



Hawai'i State Center for Nursing Advisory Board
 Tuesday, November 13th, 2018 at 5:00-6:30pm
 Kuakini Medical Center
 QMC Hale Pulama Mau Activity Room, 7th Floor
 347 N Kuakini St, Honolulu, HI 96817

ATTENDANCE:

Name	Present	Name	Present	Name	Present	
Susan Young, Chair	Yes	Lynn Milligan	No	Laura Reichhardt, Director HSCN	Yes	
Julio Zamarripa, Vice Chair	Yes	Rose Hata	Yes	Katherine Finn Davis, Assoc. Director EBP	Yes	
Beth Hoban	No	Anne Scharnhorst	Yes	Carrie Oliveira, Researcher, HSCN	No	
Susan Lee	Yes	Mary Boland, Ex Officio	No	Brianne Atwood, Program Coord., HSCN	Yes	
				John Credo, Guest Speaker	Yes	
				Ruth K. Honda, Guest Speaker	Yes	
Members present total:			5	Present total:		10

TOPIC	DISCUSSION	ACTION
Call To Order Susan Young & Laura Reichhardt	The meeting was called to order at: 5:05 pm by Dr. Susan Young, Chair. A welcome statement was provided by the Board Chair. An introduction of the meeting special guests and attendees, Ruth K. Honda, Manager of Nursing Systems and Programs with Queen's Medical Center and John Credo, the Nurse Manager for the QMC Hale Pulama Mau Unit by Director Laura Reichhardt. Round table introductions from Advisory Board and Staff members present were carried out. Attendees were invited by Ms. Honda to briefly tour the HPM7 unit. The tour took approximately 6 minutes.	None
Presentation: The Queen's Medical Center Hale Pulama Mau	A Presentation was provided by Ruth K. Honda and John Credo, of Queen's Medical Center Hale Pulama Mau on the the Queen's Medical Center Hale Pulama Mau Unit located at Kuakini Medical Center.	None

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Ruth K. Honda and John Credo	<p>Presentation Overview;</p> <p>QMC Hale Pulama Mau, is a remote acute care unit, developed and implemented off-site and located on the 7th floor of the Kuakini Medical Center Hale Pulama Mau Building. The unit currently averages a daily census of 30 and expects to expand to 40 beds by January of 2019.</p> <ul style="list-style-type: none"> ○ History; <ul style="list-style-type: none"> ▪ Staffing: Task force formed in the summer of 2016 to develop the unit, Nurse Manager, John Credo, was hired in November of 2018. By December of 2016, the HPM team was hired and oriented on the QMC punchbowl campus across multiple units. ▪ Opening: In January of 2017 the HPM7 unit was opened to patients. ▪ Joint Commission: In June 2017, the unit passed Joint Commission review. ▪ Students: HPM7 accepted its first clinical student group in August of 2018 and in November the unit hired it's first new graduate registered nurse. ○ Why was the unit developed? <ul style="list-style-type: none"> ▪ The unit was developed to make a positive impact to patient flow. ▪ Busy ER's at Queen's Punchbowl and West O'ahu Locations. QMC sees about 60-70 % of the homeless population in Hawai'i. ▪ Many patients currently occupying beds are without residences or discharge disposition challenged, yet require follow-up care and a safe environment to be discharged to. ▪ HPM7 is licensed as an acute care unit, however all patient transfers to the unit are SNF or ICF. Patients that become acute in the unit are transferred/returned to Punchbowl for acute care. ○ Off-Site Unit Challenges; <ul style="list-style-type: none"> ▪ Resources: Transportation, food, supplies, equipment and medication. ▪ Specialty: RRT/Rapid Response Team, Pain, Wound & Diabetes consultants ▪ Security: Patient and Staff security. ○ Scope of Services/Safety and Quality Screening; To ensure safety and quality outcomes, HPM7 limits the scope of services offered in the unit and limits patients requiring certain types of care. ○ Specific Challenges: <ul style="list-style-type: none"> ▪ Medication Management, ▪ Nursing Staff, ▪ Nursing Competencies specific to the unit, ▪ Supplies and Equipment. ○ Making it Work/How it succeeds; <ul style="list-style-type: none"> ▪ Building from within/develop from pool, ▪ Dedicated Care Coordination Team 	

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	<ul style="list-style-type: none"> ▪ Hospitalists at day, APRNs at night, ▪ Using Punchbowl Resources (e.g. Wound and Integrative wellness) ▪ Working with QMC Leadership, Imaging, ED, CDD, DLS, Etc. ▪ Nurses with additional competencies, manage care, PICC lines, phlebotomy and EKGs. <p>○ Future Plans/What the Future Holds;</p> <ul style="list-style-type: none"> ▪ Keep beds open. Maintain average daily census of 40 to maximize capacity for patient flow. ▪ Build highly competent nursing staff from within, with student nurses. <p>Post Presentation Discussion;</p> <p>Q: What is the length of stay? Projected length of stay at development was 30 days however current length of stay is about ½ of that.</p> <p>Q: RN Staffing Ratio: Current RN support is 1.25 FTE RN ratio? Currently HPM& has adequate RN staffing, however they are experiencing high absentee rate.</p> <p>Q: What is the current patient ratio? During the day the ratio is 1/5 to 1/6, during night 1/7 to 1/9.</p> <p>Q: How do you handle consults from Punchbowl? Usually, they will follow the patient to the ward and do consult and rounds in the unit.</p> <p>Q: Did you have to do separate credentialing for this unit? The unit does not, the credentialing is all part/under the umbrella of Punchbowl credentialing.</p> <p>Q: Do you notice any turn over in hospitalists or APRN's? No, the unit has dedicated hospitalists. It is however a heavy workload for providers, but patient treatment needs are fewer. The level of care should follow patient need.</p> <p>Q: Is administration/leadership tracking the cost of reoccurring visits verses the cost of care? Yes, the leadership is tracking the census and the financials. The goal is to keep the beds full and the reduction of burden on Punchbowl.</p>	

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	<p>Q: Is there anything HSCN can do to help support the unit? New nurses coming through now, do not understand the shift in healthcare and do not understand the need for community nursing. They all want to work where there is excitement, in the ICU, in acute care. This continues to be a problem. I have already seen a difference in a year, at 60% ICF. Management are moving the patients, but there remains a need for case management in the community, for adequate support for care homes and community care. We need nurses skilled to do those things.</p>	
<p>Policy Laura Reichhardt</p>	<p>HSCN Policy Update Laura Reichhardt provided an update to the Board on the current Federal and State policy and initiatives relating to or affecting nursing.</p> <p>There are a number of many Federal and State policy and initiatives currently relating to nursing. As we approach the next legislative session which will start in January, HSCN seeks recommendations from the Advisory Board to move forward on these activities.</p> <p>We can only do so much at the state level while we still have Federal constraints. Our State activities will continue to be affected by Federal policy, depending on the topic.</p> <p>2018 Federal Policy Update Current Federal Policy</p> <p>In the interest of time, a detailed discussion of the current Federal policy and initiatives was not undertaken during the meeting. Members were requested to review the HSCN State and Federal Updates, November 2018 document for an outline of current Federal policies relating to nursing. (See Attachment State and Federal Updates, November 2018)</p> <p>2018 Local Initiatives Update</p> <p>Laura Reichhardt led the Board in a review of 2018 Local initiatives, as outlined in the HSCN State and Federal Updates, November 2018 document. (See Attachment State and Federal Updates, November 2018)</p> <p>Additional Policy Discussion Points BILLS</p> <ul style="list-style-type: none"> ○ Hawai'i Preceptor Tax Credit: <ul style="list-style-type: none"> ▪ Amy Ono and Laura Reichhardt are the point contact for APRN Preceptor tax credit. 	<p>The Board Approved moving forward with policy work.</p> <p>HSCN will work on recommended policy and initiatives.</p>

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	<ul style="list-style-type: none"> ○ The Hawai‘i State Loan Repayment Program (Bill): See meeting attachment ○ School Based Health <ul style="list-style-type: none"> ▪ The DOH is updating the vaccination schedule to the Federal schedule, to be included in the administrative rule edits. ▪ DOE is considering validating medication administration requirement to reflect the current school based health environment. ○ HAH initiatives (Bills): See meeting attachment <p>COMMUNITY ADVOCACY</p> <ul style="list-style-type: none"> ○ QUEST Hawai‘i Medicaid ‘Ohana Nui Project Expansion (HOPE) Project : The Project aims to: <ul style="list-style-type: none"> ▪ Invest in primary care, prevention, health promotion, ▪ Improve outcomes for high-need and high-cost individuals, ▪ Promote payment reform, ▪ Support local health initiatives, <p>HSCN is in communication with QUEST related to APRN billing. Barriers to credentialing of APRNs as primary care providers may also exist.</p> ○ Telehealth: Large initiative by the DOH for Telehealth. <ul style="list-style-type: none"> ▪ Future Legislation (Community advocacy/ future legislation), ▪ Hawai‘i has the most progressive telehealth laws, ▪ APRNs can bill under telehealth services, ▪ APRNs are still having difficulty with insurance company, as they do not have, admitting privileges on neighbor islands, ▪ RNs are not included in the current telehealth legislation. Inclusion of RN’s could maximize utilization of telehealth and access to care. <p>Laura Reichhardt expressed the importance of ensuring nurses are included in initiatives that impact the health of Hawai‘i and requested the recommendation of the Board to undertake work and advocacy for the outlined policy and initiatives.</p> <p>A Board vote was called by Susan Young, the Board Chair. The Board undertook a vote and unanimously voted to recommend HSCN move forward with the outline initiatives.</p>	

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<p data-bbox="107 142 310 203">HSCN Steering Committees</p> <p data-bbox="107 240 331 267">Laura Reichhardt</p>	<p data-bbox="390 151 747 178">HSCN Steering Committees</p> <p data-bbox="390 196 1675 256">Laura Reichhardt provided an update to the Board on the steering committees that HSCN has launched and the initiatives HSCN would like to build.</p> <p data-bbox="436 318 741 345">Leaders in Nursing Hui:</p> <p data-bbox="436 354 1682 456">Purpose: To provide a forum for leaders in nursing education and practice to convene and discuss issues relevant to the education of nurses, transition to practice, recruitment and retention of newly graduated nurses in the Hawai‘i workforce.</p> <ul data-bbox="485 464 1682 837" style="list-style-type: none"> • The collaborative working group convened its first meeting on August 7th, 2018. • Attendees were comprised of Schools of Nursing and CNO’s across the State. • The committee will meet bi-annually. • First meeting focused on 2 primary focus areas. These include; <ul style="list-style-type: none"> ○ Nurse Transition to Practice; <ul style="list-style-type: none"> ▪ Stronger connection with community and improved communication with schools, ▪ Continued need for transition to practice for specialty nurses. ○ Clinical Placements; <ul style="list-style-type: none"> ▪ Availability of clinical placement is declining, ▪ Schools and Clinical facilities will need to work together to address strategies. <p data-bbox="436 906 814 933">Research Steering Committee:</p> <p data-bbox="436 976 1629 1068">Purpose: To improve responsiveness of our data approach to our partners, inclusion of emerging issues into our research strategies? To establish an open feedback loop and aid in aligning our research activities with both initiatives and need.</p> <ul data-bbox="485 1076 1629 1417" style="list-style-type: none"> • The Research subcommittee convened its first meeting on September 28th, 2018. • Attendees were comprised of various academic and clinical partners, researchers and individuals working in workforce development in Hawai‘i. • The committee will meet 3 times per year in the spring, summer and fall. • First meeting focused on the following areas; <ul style="list-style-type: none"> ○ Purpose and Goals, ○ Current HSCN Research Activities, ○ Impact, value and opportunity for current research, ○ Review of forthcoming research activities, ○ Discussion of emergent issues in education, practice and workforce development. 	

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	<p>HAH Healthcare Workforce Initiative</p> <p>Chamber of commerce initiative; Maui and The city and county of Honolulu identified health as a workforce priority area. HAH was contracted on Oahu to investigate and collect data on the health workforce in Hawai'i.</p> <ul style="list-style-type: none"> • Queried employers on training opportunities they provide • They found nursing is the area where the majority of educational opportunities are provided • They decided that nursing should be addressed separately and not included in the other health workforce areas. • Initial representation was determined by membership and prior affiliation. • HSCN will assist in providing support and co-facilitate nursing focused meetings. 	
<p>HSCN Initiatives Update</p> <p>Laura Reichhardt</p>	<p>HSCN Initiatives Update</p> <p>Laura Reichhardt discussed the two new strategic priorities, as identified during the May 2018 strategic planning session and incorporated into the HSCN 5 year strategic Plan. These new strategic priority areas are;</p> <ul style="list-style-type: none"> • Community Based Healthcare Management Teams • Transition to Practice <p>Ms. Reichhardt recommended HSCN seek help from a group of people and develop steering committees or task forces to help inform what initiatives HSCN should do to address these areas. Laura Reichhardt posed the following questions to the Board for recommendations.</p> <ol style="list-style-type: none"> 1. Who do we need, who should we invite to attend? 2. How many should we invite? 3. What are the initial discussion should we offer? <p>Board Discussion;</p> <p>Q: Who do we need, who should we invite to attend?</p> <p>Community Based Healthcare Management Teams</p> <ul style="list-style-type: none"> • APRN, MD, Case Manager, Health Navigator, Social Work, Pharmacy, Health Administration • Home Health, LTC • Insurance company representation 	<p>The Board Approved moving forward with initiatives work.</p> <p>HSCN will work to establish the HSCN Initiatives Committees to inform initiative activities.</p>

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	<p>Transition to Practice</p> <ul style="list-style-type: none"> • HSCN might find out what resources are currently available, what groups already exist addressing these topics. What models do other facilities currently have in place? <ul style="list-style-type: none"> ○ Community Health Centers ○ Hospitals/Health Centers ○ Nurse Practitioners ○ General Practices ○ Insurance/HMSA <p>Q: What are the initial discussion should we offer?</p> <ul style="list-style-type: none"> • Doing more team based approach in care settings, it would be worthwhile to as the leadership about its activities. • Discussing need and models to help inform what direction the committee and initiative takes. <p>A Board vote was called by Susan Young, the Board Chair. The Board undertook a vote and unanimously voted to recommend HSCN move forward with the development of initiative committees.</p>	
<p>Board Roles and Responsibilities</p> <p>Laura Reichhardt</p>	<p>Review of current Roles and Responsibilities</p> <p>Laura Reichhardt discussed the need to undertake a review and revision of the existing Advisory Board Roles and Responsibilities.</p> <p>The current Roles and Responsibilities have not been updated since the expectation of the Board was changed through legislative effort. Laura Reichhardt recommended HSCN work with a small group to complete a draft update of the existing Roles and Responsibilities for full board review. Laura requested the participation of volunteer board members in said committees</p> <p>A Board vote was called by Susan Young, the Board Chair. The Board undertook a vote and unanimously voted to recommend HSCN move forward with the draft revision of the current HSCN Advisory Board Roles and Responsibilities.</p> <p>Susan Young and Julio Zamarripa volunteered to work with HSCN to draft the new Roles and Responsibilities.</p>	<p>The Board Approved moving forward with revision of Roles and Responsibilities.</p> <p>HSCN will work with volunteer Board members to prepare a draft revision of the existing Roles and Responsibilities.</p>

TOPIC	DISCUSSION	ACTION
Open Discussion	<p>Open Discussion Topics</p> <ul style="list-style-type: none"> • Next Meeting & Next Steps • Review and Approve 2019 Meeting Schedule <ul style="list-style-type: none"> ○ Board approved the next meeting to be held on Tuesday, January 8th, 2019 5:00-6:30 pm ○ 2019 Meeting schedule is currently missing the strategic planning session. Recommendation was made to update the schedule to include a strategic planning session. 	<p>HSCN will update the Draft 2019 Annual Advisory Board Meeting Schedule to include a 2019 Strategic Planning Session and redistribute the schedule to the board prior to the next meeting.</p>
Adjournment	<p>The meeting adjourned at: 6:47 pm.</p>	
Next Meeting	<p>Next Board Meeting will be on Tuesday, January 8th, 2019 5:00-6:30 pm, Location: Hawaii State Center for Nursing, Biomedical Sciences Building, 1960 East West Road, Honolulu, HI 96822.</p>	<p>Approved</p>

Please contact Brianne Atwood at 808-956-0545 or batwood@hawaii.edu for questions and additional information.