

**Capital Area Community Nursing Network**

**Meeting Minutes**

**August 12, 2020**

**Participants**

Angela Ackley, Eaton Rapids Medical Center

Ashley Benjamin, Holt Senior Care & Rehab Center

Amy Brown, Sparrow Health System

Shari Carson, Laurel Health Care

Mary Anne Ford, CAHA

Kathy Hollister, CAHA

Jeanette Klemczak, Healthcare Consultant

Deb Leblanc, McLaren Greater Lansing

Robert Rodway, Dept. of Veteran Affairs

Connie Smith, LCC

Brianna Sosebee, CAHA

Patty West, MSU-CON

**Meeting Minutes.** The minutes from the May 13, 2020 meeting were approved.

**CAHA Survey: Health Equity and Whole Person Care in Healthcare.**

As part of its commitment to intentionally support CAHA’s work on health equity and whole person care, CACNN developed a survey to gather information about health equity and whole person care practices in the Capital Area region. The 10-question survey was sent to 12 organizations in the tri-county region on June 24, July 14, and July 28, 2020. The organizations receiving the survey included health systems, critical access hospitals, long-term care facilities and ambulatory care facilities. The survey was sent to chief nursing officers in each facility. As of July 31, five responses were returned, for a 41.7 percent return rate. Mary Anne Ford shared a review of the responses.

Key Findings

* All the respondent organizations are committed to health equity and have some activity underway to promote health equity in their organizations.
* Workforce diversity is viewed by most respondents as lacking at multiple levels, resulting in a workforce that does not represent the populations they serve or the community at large.
* Implicit bias training is needed for those involved in patient care and hiring.
* Although socio-demographic data is being collected, there is little evidence of use of the data
* to identify and address health disparities created by health inequities.

**Discussion:**

* What are the three things that we might want to move forward with? It is important to show what it is that we are willing and able to take on. One topic is the seamless handoff of patients from one care setting to another. This has a huge impact when things aren’t handed off smoothly. For example, the smooth transition of medication.
* Another issue to possibly address is the ‘new normal’ of a limitation on visitors and patient’s companions in the hospital. This includes ensuring caregivers and providers are thinking differently as far as the handoff to the next care setting and ensuring the appropriate people are getting the correct information at discharge, which is a challenge. What can we do to support both families/caregivers as well as providers?
* Our facility has noticed a difference with families of patients coming from acute care. These family members seem to be experiencing a higher level of anxiety. The transition has been ‘bumpier’ because of the dynamics going on in both settings. This is stressful for families who often feel like they’re left in the dark because they can’t be present.
* It is helpful to see the information from respondents who have diversity officers and/or policies. Our organization has had employees asking for resources and policies, so the sharing of tools, best practices, and examples of policies would be a great start.
* Sparrow currently has a LBGTQ caregiver group. Amy Brown will present a thumbnail/information on what this group has developed at a future CACNN meeting. Robert Rodway will also share the policies that his organization has developed. Ingham County Community Health Centers may be another resource.
* Would it be worthwhile for organizations to set forth expectations to have a diversity inclusion officer on staff? Another issue to look at is the need for more education and training on helping healthcare workers who face discrimination when caring for patients. How do we as nursing leaders support our nursing students and caregivers to have conversations regarding this? Some caregivers have said they have mostly white leadership and leaders do not discuss discrimination with them. Conversation needs to happen to let them know they are supported (“caring for the caregivers.”)

*Next Steps:* A plan will be developed for discussion for each of these issues at CACNN’s next meeting.

The committee expressed appreciation to those who worked on the Health Equity & Whole Person Care survey, specifically to Mary Anne Ford and Kelly Brittain for their leadership.

1. **Next meeting.** October 14, 2020