



TCCP Advisory Committee

April 15, 2015



Meeting Overview

1. Welcome & Introductions
2. Review Fall 2015 Activity
3. Review TCCP Student Passport Developments
4. Review Budget
5. Review & Discuss TCCP & MMCGME Fiscal Sponsorship Opportunity Research
6. Hear Member Updates
7. Next Meeting Date: July 15, 2015
8. Adjourn



Fall 2015 (all but LaCrosse)

- ▶ Activity deadlines met – YAY!
 - ▶ Educating 4 new clinical partners
- ▶ Total entries (lines of data submitted): 2,651
- ▶ Clinical Sites: 61
- ▶ Schools: 47

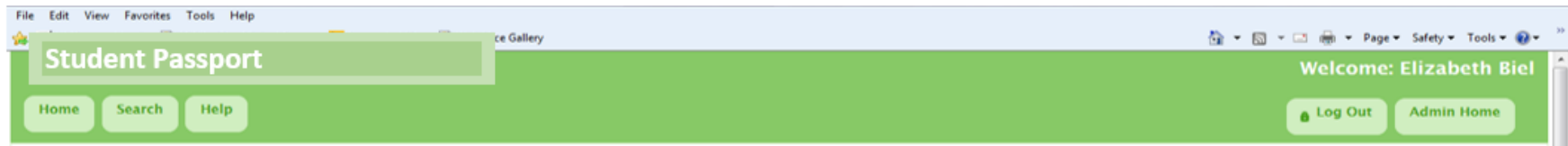
Fargo Region – went very well

- ▶ 1 system w/4 clinical sites
- ▶ 6 new schools (5 more for Spring)
- ▶ Successful process implemented for new schools in a region
 - ▶ Anticipate will help with Montana and possible future region efforts



Student Passport Update

- ▶ What is it and what will it do
- ▶ Different than StudentLink
 - ▶ Student process through clinical
 - ▶ EP power of data
- ▶ Development progressing well
 - ▶ EP & CP Home Pages
 - ▶ Student Home Page
 - ▶ Student Info
 - ▶ Module Development
 - ▶ Student Status
- ▶ Next phases
 - ▶ Student progress tracking and updates
 - ▶ EP management views
 - ▶ EP verification pages
 - ▶ EP assign student to clinical experience
 - ▶ CP roster reports



Student Information

- Upload New Students
- Assign Students to Clinical Sites
- Search & Manage Students

Clinical Partner Contacts

- Search Clinical Site Contacts

Reports

- Rosters
- Student Records

School Information

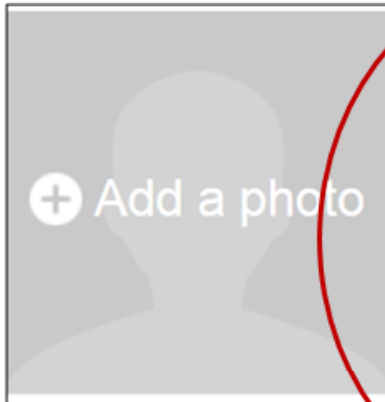
- School Contacts
- Immunization & Health Record Requirements
- Background Requirements
- Certifications & Licenses Requirements
- Insurance Requirements
- Other Signature Required Documents

Clinical Site Information

Resources

- Student Passport 101 Training
- Video of Student Passport 101 Training

Welcome! *STUDENT PASSPORT* helps track of the documentation **REQUIRED** by healthcare providers for students enrolled in clinical. [READ MORE >>>](#)



[Edit photo \(optional but recommended\)](#)

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In Case of Emergency

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You **MUST** complete prior to your clinical experience

Requirement	Status
Immunizations & Health Record	Unopened
Background Check	In Process
Certifications & Licensure	Completed
Insurance	Not Required
Signed Documents	Unopened
Clinical Site Training	Unopened

If you have questions regarding these requirements, [click here](#) to be directed to your program contact(s) for student questions

Clinical Assignment(s) & Site Prep Materials

Your school has assigned you to the following clinical experience. For questions regarding the clinical assignment [click here](#).

Clinical Assignment Details:

- Course: Nsg 332, Location: Abbot Northwestern Hospital, Unit: E3000, Rotation: Group, Total Number of Students: 6, Total Experience Hours: 120
Term: Fall, Year: 2014, Dates: 8/16/14 to 12/16/14, Shift: 7a-3p, Day(s) of Week: T Th, Address and directions are [here](#).
- Course: Nsg 333, Location: Fairview Southdale Hospital, Unit: Heart Center, Rotation: Preceptor, Total Number of Students: 1, Experience Hours: 100
Term: Fall, Year: 2014, Dates: 8/16/14 to 12/16/14, Shift: Varies, Day(s) of Week: Address and directions are [here](#).



Student Passport Timeline

June – have first draft of completed system

Summer – test site among schools in Duluth area

- Set up fictional students for each school
- Instruct school to go into the system as students and monitor activity

September – pilot to “real-live” students

- Provide 3 months for students to complete requirements needed for Spring 2016 clinicals
- 1/5 clinicals need student requirements completed by Thanksgiving



TCCP Budget Review



Reconnect: TCCP Mission

The Clinical Coordination Partnership (TCCP) works to maximize the ability of our healthcare and education partners to meet clinical experiential learning needs or “clinical experiences.”

This means TCCP staff actively upkeep workable process plus seek ways to make the clinical environment.

- Help schools to submit and track request information as easy and helpful as possible.
- Aim to make the process of clinical sites to receive and track request information as easy as possible
 - The easier we make the process for clinical sites the easier it is for them to say yes
- Look for opportunities to make the process easier for all – anything that could help schools better submit/track and clinical sites to say yes



TCCP Fiscal Sponsor Opportunity

TCCP Proposal Refinement Efforts, Refined Opportunity Draft,
TCCP Member Feedback to Refined Proposal Draft



Background



- ▶ May 15, 2015 – Advisory Committee Reviewed 1st Draft Proposal
 - ▶ Discussed benefits and concerns
 - ▶ Identified a listing of concerns that would need to be addressed
 - ▶ Identified benefits
 - ▶ Recommended moving forward with refining the draft proposal and hear from TCCP members regarding the proposal draft.
 - ▶ Hear from stakeholder and leadership groups regarding draft proposal – concerns, benefits and what is needed in the proposal.
 - ▶ After hear from stakeholders and leadership refine draft and hear what TCCP members think
- ▶ TCCP current policy for large decisions (used for St Passport, Advanced Practice Professionals, Membership Rates)
 - ▶ 1. TCCP Advisory Committee develops concept
 - ▶ 2. TCCP vets concept/information through membership for feedback
 - ▶ 3. TCCP Advisory Committee reviews feedback, discusses and determines next action



Proposal Draft Process Stages


- ▶ 1st Draft Proposal – introducing the concept.
 - ▶ 1st feedback vetting of why would want to do this
 - ▶ Work from this draft for refining – based on this feedback edit draft for a more refined version
- ▶ Refined Draft Proposal – still in draft form but the concepts have been further shaped from feedback
 - ▶ Continued process of refining draft
 - ▶ Use to see what concepts should be further refined and what are received
 - ▶ Feedback used to determine (1) if the proposal should be moved forward towards finalizing, and (2) how the proposal should move forward/how to obtain needed feedback or information



Who has reviewed/contributed input to the proposal?

- Contributed Feedback/Content
 - HealthForce MN Executive Director
 - MMCGGME Services Director
 - TCCP Executive Director
 - TCCP Chair Committee
 - TCCP Advisory Committee
 - MMCGGME Board of Directors
 - HealthForce MN Executive Alliance
 - MACN

- TCCP Pre licensure Members



If I had to do it again...lessons learned and improvements

- Make more clear how feedback will be considered and implemented
- Clarify the feedback process and that the 4/15 Advisory Committee would not be making a final decision
- Further clarify that have always explored fiscal sponsorship with a nonprofit – ensure not because HFM asked us to leave
- Better explain message to the different audiences – some points are more important to some audiences than others
 - Hit by a bus --- critical turnover situation
- Do not use TCCP hiring experiences in examples for administrative efficiencies
 - Trying to say administrative tasks and time as a whole could be made more efficient
 - Hiring is one component of administration as a whole
 - Inadvertently seemed as if this was a primary reason



Feedback From Stakeholder Groups

- ▶ MMCGME Board of Directors
- ▶ HealthForce MN Executive Alliance
- ▶ MACN
- ▶ TCCP Advanced Practice Committee

See Feedback Report.



Current Proposal Concept "Refined Draft"



Why is MMCGME Interested

- ▶ TCCP organizational members are also MMCGME members
- ▶ When TCCP brings value to TCCP members, we also bring value to MMCGME members
 - ▶ See opportunities to help develop further value
- ▶ MMCGME members see the need for TCCP to become more stable, avoid detrimental turnover situations
- ▶ See benefit in ability to view multiple programs of students all in one place
 - ▶ Interdisciplinary education
- ▶ See synergies to partner on other issues to improve the clinical coordination environment
 - ▶ Onboarding



Synergies between TCCP & MMCGME

- Both are member-driven organizations that serve healthcare systems, hospitals and education.
 - Members lead activities, strategies, budgets and evaluations
 - Almost all MMCGME members are also members (organization wise) of TCCP
- Both rely on software and database technology to track data and fulfill their mission to members
 - Both track number of students and experiences, where take place and how long
 - Both administer software for members – help desk support, report generation and other
- Both hear from respective members on expanded student tracking needs
 - Student requirement info (vaccinations, background, etc.)
 - Easier or standardized onboarding for students
 - Ability to see student experiences in one, centralized location

What MMCGME Will Provide TCCP:

- Fiscal sponsorship in the form of accounting services and staff benefits
 - Streamline hiring process, service agreements, invoicing, expenses, reporting
- A home within a member driven, nonprofit organization whose members are high level leadership within hospitals and healthcare systems.
 - Opportunity for TCCP members to be included in MMCGME committees – workforce, quality and advocacy
- Autonomy, ability for TCCP to self-govern budget (including membership rates) and activities
- Guidance in TCCP nonprofit, member organization development – assistance with filings, ensuring regulations are followed and advice with growth
- Stability in the forms of staffing assistance to (1) ensure TCCP services are always operational and (2) secure the staffing needed to quickly respond to TCCP member recommendations for growth.
 - MMCGME staff will have a working knowledge of TCCP StudentLink software so that critical turnover situations are avoided
 - MMCGME will either provide staff and/or help secure resources so that TCCP may quickly secure staff to accommodate member driven growth
 - This is important in TCCP's ability to expand to serve other, non-nursing programs and develop the "big picture" of clinical activity for our state – especially for interdisciplinary education efforts.



How will TCCP & MMCGME connect?

Draft Name: Fiscal Sponsor Committee

- ▶ This committee serve as an umbrella, standing committee of an incorporated entity whose purpose is to ensure the fiscal sponsor partnership continues to be beneficial for both parties
- ▶ Will meet annually, comprised of equal representation from both committees
- ▶ Will start with 6 representatives – 3 from the TCCP Advisory Committee and 3 from the MMCGME Board of Directors; each organization will decide who their representatives will be. Also each organizations service/executive directors.
 - ▶ TCCP will annually designate time during the preceding TCCP Advisory Committee to discuss, their evaluation results and formal feedback.
- ▶ This committee's purpose will be to
 - ▶ Review the fiscal sponsor partnership to ensure it is still beneficial to both parties, may develop recommendations for improvements
 - ▶ Review respective organization feedback.
 - ▶ Ensure TCCP remains self-sustaining and fiscally responsible in that it continues to successfully collect membership dues and follows their budget appropriately.
- ▶ This committee's purpose is not to govern either organization but to ensure that the TCCP/MMCGME fiscal sponsorship moves forward in a beneficial, appropriate and lawful manner.

MMCGME Board Committees

Committee Name	Function
Reimbursement Committee	Reviews audit issues; ensures appropriate reimbursement to hospitals/University
GME Advocacy Committee	Apprises and enacts GME community on legislative issues relevant to GME
Joint Administrative Oversight Committee	Evaluates administrative issues of programs
Executive Quality Committee	Multi-Institutional effort to integrate residents into teaching hospital Quality Improvement and Patient Safety

*All committees are comprised of sponsor hospital and University members.




“Refined Draft” TCCP Member Feedback

- Reviewed refined draft, how it came to be to this current draft
- Noted may change based on further vetting efforts – through members, stakeholder groups and the Advisory Committee
- Asked members:
 - Any additional concerns?
 - Have the identified concerns been adequately addressed?
 - Do you agree with the benefits and/or have additional benefits?
 - Any other comments?
 - Thoughts on moving the proposal forward
- Concluded that their feedback would be delivered to the TCCP Advisory Committee for consideration and discussion.



Areas of Concern

- ▶ TCCP be minimized by MMCGME
- ▶ TCCP members on the connecting committee
- ▶ TCCP member categories (i.e., MnSCU members) not be adversely affected
- ▶ Competition for Clinical Training Sites
 - ▶ Between Medical Students and APP
 - ▶ Hospitals Requiring APP schools to pay for Clinical Sites
- ▶ Scope of practice issues (APP and MD)



Criteria needed to address concerns

- Equal representation on the Fiscal Sponsorship Committee
- TCCP leadership remain with TCCP (within MOU)
- TCCP Advisory Committee mix continue to have significant MnSCU representation
 - HealthForce Minnesota representation
- Recognize/Work together on larger, always present concerns
- Within agreement, annual review/evaluation – option for Advisory Committee to discontinue (backdoor)



Points to include in MOU/guidelines/bylaws

DRAFT: This info shows content intent, will be further worked on by MMCGME, HFM, and TCCP plus wordsmithed by legal MnSCU and MMCGME representatives

- TCCP Advisory Committee will be the governing entity of the TCCP
- This committee's purpose is to govern the TCCP.
 - This committee will establish TCCP priorities, crafts TCCP strategies, ensure TCCP plans are implemented, approves annual TCCP budget and membership fee scales, approves TCCP policies, and identifies and addresses other TCCP membership needs.
 - This committee is responsible for all costs associated with the StudentLink and Student Passport software. This includes all costs associated with development, maintenance and growth.
- This committee will meet quarterly



Points to include in MOU/guidelines/bylaws

DRAFT: This info shows content intent, will be further worked on by MMCGME, HFM, and TCCP plus wordsmithed by legal MnSCU and MMCGME representatives

Scope of practice legislation or implementation

- ▶ None of the parties to this agreement will impose on others their bias related to scope of practice legislation. Individual members of MMCGME or TCCP will at times have opposing positions on scope of practice legislation, but as a partner organization MMCGME will not take an opposing position to any individual members.

Clinical rotation placements

- ▶ Both MMCGME and TCCP member services focus on utilizing and providing access to Web Based Relational Database Systems. These systems assist members in tracking student clinical experiences in an easy and efficient manner. These systems do not find clinical placement experiences for students and/or influence what type of program or school should be approved for where. Neither of the parties will make decisions on what types of students are placed where and/or when. Clinical sites (hospitals and healthcare systems) will make decisions on students and programs for their facilities.



Points to include in MOU/guidelines/bylaws

DRAFT: This info shows content intent, will be further worked on by MMCGME, HFM, and TCCP plus wordsmithed by legal MnSCU and MMCGME representatives

- This partnership may be dissolved upon written request from either TCCP or MMCGME.
 - It is expected that the staff leadership of both organizations would first work together to try and create a workable solution before dissolution.
- Also include language that there would be a reasonable amount of time for TCCP to transition to a new entity.
- At time of dissolution, any assets funded through TCCP and liabilities will be transferred from MMCGME back to TCCP (or their new fiscal sponsor organization).



Draft Evaluation Criteria

- Has any program's clinical placements been stolen as a result of TCCP or MMCGME actions?
- Has the partnership between TCCP and MMCGME affected scope of practice issues?
- Has any membership groups (clinical sites, MnSCU programs, UofM, private colleges, or proprietary colleges) been adversely affected as a result of the partnership between TCCP and MMCGME?
 - Unfair membership rate increases
 - In anyway make more difficult for members
- How have TCCP administrative responsibilities been affected?
 - Staff hiring
 - Contract development (web development)
 - Budget/accounts payable and accounts receivable
 - Other in-house organization efforts
- Identify other benefits and feedback
 - More paying prelicensure nursing members (systems and hospitals)
 - Efforts/plans to increase programs and/or services
- Any other feedback the TCCP Advisory Committee wishes to communicate to the MMCGME/TCCP Fiscal Sponsor Committee



Benefits as a result of TCCP & MMCGME working together on the proposal

- ▶ MMCGME Board and members aware of what TCCP is and what value it brings to members
 - ▶ Children's
 - ▶ VA (pre-licensure and APP)
 - ▶ HealthPartners (pre-licensure and APP)



Reconnect on Benefits

Re-identify and prioritize benefits

Allina Feedback – discussion starters

- ▶ Bring all providers together to better manage the processes for scheduling
- ▶ High level leadership is a stakeholder with TCCP in developing benefits
 - ▶ At the table with leadership when making decisions that have large impact
 - ▶ Interdisciplinary education efforts (how to start the tracking for)

Education Feedback – discussion starters

- ▶ Onboarding



Benefits





What do we do from here?

1. Should the proposal move forward or should we stop efforts to develop?

(If move forward)

1. What more information is needed?
2. Who else should we consult/talk to?
3. Who should we reconnect with? How?
 1. Stakeholder Groups – convene TCCP meeting for those interested
4. How should we make a final decision?
 1. Who needs to be present – look at Advisory Committee Roster
 2. How should we make the decision? (see Allina’s first draft thoughts)




Discussion Starter – Suggestion for voting

Go with the TCCP scaled payment/activity:

- ▶ A= 5 votes
- ▶ B= 4 votes
- ▶ C= 3 votes
- ▶ D= 2 votes
- ▶ E= 1 vote

That way it is by an already weighted (by activity/payment) so the big users have more of a say rather than a school/program/site with one student a year gets a vote weighted the same as one with 1000.



TCCP Advisory Committee Representation

This committee is charged with:

- Defining the TCCP mission,
- Establish TCCP priorities,
- Crafts TCCP strategies,
- Ensures TCCP plans are implemented,
- Approves annual TCCP budget,
- Approves TCCP policies, and
- Identifies and addresses other TCCP membership needs.

TCCP Advisory Committee Member Policy

- Major healthcare systems
- 1 smaller hospitals
- 2-3 private colleges
- University of Minnesota
- 3-5 MnSCU colleges (2 Associates Degree, 1-2 Baccalaureate Degree and MnSCU representative grp - HFM)
- 1 proprietary college
- Minnesota Hospital Association
- 1 PA School
- Additional, as recommended by the TCCP Advisory Committee to ensure all necessary membership groups are represented.



Next Steps & Future Meetings

- ▶ Summary of Next Steps

- ▶ Upcoming meetings:
 - ▶ July 15, 2015 TCCP Advisory Committee

THANK YOU for your time today!