



Education Committee  
Conference Call Minutes  
July 15, 2014

<b>Committee Members Present (8):</b> <ul style="list-style-type: none"> <li>• Mick Belzer - Chair</li> <li>• Sherrie Williams – Vice Chair</li> <li>• Craig Cathcart</li> <li>• Susan Cooper</li> <li>• Delvecchio Finley</li> <li>• James Gonzalez</li> <li>• Thomas Quatroche</li> <li>• Joseph Woelkers</li> </ul>	<b>Committee Members Absent (3):</b> <ul style="list-style-type: none"> <li>• Ted Chan</li> <li>• Susan Currin</li> <li>• Arnold Tabuenca</li> <li>• Stephanie Thomas</li> </ul>	<b>Staff Present (5):</b> <ul style="list-style-type: none"> <li>• David Engler</li> <li>• Kristine Metter</li> <li>• Nneka St. Gerard</li> <li>• Katherine Susman</li> <li>• Katie Zimmerman</li> </ul>
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Agenda Items	Minutes
Welcome New Committee Members	<ul style="list-style-type: none"> <li>• Dr. Belzer and the rest of the committee welcomed new members Susan Cooper, Delvecchio Finley and James Gonzalez.</li> </ul>
Educational Programming Overview	<ul style="list-style-type: none"> <li>• Dr. Engler briefed the new committee members on the committee's roles and responsibilities, which includes educational programming for distance learning and in-person events. All work that the committee does supports the four pillars of the strategic plan and focuses on issues unique to hospitals that serve vulnerable populations.</li> <li>• In 2013 America's Essential Hospitals held 52 webinars with over 200 registrants. As of June 2014 there had been 25 webinars with over 990 registrants, putting the organization on track to exceed 2013.</li> </ul>
VITAL2014 Evaluations	<ul style="list-style-type: none"> <li>• Ms. St. Gerard walked the committee through the evaluation materials sent prior to the call. The evaluation was a post-conference survey completed by 39 or 238 attendees. This was a high level view of attendee impressions; individual sessions were evaluated on site.</li> <li>• Ms. St. Gerard noted that although survey results indicated that specific tracks were most applicable to attendees, the onsite data shows that there was even attendance among all four tracks.</li> <li>• Evaluations were generally positive and echoed the education committee's on site comments. Highlights included: <ul style="list-style-type: none"> <li>○ Content was relevant and timely</li> <li>○ Attendees had valuable, intentional networking opportunities</li> <li>○ Revamped agenda worked well</li> <li>○ Interest group meetings, governance installation, general sessions, gage luncheon, rapid fire presentations, and poster sessions all rated well</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ “dinner and a movie” rated fairly well with one negative comment</li> <li>○ There were requests to see posters online as it was difficult to view all of them on site</li> <li>○ Length was well received</li> <li>○ Only one person was dissatisfied with fees</li> <li>○ 28 out of 39 people responded that they were likely to attend VITAL2015</li> <li>○ Post conference was highly rated, attendees enjoyed small group work</li> <li>○ Steven Johnson was a popular speaker though some noted he seemed to “sell his book”</li> <li>○ New polling technology was well-liked</li> <li>○ Friday morning session should have a break</li> <li>○ More interest in offering CME/CNE</li> <li>○ Room for work on more practical application of sessions</li> <li>○ Some attendees would like to hear more from external speakers during breakout sessions</li> <li>○ Suggestions for future topics included more quality/patient safety, more financing, value based purchasing, and VNE partnerships</li> <li>• The committee then discussed the following: <ul style="list-style-type: none"> <li>○ Exploring more external speakers for breakout sessions could be interesting for peer to peer bench marking, however it is also possible that members will feel the information isn’t as applicable to their organizations due to resources/financial limitations specific to our member hospitals. This depends on the speaker’s expertise and dynamic as some issues are universal to all health systems</li> <li>○ Site visits often depend on what is closest, however VITAL2015 in San Diego might be worth looking into further more interesting hospitals. The cost of transportation may be worth substantive experience. There is also some interest in smaller, multiple groups going on site visits so that the experience is more flexible and open to questions</li> </ul> </li> </ul>
VITAL2015 Theme and Call for Proposals	<ul style="list-style-type: none"> <li>• America’s Essential Hospitals will open a call for proposals to populate part of VITAL2015’s programming. The full conference will use a selection of proposals from this process as well as invited sessions from staff. This will heighten member engagement while ensuring current and diverse session topics.</li> <li>• The call for proposals will open right after Labor Day, in the mean time staff has asked the committee to weigh in on the following components of the proposal: <ul style="list-style-type: none"> <li>○ Draft text for marketing the proposal</li> <li>○ Tracks, whether they should be the same as 2014 (clinical leadership, executive leadership, finance, quality and patient safety) and if there should be a fifth TBD track: The committee discussed possible tracks and topics within including value based purchasing under finance, management/labor relations under executive leadership, and behavioral health as a topic or track. The group supported adding a fifth track to increase the amount proposals submitted and the content of the conference. There is potential for the fifth track to be a "miscellaneous" category of topics that do not fit the predetermined tracks and could include topics such as behavioral health.</li> <li>○ Poster presentation categories: The committee considered whether posters should be part of the call for proposals and whether they should</li> </ul> </li> </ul>

	<p>feature research projects, operational issues etc. There was interest in offering the poster option for junior staff that are more comfortable with posters than presentations and want to participate. The group also discussed grading the posters and awarding the best one.</p> <ul style="list-style-type: none"> <li>○ Committee review of proposals, full vs subset: The committee expressed unanimous interest in having the full group review the proposals.</li> <li>○ Selection criteria. The suggested criteria are relevance, focus on essential hospital services, clarity and quality, and ability to replicate. The options for reviewing the criteria include numerical ratings on a 1-5 or 1-10 scale followed by discussion. The committee expressed that this seemed to be a reasonable process.</li> <li>• In addition to the feedback given on the call, the committee will contemplate the information and email responses to Kristine Metter over the next few weeks.</li> </ul>
September In-Person Committee Meeting	<ul style="list-style-type: none"> <li>• The committee will meet on September 5 at America's Essential Hospitals' offices in Washington, DC.</li> <li>• There will be a committee dinner on the evening of September 4, in close proximity to the hotel committee members will stay in.</li> </ul>