



OHE

Organization of Healthcare Educators

The O.H.E. Report

Volume 8, Issue 1

January 2014

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Message from the President: A New Year is always a time to reflect back on what you accomplished in the previous year. For some it was a new job or position, maybe a new relationship or even a new child/grandchild added to your family. Maybe some of you went back to school to get your BSN, MSN, PhD, etc. Some may have attended conferences, spoke at conferences or presented an abstract, became certified for the first time. In looking back at the past year it is amazing to think about all that was accomplished. The New Year is a great symbol of new hope and new beginnings of course it also includes new projects, more deadlines, and increased responsibilities. I hope that being a member of OHE this past year was something you can reflect back on and add to the accomplishments you have made. A New Year is a time of reflection and contemplations, which bring on resolutions whether they will be kept or not. My hope for 2014 is that you will maintain your membership with OHE, get others to become members and to get more involved in this professional organization by joining the board. We have new board members beginning this month and we need more people like you to help with the planning of our programs and making this organization what you want it to be. I thank you so much for supporting OHE and I truly look forward to another successful year for our organization.

Sincerely, Debbie Reid, OHE President

We're on the Web!



Organization of Healthcare Educators

<http://www.o-h-e.com>

Facebook/OHE: Organization of Healthcare Educators



Program evaluation: In November, we were inspired by a lecture from Mary B. Lucas, the Butcher's Daughter (BD). Mary offered advice from the smartest man she ever knew - her father. A butcher by trade, he was the greatest executive and career coach she ever encountered. His advise gave her insight to working in the field of job acquisition and marketing. Working with people is a skill but with advise like, "Remember to put the come-back sauce on everyone you meet" and "You gotta find the like-whether it's working with demanding clients or friends and family." She says, "don't act like it's your due, take every chance to say thank you." She had the audience in tears at the end of the lecture with family events that touched our hearts. Mary's book, "Lunchmeat & Life Lessons: Sharing a Butchers Wisdom" was given to all participants.



Our second speaker was Beth Maldonado, LCSW at Children's Hospital Los Angeles. Beth spoke on the Community Resiliency Model. She offered skills for adapting to challenging situations that make it hard to function at our best. Like the rubber balls distributed, we learned skills to "bounce back" with ideas and innovative techniques to improve the quality of our work.

The group of over 60 participants were treated to a stimulating conference.



SAVE THE DATE FOR 2014!

March 21 (program to be announced), April 10 & 11 for the ANCC Review Course (Huntington Memorial), May 30 (“Networking”), September 19 (program to be announced), and November 21.

Also for those interested, the ANPD convention will be held July 15-20 in Orland, Florida.

This looks to be another great year for OHE and ANPD.

Plan

Are you planning a new program or class? Do you sense that you and others just aren’t focusing toward the same goal? Step away from the conflict for a moment and focus toward ***CRIBbing your way to a Mutual Purpose.***

Commit to seek Mutual Purpose. Make a public commitment to stay in the conversation until you come up with something that serves everyone.

Recognize the purpose behind the strategy. Ask what is most important to the whole team and find a common key goal and stick with it.

Invent a mutual purpose. If after clarifying everyone’s purpose and you are still at odds, try to invent a higher or longer-term purpose that keeps the group motivated toward a common goal.

Brainstorm new strategies. With a clear Mutual Purpose, you can collaborate toward a common solution that suits everybody.

From: Crucial conversations: tools for talking when stakes are high. K.Patterson, J. Grenny, et al. (2002).

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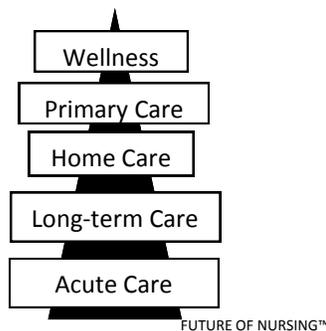
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EDUCATION CORNER: The Affordable Care Act (ACA): Part II

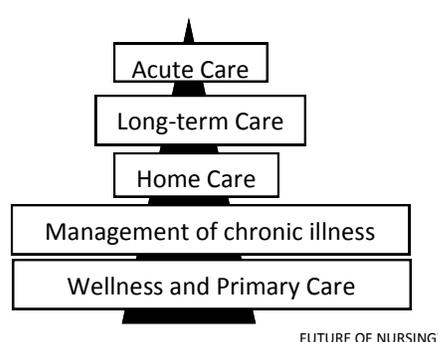
The California Institute for Nursing and Health Care (CINHC) published a paper in September, 2013: “Nurse Role Exploration Project: The affordable care act and new nursing roles.” This is a brief summary of this paper that compiled data researching gaps in care delivery by identifying corresponding new roles for registered nurses (RNs) in our California health care system.

In the first half of 2013, a series of facilitated meetings throughout California involved more than 300 people representing academia, practice, government, payers and consumers. Online surveys with participants verified outcomes of the consensus process and gathered input on critical next steps to actualize the new roles. Five new roles were identified as most important for RNs to take on to meet the rapidly expanding demand for health care services in California: Care Coordinator; Faculty team leader; Informatics specialist; Nurse/Family cooperative facilitator; Primary care partner. The document explores how these roles will be affected by the ACA and offers a call to action to move them toward implementation.

Our Current health System



Transformed Health System



Beginning January 2014, 5.5 million more Californians will become eligible for health care insurance and the state’s health care system will need to undergo massive change to meet the extensive demand expected. Also, all ages and the rapidly expanding older adult population will increase both healthcare and delivery of care requirements. The illustrations above depict our current healthcare system heavily relying on hospitals and other costly settings to provide care. In the transformed health care system under the ACA, building a more robust primary care model will minimize the need for expensive tertiary care. The emphasis on wellness and primary care implies a definition of health that transcends the absence of disease to embrace social determinants of health, including physical environment, social and economic factors, clinical care, and health behaviors, then considers individuals within the context of family and community.

The new roles and objectives are described as:

- ◇ Care coordinator– including population health management and tiered coordination
- ◇ Faculty team leader– moving interprofessional nursing education to community settings
- ◇ Informatics specialist-roles in design, data interpretation, and tele-health applications
- ◇ Nurse/family cooperative facilitator– bringing virtual and in-person health care to people where they live and work
- ◇ Primary Care Partners– providers in community health settings



See next page.



Organization of Healthcare Educators

If you would like to submit an article to the newsletter, please email your submission to Sue Nuñez: susan.nunez@Methodisthospital.org or call 626-484-9866.

EDUCATION CORNER: The Affordable Care Act (ACA): Part II

The report described each role in detail. The Care Coordinator role will take many forms. It may involve providing coordination directly in complex or rapidly changing situations, supervising other team members when care is relatively predictable (tiered coordination), or advising entire communities populations) on best choices for maximum wellness. In the latter, RNs will be involved in population health management, using population-based data and evidence-based practices to bring about large scale improvements in health. The ultimate goal of the care coordinator is reducing cost of care, improving lifestyles and wellness through the healthcare continuum.

The faculty team leader will be moving interprofessional nursing education to community settings. Nursing academia will need to modify school curricula to meet the challenge in implementing new roles. Transition programs in community-based settings could provide the necessary experiences for new graduates and practicing RNs to acquire skills needed for new roles and ultimately improve the health of communities.

The Informatics specialist has roles in design, data interpretation, and tele-health applications. The Informaticist's role envisioned will include designing a home-based program that would "virtually touch" the patient in their home setting with the occasional physical assessment. This electronic form can best support optimal wellness at all three levels.

The nurse/family cooperative facilitator, traditionally the "district nurse or visiting nurse," brings virtual and in-person health care to people where they live and work. The nurse continues to build on relationships to improve health and positively impact communities.

Primary care partners, the advanced practice nurse (APRN), will provide care in community health settings both qualitatively and by supporting increased capacity in the clinic itself. The APRN's goal is to educate, coach, and support people with complex illnesses. The primary objective is to provide individuals, families, and communities with preventative information and support to help them move to or maintain greater wellness.

The next and final chapter will be posted in the Spring newsletter. It will address the opportunities and challenges associated with the new or expanded RN role and implementation of the ACA in California. Stay tuned!



The past is history
The future is a mystery
Today is a gift
That is why we call it the present