

**WCN Board of Directors Meeting Minutes  
November 27, 2018 10:00 am to 4:30 pm  
WCN Offices, 1101 Andover Park W, Suite 105, Tukwila, WA 98188**

Present: Michelle James, Chris Birchem, Victoria Fletcher, Grace Yang, Debbie Brinker, Diane Sosne

By Phone: Lena Hristova

Guests: Jamie Shirley, Steven Simpkins

Excused: Rebecca Ainley, Katie Eilers, Tracey Kasnic, Antwinett Lee, Julie Samms, Sally Watkins

| <b>Topics</b>  | <b>Discussion</b>  | <b>Action Needed</b>   |
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| Call to order  | Ms. Brinker call the WCN Board Meeting to order at 10:21 am. She began with an agenda and document review.   |  |
| Agenda Review  | Ms. Brinker did a review of new documents to be discussed. Staff emailed documents to Dr. Hristova. Revised plan for today, Ms. Brinker noted anything that needs a vote must happen by 1pm for quorum. After 1pm, we will not have quorum as some members will have to leave. We will be looking at the WCN strategic plan and board role for next year. We will vote on the Consent Agenda and will move into Executive Session. Then lunch, our Annual Meeting and the regular Board Meeting. We will also welcome new board members at our regular board meeting this afternoon. It was noted we can approve things and then ratify when we meet quorum if needed. It was noted we don't have the 9/27/18 Board Minutes. Nothing else to be pulled off the consent agenda. | Agenda revised<br><br>9/27/18 minutes removed from consent agenda and voting minutes by email. |
| <b><u>Consent Agenda</u></b><br><ul style="list-style-type: none"> <li>• Meeting minutes for 9/27/18 Board meeting and 11/7</li> </ul> | Moved, second and approved the Consent Agenda. Minutes will be voted for approval by email. Diane Sosne arrived for full quorum and vote taken for ratification. Ms. Sosne was reported a donation of \$5,000 from SEIU coming by the end of the year.   | Moved, second and approved the Consent Agenda.   |

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| <p>Board conference call</p> <ul style="list-style-type: none"> <li>• Statement of Operation YTD 11.16.18 (P&amp;L)</li> <li>• Balance Sheet YTD 11.16.18</li> <li>• Budget Balance YTD 11.16.18</li> <li>• DOH Surcharge 2014 - 2018</li> <li>• Order of NOTES 2019</li> <li>• Action Now YTD 11.16.18</li> <li>• Action Now Contributions 10.22.18</li> </ul> |   | <p>Staff to send the one-pager on WCN Board Membership to all Board Members.</p> <p>Minutes will be voted for approval by email. Staff to send 9/27/18 Board Minutes and 11/7/18 Board Conference Call Minutes to Board Members for approval by email.</p> |
| <p>DOH/NCQAC Contract</p>   | <p>Discussion about the current DOH/NCQAC Contract and reporting.</p> | <p>Ms. Aragon to put together a one-pager to explain and explore making amendments to the DOH contract.</p> <p>Ms. Sosne to speak with John Weisman.</p> <p>Eileen Cody to be approached.<br/>Ongoing</p>  |

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|                          |   | <p>Board Member to meet with Dawn Morrell (new NCQAC commissioner).</p> <p>Ms. Pizzitola to look at fundraising letters for organizations.</p>  |
| <p>Executive Session</p> | <p>Moved into Executive Session at 10:31 am.<br/>         Executive Session ended at 11:56 am.<br/>         Break taken for lunch at 11:56 am.<br/>         Meeting resumed at 12:22 pm.</p> <p>Ms. Brinker welcomed Mr. Simpkins and Ms. Shirley as guests to be voted as new board members later this meeting. Ms. Brinker asked members to introducing themselves to the new members. Mr. Simpkins and Ms. Shirley gave brief introductions.</p> | <p>Finance Committee proposed to Board that Ms. Aragon may increase compensation for employees up to 7%. The potential increase is based on merit, cost of living, and/or any changes in duties of positions.</p> <p>Program Manager description to be reviewed according to 2018 nonprofit survey and proposed budget is to be adjusted accordingly.</p> |

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|                     |   | Ms. Aragon to continue work with Sue Gerba of 501 Commons to further develop Compensation Philosophy to be reviewed by Governance Committee. |
| WCN Budget for 2019 | We want to finalize the budget with the changes made from the Executive Session. Changes made is to provide for up to a seven percent increase for employees. Ms. Brinker gave a short history of the 2019 budget, it has been in process since the Sept 27, 2018 Board Meeting. Moved, Second and Approved by all. | Board adopted Finance Committee recommendations for the 2019 budget.<br><br>Moved, Second and Approved the 2019 WCN Budget by all.           |
| Annual Meeting      | Moved to Annual Meeting at 12:43 pm.<br>Annual Meeting ended 1:26 pm.<br><br>Members were asked to pull out calendars to set up January meeting. It was decided to January 16, 2018 – 8:30 am to 12:30 pm.  |  |
| Executive Session   | The Board Meeting moving into Executive Session at 1:34 pm.<br>Returned to a full Board Meeting at 2:52 pm.   | Previous meeting agendas and documents are to be accessible to the board on the  |

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|  |  | <p>website and archived.</p> <p>Laminated copies of the strategic plan are to be provided to board members at every meeting.</p> |
| <p>Future of Nursing Listening Session</p> | <p>Ms. Aragon noted that discussions for this portion of the agenda will be recorded as a Future of Nursing Listening Session. Ms. Rypich to take themes discovered during the session. Ms. Aragon gave a short history of the project and explained that the first full listening session will be this Thursday 11/29/18. Ms. Pizzitola began at 2:55 pm. She read the introduction to the members.</p> <p>Questions and summarized responses:</p> <p>Question: What do you think are the most critical unmet needs that impact the health of the individual's nurses care for today - in other words, those issues that you feel are most urgent and important for us to address as a nation?</p> <ul style="list-style-type: none"> <li>• Nurses don't have the tools, wrap around services lacking for patients</li> <li>• School nurses, growing needs of the student populations, it is more demanding, a healthy environment for students to learn. Nurses have to travel to several rural towns to service the schools, nurses spread very thin.</li> <li>• Rural communities, access to healthcare is an issue. Every citizen of Washington state should have access to healthcare.</li> <li>• Healthcare navigation, especially with senior citizens, many elderly have other disabilities that aggravate the situation.</li> <li>• Social Determinants of Health Low income persons can't afford medication.</li> </ul> |  |

- How to treat those that don't present to the usually health system (e.g. clinics and hospitals) and what is our obligation to them. Those with no healthcare insurance, doesn't use the system, undocumented don't use the system. Those needs that aren't just the health care needs.
- Care is paternalistic currently. How to engage the patient in their healthcare, change the paradigm to support the experience.
- Increased rate of maternal mortality. Worst today than earlier generations. Most happen in a hospital. Reasons? When symptoms and situations developed, actions aren't being taken, they don't listen to women. Not related to socioeconomic status. Disparity among women of color is higher, implicit bias is a contributor.
- Arm patients them with education and advocacy, make them a partner in their wellbeing.

Question: Think about the answers you just provided. Keeping these issues in mind, my next question is, do you think nurses today are equipped or qualified to address these unmet needs? (Y/N)

- a. Of those who said 'yes':
  - i. Please elaborate. Why do you feel this way?
- b. Of those who said 'no':
  - i. What would nurses need to be able to do so?
  - ii. What would the institutions that employ nurses need to do?
  - iii. What are the system changes that might be required?

All answered "no."

- Psych/behavioral health needed in a variety of settings. Staff doesn't feel equipped.
- The way that healthcare is reimbursed isn't sustainable. So many pressures on individual nurses, causes moral distress, increased productivity and system broken. The reimbursement models.
- The ability to speak up for his patient, he is their advocate. Is there a financial component, some kind of home environment that will be an issue, opportunity to work with the care team in a bigger facility? What was your

plan when you came in? Used an example of a person with a knee issue sent home with no plan.

- Need an ability to address all health, insurance only reimburses certain things, how about a prescription for vegetables. Broader scope of what is considered health. Nurses education, treat the patient holistically, the drivers in the workplace are different.
- A wrap around a social safety net – used an example of Harborview addressing housing for homeless during convalescence.
- Address upstream causes.

#### COMMUNITY/POPULATION HEALTH NEEDS

Now, let's talk about community health needs. As I ask this next set of questions I want you to be thinking about what impacts the health of a group of people – as opposed to individuals.

Question: First, think about the community in which you live. What are the biggest obstacles to health in your community?

- Housing is a huge issue in Seattle, just addressing basic needs, they care about a roof, food. Addressing those concerns before patients can address their healthcare.
- Healthcare desert – there are places in the US that don't have access like maternity care, specialty care. Water, Flint, chemicals, dooms the populations.
- Work in developing countries we can learn a lot, they gather as a community, parish nursing is a good example. We could be a nurse for the elder in our neighborhood.

6. Now, think about the answers you just provided. What are the unique contributions that nurses can make in helping communities overcome these issues?

- A highly qualified school nurse in every elementary school. Have them care for adults as well. More care in community. Workforce is not disbursed equitably.
- Poverty is huge in Spokane, resulting in homelessness and mental healthcare.
- Public health is always on the chopping block. Accountable communities of health are trying to help. The community mental health centers.
- Making sure the nurses have the skills needed, all are on the same team, community assessments. Used Alaska as example of nurses going out to communities. E.g. working with Grandparents raising children. Noted a multigenerational support.
- Changing some of the nursing mindsets, not tasks oriented.
- Critical thinking and ability to delegate, using the care team to support.

### **CULTURE OF HEALTH**

I'm now going to read you a passage, then I'd like to ask you about it:

*“A culture of health means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to those things that affect the health and well-being of people: the social determinants. They can include poverty, discrimination, and their consequences; including powerlessness and lack of access to good jobs with fair pay, quality education, housing, safe environments, and health care.”*

7. By show of hands, how many agree with this statement?

All answered yes

8. With this statement in mind, by show of hands, how many of you think nurses have a unique role to play in keeping people healthy and well by addressing the social determinants? (Y/N)

a. Now a question for those who said ‘yes’: i. What are the unique contributions nurses can make in addressing the social determinants?

Everyone answered yes



- Cross training across different practice settings
- Nursing can be an activist and leaders. of the hospital, like Olympia and DC.
- We are over regulated, often based on one event. May not be best person doing the care.
- Nurses are uniquely situated because of their variety. Nurses see where their needs are.

9. What do you think it would take to help nurses feel better equipped to address the social determinants? *If prompting is needed:*

- Where does the responsibility lie?*
- Who needs to be involved?*
- What specifically needs to happen?*

- Nurses need to know what the Social Determinants of Health are! They are clueless.
- If you are an older nurse, it wasn't part of your training.
- Lack of knowledge and understanding. Anything beyond our understanding and culture.
- It can open your eyes to the community, it can enrich your life and knowledge.
- Might need people from the community to teach the students.
- Need to have those people working as nurses.
- Have a class of 50% underrepresented is a goal at St. Martins. They have a wide range of diversity there.
- The perspective they can bring to the classroom.

### **EDUCATION AND TRAINING**

Shifting gears slightly, I'd now like to get your thoughts on nursing education, training, and technology.

10. Think back on all of the issues we've discussed so far – the unmet health and well-being needs of individuals today, obstacles to health in your own community, addressing the social determinants of health, etc. Does anyone here think that

technology and innovation can help today's nurses address or solve any of these challenges? (Y/N)

- a. For those of you who said 'yes': i. Are there specific technologies or innovations that you are thinking of?
- b. For those of you who said 'no': i. Can you elaborate?

Everyone answered yes.

- Technology for geriatric populations and safety equipment in their home. Help promote safety. Shelters – nurses going out to motels with homeless. Telehealth has been a great help. Helped close the gap. Echo Dot has been used as a pill reminder, medication, exercise has been a help. Blending the high tech with high touch. Complications that have been seen, monitors don't tell all, need someone to analysis it. Balance with both, medical records helps, but takes away from patient care. Use tech as an adjunct to care. Third world still does it without any tech. Lifting tools have been great for staff. Camera in a patient's room for dementia, can stop them from doing harm to themselves. Old fashion counting the drips, new nurses can feel like they're unable to function without technology.

11. Do you believe nurses are involved in creating or promoting innovations and technology? (Y/N)

- a. For those of you who said 'yes': i. Why do you feel this way?
- b. For those of you who said 'no': i. Why do you feel this way?
  - ii. What do you think is holding nurses back from doing this?
  - iii. What more can be done?

Yes, safe staffing committees are an example. Many nurses don't want to be involved, don't have time. If they speak up, can be a problem for them.

Nurses often know what the solutions are. Give them power to support change. How to pass on information to support solutions. Protected time to do the work.

Pablos at Action Now – if nurses could do innovative development, nurses could be excellent at solutions.

Can't forget the training for tech, the comfort level for staff and nurses.

12. As the population continues to grow more and more diverse, let's talk about the training or preparation you think nurses need to care for that changing population.

a. First, what do you think are the most urgent issues we need to address today, related to an increasingly diverse population in the U.S.? *[Ask someone to jump in and start.]*

b. Thinking about those issues you've just mentioned *[restate them]*, what is it that you think nurses need to be better able to address these issues? *[Ask someone to jump in and start.]*

12a – You can educate people in a certain way, but what if it isn't aligned with community health. It creates barriers. Designed more for acute care. Training on implicit bias. Teaching people to listen well and thoughtfully. Not from the western medicine perspective of knowing everything.

12b – What are strengths in the community. You can't go into a tribe and tell them what to do. How can you access the community and make them partners? Need to develop faculty. We would want to build into nursing testing. Challenge because of our education system. Transition to practice piece is necessary. Immerse and grow those skills. But getting a job in acute care is where the jobs are. Most students go right out of school into acute care.

13. Now, think about any of the areas we've discussed today — promoting health and well-being and ensuring all have equitable care, caring for a wide diversity of people, or creating or using specific innovations and technologies. As far as you know, do today's nurses receive formal training or education in any of these areas? (Y/N)

- a. For those of you who said 'yes':
  - i. Can you elaborate?

Yes, to the first three. Washington state is an outlier nationally. Curriculums usually include social determinants of health, interacting with diverse populations, social issues, better job of it, but they are there in the curriculum.

Institutional racism isn't taught as much in school. Using a different lens in health care, still lacking. Why can't this just be woven into other topics. Looking at people's own biases. Room for enhancing that area. Ask more, tell less. Have to get back to caring for others again. Focus on clinical, the patient in his training, diversity was lip service. These are the clinical things you need to know as a nurse.

#### CHALLENGES/OPPORTUNITIES FOR THE FIELD

14. We're nearing our end time. Before we wrap up, let's do a quick round robin.

- i. First, what do you think is the one biggest challenge facing the nursing field in the next 5-10 years?
- ii. Finally, what do you think is the one biggest opportunity facing the nursing field in the next 5-10 years?
- iii. What is the one recommendation you would want the NAM committee to make related to nurses building a Culture of Health.

i - Not enough nursing faculty, not enough of a pipeline, we won't have the workforce.

Affordable and accessible healthcare. We are just building on additional problems. We are heading for a crash.

How do we educate about educating nurses for now, but for five or ten years?  
What does the job of the nurse look like in 10 years.

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|              | <p>Trapped between regulation, need a place for the nurse to make the best contribution.</p> <p>A paradigm shift for nurses to make, to make and have made. Value of nurses is not recognized. Shortage of nurses and increasing population and more people that need care. Articulate the services and stay relevant.</p> <p>Nurses not being able to work to the full scope of our practice. Discussion about scope of work and torn between the visions of what a nurse can be.</p> <p>Nurses need to be directors and leaders of care. Step forward and take leadership positions.</p> <p>ii – The opportunity is there is crisis and nurses could take advantage of it. Crisis is always an opportunity.</p> <p>Retention is an opportunity. We need to retain the nurses. Bring in the LPN. An Opportunity to bring in new.</p> <p>An Opportunity for everyone in the country to be under the care of a nurse.</p> <p>Interdisciplinary care, we use to work with everybody. We are growing in silos, how to have them grow together. An opportunity to be enhanced.</p> <p>Increasing coordinating care. It falls on the nurse. We do it in the hospital, can do it in the community.</p> <p>iii – Have a nurse leader on every design committee. Nurses have to an advocate on every level. All agreed. Need a statement and/or a goal. Need to define it.</p> |  |
| Next Meeting | The meeting adjourned at 4:12 pm.  |  |

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|  | <b><u>Next Meeting:</u></b> January 30, 2019, 8:30 am to 12:30 pm, WCN Offices, 1101 Andover Park West, Suite 105, Tukwila, WA 98188 |  |
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Submitted by: Frank Kohel

Approved:

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