



Moving from Talk to Action

Building Community Plans for a Strong Nursing Workforce

Final Report for Regional Forums

- Albuquerque, June 30
- Roswell, July 11
- Clovis, July 18
- Las Cruces, August 1
- Gallup, August 15
- Espanola, September 5

Sponsors

New Mexico Board of Nursing
New Mexico Center for Nursing Excellence

Partners

Con Alma Health Foundation
Espanola Hospital
New Mexico Hospital Association
New Mexico Organization of Nurse Executives
Presbyterian Healthcare Services

Facilitator

New Mexico First

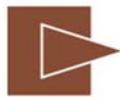


State of New Mexico
Board of Nursing



NEW MEXICO FIRST

People. Ideas. Progress. 20 Years.



NEW MEXICO FIRST

People. Ideas. Progress. 20 Years.

Copyright 2008

New Mexico First
320 Gold Avenue SW, Suite 300
Albuquerque, New Mexico 87102
Phone: 505-241-4813
Website: www.nmfirst.org

Permission is typically granted to reproduce all or part of this document for educational purposes provided that **New Mexico First** has provided consent. Contact us at 505-241-4813 for reproduction authorization.

Table of Contents

Executive Summary	4
Action Team Membership	5
Action Team Roles and Responsibilities	5
Action Team Collaboration and Support	5
Action Team Accountability	5
Forum Sponsors	5
Forum Facilitator	5
Moving From Talk to Action: Building Community Plans for a Strong Nursing Workforce	6
Introduction	6
Outcomes.....	6
Recommendation Accountability	7
State Action Team Priorities	14
Action Team Structure and Process	15
Who is on the Team?	16
What are the Team Responsibilities?	17
How can the Teams Collaborate?.....	19
Appendix A: High Performing Teams	21
Appendix B: Community Specific Ideas	22
Appendix C: Forum Speakers and Teams	26
Forum Speakers	26
Forum Planning Team.....	26
Forum Leadership Team.....	26
Community Action Teams	26
New Mexico First Staff	27
Appendix D: Forum Attendees	28
Albuquerque.....	28
Clovis	29
Espanola	29
Gallup.....	30
Las Cruces.....	30
Roswell	31
Geographic Distribution of Attendees	31

Executive Summary

New Mexico, like the rest of the nation, is experiencing a nursing shortage. Over the past six years New Mexicans have had several opportunities to work together to identify the causes of this shortage and generate recommendations for solutions. This report summarizes the results from six regional forums held throughout New Mexico from June through September, 2008. The focus of these forums was to agree on a structure and process for “owning” the recommendations and championing their implementation.

The New Mexicans that participated in the forums made it clear that they are ready to form community action teams and work in collaboration with a state action team to share responsibility for the recommendations that have already been made for nursing education, recruitment, and retention, champion their implementation, and alleviate the nursing shortage. They evaluated the 52 recommendations that have been proposed and specified which ones should be the responsibility of the state action team, which ones should be handled at the community level, and which ones need to be a shared responsibility by both the state and the community teams. They identified five recommendations that should be the top priorities of the state action team. They came to agreement on who should be members of the community and state teams, the roles and responsibilities for team members, and outlined how the teams can be accountable for moving the recommendations to action.

These agreements resulted from six, one-day regional forums on *Moving From Talk to Action: Building Community Plans for a Strong Nursing Workforce*. The forums were held in the communities of Albuquerque, Clovis, Espanola, Gallup, Las Cruces, and Roswell. The 135 people who attended came from 24 different communities in New Mexico and included state policymakers, community leaders, community health council members, nursing administrators and managers from a variety of

healthcare employers, nursing educators, college and university administrators, and staff nurses from various disciplines.

Registrants could choose to attend as a participant (i.e., actively taking part in discussions) or simply observe. There was no cost to registrants for attending the forums.

Participants evaluated 52 recommendations and specified which ones should be the responsibility of the state action team, the community action teams, or a shared responsibility. The following is a summary of the key agreements, with additional details provided in the full report.

Accountable	# of Recommendations
State	14
Community	4
Joint	30
<i>no clear agreement</i>	4

In addition, participants prioritized the recommendations they agreed should be the responsibility of the state action team. The communities represented at the forums believe that the state action team can be most helpful in alleviating the nursing shortage if they address the recommendations that secure the funding needed to support nursing students and faculty. The top five priorities include:

Top Priorities
1. Increase funding for nursing education programs and add funding to the general budget.
2. Increase funding for nursing education expansion.
3. Increase stipend and number of loan-for-service programs and tie to masters programs.
4. Develop funding formula for nursing faculty to increase baseline salaries.
5. Make Nurse Education Fund permanent and recurring and establish criteria for disbursement of funds.

Participants also shared their best ideas for how New Mexicans could work as high-performing teams to address the nursing shortage and improve the quality of health for all citizens. The key agreements are summarized below, with additional details provided in the full report.

Action Team Membership

Key stakeholders from:

- State and local governments
- State agencies and commissions
- Healthcare associations, employers, insurers and consumers
- Community businesses, civic groups, and foundations, and citizens
- Nursing education organizations and students
- Healthcare professionals and practitioners of all disciplines

Action Team Roles and Responsibilities

- Engage and educate the public.
- Involve diverse group of stakeholders.
- Assess needs and develop common goals.
- Identify resources and define action plans.
- Create alliances and coordinate efforts.
- Monitor progress and report success.

Action Team Collaboration and Support

- Designate team leaders and liaisons.
- Identify champions and advocates.
- Create common database of information for knowledge sharing and reporting.
- Communicate regularly using a variety of methods and technology tools.

Action Team Accountability

- Report results compared to goals.
- Use common benchmarks and performance measures.
- Monitor and publicize state and community progress.
- Measure longitudinal sustainability.

These agreements are presented in greater detail in the full report that follows. They will form the basis for assessing the readiness of communities to form an action team, training team members, creating team charters, and evaluating team performance. Once formed and operational, the state and community

teams will assess priorities, assign roles and responsibilities, and advance the recommendations with policymakers, community leaders, and the public.

Forum Sponsors

The **New Mexico Board of Nursing (NMBON)** is the nursing regulatory agency whose mission is to "Protect public safety through effective regulation of nursing care and services." The board achieves this mission by building partnerships between nurses, the nursing community, employers of nurses, other healthcare organizations, and the community-at-large.

The **New Mexico Center for Nursing Excellence (NMCNE)** is a non-profit organization whose mission is to advocate for the nursing resources needed to ensure the health of the people of New Mexico. Focused on strengthening the nursing workforce, the NMCNE collaborates with partner stakeholders to support nursing education, support nurses throughout their careers, promote the nursing profession, and honor nurses.

Both of these groups have made a commitment to establish a state action team and to facilitate the creation of community action teams that are ready to move the recommendations forward.

Forum Facilitator

New Mexico First is a nonpartisan, nonprofit organization that engages citizens in public policy. Co-founded in 1986 by U.S. Senators Pete Domenici (R-NM) and Jeff Bingaman (D-NM), **New Mexico First** conducts three major types of activities: an annual statewide town hall focusing on a critical issue facing the state; specialized forums for communities and institutions that need consensus feedback; and smaller consensus facilitations such as strategic planning sessions. The organization uses a unique consensus-building process that enables participants to learn about a topic in depth, develop concrete policy recommendations addressing that topic, and then advance the recommendations with state and local leaders.

Moving From Talk to Action: Building Community Plans for a Strong Nursing Workforce

Introduction

From June to September 2008, the **New Mexico Board of Nursing** and the **New Mexico Center for Nursing Excellence** convened a series of regional forums that focused on how to advance the 52 recommendations that had been proposed by various groups from 2000 to 2008. The forums benefited from statewide representation with residents of 24 different New Mexico communities attending the events. Participants included state policymakers, community leaders, community health council members, nursing administrators and managers from a variety of healthcare employers, nursing educators, college and university administrators, and staff nurses from various disciplines. These citizens made it clear that their communities were committed to forming action teams to work in collaboration with a state action team to alleviate the nursing shortage.

The forums used **New Mexico First's** unique consensus-building format in which participants engaged in a series of conversations regarding the key issues and come to agreement on their conclusions. The deliberations were informed by a comprehensive background report participants reviewed in advance that highlighted the issues surrounding the nursing shortage in New Mexico, summarized what has been done-to-date to address the shortage, and proposed a possible strategy for moving forward. The background report is available online at www.newmexicofirst.org.

In addition, participants benefited from a keynote presentation by Dr. Alfredo Vigil, Cabinet Secretary

for the New Mexico Department of Health. Allison Kozeliski, RN, Executive Director of the New Mexico Board of Nursing and Patricia Boyle, MSN, RN, Executive Director of the New Mexico Center for Nursing Excellence also provided background information and established a context for the participants' deliberations.

The regional forums were held in the communities of Albuquerque, Clovis, Espanola, Gallup, Las Cruces, and Roswell. There was no cost to registrants for attending the forums.

Outcomes

The forums were designed to achieve three objectives:

- Determine accountability for the 52 recommendations already proposed by various stakeholder groups,
- Specify the high priority recommendations that should be implemented at the state level, and
- Explore both a structure and the process for how community action teams and a state action team can work together to ensure the recommendations are moved from talk to action.

During each forum, participants engaged in a series of both full group and small group discussions. The outcomes from each forum were consolidated. In this way, consensus across the groups could be determined. The outcomes detailed on the following pages illustrate where there was a high level of agreement across the six regional groups.

Recommendation Accountability

There have been numerous meetings to identify the factors that contribute to the nursing shortage and to propose recommendations for action. The 52 recommendations that follow have been proposed at one or several of these events:

- Senate Joint Memorial 37
- House Memorial 17 and Senate Memorial 18
- New Mexico First Healthcare Town Hall
- UNM Health Careers Pipeline Forum

While some of those recommendations have been implemented, many have not. A primary reason for the lack of action is that there is no entity that “owns” the recommendations and can champion their implementation. At each forum participants were asked to work as a group to specify which of the 52 proposed recommendations should be moved forward by the state, the local community, or a joint responsibility. The following indicates the consensus of the six groups. The percentages represent the following:

- 100% signifies 6 of 6 communities were in agreement.
- 83% signifies 5 of 6 communities were in agreement.
- 67% signifies 4 of 6 communities were in agreement.
- No agreement signifies that the opinions across the communities were too varied to be considered an agreement.

Education—Students K-12		Level of Agreement		
Summary	Recommendation	State	Local	Joint
1. Use curricula from National Consortium of Health, Science, and Technology Education.	The Public Education Department (PED) should join the National Consortium of Health, Science, and Technology Education to inform future health professionals. The Consortium offers health curricula to its members. Several schools throughout the state, including Rio Rancho and Highland High School, have been very successful with implementation of the programs.			100%
2. Fund full-time health issues staff member.	Fund a full-time health issues staff member within the Public Education Department. The health issues representative would serve as facilitator within the National Consortium and would address math and science preparation in anticipation of health career professions.	83%		
3. Fund Health Occupations Student Association Chapters.	Fund and support Health Occupations Student Associations chapters throughout the state.			100%
4. Increase resources for core academic and career awareness programs.	So that all New Mexico students (pre-school through college) will be adequately prepared by meeting or exceeding standards for success in healthcare education and knowledgeable of career options available, the federal and state governments should significantly increase resources for core academic programs and career awareness programs in all public schools.			100%
5. Commit time and resources for collaboration.	So that we can improve student achievement through evidence-based education programs, all stakeholders should commit time and resources to collaborate and educate students about the relevancy of core curriculum to healthcare professions.			100%
6. Fund math/science teachers and develop sites for community-based training.	So that more students are academically and professionally prepared, the New Mexico Public Education Department (PED) and New Mexico Higher Education Department (HED) should fund recruitment, retention, and professional development for math and science teachers. The New Mexico Public Education Department, New Mexico Department of Health, and University of New Mexico Hospitals should develop multiple sites of community-based health profession training using all rural colleges and programs such as the HERO program ¹ and Telehealth ² to increase the number of professionals. ³			67%

¹ The Health Education Resource Office (HERO) is an initiative to bring health education and information to rural counties as well as rural needs to Health Education & Research Institutions. Description provided by forum participant.

² Telehealth is a delivery mechanism for health-related services and information using telecommunications technologies. It is an expansion of telemedicine in that it includes preventive and curative aspects of healthcare and utilizes a variety of technology solutions.

Education—Students Higher Ed		Level of Agreement		
Summary	Recommendation	State	Local	Joint
7. Develop standardized reporting measures for program costs.	Request the Higher Education Department, in partnership with nursing associations and professional organizations, and in collaboration with the Department of Workforce Development and the Department of Labor, to develop standardized reporting measures for program costs, i.e., what does it cost the institutions to operate their programs and graduate a student. Currently, each university and community college reports their data concerning cost to educate students, overhead expense and faculty costs, graduation rates, etc. in varying formats. There is no consistency between institutions. Establishment of consistent baseline measures will lead to greater accountability for the institutions and better data for health and workforce policy planners.			67%
8. Increase funding for nursing education programs and add funding to the general budget.	Funding for nursing education programs must be increased overall. To continue the education of a significant number of new nursing students, the \$2 million appropriation is insufficient. Programs will require a significant percentage increase to their general funding in order to sustain program growth. That percentage may be 25 to 30%, but the need will be documented and verified by generating the information as described above. Funding could be better utilized if it were added to the general budget (recurring) rather than a year-to-year appropriations. Nursing programs will be better prepared to conduct long range planning and budgeting for their programs if the funding is added to their overall program funding. [NOTE: Funding has been approved for approximately \$3.2 million/year on a recurring cycle as of 2009.]	83%		
9. Study the educational track for nurses.	Enact a memorial to study the educational track for nurses, including ease of career path, financing options, encouragement of life-long learning, and support for attaining higher levels of education.			83%
10. Establish a clearer healthcare career pathway structure.	So that more New Mexicans choose healthcare careers and professions, stakeholders should establish a recognized and institutionalized healthcare career pathway structure that includes multiple entry and exit points, support services, employers, and mentors.			100%
11. Monitor articulation of coursework between nursing education programs.	Require that the Higher Education Department monitor the articulation of coursework to be completed and enforced between nursing education programs. [NOTE: Currently in progress through HED.]	83%		
12. Increase stipend & number of loan-for-service programs & tie to masters programs.	Increase the stipend in the loan-for-service program at the Higher Education Department and the number of loans available to those who wish to continue practicing nursing in the state and tie funds to quality Masters Degree programs.	100%		

³ The authoring group recommended the following addition to the recommendation, however due to time constraints, the full group was unable to review the addition: "Stipends and loan repayment should be explored by NM HED & NM DOH and introduced to the legislature."

Education—Faculty		Level of Agreement		
Summary	Recommendation	State	Local	Joint
13. Study needs for transition from nursing into nursing faculty.	Recommends the HED convene a work group of nurse educators, employers, board of nursing, nurses, and nursing organizations to study and recommend what is needed in the recruitment, education, and transition from nursing into new nursing faculty at higher education institutions.			100%
14. Study needs for nursing faculty salaries.	Recommends the 2009 Legislature task the HPC and HED to study and make recommendations regarding nursing faculty salaries.	No Agreement		
15. Develop funding formula for nursing faculty to increase baseline salaries.	The SJM 37 task force recommends that unique funding formula be developed for nursing faculty to increase their baseline salaries. Nursing faculty positions have competed with hospital staff positions in terms of salary. Therefore, overall salary increases for nursing educators are critical to attract new and retain existing faculty.	67%		
16. Make Nurse Education Fund permanent and recurring and establish criteria for disbursement of funds.	Appropriate funding for HB 509, 2005, which established the Nurse Education Fund within the Higher Education Department to enhance the ability of nursing educators to obtain graduate level degrees. The SJM 37 task force would request that the funding be made permanent and recurring. The Higher Education Department, in association with professional nursing organizations, establishes criteria for disbursement of funds to include a loan-for-service requirement. Nursing representatives are to be included on review panels when determinations are made for selection of loan recipients.	83%		
17. Allow for one-time amnesty for private and federal loan repayment-for-service.	Enact legislation to allow for one-time amnesty for private and federal loan repayment-for-service to present teaching faculty. The Higher Education Department will determine criteria for disbursement of funds to include number of years of teaching service in consideration to the overall amount of student loans.	100%		
18. Develop partnerships with private sector to fund nursing faculty and share staff.	Nursing education programs to develop collaborative partnerships with private organizations and local businesses to fund nursing faculty, i.e., an endowed chair within a department or staff sharing. Staff sharing programs similar to this have been developed and are shown to be effective at St. Vincent Hospital in Santa Fe and San Juan Regional Medical Center in Farmington.		67%	
19. Provide tax incentives to fund nursing faculty.	Legislation to offer tax incentives for the for-profit healthcare organizations and others to fund faculty in nursing education programs.	100%		
20. Simplify credentialing and utilize retired and inactive licensed professionals.	In order to address the healthcare workforce shortage and to improve the healthcare of all New Mexicans by maximally utilizing existing resources, state government and/or oversight agencies should develop a credentialing system for all licensed health professionals that is unified and reciprocal, standardized, and streamlined, as well as develop a system for supporting and utilizing retired and inactive licensed health professionals. For example, one strategy might include providing standardized continuing education to ensure competency and centralized re-entry allocation assistance.	67%		
21. Assure availability of benefits to retired nursing faculty who return to teach.	Assure availability of benefits provided to retired nursing faculty who return to teach on a part-time basis. Regulations must be changed within the Education Retirement Act (ERA) to allow for 90 days to return versus the current one year requirement, similar to the Public Employees Retirement Association (PERA) change.	100%		
22. Increase funding for nursing education expansion.	Recommends the 2009 Legislature increase the amount of funding to the HED for nursing education expansion. The funds will be used by the HED institutions for the following areas: <ul style="list-style-type: none"> • faculty salaries, • clinical sites/experiences, • emphasis on collaboration between institutions, and • increasing public-private partnerships. 	83%		

Education—Infrastructure		Level of Agreement		
Summary	Recommendation	State	Local	Joint
23. Provide resources to expand education infrastructure and faculty.	So that all eligible New Mexico residents who want to enter the healthcare pipeline will have reasonable access to healthcare educational opportunities and an adequate number of trained healthcare professionals can meet the healthcare needs of New Mexicans, the federal and state governments should provide appropriate and adequate resources to expand health professions education infrastructure and faculty.			83%
24. Increase capital outlay funding to upgrade infrastructure and equipment for nursing education facilities.	Support capital funds to upgrade the infrastructure and equipment for nursing education facilities and programs to meet the demands of increasing and maintaining student enrollment at higher levels.	No Agreement		
25. Continue development of Clinical Teaching Institute.	Appropriate \$500,000 to continue development of the Clinical Teaching Institute within the Center for Nursing Excellence. The Clinical Teaching Institute will research, develop, and implement initiatives that enhance and support clinical education, professional development, facilitate best practices, and promote cultural diversity. Initial state funding will establish a record of public/private partnership and will enhance the state's position for federal and foundation funding. The Clinical Teaching Institute would be maintained with additional appropriations of \$150,000 per year for infrastructure. [NOTE: CTI has been funded through the DOH for 90K.]	83%		
26. Increase educational system capacity.	So that adequate and appropriate access to health professionals for all is assured, lawmakers should revamp and reprioritize policies and fund programs that increase the capacity of New Mexico's educational system to produce healthcare workers, including but not limited to: <ul style="list-style-type: none"> • Stipends, • Daycare, • Scholarships, • Prerequisite training, and • Incentives to recruit and compensate quality faculty.⁴ 			83%
27. Create web portal for career awareness.	To increase the pool of qualified healthcare professionals by increasing career awareness, federal and state departments of health should produce a website portal focused on all healthcare careers with the course studies needed and links to available schools. This web portal should provide specific information on certifications, degrees, and curriculum with links to local healthcare professionals who will make contact with the portal user.			100%
28. Optimize use of technology for data, information, and education.	To provide better accessibility to healthcare information, health professional education, and data for New Mexico urban, rural, and tribal areas, the state should optimize the use of technology to include a strategic marketing plan, web portal, and data tracking system. This plan should be facilitated by the New Mexico Higher Education Department (HED), institutions of higher education, and private employers.			100%
29. Integrate and utilize telehealth.	So that students at all grade levels and health professionals with different backgrounds at different locations can be engaged in pursuing health careers that will address the healthcare needs of rural and tribal communities and so that healthcare professionals can be retained, telehealth should be integrated and utilized. For example, with financial support from federal, state, and private funding sources, the Telehealth Alliance, the New Mexico Telehealth and Health Information Technology Commission, and University of New Mexico Center for Telehealth could provide the planning, implementation, and integration of telehealth into a broad spectrum addressing recruitment and retention in all health professions.			100%

⁴ Ibid, Recommendation was edited for clarity. Original: So that adequate and appropriate access to health professionals for all is assured, lawmakers should revamp and reprioritize policies and fund programs that increase New Mexico healthcare educational capacities, including but not limited to stipends, daycare, scholarships, prerequisite training, and incentives to recruit and compensate quality faculty.

Recruiting/Retention--Workplace		Level of Agreement		
Summary	Recommendation	State	Local	Joint
30. Develop plan for health workforce data.	Requests the 2009 Legislature direct the Department of Health, Higher Education Department (HED) and the Health Policy Commission (HPC) to convene a task force to develop a plan for health workforce data to encompass all health professions in all healthcare settings. [NOTE: Currently being done and reports are soon to follow.]	67%		
31. Develop demographic information, tracking of quality measures, and guidelines for staffing.	Establish a collaborative effort between the New Mexico Hospital Association and nursing associations to develop baseline demographic information, ongoing tracking of nursing specific quality measures, and develop voluntary consensus guidelines for staffing based on "best practices." When developed, guidelines would be reported online through the Hospital Association along with other hospital quality indicators. The collaborative effort would establish New Mexico specific baseline measures and indicators linked to staffing and retention plans for nursing staff. To report accurate staffing and retention data it would be most effective to report online. The online reporting format would require an appropriation of \$125,000 to the New Mexico Hospital and Health Systems Association for Information Technology (IT) development of the online reporting system.			100%
32. Pursue Magnet or Nurse Friendly Accreditation.	Encourages New Mexico's hospitals to pursue Magnet ⁵ or Nurse Friendly ⁶ Accreditation. Recommends the 2009 Legislature fund a one-time \$15,000 grant to a qualified organization for consultative fees associated with establishing a Magnet or Nurse Friendly Accreditation model. Recommends the 2009 Legislature names and directs a work group to explore incentives for hospitals and other healthcare facilities to achieve Magnet or Nurse Friendly Accreditation.			100%
33. Form Nurse Satisfaction & Retention Committees.	Encourages each hospital in New Mexico to form a "Nurse Satisfaction and Retention Committee" to be made up of at least 50% working staff.		100%	
34. Transform the healthcare philosophy and culture to patient and caregiver-centered care.	So that New Mexico has an accessible, quality, and holistic healthcare system, all stakeholders should commit to transforming the healthcare philosophy and culture to patient and caregiver-centered care, including: <ul style="list-style-type: none"> • providing intentional, purposeful, and interactive exposure through mentorships and internships at every level of education for every student • encouraging training institutions to stay involved in the professional lives of their graduates throughout their careers • training and hiring multi-professional, multi-disciplinary health teams • providing practice relief support to staff for time off The Planetree model is an example of this type of holistic healthcare system. ⁷	No Agreement		
35. Support integrated, interdisciplinary care that is appropriate to the community.	In order to provide quality education and employment experience, multi-disciplinary pipeline training opportunities, and optimal healthcare, including a broad definition of primary care, (such as oral, behavioral, vision, etc.), an interdisciplinary model should be developed and supported. (One example is the Health Commons model ⁸ .) The healthcare workforce, rural and tribal authorities, and governments (i.e., city, county, tribal, state, federal) should review and assess current models, analyze, develop, fund, and operate functions of community appropriate, integrated, interdisciplinary care.			100%

⁵ Magnet Recognition is the highest national award for nursing excellence given by the American Nurses Association. The award recognizes nurses as integral to influencing positive patient outcomes. Research indicates that nurse satisfaction and patient outcomes are higher in magnet-designated hospitals.

⁶ Nurse Friendly designation indicates that the practice environment of a healthcare facility values and supports nurses.

⁷ Planetree is a model of healthcare that promotes the importance of human interaction in creating a healing environment, complementary therapies to expand the choices offered to patients, and expanding the boundary of healthcare to include interventions to support healthy communities. www.planetree.org

⁸ The Health Commons model is a seamless system of social, behavioral, and medical services for the uninsured created to address the social determinants of disease, reduce health disparities, and foster local economic development in two inner-city neighborhoods and two rural counties in New Mexico. Kaufman MD, Arthur et al, "The Health Commons and Care of New Mexico's Uninsured," Annals of Family Medicine 4:S22-S27 (2006).

Moving from Talk to Action: Building Community Plans for a Strong Nursing Workforce

36. Provide incentive funding.	In order to recruit and retain a larger number of healthcare professionals, lawmakers and the private sector should provide sustainable, permanent funding for incentives, especially for those providing services to rural and underserved areas. These incentives could include things such as: <ul style="list-style-type: none"> • Increased student loan forgiveness and repayment, • Tax abatements, • Reimbursements for uncompensated services.⁹ 			83%
37. Provide local incentives.	So that all New Mexicans receive consistent healthcare services from a stable healthcare workforce, the governing bodies, communities, and employers should establish partnerships to promote educational, financial, and other support systems as incentives to recruit and retain healthcare educators and providers in the community.		67%	
38. Provide incentives to employers and healthcare professionals.	So that rural and tribal communities receive increased healthcare resources, all stakeholders and the legislature, should distribute resources that are incentives to employers and healthcare professionals for increased recruitment, training, and retention and for positive health outcomes.			100%
39. Increase Medicaid reimbursement.	Medicaid reimbursement rates should be increased. The SJM 37 task force emphasizes that healthcare organizations cannot maintain high quality staff members when Medicaid reimbursements remain low.	100%		
40. Allow continuing education program hours at workplace to count towards degree.	Continuing education program hours at the workplace should count towards a B. S. nursing degree. [NOTE: Two of the six groups objected to this recommendation.]	No agreement		
41. Ensure diversity.	So that adequate and appropriate access to quality healthcare is assured for individuals from diverse backgrounds, the public/private sector should: <ul style="list-style-type: none"> • Provide diversity and cultural competency training to healthcare professionals and all ancillary healthcare workers, • Recruit healthcare professionals from diverse backgrounds, and • Provide alternative accommodations to reduce cultural, linguistic, physical and cognitive barriers. 			100%
42. Collaborate to ensure cultural acclimation and accommodation.	To ensure cultural acclimation and accommodation for students and healthcare providers, community leaders and healthcare stakeholders should improve recruitment and retention efforts through sustainable collaboration.		67%	
43. Establish a pool fund to demonstrate effectiveness of mentoring/orientation programs.	Establish partnerships between public and private agencies to facilitate nurse retention based on demonstrated best practices in mentoring new graduate nurses. SJM 37 task force requests appropriation to establish a pool fund to demonstrate the effectiveness of the mentoring and orientation programs. The University of New Mexico Hospital and Carlsbad Medical Center have been very successful with their programs which last from three to six months. A pool fund would help facilities offset their costs to have mentors work with new graduates.			100%
44. Fund demonstration project for lift/transfer equipment and safety training.	Appropriate funding (as much as \$1.7 million) for a demonstration project with hospitals and long-term care facilities throughout the state. The project will demonstrate the benefits of installing lift/transfer equipment and provide safety training to staff as a means of achieving increased patient safety and an improved work environment for staff. The project will ideally be conducted with facilities and vendors offering a match in some form (whether it be dollars or equipment) and going through an application process. The demonstration project will document findings such as: rates of injuries, number of Workers Compensation claims, rate of sick leave, rate of retention among any staff who "touch" (i.e., lift or transfer) patients, and increased recruitment of new staff. Ideally, this project will lead to changes in the work environment and develop a culture of safety for patients as well as nursing staff.			67%
45. Create an alliance.	In order to create an environment that attracts, recruits, retains, mentors, and supports a diverse student and practitioner base, an alliance comprised of underserved, rural and tribal communities, government, educational systems, and healthcare workforce will be created.			83%

⁹ Ibid, Recommendation was edited for clarity. Original: approved during the town hall: So that a greater number of health care professionals can be recruited and retained, lawmakers and the private sector should provide sustainable, permanent funding for incentives including but not limited to increased student loan forgiveness and repayment, tax abatements, reimbursement for uncompensated services, and especially for providing services to rural and underserved areas.

Other		Level of Agreement		
Summary	Recommendation	State	Local	Joint
46. Make rural health a high priority.	The Board of Nursing and the Department of Higher Education should make rural health a high priority.			67%
47. Collaborate for timely implementation.	So that the healthcare pipeline can be strengthened and improved, community groups and organizations should engage in meaningful collaboration that results in timely implementation of proposed initiatives.			83%
48. Review cost analysis of reducing travel agency nurses.	Further cost analysis regarding the reduction of travel agency nurses.			67%
49. Mandate Nursing Acuity Committees.	Recommends the 2009 Legislature mandate a "Nursing Acuity Committee." The committee will establish guidelines for hospital nurse-patient acuity practices. This legislation can be modeled after Illinois law (SB867). [NOTE: Two of the six groups objected to this recommendation.]			67%
50. Increase resources for evidence-based programs.	So that improved outcomes can be accomplished for family resiliency (i.e., hardiness) including children, health education, as well as career outcomes and satisfaction, federal, state, and private entities should increase funding and reimbursement for evidence-based intervention and prevention programs.			100%
51. Distribute information regarding resources widely.	So that the health career pipeline is healthy and viable in New Mexico, the New Mexico Public Education Department (PED) and the New Mexico Higher Education Department (HED) should establish a speaker/mentor bureau as well as collaborate with appropriate stakeholders to establish a repository of resources and widely disseminate information regarding best practices, educational funding opportunities, specific job vacancies, and information for communities and families.			83%
52. Develop marketing plans and tools.	So that there is an adequate supply of health professionals, a marketing plan should be developed and implemented for students (pre-school through college) to promote health professions career awareness and preparation and for urban, rural, and tribal communities to recruit and retain healthcare providers. The marketing plan should include, but not be limited to: <ul style="list-style-type: none"> • establishing a network of rural and tribal providers who would prepare each new healthcare provider and the provider's family for entering the community by establishing a peer group for continuous support • providing sponsors and mentors from professional and community groups • offering community marketing "tool-kits" The New Mexico Department of Health should spearhead the development of the marketing plan in collaboration with healthcare professionals from all cultural backgrounds, school educators and students, representatives from healthcare clinics and employers, community and tribal leaders and families, and Indian Health Services and other state agencies.			100%

State Action Team Priorities

At each forum, participants prioritized the recommendations they agreed should be the responsibility of the state action team. When the results from each forum were consolidated, the following five recommendations were identified as a high priority. Overall, the communities represented at the forums believe that the state action team can be most helpful in alleviating the nursing shortage if they address the recommendations that secure the funding needed to support nursing students and faculty.

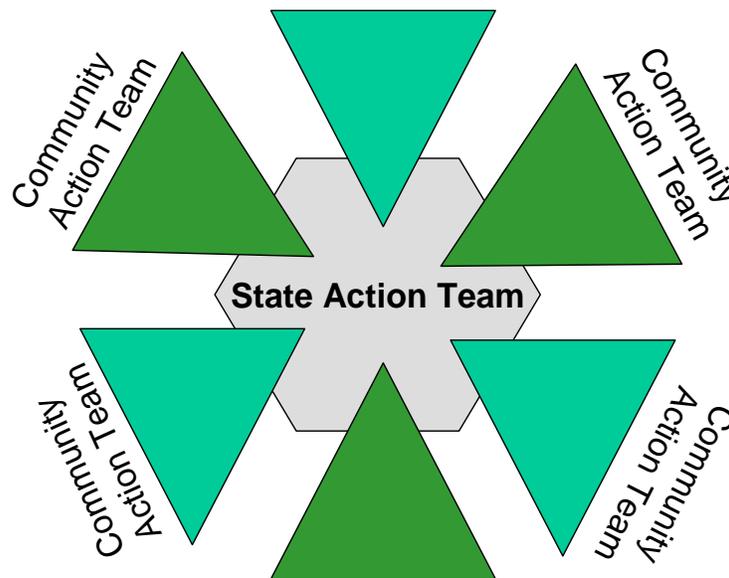
Education—Students Higher Ed & Faculty	
Summary	Recommendation
1. Increase funding for nursing education programs and add funding to the general budget.	Funding for nursing education programs must be increased overall. To continue the education of a significant number of new nursing students, the \$2 million appropriation is insufficient. Programs will require a significant percentage increase to their general funding in order to sustain program growth. That percentage may be 25 to 30%, but the need will be documented and verified by generating the information as described above. Funding could be better utilized if it were added to the general budget (recurring) rather than a year-to-year appropriations. Nursing programs will be better prepared to conduct long range planning and budgeting for their programs if the funding is added to their overall program funding. [NOTE: Funding has been approved for approximately \$3.2 million/year on a recurring cycle as of 2009.]
2. Increase funding for nursing education expansion.	Recommends the 2009 Legislature increase the amount of funding to the HED for nursing education expansion. The funds will be used by the HED institutions for the following areas: <ul style="list-style-type: none"> • faculty salaries, • clinical sites/experiences, • emphasis on collaboration between institutions, and • increasing public-private partnerships.
3. Increase stipend & number of loan-for-service programs & tie to masters programs.	Increase the stipend in the loan-for-service program at the Higher Education Department and the number of loans available to those who wish to continue practicing nursing in the state and tie funds to quality Masters Degree programs.
4. Develop funding formula for nursing faculty to increase baseline salaries.	The SJM 37 task force recommends that a unique funding formula be developed for nursing faculty to increase their baseline salaries. Nursing faculty positions have competed with hospital staff positions in terms of salary. Therefore, overall salary increases for nursing educators are critical to attract new and retain existing faculty.
5. Make Nurse Education Fund permanent and recurring and establish criteria for disbursement of funds.	Appropriate funding for HB 509, 2005, which established the Nurse Education Fund within the Higher Education Department to enhance the ability of nursing educators to obtain graduate level degrees. The SJM 37 task force would request that the funding be made permanent and recurring. The Higher Education Department, in association with professional nursing organizations, establishes criteria for disbursement of funds to include a loan-for-service requirement. Nursing representatives are to be included on review panels when determinations are made for selection of loan recipients.

Action Team Structure and Process

Each New Mexico community has its own unique experience—urban versus rural, north versus south, east versus west—when it comes to the severity of the shortage and workable solutions. To this point, most efforts to develop solutions have been at the state level. In the past, there has been minimal effort to reach out to individual communities and support them in addressing their unique situations. The following was proposed to forum participants as a base-line structure for state and community cooperation and collaboration. Participants at each of the forums were motivated to work at the community level to move forward those recommendations that are appropriate for the needs of their service area.

A Structure for Action

Who is on the team?
What is their role?
How do the teams collaborate?



During the first discussion, participants shared their own experiences in being part of a high performing team at some time in their life. This initial discussion resulted in characteristics that set the stage for outlining in more detail the structure and process they believe will allow both state and community action teams to make progress in addressing the nursing shortages for New Mexico. The characteristics of high-performing teams mentioned by participants can be found in the appendix. In the discussions that followed, more detail emerged. Once the results of each forum were consolidated, there was a high degree of agreement across the communities represented about how the action teams should be structured and how they can work together. The following recommendations indicate those points of agreement. Recommendations that were unique to a community group are listed in the appendix.

Who is on the Team?

One of the characteristics of a high-performing team that was mentioned in each community is: *All the right people are represented on the team. The right people are diverse, motivated, passionate, and true stakeholders who respect and support each other.* The following are suggestions where there was a high level of agreement regarding who should be recruited to be a member of the state and community action teams.

Community Action Teams	State Action Team
<ul style="list-style-type: none"> ▪ Legislators ▪ City and county government representatives (e.g., mayor/county commissioner, councilors/commissioners, city/county manager, etc.) ▪ Community Health Council members ▪ Community business and association representatives (e.g., leaders from local businesses, Chambers of Commerce, Better Business Bureau, etc.) ▪ Civic leaders and non-profit organizations (e.g., Rotary Club, Community Foundation, Leadership Clovis, etc.) ▪ Faith-based organization representatives ▪ Healthcare association members (e.g., hospitals, nursing, physicians, etc.) ▪ Healthcare employers (e.g., administrators, managers, and recruiters from hospitals, clinics, nursing homes, agencies, etc.) ▪ Healthcare consumers (e.g., diverse in terms of age and culture) ▪ Nurses (e.g., working and retired, all disciplines) ▪ Physicians (e.g., all disciplines) ▪ Nursing educators (e.g., regents, administrators, and faculty from colleges and universities) ▪ Nursing students ▪ Primary and secondary school educators ▪ Local foundation representatives 	<ul style="list-style-type: none"> ▪ Governor's office and tribal government representatives ▪ Legislators ▪ State agency representatives (e.g., Department of Health, Board of Nursing, Public Education Department, Higher Education Department, Department of Workforce Development, and Economic Development Department) ▪ Health Policy Commission members ▪ Healthcare association representatives (e.g., hospitals, nursing, physicians, etc.) ▪ Nursing advocates (e.g., Center for Nursing Excellence) ▪ Nursing educators (e.g., regents, administrators, and faculty from colleges and universities) ▪ Primary and secondary school educators ▪ Healthcare purchasers (e.g., leaders from large businesses) ▪ Healthcare insurers ▪ Healthcare employers (e.g., administrators, managers, and recruiters from hospitals, clinics, nursing homes, agencies, etc.)

What are the Team Responsibilities?

Other characteristics of a high-performing team that were mentioned in each community are:

- *The team has a shared vision and common goals that each team member is committed to achieving.*
- *Team members understand and support each other's roles and responsibilities. They respect each other's expertise and utilize the strengths of all members.*

The following are suggestions where there was a high level of agreement regarding the specific roles and responsibilities of the state and community action teams and the possible overlaps in roles that may create inefficiencies.

Community Action Team Roles and Responsibilities			
Organize	Plan	Implement	Evaluate
<ul style="list-style-type: none"> ▪ Recruit committed and diverse stakeholders who have the ability and commitment to take action. ▪ Specify leadership. ▪ Identify liaison to the state action team. ▪ Convene meetings. ▪ Build the team. ▪ Create communication vehicles for team support and community feedback. 	<ul style="list-style-type: none"> ▪ Assess local needs, and barriers to success (e.g., single parent homes, travel, daycare, etc.). ▪ Gather and share workforce data (e.g., turnover rates, number of faculty, etc.). ▪ Identify local resources for funding (e.g., hospital auxiliary, foundations, civic groups). ▪ Adopt/adapt recommendations or develop new ones. ▪ Identify gaps and develop solutions. ▪ Set goals, priorities, and guidelines. ▪ Align goals with state action team. 	<ul style="list-style-type: none"> ▪ Define an action plan clearly specifying objectives, milestones, and resources (e.g., people, budget, funding, etc.). ▪ Create alliances with local groups (e.g., hospital boards for internships). ▪ Coordinate efforts with existing initiatives (e.g., mentoring through Health Extension Rural Offices, career enrichment centers through schools, etc.). ▪ Ensure encouragement and support to maintain enthusiasm. 	<ul style="list-style-type: none"> ▪ Monitor success measures. ▪ Evaluate costs and effectiveness of outcomes. ▪ Ensure transparency in communications. ▪ Be accountable for distribution of funds and record keeping. ▪ Showcase successes. ▪ Provide feedback to community. ▪ Assure local sustainability.
<p>Actively engage the community throughout the process:</p> <ul style="list-style-type: none"> ▪ Promote awareness by actively educating government, civic groups, communities, and the public-at-large about the nursing shortage and the recommendations that will help address the shortage at the community level. ▪ Engage the community to generate enthusiasm and buy-in to solving this issue by eliciting testimonials from community members about their concerns and encouraging community leaders to champion the recommendations. ▪ Communicate broadly to community members by developing a public relations campaign, creating a media strategy, writing op-ed pieces and letters to the editor, distributing fact sheets, and meeting with policymakers to promote the recommendations. 			

State Action Team Roles and Responsibilities			
Organize	Plan	Implement	Evaluate
<ul style="list-style-type: none"> ▪ Designate a champion for the state recommendations. ▪ Involve key stakeholders (e.g., state agencies, associations, providers, etc.). ▪ Communicate state initiatives and vision. 	<ul style="list-style-type: none"> ▪ Define goals. ▪ Establish policy, standards, and guidelines. ▪ Create, maintain, and distribute quality, relevant, standardized workforce data for making informed decisions. ▪ Evaluate, balance, and prioritize funding requests. ▪ Develop distribution formulas. 	<ul style="list-style-type: none"> ▪ Advocate to federal, state, and regional groups. ▪ Develop and advocate for legislation. ▪ Monitor policies, rules, and regulations in effect to ensure relevance. ▪ Allocate funding and other resources. ▪ Serve as clearinghouse for community information. ▪ Maintain user-friendly systems. ▪ Encourage partnerships between communities. 	<ul style="list-style-type: none"> ▪ Monitor to promote synergy and prevent duplication of efforts. ▪ Be consistent with long-term follow through. ▪ Assure accountability for funds.
<p>Actively engage the public throughout the process:</p> <ul style="list-style-type: none"> ▪ Promote awareness by actively educating government and the public-at-large about the nursing shortage and the recommendations that will help address the shortage at all levels. ▪ Publicize needs and successes at state level and help communities market by developing talking points to deliver consistent messages 			

Forum participants discussed potential overlaps in roles or responsibilities that might cause confusion or conflict between the state and community action teams. The following questions were raised in the majority of the groups.

How do we:

1. define community?
2. clearly specify which group has ownership and oversight of the issues?
3. keep from duplicating efforts and working at cross purposes or without adequate information?
4. reconcile funding priorities from different communities?
5. distribute limited funds in an equitable way?
6. establish benchmarks and define performance measures to ensure accountability?

How can the Teams Collaborate?

Characteristics of a high-performing team that were mentioned in each community regarding collaboration are:

- *Team members recognize and value different points of view, have respect for opposing opinions, and are willing to look at alternative options.*
- *Team members use the assets they have and draw from others and then fully support the consensus reached and each other.*

The following are suggestions where there was a high level of agreement regarding how the state and community action teams can interact with each other to ensure optimal cooperation.

1. Designate a leader (or entity) to coordinate between state and community action teams.
2. Designate community liaisons to communicate local needs and requirements to the state.
3. Establish nurse advocates in every community workplace as legislative contacts.
4. Identify key stakeholders as champions in the communities.
5. Ensure clarity regarding goals, guidelines, priorities, timelines, resources, and points of accountability.
6. Create database of all stakeholders and resources (e.g., legislative, private, and community).
7. Establish statewide clearinghouse to collect and distribute activity updates from communities, facilitate online collaboration and creation/sharing of documents, and post research and reference materials.
8. Create common reporting tools.
9. Utilize multiple technology tools (e.g., website, listservs, e-newsletters, legislative alerts, cyber meetings, etc.).
10. Conduct regular meetings, publish meeting schedules, and hold meetings at different locations (e.g., statewide forums, teleconferences).
11. Use an unbiased, professional facilitator to act as liaison.

The groups agreed that the following would be valuable support from the state to the community action teams.

1. Listen to and value community expertise, opinions, and recommendations.
2. Facilitate on-going knowledge sharing and reporting on progress.
3. Be in charge of statewide data collection, analysis, and dissemination.
4. Provide timely funding.

Finally, the groups specified how to ensure accountability for the progress of the teams.

Community Action Teams	State Action Team
<ol style="list-style-type: none"> 1. Define guidelines for leadership, membership, terms of service, and minimum thresholds to be part of the initiative or be subsumed as part of a larger group in the service area. 2. Report to the state action team on a quarterly basis on the community results achieved in comparison to goals set, including a budget review. 3. Use benchmarks and performance measures determined by statewide consensus including, but not limited to: <ul style="list-style-type: none"> ▪ Projected workforce needs vs. actual ▪ Projected faculty needs vs. actual ▪ Project infrastructure needs vs. actual 4. Use measures of success determined by statewide consensus including, but not limited to: <ul style="list-style-type: none"> ▪ Vacancy rate (nurse and faculty) ▪ Turnover rate (nurse and faculty) ▪ Applications vs. admissions rate ▪ Student retention/graduation rate ▪ Advanced degree graduation rate ▪ NCLEX pass rate ▪ Licensure rate ▪ Retention of licensed nurses within state 5. Convene regular community meetings to publicize results. 6. Measure longitudinal sustainability of stakeholder engagement, progress, and funding. 	<ol style="list-style-type: none"> 1. Report to the community action teams on a quarterly basis on the state results achieved in comparison to goals set. 2. Designate a quality assurance leader to consolidate, analyze, and publicize quarterly results received from community action teams. 3. Work with community action teams to determine benchmarks and performance measures including, but not limited to: <ul style="list-style-type: none"> ▪ Projected workforce needs vs. actual ▪ Projected faculty needs vs. actual ▪ Project infrastructure needs vs. actual 4. Work with community action teams to determine measures of success including, but not limited to: <ul style="list-style-type: none"> ▪ Vacancy rate (nurse and faculty) ▪ Turnover rate (nurse and faculty) ▪ Applications vs. admissions rate ▪ Student retention/graduation rate ▪ Advanced degree graduation rate ▪ NCLEX pass rate ▪ Licensure rate ▪ Retention of licensed nurses within state 5. Monitor statewide progress including, but not limited to: <ul style="list-style-type: none"> ▪ Number of working nurses, nursing students, and nursing faculty ▪ Number of nurse friendly facilities ▪ Nurse satisfaction levels ▪ Where graduates are choosing to practice ▪ Where nurses choose to go when they leave nursing and why they leave ▪ Movement of licensed nurses in/out of state and reasons for leaving the state ▪ Statistical data that correlates to consequences of nursing shortage 6. Measure longitudinal sustainability of stakeholder engagement, progress, and funding.

Appendix A: High Performing Teams

During the first discussion, participants shared their own experiences in being part of a high performing team at some time in their life. The results all the groups shared follow.

Summary	Description
Purpose	<ul style="list-style-type: none"> ▪ The team has a shared vision, a commitment to a goal, and a bias for focused action.
Leadership	<ul style="list-style-type: none"> ▪ The team has strong leadership that empowers others through clear direction and follow through.
Membership	<ul style="list-style-type: none"> ▪ All the right people are represented on the team. The right people are diverse, motivated, passionate, and true stakeholders who respect and support each other.
Roles & Responsibilities	<ul style="list-style-type: none"> ▪ Each team member is committed to achieving the shared vision and common goals. ▪ Team members understand and support each other's roles and responsibilities. They respect each other's expertise and utilize the strengths of all members. ▪ There is a culture of partnership where common understanding, full participation, and unwavering support are practiced.
Process	<ul style="list-style-type: none"> ▪ The team has a clear purpose, a process for identifying the scope of the issue, a plan for action (e.g., Plan-Develop-Set into action-Assess), and a way to test success.
Collaboration	<ul style="list-style-type: none"> ▪ Team members recognize and value different points of view, have respect for opposing opinions, and are willing to look at alternative options. ▪ Team members use the assets they have and draw from others and then fully support the consensus reached and each other. ▪ There is cooperation across all disciplines participating, all provider specialties, and all levels of professionals and practitioners. ▪ Team members are open to innovation and can respectfully handle conflict knowing when to compromise. ▪ Team member practice open communication with lively conversations and listening and learning from each other.
Accountability	<ul style="list-style-type: none"> ▪ There is buy-in and a sense of ownership for the work of the team (i.e., the success of the team is more important than individual success). ▪ Team members take individual responsibility for tasks and stay focused until completion. ▪ Team members have autonomy to act in the defined role. ▪ There is timely follow through on tasks.

Appendix B: Community Specific Ideas

A wealth of information was shared by the participants at each of the forums. Many of their ideas and suggestions were common to all or most of the groups. However, some information was more specific to one of the groups. The following is a list of suggestions that applied to only a few of the groups.

Action Team Membership					
Albuquerque	Clovis	Espanola	Gallup	Las Cruces	Roswell
<p>Community Action Team:</p> <ul style="list-style-type: none"> ▪ Federal legislative representatives ▪ Federal agency representatives ▪ Union representatives ▪ Public health officials ▪ Technical experts (e.g., IT) ▪ AHEC leaders ▪ School board members ▪ Lay health workers <p>State Action Team:</p> <ul style="list-style-type: none"> ▪ Federal legislative representatives ▪ Federal agency representatives ▪ Union representatives ▪ Public health officials ▪ Technical experts (e.g., IT) ▪ AHEC leaders ▪ Legislative Finance Committee members 	<p>Community Action Team:</p> <ul style="list-style-type: none"> ▪ Union representatives ▪ Technical experts (e.g., IT, Tourist Dept) <p>State Action Team:</p> <ul style="list-style-type: none"> ▪ Legislative Finance Committee members ▪ Technical experts (e.g., media, marketing, Tourist Dept) 	<p>Community Action Team:</p> <ul style="list-style-type: none"> ▪ Public health officials ▪ School board members <p>State Action Team:</p> <ul style="list-style-type: none"> ▪ Public health officials 	<p>Community Action Team:</p> <ul style="list-style-type: none"> ▪ Technical experts (e.g. media) <p>State Action Team:</p> <ul style="list-style-type: none"> ▪ Federal legislative representatives ▪ National Health Service Corp ▪ Indian health officials ▪ Technical experts (e.g., media, lobbyists) 	<p>Community Action Team:</p> <ul style="list-style-type: none"> ▪ Union representatives ▪ Technical experts (e.g., IT, media, marketing, PR, grant writers, researchers, statisticians, lawyers) <p>State Action Team:</p> <ul style="list-style-type: none"> ▪ Federal legislative representatives ▪ Federal agency representatives ▪ Union representatives ▪ National foundations (e.g., Gates, J&J, RWJF) ▪ Technical experts (e.g., IT, media, marketing, PR), lobbyists, grant writers, researchers, statisticians, lawyers) 	<p>Community Action Team:</p> <ul style="list-style-type: none"> ▪ Economic Development Council representatives ▪ Technical experts (e.g., housing advocates, realtors, developers) ▪ Federal Law Enforcement Center representatives ▪ School board members <p>State Action Team:</p> <ul style="list-style-type: none"> ▪ Legislative Finance Committee members ▪ NM Think Tank members

Some of the suggestions below went beyond the question of how the action teams could clearly define their roles. Some of the ideas are recommendations for the state government.

Action Team Roles and Responsibilities					
Albuquerque	Clovis	Espanola	Gallup	Las Cruces	Roswell
<p>Community Action Team:</p> <ul style="list-style-type: none"> Ensure enforcement, evaluation, and accountability is integrated into legislation. Support prerequisites in education for health careers. Support and appreciate local nurses. Provide alternative avenues for clinical experience. Engage rural areas. <p>State Action Team:</p> <ul style="list-style-type: none"> Support local recommendations. <p>Potential Overlaps:</p> <ul style="list-style-type: none"> Goal setting Conflict of interest with regulators Loss of day-to-day practice voices Loss of rural voices 	<p>Community Action Team:</p> <ul style="list-style-type: none"> Ensure state team groups its needs. <p>State Action Team:</p> <ul style="list-style-type: none"> Adopt a leadership model where people who do the work have buy-in. Ensure cultural competence. <p>Potential Overlaps:</p> <ul style="list-style-type: none"> Conflicts between special interest groups Loss of rural voices 	<p>Community Action Team:</p> <ul style="list-style-type: none"> Involve school boards in understanding longer term needs for foundational nursing education. Develop volunteer placements for high school students, 	<p>State Action Team:</p> <ul style="list-style-type: none"> Governor designates entity with overall responsibility for coordination and implementation. HED hires health coordinator. Consider the power of unions and were appropriate form one. Provide supplemental, affordable healthcare benefits to healthcare workers. Create retirement plan for healthcare workers. 	<p>Community Action Team:</p> <ul style="list-style-type: none"> Project future projects and research needs. Ensure sustainability. <p>State Action Team:</p> <ul style="list-style-type: none"> Teach and model. Provide grant writer. <p>Potential Overlaps:</p> <ul style="list-style-type: none"> Conflicts regarding retention issues (e.g., staffing ration, incentives, job descriptions, etc.) 	<p>Community Action Team:</p> <ul style="list-style-type: none"> Celebrate successes. <p>State Action Team:</p> <ul style="list-style-type: none"> Provide training for local leadership. <p>Potential Overlaps:</p> <ul style="list-style-type: none"> Community objectives differ from state objectives

Some of the suggestions below went beyond the question of how the action teams could collaborate. Some of the ideas are recommendations for state government.

Action Team Collaboration and Support

Albuquerque	Clovis	Española	Gallup	Las Cruces	Roswell
<ul style="list-style-type: none"> ▪ Create website for consumer feedback. ▪ Utilize existing statewide groups (e.g., state educator group, nursing executive groups, community health councils). ▪ Frame interaction rules between teams. ▪ State provides oversight and leadership coordination. ▪ State provides technical assistance. ▪ State establishes recognition or incentive programs for best practices. 	<ul style="list-style-type: none"> ▪ Incorporate initiatives into community health councils. ▪ Promote NM as the place to be. ▪ Utilize wellness council's assessment tools. 	<ul style="list-style-type: none"> ▪ State coordinates partnerships between existing initiatives. ▪ State promotes closer relationships with state departments to provide support services (e.g., daycare, behavioral health). 	<ul style="list-style-type: none"> ▪ State leaders support appropriate legislation at federal level. ▪ Continue ongoing effort as long as the need exists. ▪ Co-create mission statement. 	<ul style="list-style-type: none"> ▪ Use fair and effective practices. ▪ Members need to have global view, personal gain is secondary. ▪ Be consistent with rules. ▪ Reduce the time for licensure especially for reciprocity. 	<ul style="list-style-type: none"> ▪ Withhold funds if a community is not meeting their goals. ▪ Provide resources and funds when earned. ▪ Have a competition among communities for goal attainment and recognition.

Action Team Accountability					
Albuquerque	Clovis	Espanola	Gallup	Las Cruces	Roswell
<p>Community Action Team:</p> <ul style="list-style-type: none"> Evaluate recommendations and recommendation process. <p>State Action Team:</p> <ul style="list-style-type: none"> Evaluate recommendations and recommendation process. 	<p>State Action Team:</p> <ul style="list-style-type: none"> Respond to communities and deliver on promised resources. 		<p>State Action Team:</p> <ul style="list-style-type: none"> Form an elected nursing council responsible for organization, communication, reporting, and data collection and analysis. 		<p>State Action Team:</p> <ul style="list-style-type: none"> Allow some flexibility to communities on spending within guidelines. Provide one point of contact regarding funding.

Appendix C: Forum Speakers and Teams

Forum Speakers

Dr. Alfredo Vigil
Cabinet Secretary
New Mexico Department of Health

Allison Kozeliski, RN
Executive Director
New Mexico Board of Nursing

Patricia Boyle, MSN, RN
Executive Director
New Mexico Center for Nursing Excellence

Forum Planning Team

The following people served on the Planning Team for the forums, contributing to the background report and developing the agenda.

Patricia Boyle
Allison Kozeliski
Charlotte Pollard

Forum Leadership Team

The following people served on the Leadership Team of the forums, facilitating the small group discussions and recording their deliberations.

Discussion Leaders and Recorders

Deborah Armstrong
Pamela Blackwell
Jeff Hood
Robin Lackey
Celia Merrill
Kathleen Oweegon
David River
Lucy River
Jennifer Salisbury
Patrick Stafford
Lisa Stuckey
Shannon Vasquez
Marsha Wright

Community Action Teams

The following forum attendees volunteered to serve on the Community Action Teams. They will advance the recommendations with state and local leaders.

Albuquerque
Marleen Apodaca
Mary Blessing
Debra Brady
Karrie Brazaski
Melinda Chernev
Shelia Conneen
Roberta Dillon
Robyn Elliott
Barbara Hickok
Ellen Interlandi
Carolyn Klinker
Kathy Lopez-Bushnell
Mark McDonald
Pat Montoya
Krista Ostrem
Carol Shelton

Alamogordo
Charlotte DuBois
Jeanne Leake
Kelly Ramey

Clovis
Val Benedix
Gayla Jaquess
Dr. Robin Jones
David Sanchez
Rhonda Sparks

Deming
Gwenda McClure

Espanola
Shannon Donahue
Eileen Annette Martinez

Farmington

Nisa Bruce
Margaret Finnan-Stanfield
Corina Wright

Fort Sumner

Barbara Head

Gallup

Marji Campbell
Michelle Gonzales
Kathy Head
Sandra Johnsey
Melanie Moynan-Smith
Melvina Murphy

Grants

Kathy McKenzie

Hernandez

Therese Lopez

Las Cruces

Kelly Clark
Ann DeBooy
Nana Diane DeLanoy
Leigh DeRoos
Karen Hand
Teresa Kelley
Shelley Kollar
Myong O'Donnell
Marilyn Pase
Polly Peterson
Anita Reinhardt
John Scarbrough
Sherie Shupe
Rainbeaux Trujillo
Dr. Sarah Whitaker

Portales

Irma Lorraine Goodrich
Leslie Paternoster

Roswell

Carol McGuire
Linda Monk
Debbie Vail
Sara Williamson

Santa Fe

Shirlee Davidson
Antonio Lopez
Kathleen Matta
Carolyn Roberts
Kimberley Stout

Silver City

Pat McIntire

Taos

Elinor Bell
Jim Clay

New Mexico First Staff

Heather Balas
President and Executive Director

Charlotte Pollard
Deputy Director

Krista Koppinger
Director of Events & Administration

Brittney Tatum
Events & Database Coordinator

Appendix D: Forum Attendees

The following list includes the participants from all six regional forums: Albuquerque, Clovis, Espanola, Gallup, Las Cruces, and Roswell.

Albuquerque

Marleen Apodaca
NMVAHCS
Albuquerque

Jacqueline Baca
NMSU
Santa Fe

Mary Blessing
UNM Hospitals
Albuquerque

Debra Brady
UNM College of Nursing
Albuquerque

Karrie Brazaski
Lovelace Westside Hospital
Albuquerque

Nisa Bruce
San Juan College Nursing Dept.
Farmington

Sheila Conneen
New Mexico Medical Review Association
Albuquerque

Roberta Dillon
Blue Cross Blue Shield of New Mexico
Albuquerque

Robyn Elliott
NM Dept. of Health
Rio Rancho

Yvonne Gabaldon
UNM Hospitals
Albuquerque

Lisa Garcia
Santa Fe County
Santa Fe

Jimmie Hall
NM House of Representatives
Albuquerque

Lynn Haynes
Presbyterian Hospital
Albuquerque

Ellen Interlandi
New Mexico Center for Nursing Excellence
Albuquerque

Patrick King
IIA College
Albuquerque

Carolyn Klinker
VA
Albuquerque

Kathy Lopez-Bushnell
UNM Hospitals
Albuquerque

Leigh Mason
Bernalillo County Community Health Council
Albuquerque

Mark McDonald
Presbyterian Healthcare Services
Albuquerque

Patricia Montoya
NMMRA/ Center For Nursing Excellence Board
Albuquerque

Joyce Naseyowma-Chalan
UNM Center for Native American Health
Albuquerque

Kristen Ostrem
Presbyterian Medical Group
Corrales

Judy Panek
San Juan College/Nursing Department
Farmington

Elizabeth Rees
Sierra Vista Hospital
Truth or Consequences

Debbie Rhoten
Presbyterian Healthcare Services
Albuquerque

Carolyn Roberts
NM Nurses Association
Santa Fe

Judy Sanchez
Presbyterian Hospital
Albuquerque

Terry Schleder
Con Alma Health Foundation
Albuquerque

Carol Shelton
Lovelace Women's Hospital
Albuquerque

Linda Siegle
NM Nurses Association
Santa Fe

Linda Smith
Presbyterian Healthcare Services
Albuquerque

Judy Spinella
UNM Hospitals
Albuquerque

Doris Vician
Retired RN
Albuquerque

Beverly Wilson
Presbyterian Medical Group
Albuquerque

Ann Wright
Presbyterian Hospital
Albuquerque

John Budagher III
Maxim Healthcare Services
Albuquerque

Barbara Lujan
El Centro Family Health
Espanola

Polly Petersen
NMSU
Las Cruces

Elizabeth Waltman
United Blood Services
Albuquerque

Clovis

Valerie Benedix
Clovis Community College
Clovis

David Caffey
Clovis Community College
Clovis

Barbara Head
Roosevelt General Hospital
Fort Sumner

Gayla Jaquess
NM Dept. of Health
Clovis

Lorena Kroeger
PRMC/CMS-Nursing & Health Svcs.
Clovis

David Sanchez
Clovis Municipal Schools
Clovis

Rhonda Sparks
Clovis Municipal Schools
Clovis

Dan Stoddard
Fairhaven II Assisted Living
Clovis

Debbie Vail
NM Dept. of Health
Roswell

Kris Vigil
Presbyterian Healthcare Services
Clovis

Doyle Harris
Retirement Ranch
Clovis

Robin Jones
Clovis Community College
Clovis

Jackie Waggoner
New Mexico Board of Nursing
Albuquerque

Espanola

Elinor Bell
Holy Cross Hospital
Taos

Karen Brooks
NMHU
Las Vegas

Shannon Donahue
Santa Fe Community College
Santa Fe

Maribeth Doren
UNM Hospitals
Albuquerque

Cheri Dotson
Santa Fe Public Schools
Santa Fe

Crystal Frantz
UNM Hospitals
Albuquerque

Linda Garcia-Lucero
Presbyterian Healthcare Services
Fairview

Annabelle Gutierrez sisneros
MalinalCo Nursing Consultants
Espanola

Sharon Holguin
Luna Community College
Las Vegas

Diane Jay
NM Dept. of Health
Santa Fe

Deb Kilburn
Holy Cross Hospital
Taos

Melissa Lloyd
UNM Hospitals
Bosque Farms

Antonio Lopez
Merrill Lynch
Santa Fe

Theresa Lopez
NNMC
Espanola

Elaine Luna
Montanas del Norte AHEC
Las Vegas

Eileen Martinez
Professional Case Management
Espanola

Kathleen Matta
Santa Fe Community College
Santa Fe

Constance Reichert
Luna Community College
Las Vegas

Carolyn Roberts
NM Nurses Association
Santa Fe

Dolores Roybal
Con Alma Health Foundation
Santa Fe

Carol Schesser
UNM Hospitals
Bosque Farms

Josephine Shije
Indian Health Service
Taos

Kimberley Stout
Santa Fe Community College
Santa Fe

Grace Taylor
Apria Healthcare
Taos

Ellen Trabka
NNMC
Espanola

Michelle Wafer
UNM Hospitals
Bosque Farms

Susan Williams
NMHU
Las Vegas

Gary Chabot
NM Legislative Finance Committee
Santa Fe

Shirlee Davidson
Santa Fe Community College
Santa Fe

Jeff Dye
New Mexico Hospital Association
Albuquerque

Siri Guru Nam Khalsa
NNMC
Española

Margaret McNamara
Los Alamos Visiting Nurse Service
Los Alamos

Gallup

Fran A'Hern-Smith
NM Dept. of Health
Albuquerque

Sandi Johnsey
RMCHCS
Gallup

Sheila Weaver
Mosaic
Farmington

Scott Baker
UNM Hospitals
Albuquerque

Katherine McKenzie
NMSU-Grants
Grants

Doyle Boykin
Presbyterian Healthcare Services
Albuquerque

Marjorie Campbell
UNM-Gallup
Gallup

Melanie Moynan-Smith
UNM-Gallup, Nursing Program
Gallup

Jennifer Moore
Indian Health Service
Gallup

Peggy Finnan-Stanfield
Mosaic
Farmington

Melvina Murphy
RMCHCS
Gallup

Jean Payton
Gallup Indian Health Service
Jamestown

Terri Fortner
Board of Nursing
Farmington

Milagros Padilla
McKinley County HealthAlliance
Gallup

Katherine Peck
Cibola General Hospital
Milan

Michelle Gonzales
RMCHCS
Gallup

Jennie Todechine
RMCHCS
Gallup

Katrina Peck
Cibola General Hospital
Milan

Kathy Head
UNM-Gallup
Gallup

Sally Vink
NM Dept. of Health/PHD
Gallup

Las Cruces

Rhonda Bertolani
Gila Regional Medical Center
Silver City

Paul Dulin
NM Dept. of Health
Las Cruces

Shelley Kollar
La Clinica de Familia
Las Cruces

Debbie Cates
NMSU
Las Cruces

Janette Espinoza
NM State Veterans Home
Truth or Consequences

Teresa Leon
NMSU
Las Cruces

Kelly Clark
Mountain View Regional Medial Center
Las Cruces

Vickie Galindo
Arrowhead Center
Las Cruces

Gwenda McClure
Mimbres Memorial Hospital
Deming

Dolores Coronado
NM Dept. of Health
Deming

Beverly Garner
Roswell Regional Hospital
Roswell

Pat McIntire
WNMU
Silver City

Nana Diane DeLanoy
Mesilla Valley Hospice
Las Cruces

Melanie Goodman
Office of U.S. Senator Jeff Bingaman
Las Cruces

Myong O'Donnell
Computer Career Center
Las Cruces

Leigh DeRoos
NMSU-Student Health Center
Las Cruces

Karen Hand
NMSU
Las Cruces

Marilyn Pase
NMSU
Las Cruces

Charlotte DuBois
GCRMC/NMSU
Alamogordo

Esperanza Joyce
NMSU
Las Cruces

Kelly Ramey
NMSU
Alamogordo

Anita Reinhardt
NMSU
Las Cruces

John Scarbrough
DACC
Las Cruces

Sherie Shupe
Computer Career Center
Las Cruces

Leslie Shurts
WNMU
Silver City

Louise Tracey-Hosa
Con Alma Health Foundation
Santa Fe

Rainbeaux Trujillo
Memorial Medical Center
Las Cruces

Sarah Whitaker
Computer Career Center
Las Cruces

Dolores Archuleta
City of Las Cruces
Las Cruces

Audrey Conley
CHS
Deming

Ann DeBooy
Memorial Medical Center
Las Cruces

Linda Fritze
NMSU-Alamogordo
Alamogordo

Teresa Keller
NMSU
Las Cruces

Cindy Lyell
NM Dept. of Health
Las Cruces

Laura Mandabach
NM Dept. of Health
Las Cruces

Debra Teachman
NMSU-Alamogordo
Alamogordo

Roswell

Jane Batson
ENMU-Roswell
Roswell

Lynda Bickerstaff
NMSU-Carlsbad
Carlsbad

Loraine Goodrich
ENMU
Portales

Barbara Hickok
NM Dept. of Health
Albuquerque

Paula Hopper
NM Dept. of Health
Roswell

Sam LaGrone
City of Roswell
Roswell

Carol Mcguire
RISD
Roswell

Linda Monk
NM Public Health Division
Roswell

Julie Morrow
NM Dept. of Health
Roswell

Leslie Paternoster
ENMU
Portales

Debbie Perry
Eastern New Mexico Medical Center
Roswell

Rebecca Trujillo
NM Dept. of Health
Roswell

Jeanie Whitwam
ENMMC -City of Roswell
Roswell

Sara Williamson
Artesia General Hospital
Roswell

Mary Mendoza
NM Dept. of Health
Roswell

Geographic Distribution of Attendees

Alamogordo
Albuquerque
Bosque Farms
Carlsbad
Clovis
Corrales
Deming
Española

Fairview
Farmington
Fort Sumner
Gallup
Grants
Jamestown
Las Cruces
Las Vegas

Milan
Portales
Rio Rancho
Roswell
Santa Fe
Silver City
Taos
Truth or Consequences

Thanks To Our Partners!

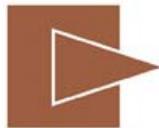


Espanola Hospital



New Mexico Organization of Nurse Executives





NEW MEXICO FIRST

People. Ideas. Progress. 20 Years.

New Mexico First
320 Gold SW, Suite 300
Albuquerque, NM 87102
505-241-4813
www.nmfirst.org
info@nmfirst.org