INLAND EMPIRE HEALTHCARE EDUCATION CONSORTIUM

General Meeting Minutes
November 12, 2014
9:00 A.M.-11:00 A.M,
Mt San Jacinto College

Executive Board 2014-15

Chair:
Selam Stephanos,
Arrowhead Regional Medical Center

Chair Elect:
Vacant

Secretary:
Christina Bivona-Tellez,
Azusa Pacific University

Treasurer:
Cathy Zappia and Elaine Jarvina,
West Coast University

Clinical Placement Liaison:
Stephanie Lowry,
Riverside City College

Advisor:
Avante Simmons,
Health Workforce Initiative

2014-2015 Meeting Dates:

November 12, 2014
Mt. San Jacinto College

January 14, 2015
California Baptist University

March 11, 2015
San Bernardino Valley College

May 13, 2015
Azusa Pacific University

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

	Minutes	
	ussion	Action
	ated award direction for mission for award, and criteria evaluation presented. mbers are to put the contact rmation of their own facility at bottom of the page. The rdees will be invited to the meeting of the year for entation of award.	Accepted as presented with minor edits on the Award for Excellence. DUE Date February 4th . Committee will then meet and determine winners.
	r until January Meeting	
	website if defunct. Agreed it is ortant to have a virtual ence and to fund a new one g developed. Costs to build a 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) to 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.

Issue Summary	*1. School Perspective*	*2. Facility Perspective*	*Issue summary*

Role of VN students Personnel changes makes communication difficult Need Timely responsive communication with channels clear for requests Variability of process for and access to documentation on EMR, Pyxis, etc.. Space constraints: breaks/meals, pre and post conference and students belongings Access to units, equipment and EMR/MAR	1. Clinical sites is there space for VN students 2. 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 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 confirm of rotation request. 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	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 so 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 regulations. 9. Lack of communication from school coordinator regarding changes (faculty & students). Need quality school coordinators. 10. Clinical faculty communication: they do not always	Expense to have students Increased # Regulations for hospitals w Students Changing demands of level of preparation of nurses. Some areas over saturated with students need to evaluate levels. High Turnover of Clinical Faculty challenging to facility. Communication difficult ; a key factor are the school coordinators Recruitment of new staff not correlated with clinical placements---? value to facilities

Meeting Notes

Strengths	***Weaknesses***	***Opportunities***	***Threats***
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 require for faculties e. Opportunity to ally/partner with other organizations to more agenda ahead f. Provide evidence based practice for a better clinical outcome experience	*a.* Need more agency in the community involvement and participation *b.* Still have variety of different types of clinical sites resulting in fragmentation, then need to not join *c.* Unclear role of IEHC + value it brings for involvement. *d.* Misconception about group and what we do	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 inland coalition-healthcare pathway.	*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**

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	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