

FUNDING

Collaborative Solutions: Uncovering resources to address common challenges and opportunities

ISSUE	POSSIBILITIES	NEXT STEPS
The need to pursue the "glue" for infrastructure and coordination	1. Funding Action Team will provide feedback to Max Blachman from Senator Sherrod Brown's office regarding the application of the SECTORS Act of 2009 in our region.	Turn over to Action Team
Ways to expand collaborative partnerships around shared challenges and opportunities	1. Identify ways to bring under-represented organizations into NEO HealthForce around common interests and goals (i.e. HIE project-physician practices, insurance companies; OSB-physician practices, ambulatory care centers, etc.) 2. Within the context of the SECTORS Act, the Funding Action Team may begin to explore cluster opportunities in other industries in our region.	Turn over to Action Team
Identifying collaborative initiatives	1. Funding Action Team will conduct a information session with the EAC to identify funding priorities.	Turn over to Action Team

TALENT DEVELOPMENT

Encouraging and supporting skill development career ladders in our region

ISSUE	POSSIBILITIES	NEXT STEPS
How do we identify positions that are hardest to fill?	<ol style="list-style-type: none"> 1. Labor market data 2. Employer Panels (panel during breakout session identified the following hard to fill positions: ER/acute care, critical care, home visits, geriatric, psychiatric, endoscopy) 	Turn over to Nursing Career Pathways Team
What is causing the nursing shortage problem (Employer perspective)?	<ol style="list-style-type: none"> 1. Retirements 2. Turnover/Terminations 3. Expansion 4. Spouse/family leaving area 5. RNs don't understand role in LTC 6. Not changing jobs due to economy 7. Employers want experience 8. Level of stress/overtime/difficulty working in critical care 	Turn over to Nursing Career Pathways Team
What is causing the nursing shortage problem (Educator perspective)?	<ol style="list-style-type: none"> 1. Faculty shortage 2. Lack of clinical sites 3. Program cost/length-time 4. Student retention-success 5. Lack of nurse refresher program 6. Accelerated programs-students can't keep up 7. Student interest varies at different times 8. Student basic skills lacking 9. STNA refresher program needed-dealing with death/diseases LTC 10. Med aides as part of STNA pathway 11. Social baggage of students-life skills, lack of motivation 12. Scheduling issues between work and school 	Turn over to Nursing Career Pathways Team

<p>What are possible solutions (Employer perspective)?</p>	<ol style="list-style-type: none"> 1. HMHP-educational partnership creating an internal pathway from RN to specialty RN Jennings Center-extern or apprenticeship program, on-the-job training with a coach orientation programs to make sure basic competencies are met first 4. Host clinical sites for job preview RN mentor program 	<ol style="list-style-type: none"> 2. Turn over to Nursing Career Pathways Team 3. High quality
<p>What are possible solutions (Education perspective)?</p>	<ol style="list-style-type: none"> 1. Externships/partnership between education and employer Sponsored scholarships Contractual scholarships Partnerships with One Stops and schools (know resources) 	<ol style="list-style-type: none"> 2. Turn over to Nursing Career Pathways Team 3. Pathways Team 4.

<p>What national solutions should we research and potentially duplicate?</p>	<ol style="list-style-type: none"> 1. Nurse Fellowship (medical residency) Acute Care Internship Program (ACIP) Cooperative Education Program Clinical Scholar Model Clinical Externship Program Nurse Faculty Initiative Clinical instructor/sabbatical Staff nurses-clinical faculty Video-conferencing to hospitals Patient care provider training On-site education programs Expand access to education-rural Reduced tuition for incumbent nurses 	<ol style="list-style-type: none"> 2. Turn over to Nursing Career Pathways Team 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.
<p>What should we do as a region?</p>	<ol style="list-style-type: none"> 1. Initiate OSB Nursing Pathway Team 2. Research recommended solutions 	<p>Turn over to Nursing Career Pathways Team</p>

HEALTH INFORMATION TECHNOLOGY

Electronic Medical Records: Realizing benefits and bottom-line impact

ISSUE	POSSIBILITIES	NEXT STEPS
Resistance of staff to change and need for training	<ol style="list-style-type: none"> 1. Involve collaborative departments in selection process 2. Following implementation show and document short-term successes to increase buy-in (i.e. time stamp of staff time with patient or resident satisfies family, bar stamp with med administration eliminates duplicate charting, save on nursing hours and quality points) 3. Research training and support provided by vendor 4. Individualize training depending on staff role 5. Show physicians benefits and efficiency of system to gain buy-in 6. Show patient and family satisfaction when physician has access to all medical records from different sites 	Turn over to Action Team
The need for internal champions	<ol style="list-style-type: none"> 1. Identify staff with an aptitude to learn the technology to complete train-the-trainer sessions. These staff members become internal advocates and train new staff. 2. Create infrastructure of IT staff with the organization 	Turn over to Action Team
Implementing systems-time, resources, planning for upgrades	<ol style="list-style-type: none"> 1. Research vendors consider onsite or offsite choice, security options, upgrade options, modes of access 2. Plan and budget for upgrades and continuous training 3. Look for medical and IT understanding, plus customer service and communication skills in recruiting new staff-challenging 4. Create a standard operating procedure with the organization 5. Back-up plans for off-line system problems and disaster protocol to download daily 	Turn over to Action Team

Security Issues	<ol style="list-style-type: none">1. Protocol to address legal, HIPPA, security with fireawalls, public notification if security is breached2. Create acceptable use policies and system encryptions3. Exists with paper charts too4. Accountability needs to be incorporated into security policies	Turn over to Action Team
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HEALTH INFORMATION TECHNOLOGY

Connected Communities: Expanding possibilities of regional health information exchange

ISSUE	POSSIBILITIES	NEXT STEPS
<p>What are special considerations around governance, data security, and data ownership?</p>	<ol style="list-style-type: none"> 1. Collaboration through NEO HealthForce 2. More meetings to clarify goals in this area 3. Governance is sitting in Columbus right now, but will change dramatically. 4. Must be regional 5. Patient owns data, stewardship is the consideration 	<p>Turn over to Action Team</p>
<p>What are special considerations around data integration and information sharing?</p>	<ol style="list-style-type: none"> 1. HIE needs to exist to help local hospitals manage EMRs. 2. User security is different for levels of staff (i.e. physicians vs. ER tech). 3. Current paper charts are NOT secure and AVAILABLE. 4. Electronic records track who accessed the records to assist in enforcing HIPAA. 5. All providers in local communities need to agree to, abide by, and enforce stewardship standards in addition to standards set by Feds and State. 	<p>Turn over to Action Team</p>
<p>What are considerations around start-up funding and sustainability?</p>	<ol style="list-style-type: none"> 1. Organize around grant money, but will have to find a way to sustain through local governance 2. Legal agreements must be in place for central connectivity. 3. Must level the playing field for smaller vs. larger organizations so that the smallest office has equal access but no greater financial strain. 4. Critical mass must be in place to begin and be successful. 	<p>Turn over to Action Team</p>

<p>What education is needed to ensure that potential participants understand the value and considerations around an HIE in our region?</p>	<ol style="list-style-type: none"> 1. NEO HealthForce can collaborate locally to inform local education providers. 2. Seems to be a good amount of interest from providers 3. Money available through stimulus bill for education at graduate levels (Masters) and also six to twelve month diploma levels. Ohio is working on this now. 4. Hospitals should go first, interest is in place here to continue the conversation. We are at the table now. 	<p>Turn over to Action Team</p>
<p>What level of interest do you think exists today?</p>	<ol style="list-style-type: none"> 1. Addressed in previous sections. 	<p>Turn over to Action Team</p>
<p>Who needs to be at the table for these discussions?</p>	<ol style="list-style-type: none"> 1. Broader region? To be determined by the core action team. 2. Clinics, labs, emergency rooms, ambulances, ambulettes, employers, training providers, etc. Must keep it small in the beginning or nothing else will be accomplished. 3. Insurance companies must participate or we will have only silos. 	<p>Turn over to Action Team</p>
<p>What happens if we do nothing?</p>	<ol style="list-style-type: none"> 1. It is going to happen. Do it unto yourself or it will be done unto you. 	<p>Turn over to Action Team</p>