrators and educators.
- How does your topic include more diverse stakeholders critical to success?  
  Filling the research needs would involve a collaborative effort of academic researchers, healthcare providers, and policy makers.
- How does your topic facilitate delivering short-term results even as you are generating long-term relationships?  
  Meeting the research needs is a long-term process, particularly being able to project demand and supply for nurses.
- How does your topic attract new resources to sustain the transformation?  
  One of the participants offered a survey they are conducting in order to identify barriers and facilitators to promoting their AC’s goal.

Action Steps
- What are your first steps? Who? When?  
  The needs will be brought up with a group of CFA research managers at the March meeting.
- What are examples of 15% Solutions?  
  Providing research briefs and synthesizing existing research evidence to address some of the outlined informational gaps.
SUMMIT CONVENER’S REPORT

Topic Title: RN to BSN Competencies

Convener’s Name: Helen Reid

Participant Names
Margie Dorman-O’Donnell
Mary Baroni
Sandra Phillips
Susan Swart
Malia Griffin
Sandie Nadelson
Rebecca Wiseman
Lynne Dunphy

Conversation Summary

- How does your topic move beyond nursing-only efforts to focus on patients and families?
  We talked about the need to include partners as we create the competencies for our RN to BSN curricula. We need to include the payors such as BCBS and Aetna to get the competencies needed for the ACO systems. We discussed the competencies needed for RN to BSN which don’t necessarily answer any of these questions but I want to get down – interdisciplinary care coordination, organizational change for quality care and patient safety, information literacy for academic discourse, translation research, global health, community based care for vulnerable populations were examples of courses in one program. Also discussed genetics needs to be infused through, ability to change systems, leadership. One school shared a bridge course for transition to the role. We need to have major collaboration between ADN and BSN to make sure there is not duplication. One program has both ADN and BSN educators co-teach this. We talked about a major barrier which is faculty who don’t want to change – lot of discussion about this

- How does your topic include more diverse stakeholders critical to success?
  We need to engage the practice partners more including community clinical sites and need to ask what they need so that clinical becomes a win-win situation. We need to engage regulatory bodies – including accreditors, education boards, Board of Nursing, maybe ask NCSBN – need more fluid process for making change
We need to talk to practice partners about how ADN graduates who get their BSN can articulate how their practice has changed with BSN but their role in the facility hasn’t – so we need a rich discussion about this

- How does your topic facilitate delivering short-term results even as you are generating long-term relationships?
  
  We will use this content to create the new curricula for RN to BSN programs but we need to create the relationships so that the curricula will continue to change and update as the health care system changes

- How does your topic attract new resources to sustain the transformation?

**Action Steps**

We talked about having discussion on the CCNA community website to share some of the resources that we heard about and having a rich discussion of articulating the different competencies
SUMMIT CONVENER’S REPORT

Topic Title: Seamless Transition for RN-BSN

Convener’s Name: Kim Dees

Participant Names:
Sheila Solernou (Conn); Susy Sportsman (TX); Helen Reid (TX); Marilyn Valerio (Neb); Shari Gholson (KY); Deb Zimmerman (VA); Susan Orten (?); Donna Meyer (IL); Janet Larke (?) (MA); Rebecca Wiseman (MD); Maria Grippo (NJ); Rob Denson (Iowa); Rita Frantz (?) (Iowa); Ruth Eckenstein (OK); Kim Dees (KY) Lorie Judson (CA); Jean Wartock (FL, CCNA); Mary Beroni

Conversation Summary

Introduced as states have a lack of enrollment in ADN-BSN, and many RN-BSN programs at full capacity. Dialogue followed what states are doing:

TX – received APIN grant for more standardization of curriculum. Got to 45 hours of the same gen eds (GE) but got stuck there, unable to reach more consensus beyond that. They have implemented a 1 page advising sheet that is used at the point a student enters the community college, outlining general education courses they will need for BSN completion. TX State Articulation Agreement.

Nebraska – More privates offering BSN than public so requirements are all over the board and strategies discussed in this group would not work well – difficult to get privates to accommodate to unified GE. 2+2 doesn’t work because students don’t continue after the first 2 year (Assoc degree).

Washington – have Council for Nursing Education that meet twice a year. Looking at core pre-requisites and starting to uncover the nightmare of transfer of courses, and the inequality of course transfer from institution to institution. Entire group supported this revelation.

CA – Seamless transition by CA State Universities by 2013 by legislative action. They had to agree on common pre-reqs. Working well with road maps posted on the websites for advising (calstatela.edu) Problem now is a bottleneck due to RN-BSN capacity at CSU’s
CA/TX/FL – took legislative action to get to this point (FL com. Colleges allowed to offer BSN)

Connecticut – wanted to know how to handle this outside of legislative action. Suggestions included forming Council for Nsg Educaiton which was the conduit for seamless transition for Washington. Conn. states they meet monthly but still not able to accomplish.

Dr. Wartock shared with the group CCNA has posted a webinar and pp referring to one of the education models of comm colleges offering RN-BSN

Donna Meyer – pres. of NOADN reported they have webinars as well posted on seamless education transition. She also reports a meeting in Washington DC in two weeks with AONE, AACN, AACC, NLN, CCNA, and NOADN to discuss employment/career for A.D.N prepared RN’s. Discussion on accreditation of Assoc, someone mentioned cost be prohibitive for 2 yr programs. We were encouraged to have conversations with presidents, provosts, etc to recognize the importance of program accreditation for transfer and employment. CNO from Virginia was in the group and stated they will not hire unless graduated from accredited school of nursing

- How does your topic move beyond nursing-only efforts to focus on patients and families?
- How does your topic include more diverse stakeholders critical to success?
- How does your topic facilitate delivering short-term results even as you are generating long-term relationships?

How does your topic attract new resources to sustain the transformation?

**Action Steps**

- What are your first steps? Who? When?
- What are examples of 15% Solutions?
SUMMIT CONVENER’S REPORT

Topic Title: Sharing best practices and knowledge transfer

Convener’s Name: Evonne Waters, UHG Center for Nursing Advancement

Participant Names
Elizabeth Sparks, Virginia, UHG; Jon Teel, Kansas; Rita Frantz, Iowa; another Iowa participant, Richard Kyle, Arkansas; Erin Kyle, Arkansas

Conversation Summary

- Discussion topics included best practices for Leadership programs, Education, Nurse Residency, Mentorship, and Recognition.
- The topic moved well beyond nursing in that research supporting best practices included other industries.
- We addressed relationships between large and community based hospitals, universities, and individual contributors throughout urban and rural areas. Team members provided recommendations that could be used to solve problems immediately as well as long term strategies that will take some planning.
- Best practices were shared for these long term ventures. In the end new partnerships and alliances were formed that will allow both national and local partners to work together.

Best Practices Summary

- Programs must be created to ensure we have well prepared nurses which includes more than academics, mentoring that connects new nurses to the work early, succession planning, and recognition programs.
- Leadership - succession planning is best accomplished as an ongoing process covering a year with a well-planned curriculum, virtual opportunities, and mentoring versus a one-time event.
- Leadership - recognition programs, such as 40 under 40 (or 7 over 70) should start with the nominated individuals being recognized at their facility. Best practices for doing that should be provided by the central organization.
- Surveys - LinkedIn can be used as a free resource to reach specific nursing populations in a State.
- Residency - The "Dedicated Education Unit" is a model where clinical agencies partner with Universities to provide structured, individualized training through nurse-student pairing.
- Residency/Mentoring - mentoring programs need selected and matching criteria, can be virtual, should have curricula support as well as mentoring for the mentors; programs should also focus on succession planning and helping established nurses to move forward in the organization.
- Residency - programs need good clinical acumen and competency testing, support, and touch points.
- Retirement risk must be considered and those needs of the older nurse in order to ensure adequate knowledge transfer.

**Action Steps**

3 solutions to be implemented by some attendees are “Dedicated Education Unit”, LinkedIn surveys, recognition for nominees, others will contact the UHG Center for Nursing Advancement about mentorship, retention, residency, leadership, and recognition best practices.
SUMMIT CONVENER’S REPORT

Topic Title: SIP grant recipients Issues

Convener’s Name: Carole Stacy

Participant Names

Conversation Summary
Summary of each participant’s SP grant focus r/t IOM Future of Nursing priorities
- Academic progression models
- Nurse residency models –
- Leadership – career planning to positioning and developing nurse leaders for Board positions
- Workforce Data – from strategies to collect baseline data to more advanced data collection from specific groups
- Removing practice barriers for APRNs
- Interprofessional education and work
- Diversity – this topic ranged from including representatives from underrepresented groups on advisor and steering committees to working to increase the diversity of the nursing workforce – gender, age, ethnicity, race

- How does your topic move beyond nursing-only efforts to focus on patients and families? Almost all the projects will impact patients, families and communities but little time was spent on that discussion

- How does your topic include more diverse stakeholders critical to success? Discussion focused around need to identify key stakeholders and partners and being able to release those who are not able to help advance the work

- How does your topic facilitate delivering short-term results even as you are generating long-term relationships? – not sure yet as projects are just getting started
How does your topic attract new resources to sustain the transformation? Need to bring granteees together in like groups or small learning collaboratives.

**Action Steps**

- What are your first steps? Who? When?
- What are examples of 15% Solutions?
SUMMIT CONVENER’S REPORT

Topic Title:
Awakening the Sleeping Giant: Engaging nurses in the State AC

Convener’s Name: Jane Foote

Participant Names
Jane Foote, MN
Kris Juliari, MT
Casey, MT
Gwen, CCNA

Conversation Summary

MN collected statewide opinion from over 10,000 RNs and LPNs in September of 2012. Over 2,000 nurses indicated they would like to be engaged with the Action Coalition, and the challenge at this time is how to engage them without staffing or resources to organize the efforts.
• MT shared their progress and provided additional insights.

Action Steps
• Staying informed represents engagement.
• Involve interns at the state universities to assign aspects of communication needed to continue to keep the “giant” awake and moving forward.
• Consider social media as a way to reach nurses.
• Consider regional or functional descriptions to accomplish tactics in a strategic work plan.
SUMMIT CONVENER’S REPORT

Topic Title: Social media

Convener’s Name: Roy Simpson, GA

Participant Names
Margie, TX
Cynthia, MT
Linah, RWJF Comm Team
John, KS
Shannon, RWJF Comm Team
Katie, MI
Marg, CA
Sue Hassmiller
Nina, from somewhere

Conversation Summary

- Infrastructure to support social media, technology, staff
- Standardized social media handles and nomenclatures, such as @RWJF_StateAbbreviation_AC or @CFA_StateAbbreviation_AC
- Engaging younger stakeholders and nurse champions via social platforms and tools
- Professional level of messaging and delivery; you’re never off the record
- Microblogging

Action Steps

- CFA to offer a social media webinar series
SUMMIT CONVENER’S REPORT

Topic Title: Strategies for Physician Engagement

Convener’s Name: Gail Finley

Participant Names
Sheila Solernou
Pier Broadnax
Annette Beuchler
Katie Kessler
Barbara Trehearne
Jane Mahowald
Jean Worlock
Maureen Keefe
Sharon Adkins
Cynthia Gustapon
Barbra Brown
Alexia Green
Judy Beal
Ann-Lynn Denker
Judi Hansen

Conversation Summary

- How does your topic move beyond nursing-only efforts to focus on patients and families?
- How does your topic include more diverse stakeholders critical to success?
- How does you topic facilitate delivering short-term results even as you are generating long-term relationships?
- How does your topic attract new resources to sustain the transformation?

The conversation was geared towards what part of physician engagement we can be responsible for, and strategies for ensuring active participation. States shared experiences – both opportunities and frustrations.
Action Steps

- What are your first steps? Who? When?
- What are examples of 15% Solutions?

Develop Relationships
- Strategic Infiltration – Below leadership develop relationships and identify common areas of interest in the overall goal
- Pay attention to the language we use – Triggers
  - “Independent Pratice” vs “Full Practice Authority”
  - Scope of Practice
  - Focus on population health or access to care
  - Focus conversations on PATIENTS, not nursing
- Engagement
  - Identify a collective of supportive physicians
  - Include the supportive and a protagonist physician representative in coalition efforts
  - Establish relationships/use established relationships
  - ID successful models of physician Nurse/Physician practice
  - Consumers!!
  - Hold meetings in the evenings or on weekends when they are available
- Use available materials strategically
  - National Governors Association paper
  - Stories of successful co-practice models
SUMMIT CONVENER’S REPORT

Topic Title: Strategies for Recruiting Non-Nursing Stakeholders

Convener’s Name: Karren Kowalski, Colorado

Participant Names:
Helen (MT); Maureen (IL); Karen (NC); Sherry (KT); Chris (PA); Julie (PA);
Sherry (PA); Robin (AZ); Barbara (Wis); Sharon (MN); Mary (CA); Barbara (HA);
Liz (MN); Rick (IN); Wanda (NY); Victoria (NE)
WOW, what a group

Conversation Summary

Ideas were shared as to how various states had recruited various stakeholders. CA and PA have started Steering committees and TX helped with these two states. The types of groups which were approached included foundations, care centers, advocacy groups, and health insurance companies. These states approached stakeholders with a focus on a specific personal relationship or a specific part of the IOM report with which the group had interest. PA demonstrated flexibility and used 3 approaches: asked for a financial contribution, and “in kind” contribution or a combination of both. State ACs used existing connections and relationships such as the PSNAs service on the workforce investment boards as well as connections developed by SON Deans and Directors (ie Penn’s dean), and connection with the state chamber of commerce. They did research about the corporations they selected prior to the meeting.

A major emphasis was on developing relationships and changing the thinking about how to approach business.
- One focus was on the talent in the group that was needed by the AC.
- How to start a relationship i.e. discovering who in the family might be a nurse or what the personal interactions with the health system might be
- Could this business participate in a mentoring program?
- Begin with Aetna and United Health care and thanking them for their support for this national meeting
- Begin in the AC home state’s local reps from the 50 national partners
- Use the FON liaison to connect to these groups
- Be flexible in what assistance looks like ie discover what the stakeholder is interested in such as insurance companies who are interested in APNs
AARP has a program “Direct Action Organizing” which could help in skill building for these interactions: asking questions such as “What do we need the partner for?” ACs might ask the state AARPs to facilitate a learning session about this program.

- Reach out to the local Chamber of Commerce
- Consider approaching a media person for the steering committee
- Each AC needs to think about how to include ethnic & racial minorities – can begin with the various nurses associations such as the Hispanic Nurses Association.
- PA began with the stakeholders participating in a Strategic Planning 2 day retreat. They began with a preliminary document and then had the committee members construct from that. They will make the agenda for the meeting and the outcomes available on the FON resource website.
- CA is reforming their AC: the Advisory Committee will offer advice; they also have a resource bank that consists of organizations who can offer space for meetings, copying etc.
- How does your topic move beyond nursing-only efforts to focus on patients and families? See above
- How does your topic include more diverse stakeholders critical to success?
  - See above
- How does you topic facilitate delivering short-term results even as you are generating long-term relationships?
  - Various states left with excellent ideas about how to move forward in their respective states
- How does your topic attract new resources to sustain the transformation?
  - Since including non-nursing/nurse champion organizations is essential to moving the IOM agenda forward, all of the suggestions above attract additional time, energy and money to the work of the action coalitions

### Action Steps

- What are your first steps? Who? When?
  - First steps include taking 1-3 of these ideas and begin next week to attract stakeholders to the ACs.

What are examples of 15% Solutions? Begin with enrolling stakeholders and schedule a strategic planning meeting for late spring.
SUMMIT CONVENER’S REPORT

Topic Title: Students at Every Meeting

Convener’s Name: Jake Creviston

Participant Names
Cheryl Schmidt, Particia Moulton, Sheri Webster, Pamela Agee-Lowery, Deb Washington, Darcy Sherman-Justice, Shannon Idzik, Natalia Baroin, Evangline M. Dowling

Conversation Summary

- How does your topic move beyond nursing-only efforts to focus on patients and families?
  - Our discussion of students attending all AC meetings was robust. There are many ways in which ties to other-than-nursing disciplines and attributes could be compelled. Older students and non-traditional students are bringing a wealth of other-than-nursing experience to the tables. These qualities must be identified, tapped and explored in relation to evolving patient care. Assessing and exploiting our continually more diverse nursing workforce will help us address issues of an increasingly dynamic and expensive healthcare system.
- How does your topic include more diverse stakeholders critical to success?
  - When I look across the table at the usual suspects in our AC meetings I am reminded that undergraduate and graduate nursing students are as much bedfellows as are engineers, lawyers and business persons. Our conversation revolved around the diverse backgrounds of many nursing students these days and the benefits thereof. Student with occupational and professional lives prior to nursing bring a wealth of networking possibilities to our tables. We must recruit these students.
- How does your topic facilitate delivering short-term results even as you are generating long-term relationships?
  - Broadening inclusion to student nurses at all levels can compel immediate action in countless ways. Students are infinitely connected with their social networks, their communities, and their professional lives. They bring forth progressive knowledge of technology and ideas for facilitated utilization thereof. They are up-to-date with popular culture and can therefore stand as gatekeepers for our entry into a diverse and probably younger populace. They are presumptively not jaded yet by the nursing challenges that await them. They provide
fresh views on old and new issues facing the future of nursing. They are malleable and must be taught that they ARE leaders not that they might be nurse leaders one day. They are our future and they must be cultivated.

- How does your topic attract new resources to sustain the transformation?
  - Sustainability is contingent upon student mentorship and cultivation. Simply said, they are the future of nursing and the succession plan and should be raised as such. With the looming retirement deluge of nurses, so too will a wealth of imperative knowledge and experience flow from the active arenas of nursing. The thought of not inoculating our students, our leaders, our future, with this wisdom now is tragic.

**Action Steps**

- What are your first steps? Who? When?
  - Lobby deans and faculty on ACs for curriculum inclusion of IOM report and FON initiatives. (first meeting upon returning from summit)
    - Offer clinical/didactic credit for AC student involvement
    - Advertise other incentives e.g., resume building, networking, etc. to students for AC involvement.
  - Assess student nurse associations, local and national, for current knowledge/perceptions of IOM report. (within 3 months of returning from summit)
    - Educate SNAs accordingly.
    - Recruit potential nurse leaders from SNAs for involvement with ACs.
  - Compel every AC member to bring a student to every meeting. (This goal will be a continual goal, but we like to dream big. This goal also feeds into the overarching goal of facilitating mentorship)
  - Offer webinars for students through Campaign for Action website.
  - What are examples of 15% Solutions?
    - Faculty adopt “intentional” recruitment of students for IOM involvement.
      - We discussed, at length, the unrealistic responsibility lying with the student to self-identify as leaders and buy a seat at larger tables. As a student, this is one of the most intimidating experiences I’ve had.
    - 3-5 students from each nursing school attend every meeting
      - Faculty and mentors should facilitate this process in students they see as promising leaders. Once at the table, students should be introduced to the AC, treated respectfully, and listened to. An empathic and collaborative environment must be created for healthful inclusion of students.
      - They could comprise a “Student IOM Senate”
    - IOM orientation for new nurses, especially at Magnet facilities.
    - Bring students to state, regional and national IOM functions.
AC members present at all state-wide SNA events
SUMMIT CONVENER’S REPORT

Topic Title: Succession

Convener’s Name: Marilyn Valerio

Participant Names
Marilyn Valerio, Joie Glenn, Erin Kyle, Sarah Carmody, Kate Sawah

Conversation Summary

- How does your topic move beyond nursing-only efforts to focus on patients and families?
- How does your topic include more diverse stakeholders critical to success?
- How does your topic facilitate delivering short-term results even as you are generating long-term relationships?
- How does your topic attract new resources to sustain the transformation?

Action Steps

Discussed nursing in political arena, i.e. legislature
Engaging younger nurses in the coalition efforts – focused on student involvement and nurses under 40
Use graduate students to collaborate on work and mentor them into leadership; increase policy and advocacy in curricula both through discussion/education and actual experience
Attract younger nurses but don’t get rid of the old – pair them up to influence change and continue the work
Older nurses i.e. mentors and leaders must walk the talk, and stop trying to change people – capitalize on differences and support people in their weaknesses.
Need to focus on nurses and the need to “heal the healers”
Demonstrate that nurses must care for themselves to effectively care for others “See” nurse leaders in many roles
Must have a clear purpose for the work we are doing to attract the new, the younger nurses
40 under 40 very effective way to include new nurses into leadership – mentor those you get.
SUMMIT CONVENER’S REPORT

Topic Title: Succession Planning

Convener’s Name: Barbara Zittel, NY

Participant Names
Lynne Dunphy, RI; Jannis Dubon, GA; Sandra McBarnie, NH; Victoria Vinton, NB; Tina Gerardi, VA; Karen Stallings, NC; Eileen Werdman, OH; Maureen Keefe, UT; Pat Crombie, MA; Sheri Webster, SC; Pam Thompson, VA

Conversation Summary

Are there best practices in succession planning? Can look at this in a structural manner; are there up to date, accurate job descriptions? Do you have a leadership structure that supports term limits (3 years suggested), mentoring such as a president/chair-elect system and past president/chair on your board/steering committee, leadership development programs. Target involvement of young leaders (less than 10 years experience) and offer mentorship such as identify your 40 leaders under the age of 40 and engage and mentor them in the work and provide leadership opportunities for them as soon and as often as possible. Begin mentorship/succession planning while you are still excited and enthusiastic about the position, not when you are tired and ready to leave.

The work of the action coalition should generate the roles necessary to do the work. Identify purpose and then get the right people for the job. Need to look at sustainability of the action coalition work past funding. May need to embed the work in established organizations and the leadership will play the role of convener and collaborator rather than set up a separate organization or structure. Most successful action coalitions have paid full-time or dedicated administrative support. Leadership can be rotated, but the administrative support is necessary infrastructure.
SUMMIT CONVENER’S REPORT

Topic Title: Transgenerational Workforce

Convener’s Name: Arilma St. Clair, Washington, DC (LBRoberts = recorder, Illinois)

Participant Names
Linda B. Roberts IL
Lindsey Cardwell, VA
Bill Lecher OH
Kristin Jimison, VA
Arilma St Clair DC
Jill Kliethermes, MO
Kristen Pringer, MO
Mary Gunter TN
Sandy Camody DE
Kate Salvato DE

Conversation Summary
- Background of need, workforce retiring soon, value perspective of various years of work experience
- Younger generation not represented in these types of activities
- Younger generation lives to work, not forefront of professional association involvement
- Older generation must outreach to younger generation and vice versa and identify their values and principles and best ways to communicate and best tools to communicate with.
- Shift work, not concept of professional nursing, need younger generation appreciate that working on job is different from developing profession
- What to sell to younger generation:
  - Transform current patterns to engage all generations to professional associations
  - Need to make involvement attractive identify values sought after by various generations
  - What we do with millennial generation must be immediate, concrete
• Must not expect them to do something every day
• Communication: electronic
• Message includes boundaries, need to build functionality into each AC website
• What is in it for me:
• A lot of graduate schools require students to attend a professional meeting at graduate school engage
Have dean do something so that graduate students have working with AC be a project

**Action Steps**

1) Transform the Nightingale Image to identify principles that values all generations’ contributions and all generations can relate.
2) Every action coalition includes ____#nurses under the age of 30 or 35 years (at that age most people have a balance in life, no focus second career nurses, different work ethic)
   a. Approach CNO, request identify ___#young nurses, give paid release time, professional growth
   b. Approach Deans, request ___# young faculty give release time to participate in AC
   c. Approach Dean, request ___# graduate students involvement in AC be a project that will meet requirement for graduation
3) Every action coalition member is to have do a social media account
   a. Examples, wicki space, twitter, facebook, linked in
   b. This is a two-way mentoring project
   c. Remember to set boundaries, such as ANA, AONE, probably work has these as well
4) Provide childcare at AC meetings
   a. Guarantee sitter at least ______$ for the event
   b. Have charge be $5.00 per kid
**Topic Title:** What about the help? The role of nurses aides, family caregivers and other non-nurses in the transformation of health care?

**Convener’s Name:** Linda Wright Moore

**Participant Names:** Antonio Villarruel, Shannon Mouton, Jaimie Kelley, Janet Lusk, Liz Close, Karen Scipio-Skinner

**Conversation Summary:**
Home health aides provide an unrecognized and crucial need in our society. Many of these workers are low-income and people of color who are often exploited. They provide a crucial need for people who are living longer with chronic conditions and want to stay in their homes, yet the health care system does not recognize them. Most home health aides are not part of the care team, even though they save the system money by keeping them out of nursing homes and acute care settings; insurance companies need to see the value of caregivers as part of the health care team.

**Action Steps:**
- Policies to support standardization of required home health aide training and skills at a national level.
- Research to prove the cost-savings resulting from having home health aides to keep people at home and out of nursing homes and acute care settings.
- Home health aide case management for chronic conditions should be modeled after hospice and palliative care system.
- Need career rung ladders so that home health aides can become LPNs and RNs if they choose.
SUMMIT CONVENER’S REPORT

Topic Title: Workforce Data Collection

Convener’s Name: Kerry Nolte (NH)

Participant Names
Kim Dees (KY), Joanne Spetz (CA), Linda von Reyn (NH), Robert Fort (CT), Dee Hatch, Jim Kranz (WV), Jim Durbin (OK), Mary Rita Hurley (OR), Lisa Eichelberger (GA), Janis Dubow (GA), Brad Westby (WY)

Conversation Summary

Multiple partnerships ‘beyond nursing’ were mentioned and discussed
31 states nsg workforce center: collect, analyze, and disseminate although some differences CA center does not collect
Merger of data into regions and deidentifying was less threatening than hospital specific

Suggestions for states which do not have workforce center:
- Center independent non-profit, multiple professions, some housed in the university
- Funded through licensure fees, $1 per license, HI $40 per license for data
- Can send out Survey for workforce
- WV Hospital Association volunteered to collect data- got data from the BON and hospitals, required completion of the data collection form as a state law
- KY Hospital Association- the nursing workforce data allows them to assess the nursing workforce for the hospitals
- Hospital Associations motivated by supply and demand for nurses, push for baccalaureate may be a motivating factor, magnet status as a motivator, dissemination through hospitals and schools
- OR board of nurses requires completion for licensure, regulatory actions to make it required
- GA and NH having difficulty with state refusing to require it
- GA agreed to reformat licensing form to include the minimum data set into form
- Sample survey through BON contacts
- American Community Survey- downloadable through DOL, self reported nurse
- National Sample Survey- may be more useful for smaller states
- NCSBN and the forum may provide resources
- First year turnover was discussed whether to collect or not
**Action Steps**

Access Resources:
- State hospital association
- State department of labor/ workforce longitudinal data studies
- Workforce investment boards (WIB)
- Economic development associations/ city
- American Community Survey- DOL
- National Sample Survey
- NCSBN and the forum
- Region Education Board with nursing division
- Integrated Postsecondary Education Data System (IPEDS) (US DOE)- suggest use caution with distinguishing AD/ diploma programs
- Use NCLEX numbers for BS/ AD to help inform IPEDS data

Action Steps:
- Attempt to utilize other sources of data to engage partners
- Utilize board of nursing data to focus on shortage projections
- Partner with nursing programs who may risk losing the money invested in nursing
- Researching faculty shortage projections

15% solutions:
- Find a motivated partner