

Triangle Clinical Consortium Minutes 2/11/09

Attendees: K. Clark, C. Gage, L. Matters, B. Foster, M. Morales, D. Homan, K. Weeks, E. Owens, A. Feaster, J. Barlow, M. Lyons, G. Mazzocco, K. Stallings

- I. Website with Prior Minutes: <http://www.wakeahec.org/rni.htm>
- II. StudentMAX Presentation by Carol Mitchell, RN, MN-Program Director, StudentMAX -See PowerPoint at "studentmax.org" lower I. had of home page "StudentMAX Clinical Placement System Presentation":
- Carol has experience from Hospital Ed side and School of Nursing side.
 - Home page (Public access for managers&faculty)=www.ocnplacement.org/
 - Overview:
 - 1st step: facilitator to come in to define mission, rules of fairplay (for example, clinical partners have "say" over who they choose first for assignments)-encourages transparency
 - Common codes are set up by consortium to be used for the types of clinical placements
 - Each Clinical Agency & SON will have 1-2 reps that have access to do advanced entry of resources & requests.
 - Clinical site view-only "my" agencies come up.
 - Some private documents are only available through login
 - Site administrator adds and updates affiliations.
 - Clinical requirements are recorded by each agency at their individual links
 - Pending requests can also be searched
 - Unit descriptions are not currently available, but Clinical partner can place in their agency links
 - Ideally each Clinical Agency link would include a similar template for each partner that would include:
 - Coordinator checklist
 - Faculty Checklist
 - Student Checklist
 - Directions
 - Can also add description of units
 - Template for course map/course syllabus
 - Assignment Process:
 - A request entry automatically generates an email to the clinical partner and is identified as "pending"
 - The clinical partner rep codes the request as "Approved, Denied, or Revise & Resubmit" and automatic email is sent to SON
 - Final Step: "Resolved" and move to "Active" status Or "Resolved" and return to history (archived quarterly)
 - Site administrator cleans the data, removes excess comments, and assigns an ID

- Can export assignments to excel for hardcopy-can manipulate columns & distribute to managers
- Status is updated by administrator who is located at a neutral site.
- No limit to number of agencies that can participate
- Advantages: everyone integrated in same organizational system.

IV: Discussion:

D.Homan-Duke: Currently affiliation contracts at Duke don't expire-plan to institute expiration date. How can that be tracked?

CM: Can track under Partner Documents-they have not currently entered contracts in StudentMAX because of variance among legal teams

C.Gage-UNC-H: Redid contract last year and all will expire 6/11

B. Foster-UNC SON: In reviewing contract process, we have determined we need to have student/faculty requirements more consistently tied to contracts. Also need to have documents dated and labeled with source.

B. Foster-UNC SON: Had opportunity to discuss use of StudentMAX at a meeting in GA, and they spoke very favorably of the product and of C. Mitchell's support. They also spoke favorably of use of the Student Passport that contains information that student has been cleared for to be used among all participating facilities.

B. Foster: How did you get cohesion on the items on the "Passport"?

CM: we have committed partners who meet monthly. However it was determined the geographical area is much smaller. Other states do use for a wider territory.

Tennessee has a core orientation product with HIPAA/OSH . . . inform. & an online quiz that sites have agreed upon as common training.

StudentMax is a tool. Success depends on partnership!

Oregon's program resulted in doubling of enrollment in some SON's

V: Funding:

What is cost: \$3000 Initial clone, then \$10.500 no matter the number of users. Cloning involves consortia logo, links, and platform. Site is hosted by Spirotechnologies in Portland. They provide tech support and problem solving –web based. Carol Mitchell is the contact for administration

What does this buy: Hosting, Training, Fixes to new products, minor upgrades, and tech support.

Training is provided in a 2 hour administration "set up" conference

Help is then provided with training partner agencies-usually by webinar or teleconference. There are also pre-recorded power point and webinar presentations

How have others funded:

- Pilot Grant
- Partners in Nursing Grants “PIN”
- University Hospitals in Missouri supported it
- Others right from the beginning charged membership dues based on sliding scales (based on student head count/ave. daily census)
- Some consortia have members only access and some have larger clinical partners supporting others.

Organization Process: Monthly meetings with subcommittees meeting more often as needed. Suggested subcommittees: Clinical Requirements Committee, Community Partner committee, Process & Evaluation Committee (to include client satisfaction survey)

Executive council keeps goals/meetings productive and involves the chairs of the above committees plus 2 adhoc members

Does have other AHEC’s involved in areas of country-discussed that one option might be for partners to pool funds to fund a part-time position at AHEC-generally expect about ½ position to be needed.

Potential sources of \$:

- Grant pilot
- Federal/state \$ for Nursing Workforce Development
- Ctr to champion nursing in America-\$100 mil RJW grant-competitive RFP to increase nursing ed capacity-was tied to Center for Nursing Excellence, and NC Hosp assoc-one dropped, one decreased staff

Challenges: Oregon data shows increase in workforce development. Showed increase in student #'s but not in support staff. Does not eliminate need for clinical site coordinator and agency reps, but expect streamlined process and freed up time for other functions. It would be good to ask CM for user rating review. What were the reasons some parties don’t participate? What other programs are out there? (Expect would be more expensive).

VI: Questions for Carol Mitchell:

- Can you provide user rating review
- How many “unsubscribers” are there and why
- Who doesn’t use it & why
- Training challenges
- Metrics about determining how student enrollment doubling was demonstrated and other outcome results

- How did other groups fund the process

VI. UNC Chapel Hill Health and Safety Database Presentation by Kathy Moore

- Web-accessible integrated compliance system
- 3 complex levels of compliance: University, School, Agency
- Real time individual requirement data
- Next challenge: is there a way we can transfer the data electronically instead of hand delivery/mail/fax
- Challenge: clinical partners providing agency requirements with the version and source labeled, and in a timely manner that permits integration into the database
- Challenge: agency requirements need to be reflected in the contract, and changes must be provided via a formal contract addendum process

VII: NEXT MEETING MAR 19-Raleigh-Place TBA:

Action plan:

K. Clark to f/u with Carol Mitchell re: questions above

B. Foster to talk with BON Foundation for Nursing Excellence

Find out if other agencies interested

Each of us go back to agencies and send PowerPoint links to CNE's/Deans-other key players

JBarlow-3-2-09