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Florida Action Coalition Steering Committee

Strategic Planning Meeting Report

Monday, October 17, 2011

10:00 a.m. – 4:00 p.m.

Participants:

Susan Towler, Vice President – Blue Cross and Blue Shield of Florida Foundation
Amy Dean, Vice President – Palm Healthcare Foundation
Kathy Chelini, RN – Florida Association of Colleges of Nursing
Jan Mauck, RN – President, Florida Organization of Nurse Executives
Nancy Redenius, RN – Florida Council of Practical Nursing Education Administrators
Patricia Seabrooks, ARNP – Director Nursing Education, Florida Board of Nursing
Tad Fisher – Executive Director, Florida Academy of Family Physicians
Mavra Kear, ARNP – President, Florida Nurses Association
Linda Lacomb-Williams, RN - Florida Public Health Nurses
Mary Lou Brunell, RN – Executive Director, Florida Center for Nursing
Michael Hutton-Woodland – Consultant, Blue Cross and Blue Shield of Florida Foundation

Unable to Participate:

Ann Hubbard, RN – Chair, Florida Council of Nursing Education Administrators
Chris Hart – President, Workforce Florida, Inc.
Janegale Boyd, RN – President/CEO, Florida Association of Homes & Services for the Aged
Steve Marcus – President/CEO, Health Foundation of South Florida
Martha DeCastro, RN – Vice President, Florida Hospital Association
Sharyn Figgins, RN – Florida Association of Directors of Nursing/LTC
Nancy Rudner Lugo, Dr PH – Member, Executive Council of AARP Florida

Facilitator: Nancy Reller, President, Sojourn Communications

OVERVIEW TO THE MEETING

The Florida Action Coalition (FL-AC) held a daylong strategic planning meeting on October 17, 2011. At its core were the following goals:

- Bring Steering Committee members to a common level of understanding.
- Prioritize the IOM report recommendations and select 3 – 4 that Florida will concentrate efforts on in the near future.

- Identify other organizations and individuals who should serve on the Steering Committee and have the Steering Committee engaged in reaching out to them.
- Create a structure for the Steering Committee and the Work Groups (formed from the priority recommendations) as well as a better understanding of how they will operate together and individually.
 - Establish structure, populate the work groups, and schedule the first meeting by Jan/Feb
 - Define a process for initiating workgroups (time frames, in-person/phone)
- Move from process to action

The following report represents the highlights of the presentations and discussions toward these goals.

WELCOME AND OPENING COMMENTS

Co-leads, Mary Lou Brunell and Michael Hutton provided welcome comments. Susan Towler, Vice President, Blue Cross and Blue Shield of Florida Foundation and Executive Director, Community Affairs, BCBSF thanked everyone for their commitment to this project and provided her support to the FL-AC. She shared that Jared Skok and Velma Montiero-Tribble of BCBSF Foundation will be assuming new roles on the Florida Action Coalition and will report to Susan.

Nancy Reller, President of Sojourn Communications and the meeting facilitator, provided an overview of the day and suggested several guidelines for dialogue. She then invited participants to introduce themselves.

NURSING AT THE NATIONAL PERSPECTIVE, MICHAEL HUTTON

Michael Hutton presented a PowerPoint overview of the Florida Action Coalition that described its relation to the IOM report, the national Future of Nursing: Campaign for Action, and gave a general review of the eight recommendations (attached).

Group Discussion Points:

- Diversity is not specifically outlined in IOM but it is underlying theme.
- Additional funding at the state level needs to be addressed.
- Additional stakeholders and collaborators need to identified and placed on the FL-AC Steering Committee
- The Robert Wood Johnson Foundation supported AARP to facilitate the Campaign for Action and the state action coalitions, however; they have not provided funds to states. They are providing technical support and sent Nancy to facilitate the meeting today. RWJF and the AARP/Center to Champion Nursing in America are in the process of assessing whether and how to provide additional funding for State Action Coalitions; the preliminary plan is to set guidelines in 2012 with disbursement in 2013.
- BCBSF Foundation has been a supportive partner in this effort. Are there other grant making organizations that can support our work?
- Increasing the number of nurses on hospital boards is a goal of the Future of Nursing work.

- The Florida Center for Nursing is at the forefront of data collection that is critical; this affords the opportunity to set benchmarks.
- The group noted that challenges to practice at the full extent of education and experience exist for all levels of nurses in varied employment settings.

NURSING AT THE STATE & LOCAL PERSPECTIVE, MARY LOU BRUNELL

Mary Lou Brunell gave a presentation of Florida's progress toward each of the IOM recommendations (attached). Sources of this progress information include:

- Florida Center for Nursing – established with nurse workforce data collection and analysis mandate (currently unfunded) which meets a component of Recommendation 8 and provides data for Recommendations 3, 4, and 5.
- The Quality and Unity in Nursing Council has been critical to the FL-AC designation and provided core members for the steering committee. The QUIN Council mission is to promote quality and unity for nurses and nursing in Florida. Its members represent state level organizations led by nurses.
- Mary Lou conducted a statewide informal sampling via Survey Monkey, in which there were 611 participants. It was noted that there was a disproportionately high response from ARNPs to the survey. Results: Recommendation 1 was ranked the highest followed by a tie between 2 and 3, then 4, 6,7,8,5

Mary Lou then reviewed each IOM recommendation and provided the following progress report for Florida:

Rec. 1 All nurses should practice to the full extent of their education and experience. Activity to date relates to Advanced Registered Nurse Practice (ARNP) in FL:

- Nurses must submit a physician protocol; Florida is among 26 most restrictive states.
- ARNPs have limited prescriptive authority, Florida is 1 of 2 most restrictive states
- FL Coalition of Advanced Practice Nurses
- FL Nurses Association
- FL Nurse Practitioner Network
- FL Association of Nurse Anesthetists
- FL Council of Nurse Midwives

Rec. 2 Expand opportunities for nurses to lead and diffuse collaborative improvement efforts to conduct research and to redesign and improve practice environments and health systems.

- Little evidence of activities
- Explore contacts provided on survey

Rec. 3 Support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a licensure or advanced practice degree program or when they are transitioning into new clinical areas.

- Data demonstrate loss of licensees from Florida exceeds the gain of new licensees in a 2-year renewal cycle.
- National data indicates increased turnover during first 2 years of employment post-graduation.

- 46.5 percent of Florida's RN workforce is over the age of 50 years and can be expected to retire within 15 years.

Rec. 4 Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.

- Currently 62% of RNs' highest degree in nursing is an associate degree
- To achieve 80% baccalaureate or higher degree in nursing by 2020 must advance the degrees of 129,307

Rec. 5 Double the number of nurses with a doctorate by 2020 to add to the cadre of nurse faculty and researchers.

- This is a realistic goal as Florida's current number of doctoral prepared nurses is quite low.

Rec. 6 Collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.

- FL is one of 29 states with mandatory continuing education requirements.
- Validation of achievement of the full intent of the goal is absent.

Rec. 7 Prepare the nursing workforce to assume leadership positions across all levels and ensure that leadership positions are available to and filled by nurses.

- Statewide record of such appointments is absent.
- FCN Executive Director is a member of the Workforce Florida, Inc. Board of Directors

Rec 8 Improve research and the collection and analysis of data on health care workforce requirements.

- Florida Center for Nursing – established with nurse workforce data collection and analysis mandate (currently unfunded)
www.FLCenterForNursing.org
- FL Department of Economic Opportunity – Labor Market Statistics
www.floridajobs.org/labor-market-information

More work is needed related to other health professions

Group Discussion Points:

- Nursing services should be direct billed. This may encourage nursing representation on critical boards.
- Public Health nurses can bill some services such as family planning; however, this is not possible in a physician's office, hospital or community clinic.
FCN and the Physicians Advisory board conduct surveys and collect results however other groups do not. There is not a Nurses Advisory Council.
- There is a need to get the legislature involved; how do we do this?
- Discussion regarding increased pay for nurses with a BSN: There needs to be an incentive for individuals to increase their education. There has to be a value to the degree. Currently, there is more funding from the state level for the 2-year program and the 4-year programs are turning people away. This comes at a time when the IOM and FL-AC wants to increase the education of nurses, resulting in a conflict that needs to be addressed.

PRIORITIZING THE IOM RECOMMENDATIONS

After considerable discussion reflected above as well as “pitch” presentations given on behalf of each recommendation (as to why it should be chosen as a priority), each participant cast their three votes – via color coded dots -- for which IOM recommendation needs to addressed first by Florida. The results of this vote are as follows:

Rec. 1 – 10 votes	Rec. 4 – 13 votes	Rec. 7 – 15 votes
Rec. 2 – 6 votes	Rec. 5 – 3 votes	Rec. 8 – 13 votes
Rec. 3 – 4 votes	Rec. 6 – 2 votes	

Therefore, the IOM Recommendations listed below were selected as the priority areas in which the FL-AC will concentrate their efforts. This is not to say that the remaining recommendations will not be addressed; it is to say that these recommendations were deemed most important at this point in time.

- Recommendation 7 – Prepare and enable nurses to lead change to advance health.
- Recommendation 4 - Increase the proportion of nurses with baccalaureate degree to 80% by 2020.
- Recommendation 8 - Build an infrastructure for the collection and analysis of health care work force data.

Furthermore, due to its significance related to the delivery of primary care and impact on nurse retention, members agreed to include as a fourth priority –

- Recommendation 1 – Assuring that nurses practice to the full extent of their education and experience.

Discussion Points:

- Encourage nurses to be involved and to participate in making changes.
- Emphasize leadership.
- Other recommendations cannot succeed without an increased proportion of nurses with Baccalaureate degrees and leadership ability.

REACHING OUR GOALS THROUGH AN EFFECTIVE ORGANIZATIONAL STRUCTURE

In an effort to learn from other Action Coalitions about effective state operating models, Mary Lou reviewed the North Carolina, New York, California, and the Florida operating structures (attached).

Discussion points:

- North Carolina – the group liked the oval visual and the two way arrows
- New York – the group preferred the definitions but did not like the hierachal approach.

From this discussion, the desired Florida AC model evolved into:

- A center hub which represents the FL-AC Steering Committee, the IOM Report’s recommendations and national effort, and Consumers of Health Care (patients), etc.

- A middle ring, which represents the Action Teams, divided into 8 segments according to priorities – recommendations 1, 4, 7, and 8 being larger than the lower priority recommendations 2, 3, 5, 6.
 - An outer ring which represents the Resource Teams: Development, Research, Policy Development /Advocacy, Community Based Groups, Communications
 - Double arrows pointing to Resource Teams and back to the Action Teams
 - Other points of discussion:
 - The Florida model shows relationship not function and is inclusive of the local and national efforts as well as all of the IOM recommendations.
 - Work groups will be called Action Teams and will report to a liaison on the steering committee
- Action Steps:
- Mary Lou will contact the other states to see how their structures are working.
 - Create a one-pager that graphically depicts FAC's structure with an explanation of functions on the reverse page.
 - FCN will coordinate all information exchange for the FL-AC.

See attached graphic depiction of the proposed FL-AC operating structure.

DEFINING THE COMMITTEE STRUCTURES AND RELATIONSHIPS TO ONE ANOTHER

In order to expand the FL-AC Steering Committee to include the most needed and productive team, the group discussed the functions of the various parts of the operating structure, followed by a discussion of the current weaknesses and strengths of the Committee. This discussion follows:

Steering Committee functions were defined to include:

- Coordinators of FL-AC's activities
- The Steering Committee should optimize relationships with regional leadership and those who are leaders in priority areas of our work.
- Communicators with stakeholders.
- Serve as the official FL-AC spokespeople. (this will help increase awareness and credibility of the FL-AC throughout the state)
- Liaison to national effort.
- Appoint co leads of the Action teams.
- Appoint resource teams that will address functional areas.
- Serve as a liaison to the resource teams.
- Organize an annual meeting of all stakeholders.
- Provide expertise in nursing and related areas.
- Establish and foster connections/collaborations with Action Teams.
- The composition of the Steering Committee should include:
 - Variety of backgrounds
 - Geographic diversity
 - Passionate and committed individuals
 - Professional and open minded individuals

Action Team functions were defined to include (may be expanded in the future):

- Coordinate activities to realize the goals

- Identify high impact activities
- Coordinate current activities and report to SC liaison
- Implement action plan
- Evaluate plan
- Recommend and administer course corrections
- Engage members in the Action Team

Resource Team functions were defined to include (may be expanded in future):

- Provide expertise to the Action Teams at the request of the Steering Committee
- Develop tool kits as requested
- Keep the Steering Committee liaison abreast of activities

NOTE: The number of Resource Teams should be limited and prioritized to include Development & Communications Resource Teams initially. Solicit in-kind contributions for communications expertise.

Tone of the FL-AC should be:

- Collaborative
- Easily accessible by using social media, webinars. Go where they are. Be omnipresent. Information sharing.
- Each member should be a “boundary spanner.” As we go to our other organizations, mention the FL-AC and share what we are doing. Set yourself as the authority
- With one voice - must all send the same message
- Consistent and transparent
- Inspirational
- Flexible
- Inclusive – there is a lot of work to do and everyone can be involved at the Action Team level where the work gets done.

Current weaknesses of the Steering Committee include:

- Is not funded
- Does not have a balanced diverse composition (gender and ethnicity)

Representation that should be added to the Steering Committee includes:

- PR/communications expert (from a hospital perhaps)
- Health science “think tank” representative
- Younger people
- Health care systems expert / CEO
- FMA representative
- An elected official
- A state agency
- Additional payors (currently only one payor representative- BCBSF)

Strengths of the current Steering Committee:

- Expertise in nursing and related areas
- Connections/collaborations are strong
- Variety of backgrounds

- Geographic diversity of members is strong
- Passion and commitment
- Professional and open minded

Discussion Points:

- SC should have 20-25 members
- May need to identify/ designate an executive committee or advisory council that is much smaller. Its function would be to determine the strategic direction and carry out the oversight for FL-AC.

MOVING FROM PROCESS TO ACTION

The group identified the following as next steps to move the group forward:

- Identify funding sources
- Further, define the responsibilities of the Action Teams and determine the amount of time members will need to commit.
- Create a list of stakeholders that includes those identified above
- Identify additional individual people to join the Steering Committee
- By February 1 – hold the first meeting of each Action Team; to do this a leader or co-leads must be identified and secured who will then pull their team together
- Serving as *Boundary Spanners*, identify people who can assist FL-AC
 - Each Steering Committee member will update their organization and colleagues about the activities of the FL-AC.
 - Steering Committee members will send the names of people they have contacted and are interested in becoming active to Mary Lou Brunell
- Develop an elevator speech
- Create a one pager about the Florida Action Coalition
- Create a PowerPoint for presentations to key audiences, i.e. governor, legislators
- Add FL-AC updates to FL HCA and Public Health Nurse publications(each should have a call to action and a way to contact the FL-AC at FCN)
- Call other payors and ask them to get involved

The FL-AC Co-leads committed to take the following actions:

- Michael will develop an elevator speech.
- Michael will produce a survey for the Steering Committee to determine if the meeting was successful.
- Mary Lou and Michael will provide a report about this meeting, including a refinement of the graphically presented organizational structure.
- Mary Lou will create a one pager about the FL-AC and a PowerPoint presentation.
- Mary Lou will organize a conference call in December and, with Michael, will start planning for an in-person meeting in February.
- Susan will speak with several payors and ask them to get involved.

The meeting adjourned at approximately 4:30 p.m.

Attachments:

Meeting Agenda

The Future of Nursing: Leading Change, Advancing Health – summary of recommendations
FL-AC Structure

Future of Nursing: Campaign for Action slide presentations:

- M. S. Hutton-Woodland, PhD – National Perspective
- M. L. Brunell, RN, MSN – State and Local Perspective

State Action Coalition sample structures

- Florida Action Coalition preliminary sample
- North Carolina Future of Nursing Action Coalition
- Future of Nursing – NYS
- The California Regional Action Coalition

Florida Action Coalition Structure

