

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
January 9, 2009

Member Attendance:

**Absent*

Colorado Hospital Association

Kathy Harris

Banner Health
Regional Vice President, Clinical Services
Banner Health

Carolyn Sanders - CoChair

University of Colorado Hospital
Associate CNO

Colorado Nurses Association

Fran Ricker - CoChair

Colorado Nurses Association
Executive Director

Eve Hoygaard

Colorado Nurses Association
President

Service Employees International Union

**Bernie Patterson, SEIU*

Judy Hutchinson, SEIU

Nurse Alliance of SEIU

Colorado Organization of Nurse Leaders

**Colleen Casper*

Clinical & Executive Partnerships

**Kelly Johnson*

Children's Hospital
Vice President and CNO

Colorado Council of Nurse Educators

Linda Stroup

MSCD
Assistant Professor, Department of Nursing

Nancy Smith

Dean and Professor
University of Colorado at Colorado Spring

Colorado Department of Public Health and Environment

Ned Calonge

Chief Medical Officer

Colorado Center for Nursing Excellence

Sharon Pappas

Porter Adventist Hospital
Chief Operating Officer/Chief Nursing Officer

Governor's Appointees

Lysa ErkenBrack

Grand Junction

Lydia Handberry

Swedish Medical Center

Interested Parties and Observers

Janet Houser PhD EdS MN - Researcher

Regis University
Associate Dean

Jean Scholz – In coming CEO & President for the Colorado Center for Nursing Excellence

Janet Stephens

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
January 9, 2009

Agenda Changes

At the beginning of the meeting, a few agenda changes were made. These discussion items were added under Process:

- Research Budget
- Colorado Nurse
- Funding Procurement (moved from Next Steps section)
- Peer Review
- Hospital List

Review of the Written Proposal will be the major focus of the discussion today and is in the minutes after Parking Lot Items.

PROCESS

Minutes from Previous Meeting - these were passed out with approval to be determined at the end of the meeting. They were approved.

Research budget update – Dr. Houser said that a preliminary budget for both phases has been developed which is less than planned but is more than what is available. The Co-Chairs, Janet Houser, and Jean Scholz will have a budget review meeting on January 19 to review the budget. There is enough to start with but need to solicit quite a bit more to have available at the end of the summer. The budget includes everything that was hoped for—laptops, etc.

Because of overhead and indirect charges, there are implications for grants. It would be better for some organization other than Regis to solicit the grants. It was proposed that the Colorado Center for Nursing Excellence be the administrator for soliciting grants.

Consensus: The Colorado Center for Nursing Excellence is considering buying a site license for NDNQI.

It was recommended that this committee compensate Dr. Houser for her 50% reduction in fees for her work on this project.

Colorado Nurse – Fran Ricker has saved space for the next issue of Colorado Nurse for committee members' comments on this process and what it means to them. Write two paragraphs and email them to her as soon as possible.

Funding Procurement – Can the project begin with partial funding? Susan Miller from DORA and the co-chairs will determine that but the committee needs to approve the timeline. A question was directed to Dr. Houser as to whether this would work for her part of the study and she said she was more concerned with the end of the project but would like to start soon because of Phyllis Graham-Dickerson's schedule.

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
January 9, 2009

Could the committee go to Sen. Boyd and other sponsors to see if they would approve a longer timeline? There is a strong sense of urgency to conclude the nursing part on time as it is such an important study but could keep that as a possibility.

Is anyone opposed to starting soon? There are two phases to the study; once the first phase (qualitative) is finished, the second phase (quantitative) begins and all data should be collected in ten months with the data analysis after. Dr. Houser is concerned that the qualitative phase will be completed and then we'll run out of money half way through the quantitative phase and doesn't want to be held to an artificial deadline.

Consensus: Start as soon as possible.

Sigma Theta Tau has a Feb. 2 deadline for application for their grants. Center will do preliminary work on the application and the Co-Chairs will meet to complete it.

Consensus: Committee agrees that they are comfortable with this plan.

Peer Review – Carolyn Sanders checked with Mary Krugman and Colleen Goode but hadn't heard back from Colleen Goode yet. Mary Krugman was aware of the tight deadline but was interested in handling this. Carolyn Sanders will let the committee know when she hears from Colleen Goode (she let the committee know at the end of the meeting that Colleen Goode would not be able to do the review. Regina Fink's name was then submitted to contact.)

Kathy Harris recommended Jennifer Mensik who works with clinical research at Banner. Joyce Verran and Dr. Houser will meet at a conference soon and will have her feedback on this next week

Consensus: Committee is comfortable with the amount of peer reviewers.

Hospital List – Dr. Houser was working with a list of hospitals to determine the sample for selecting hospitals to be contacted. However, bed size was missing on this list and she's not familiar enough with them to match with acute care and inpatient care. The Colorado Department of Health has bed size but it may not be included online. The Colorado Hospital Association has the same information. This information is needed soon because the ten IRBs needed have to be written before some of the funding is requested because of fees that could be charged. Ned Calonge said he would prepare list and Kathy Harris will check with the Colorado Hospital Association as well.

Media Release Update – This was handed out during the meeting and members were asked to review during break and let Fran Ricker know of any changes to be made and she will give to Jean Scholz. This is in the minutes after the next section.

PARKING LOT ITEMS

Committee work and findings – how should this best be disseminated?

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
January 9, 2009

The meeting minutes are on the Colorado Center for Nursing Excellence's website; perhaps the press release could mention to look at it for progress. It was confirmed by several that having multiple methods of access would be best. Perhaps it could be put in the Colorado Nurse. It was decided that it would be good to have a committee which addresses communication issues and this committee could be combined with the previous subgroup that is writing the purpose and background of the study for use with the hospitals. This committee will consist of Linda Stroup, Eve Hoygaard, Janet Houser, and Judy Hutchinson. It will also include Jean Scholz, Fran Ricker and Bernie Patterson will be contacted to see if she is interested in serving on it also. Dr. Houser would prefer that someone else take the lead on this committee because of her schedule and Fran Ricker volunteered to lead the committee. They will meet Jan. 22 from 8:30 a.m. to 12:30 p.m.

Are there certain things not to say in the communications, such as instruments used? Dr. Houser said that there are two main concerns. It is acceptable to discuss what the study is looking AT, but not to discuss what the study is looking FOR. The other is that there should be no implied coercion (participation is not required or that there are consequences if they don't participate).

If nurses aren't involved, many don't check the Center's website so it may be helpful to send progress reports to their emails or have the hospitals disseminate the information to their nursing staff. Perhaps the hospital boards could let the staff know or word of mouth might be effective. Janet Stephens said she has a meeting scheduled with nurse managers to figure out how to get hospitals to inform staff nurses.

Other ideas of places to inform nurses: CONL, hospital weekly newsletters, bathrooms, staff meetings, unit bulletin boards, etc.). Many nurses have no time to read the email newsletters so managers print them out and post at units; however, many nurses didn't know it was the place to go. Find wherever nurses stop for a few minutes and post there—break rooms, medication rooms, etc. It was remarked that this is an ironic conversation—this study is measuring how nurses engage and this discussion is about how to communicate with them. If communication is happening, they know how to communicate.

Media Release Update – The Press Release is scheduled to be released on Monday, January 12 and it can be used anywhere once the Center posts it on their website. A final copy with changes will be sent to committee members. There was one change discussed with full committee. The mention of House Bill should be changed to Senate Bill.

Consensus: Committee approved the change.

Review of the Written Proposal (see handout entitled Research Plan)

First four pages have been reviewed by this committee multiple times and set. However, on page 4, Questions 4 and 5 should have the phrase 'including effectiveness' added to the end in order to match the wording on those questions on page 1.

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
January 9, 2009

The text of The Qualitative Plan beginning on page 5 would be easier to read in outline form but the IRBs need it in research form.

Minutes following will reflect changes on a page by page basis to make it easier to follow.

Page 5

Paragraph 2 – delete been at beginning of third line

Inclusion criteria statement after paragraph 4 – change to

‘Any acute care hospital in the state of Colorado that admits and treats inpatients, defined as patients that stay more than 24 hours.’

Animas & COSH: These are the only two surgical hospitals on the list to use for sampling – remove them from the list.

Paragraph 5 – geographic regions

Add ‘of the state’ after quadrants.

There was much discussion on how to divide the state into four quadrants and what constitutes Denver metropolitan area. Boulder County Hospital is considered metro but functions more as a community hospital. Longmont is close to the metropolitan area but doesn’t match many of the larger hospitals in Denver. Should the metropolitan area include 10 miles from the center? What is the center—the Capitol? Should the quadrants be an even division of the state from north to south and east to west or could I-25 and I-70 be the division lines? Could the Continental Divide and the Palmer Divide (with line extended to edge of the state) be the division lines?

Consensus: Denver metropolitan area would be any hospital within the C470 and E470 circle or ones that could be seen from these roads. As for the quadrants, it was decided to draw a random sample from divisions determined by the Continental and Palmer Divides and see if it is representative and then consider redrawing the lines if it is not representative.

Paragraph 6 – changes ‘sties’ to ‘sites’.

Bottom line (#1) – change ‘effectively’ to ‘actively’.

Page 6

Top line (#2) – delete ‘make no effort to’ and insert ‘do not’.

Next line (#3) – Delete ‘Are disenfranchised and’.

Paragraph 1 – change ‘effectively’ in first line to ‘actively’.

Site visit bulleted item #5 – delete ‘Finalize site compensation’ and change to ‘Finalize participant thank you gifts’. Fifteen hundred dollars has been budgeted per site for compensating nurses in the quantitative study so this is an important item to decide for budget. When asked,

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
January 9, 2009

‘What is reasonable compensation for this’?, Dr. Houser said she had never done this before so she deferred to Sharon Pappas to answer this. She suggested just compensating the nurses since they are the ones doing the work and not compensating the sites. In the qualitative phase, this isn’t as important as it is in the quantitative phase.

Consensus: In the qualitative phase, have a thank you gift for the focus groups but not the organization.

Site visit bulleted item #6 – It was decided to keep the last phrase at the end of this section vague so that hospital-wide and unit-based meetings don’t both have to be done at the same site. Also, staff meetings don’t fit the description. If they don’t have formal organizational structure, it won’t matter because this information will be triangulated with other sites.

Dr. Houser needed clarification on the arrowed items. Will open focus groups in the community be needed if the hospital is willing to participate? No, wording is okay and the researchers will do one or the other. If a focus group is done in the community, won’t it be missing some information? This won’t be a problem unless all 10 sites refuse to participate.

A question was raised if committee is allowed to encourage hospitals which are in the random sample to participate. They could if there is no implied coercion. It was noted that if notice is sent out to the hospitals and nurses, there won’t be a need to worry about encouraging them to participate. Originally, it was decided that the committee would know which sites had been selected in the random sample but later in the meeting, it was decided that this be kept known only to the researchers.

Site Preparation section – Dr. Houser used the farthest hospital available in budgeting for travel expenses so the costs will probably be less since many hospitals will be closer than that.

Page 8

Results and Conclusions, paragraph 1 – change ‘Planning Task Force’ in first line and ‘Task Force’ in second line to ‘Pilot Program Implementation Committee’.

Last paragraph – change ‘Planning Task Force’ to ‘Pilot Program Implementation Committee’ and ‘staffing task force’ to ‘Governors Task Force on Nurse Workforce and Patient Care’.

A question was asked about how to share the results with the community focus groups. The consent form has a question asking if they want a copy of the results and this information is kept separate during the study and sent to them later. When asked if names of nonparticipating hospitals would be published in case hospital nurses are wondering why there were focus groups done in other communities, Dr. Houser said she didn’t want this done because some hospitals have valid reasons for not participating and it is best to keep them anonymous.

Page 10

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
January 9, 2009

First line – change ‘design task force’ to ‘Pilot Program Implementation Committee’. This subgroup will be solicited later.

Paragraph 2, second line – insert ‘ a priori standard of .7 for’ before ‘Cronbach’s alpha’. Also, how will the 15 subjects be determined?

Last paragraph – change ‘ramdom’ to ‘random’.

Page 11

First statement – change to ‘Any acute care hospital in the state of Colorado that admits and treats inpatients defined as patients that stay more than 24 hours.’

Paragraph 2 (Fifteen hospitals...) – For research purposes, thirty hospitals would be a better number to use but so there is some concern with fifteen as the number the study is using. This study is constrained by the bill; originally, only 3-4 hospitals were listed but they did allow an increase but still want to keep it small. Power is the ability to find things—power is lost when things that exist aren’t found.

Units will be randomly selected.

Paragraph 3 (Initial contact...member of the research...) - Change ‘sties’ to ‘sites’.

Paragraph 5 (Initial contact...office of the Chief Nursing...) – An assumption that they have been contacted previously in the qualitative phase can’t be made so another contact is necessary in the quantitative phase.

Arrowed item at bottom – There is no paragraph concerning hospitals that choose not to participate since there is no other option because information has to be at the unit level.

Page 12

Data Collection, paragraph 1 – Will the position for data collectors be advertised to different universities? No, several graduate students have already come forward and are interested in participating and they are from different universities. Dr. Houser has worked with them before and knows their work. Uniformity is important in this phase.

Consensus: Committee is okay with using these graduate students.

Change third statement in this paragraph to: ‘The ideal data collector is a nurse who is a graduate student in a Masters’ in Nursing or Doctoral program with experience in research and/or data collection.’ Add this statement to the end of the paragraph: ‘Data collectors will be asked to sign a confidentiality waiver.’

Data Collection, paragraph 4 – The Hess instrument includes a lot of the demographics to be measured so duplicate questions will be removed.

SB08 - 188 Meeting Minutes
Pilot Program Implementation Committee Meeting
January 9, 2009

Data Analysis (last paragraph on page 12) – Insert this statement after the first statement, ‘Data will be collected from an aggregate-D identified form. Operational definitions will be difficult to determine.

Is it important to keep a variable on the list if hospitals may not choose to participate because of the questions asked? They may be afraid of proprietary issues. Dr. Houser said all the items don’t need to be answered, some data can be missing but it will be helpful to collect for secondary analysis. Descriptive variables don’t say ‘X leads to Y’ but can comment on the answers given. She is quite sure that all the safety measures and controls have been built into the study and participation is anonymous, aggregate-D identified, and voluntary.

Page 13

Paragraph 1 – Change, ‘Planning Task Force’ and ‘Task Force’ to ‘Pilot Program Implementation Committee’.

Paragraph 2 – Change ‘Planning Task Force’ to ‘Pilot Program Implementation Committee’ and ‘staffing task force’ to ‘Governors Task force on Nurse Workforce and Patient Care’.

Consensus: Is the plan agreeable to the committee? Yes.

This Research Plan should not be shared before IRB submission.

Janet Stephens invited Dr. Houser to attend a meeting with Colorado Hospital Association about variables and confidentiality.

This proposal will not go to the peer reviewers.

NEXT STEPS

First two items were moved under Process section at the beginning of the minutes.

Next Meeting

There will be two future meetings. On January 22, the communication subgroup will meet with the subgroup that is writing the script for initial contact from 8:30 a.m. to 12:30 p.m. at the Center. The Colorado Center for Nursing Excellence will provide minutes from this meeting.

On Feb. 2, the whole Pilot Program Implementation Committee will meet from 8:30 a.m. to 12:30 p.m. Senator Boyd will be invited to attend.

Co-chairs will write a cover letter to submit to legislature with the Research Plan.

Minutes taken and written by: Lynette Christensen

Minutes reviewed by CoChairs: Fran Ricker & Carolyn Sanders

Administration for SB08-188: Colorado Center for Nursing Excellence

Administrative Coordinator: Wendy Krzeczowski