



INLAND EMPIRE HEALTHCARE EDUCATION CONSORTIUM

PO Box 12223; San Bernardino, CA 92403

General Meeting Minutes

November 12, 2014

9:00 A.M.-11:00 A.M,

Mt San Jacinto College

- I. **CALL TO ORDER at 9:10 am**
- II. **Confirmation of Agenda:** Agenda was reviewed and no additions made.
- III. **Welcome/introductions**
- IV. **Approval of minutes**
- V. **Reports of committees:** on hold
- VI. **ONGOING BUSINESS - 9:30 -10:00 a.m.**

Minutes		
Topic	Discussion	Action
1. IE Consortium Awards	<p>Updated award direction for submission for award, and criteria for evaluation presented for both Nurse Mentor and for Nursing Student Excellence.</p> <p>Members are to put the contact information of their own facility at the bottom of the page. The awardees will be invited to the last meeting of the year for presentation of award.</p> <p>Criteria for selection was also done and it was emphasized this was not to be shared out but kept for committee members reference when evaluating possible awardees.</p>	<p>Accepted as presented with minor edits on the Award for Excellence</p> <p>DUE Date February 4th . Committee will then meet and determine winners.</p> <p>Criteria for Nurse Mentor award: Demonstrate excellence and professional modeling, ongoing willingness to mentor students, and demonstrate outstanding nursing mentorship and student teaching.</p> <p>Nursing Student Excellence award: Demonstrated academic excellence, outstanding leadership qualities with peers and professionals, active participates within school and/or nursing organization, and demonstrates ongoing service activities.</p>
2. Vacant Chair-Elect	Defer until January Meeting	
3. Website	Old website is defunct. Agreed it is important to have a virtual presence and to fund a new one being developed. Costs to build a new one should range from \$350 to \$500.	Approved the funding for a new website to be developed up to \$500.

VII. NEW BUSINESS - 10:00-11:00 a.m. STRATEGY SESSION

- 1) Time line reviewed of the history of the Consortium
- 2) Discussed the definition of a Consortium and traits of a successful one presented.
- 3) Strategy Plan:
 - a) Needs Assessment to identify issues, needs and benefits of the consortium.
 - b) Conduct a **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats (SWOT) of the Consortium.
 - c) Establish action plan for consortium to reach out to Facility partners in meaningful ways promoting stronger collaborative engagement.
- 4) Next step: reach out to members who were not at meeting to get their input to the process and as a way to reengage them.
- 5) Adjournment at 11:15am next meeting Cal Baptist, January 14th.

<i>Issue Summary</i>	<i>School Perspective</i>	<i>Facility Perspective</i>	<i>Issue Summary</i>
<p>Role of VN students</p> <p>Personnel changes makes communication difficult</p> <p>Need Timely responsive communication with channels clear for requests</p> <p>Variability of process for and access to documentation on EMR, Pyxis, etc..</p> <p>Space constraints: breaks/meals, pre and post conference and students belongings</p>	<ol style="list-style-type: none"> 1. Clinical sites is there space for VN students 2. Need more acute setting for VN 3. Changing personnel @ SNF making it difficult to know who to contact 4. Changing in verbiage in agreements 5. Timely responses for approval of sites 6. Communication between schools R/T <ol style="list-style-type: none"> a. Reservation of space when actual time in clinical is different from time reserved 7. Timely responses to new agreements 8. Organizing process for provision of computer codes for students 9. Communication channels hard when have to go around local office and thru corporate offices instead of locations 10. Required number of hours/students @ facility to justify rotations 11. Communication of clinical: Organized/all inclusive process for clinical placement requests 12. Communication: Some hosp. don't always send 	<ol style="list-style-type: none"> 1. Coordination of the placements has a financial impact to the hospital in staff, time, and other resource. 2. Regulations on hospital re: students 3. Hospital shifting to BSN workforce-- what to do with ADN programs? 4. Certain clinical areas have high members of new grads. Can be overwhelming to the units to have students 5. Too many schools in need for hospital placements there is a need to evaluate facilities ability and threshold for students 6. New grads. Students come and go 7. Too many new faculty/ inconsistent faculty at hospital who don't know the hospital systems and also how to contribute to the hospital 8. Clinical faculty not always compliant in regulations. 9. Lack of communication from school coordinator regarding changes (faculty & students). Need quality school coordinators. 10. Clinical faculty communication: they do not 	<p>Hosting students facilities expend resources</p> <p>Increased # Regulations for hospitals w Students</p> <p>Changing demands of level of preparation of nurses.</p> <p>Some areas over saturated with students need to evaluate levels.</p> <p>High Turnover of Clinical Faculty challenging to facility.</p> <p>Communication difficult; the key is the school coordinators.</p>

<p>Access to units, equipment and EMR/MAR</p>	<p>confirm of rotation request.</p> <ol style="list-style-type: none"> 13. Variable requirements for documentation in the EMR for facilities 14. Precepted students have some access to managers and educators 15. Space for breaks/meals, pre and post conference and students belongings 16. Access to unit areas that are card activated 17. Availability of wows on computers to access EMR and give meds 18. Pyxis access for faculty 19. Problems for clinical students during CMS visits 20. Number of students allowed at faculty. 	<p>always get updated or changes requirements from school coordinator</p> <ol style="list-style-type: none"> 11. Cumbersome +/-or Incomplete paperwork 12. Affiliation agreement require lengthy approval process 13. Schools have different rotation designs and start/end times--Clinical groups arrive or leave before shift change 14. No direct link between clinical placement and recruitment 15. Unreal expectations on the number of preceptors per semester 16. Preceptorship take time away from orientation of hospital staff -- its extremely time-intensive 	<p>Recruitment of new staff doesn't appear to be correlated with clinical placements--? value to facilities</p> <p>Paper work!!</p> <p>Variation in rotations among schools.</p>
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Meeting Notes – SWOT Analysis of Consortium

<i>Strengths</i>	<i>Weaknesses</i>	<i>Opportunities</i>	<i>Threats</i>
<ol style="list-style-type: none"> a. Brings educators and facilities together b. Dedicated and passionate members c. Common goal/vision for excellence in our community d. Consistency for expectations and requirements for facilities e. Opportunity to ally/partner with other organizations to move agenda ahead f. Provide evidence based practice for a better clinical outcome experience 	<ol style="list-style-type: none"> a. Need more agencies in the community for involvement and participation b. Still have variety of different types of clinical sites resulting in fragmentation, then tend to not join c. Unclear role of IEHCE & value it brings for involvement. d. Misconception about group and what we do 	<ol style="list-style-type: none"> a. Reward and encourage excellence (i.e. student and mentor awards) b. Improves placement facilitation/clarification c. Lobbying or influencing regulation d. Regional education and outreach e. Explore ways to increase values to hospital for clinical education f. Maintain/promote excellence in healthcare education g. Advanced practice preceptors h. Collaboration with other orgs with similar mission such as Inland Coalition-healthcare pathway. 	<ol style="list-style-type: none"> a. Time commitments b. Individual facility processes (everyone does it differently) c. Limited slots for students d. Ongoing competition for clinical sites/space e. Nursing burnout from nonstop student exposure f. Lack of census- A to outpatient care

Benefits to Facility	Benefits to Education
<ul style="list-style-type: none"> a. Opportunity for coloration work with schools b. Increased communication c. Opportunity for problem solving common issues d. Able to better understand schools concerns, issue and obstacles e. Helps to develop community standards f. Provides validity to recommendations for clinical education 	<ul style="list-style-type: none"> a. Able to learn new agency requirements such vaccinations b. Networking c. Experience practice standards, variations of community support d. Following similar policies ad procedures e. Info to community, schools and facilities f. Learning of healthcare law updates g. Keeping up with healthcare opportunities for new fields h. Opportunity to integrate theoretical concepts in actual clinical settings