

**The Clinical Coordination Partnership  
Advisory Committee  
October 27, 2010  
Minutes**

I. The meeting was called to order at 9:40 am

II. Attendees:

TCCP Staff:

Elizabeth Biel  
TCCP Director

Nick Gudmundson  
TCCP Assistant

TCCP Partners:

Sheryl Alexander  
HealthEast Clinical Education

Healthier Froehlich  
Allina Learning & Development

Melanie Johnson  
Winona State University

Margo Marko  
University of Minnesota

Cherie Pettitt  
Nursing Clinical Practice & Ed.

Cathy Sandman  
South Central College

Alice Swan  
Henreitta Schmoll School of Health

Faye Uppman  
Globe Univ./MN School of Business

Valerie Defor  
HealthForce Minnesota

Tanya Velishek-Yzaguirre  
Fairview Riverside

III. Background:

Elizabeth Biel gave a background of The Clinical Coordination Project (TCCP). The background included an overview of Milestones and Lessons Learned from years 2005-2010.

IV. Today's Clinical Activity and Partners

Elizabeth Biel gave a brief outline of active partners which includes 24 total Clinical Partners and 29 total Education Partners.

Biel explained to the Committee her thoughts on where TCCP will likely grow. She stated that new pilots are developing in HealthEast System and the Fargo area. Another area TCCP is branching into is the Aging Services. The aging services we are working with now include Alexandria area and Ebenezer Ridges. Other interested potential partners and programs include Health Partners, South Dakota and possibly Advanced Practice Nursing.

#### V. Possibilities for the future

Biel outlined a draft Vision for TCCP. It included assisting with clinical activity statewide and for all programs, an established entity dedicated to furthering and maintaining clinical activity efforts, an established partnership of front-end representatives qualified to tackle other barriers issues, and enhanced database functionality.

#### VI. TCCP Advisory Committee

Biel stated her thoughts on why this group is necessary. Given that the partnership has grown to include multiple hospitals, systems and education programs she feels that in order to accurately and efficiently represent this body that an advisory-type entity is needed. She assembled this group to have representation of all sectors that educate nurses (Minnesota State Colleges and Universities, University of Minnesota, private colleges and proprietary colleges) plus representation from the major systems involved and a non-metro clinical provider. Concluding this segment, Biel reminded the committee that the current make-up of the committee could change if the group recommends to do so.

#### VII. Questions:

The question was asked what word "Pilot" represents. A definition between a "Pilot" and a "Partnership" needs to be clarified for the partners. What are the qualifications for one to become a "Partner?" Biel reported a draft definition would be available for the next meeting.

#### VIII. Mission & Vision Discussion

The Committee brainstormed, discussed and developed their Mission, Vision and Goal statements for the TCCP. The outcome of these discussions are:

## Mission

Maximize the ability of our healthcare and education partners to coordinate resources to meet experiential learning needs.

Suggested terms for use: Coordinate resources, mutuality, experiential learning, common commitment to workforce, education needs, Clinical experiences,

## Vision

Through vibrant partnerships and innovation, experiential learning needs are secured to meet future critical healthcare workforce demands.

## Values

Increase and improve healthcare experiential learning activity utilization, efficiency, and capacity through:

- Committed Partnership
- Sustained Communication
- Data and Process Standardization
- Technology
- Transparency

## IX. The Clinical Coordination Project Name

Elizabeth Biel asked the Committee to review the current TCCP name to ensure it reflects what our new mission, vision and value statements convey. Discussion concerned the last word “Program” it was suggested to change it to “Partnership”. In return, the updated name is “The Clinical Coordination Partnership”.

## X. Preparing for Sustainability:

We are now funded through HealthForce Minnesota for one more year. We need to look at making our Partnership self-sustaining. This is a state funded project that is not guaranteed from year to year, however, this is how we have been operating since the project began. We are now evolving to become our own entity. Biel stated there are many options to achieve this goal. Examples of supported that other state’s utilize are fees, publicly supported annually, and funded pilots (grants).

Biel stated she met with a senator to discuss our future and has an opportunity to present the TCCP to a legislative work group. At the work group they had great feedback and are very excited about the partnership.

Biel stated that we do have many strengths but our weaknesses are manpower and misperceptions of project. Biel suggests we have 3 to 4 full time employees. It was suggested that she point out the in-kind contribution from partners. Return on investment is...what is the benefit of funding this project. Education opportunity has capacity for some transferability to future which makes it easier to create development in the students.

Biel reported she would have a draft of that information available at the next meeting.

### *Statement of Purpose*

- #1 Yes- healthcare partners
  - #2 Yes- placement/Experiential learning
  - #3 Yes- No revisions
  - #4 Yes- No revisions
  - #5 Yes- No revisions
  - #6 Yes- No revisions
  - #7 Yes- Provide opportunities to network...needs rework toward mission
  - #8 Yes- No revisions
  - #9 Yes- No revisions
  - #10 Yes- No revisions
  - #11 Yes- No revisions
- With a note of elimination of absolutes and the word "all" in the document

### *Partnership*

- Section 1. – In Flux
- Section 2. – No revisions
- Section 3. – No Revisions
- Section 4. – No Revisions

### *Member Meetings*

- Section 1. – No Revisions
- Section 2. – No Revisions

Section 3. – No Revisions

Section 4. – No Revisions

*Staffing & Advisory Committee*

Section 1. – No Revisions

Section 2. – No Revisions

Section 3. – Where are our critical needs in the workforce

Section 3.1 – No Revisions

Section 3.2 – No Revisions

Section 3.3 – No Revisions

*Committees*

Budget- No Revisions

*Clinical Placement Guidelines*

Section 1. No Revisions

Section 1.1 Placement Revisions

Section 2. Placement Revisions

Section 3. Wording Revisions

Section 3.1 No Revisions

Section 3.2 No Revisions

Section 4. No Revisions

Section 5. Editing Revisions

Section 6. No Revisions

Section 7. No Revisions

Section 8. Editing and Numbering Revisions

Section 9. Numbering and Placement Revisions

*Amendments*

Section 1. No Revisions

*Dissolution*

Section 1. No Revisions

XI. Clinical Coordination Activity Evolution

Timeline: Biel stated that there can be a choice of having it year by year or by semester (broke into two parts). Biel also stated we will be trying this once and see how it goes. Committee expressed the helpfulness of the timeline and requested an electronic version. Additionally it was suggested that the group still meet four times per year.

Meetings: Biel explained that as the project secures more and more partners that the Oregon model for their clinical activity meetings may become necessary for us. Basically Oregon holds large meetings for all partners to meet to collaboratively discuss issues. Then the group breaks-up - clinical partners each have a table and education partners go around the room to discuss issues at the various tables.

## XII. Other Partner Topics for Discussion

What to talk about at the next meeting:

- On boarding, documents to put on TCCP website.
- What are the absolute requirements for the Clinical Partner?
- TCCP website could be a parking spot for all the health-Website committee
- The Oregon Student Passport Model
- What is in the future of the education partner-bucket-wiki professor names and numbers?

## XIII. Adjourn

The meeting adjourned at 1:20 pm. The next meeting will be scheduled after the third week in January.

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The meeting adjourned at 1:20 pm.

Minutes Developed By:  
Nick Gudmundson

09/02/2010