

## 2022 House of Delegates Meeting

Approved Minutes - September 28, 2022

Agenda Item	Discussion	Action
<b>Call to Order</b>	House of Delegates met at the Hyatt Regency Tulsa.	The meeting was called to order by President, Shelly Wells at 3:05 p.m., once all Delegates were admitted to the meeting.
<b>Honor American Flag and Country</b>	President, Shelly Wells asked the delegation to honor the flag. After honoring the flag, President Wells welcomed everyone and reviewed some housekeeping rules. Practice polling was also conducted.	<b>The Star-Spangled Banner</b> with the pledge overlaid was played for the HOD
<b>Report of the Credentials Committee</b>	April Loeffler and Lucas Richardson-Walker, Co-Chairs of Task Force on Delegate Credentialing presented the report of the task force: As of 3pm, Number of regional delegates eligible: 175; Number of regional delegates credentialed: 43; Number of regions eligible: 6; Number of regions represented: 6; Number of eligible Board of Directors delegates: 16; Number of Board of Director's delegates present: 11; Number of eligible affiliates: 6; Number of affiliates represented: 0;. Total number of credentialed delegates: 54	Hearing no objection, the President declared the report from the Task Force on Delegate Credentialing to be <b>adopted as presented.</b>
<b>Establishment of Quorum</b>	ONA Bylaws, Meetings, Section 2, Quorum, provides a quorum for business transaction by the HOD consisting of a majority of the total delegate population, representing a majority of the regional nurses' associations & a majority of the BOD, one of whom shall be the President or Vice President. There are 6 regional nurses associations with 49 delegates. On the basis of the Task Force on Delegate Credentialing report, the President declared a quorum was not present.  Since a quorum was not present, the standing rules and agenda were followed as proposed as well as a discussion of the business items. No deliberative actions may be taken.	The President declared a quorum was not present.
<b>Introductions</b>	President Shelly Wells introduced the Board of Directors: President – Elect: Angie Kamermayer, Vice President: Angela Martindale; Secretary/Treasurer: Michele Bradshaw; Emerging	No action required

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	<p>Nurse Director: Rachael Backhofer Klepner; Education Director: Vanessa Wright; Membership Development Director: Amy Hutchens; Political Activities Director: Cassy Abbott Eng; Practice Director: LaTonya Mason-Wilson; Region 1 President: Lucas Richardson-Walker; Region 1 Representative: Susan Reid; Region 2 Representative and President-Elect.; Lindsey Green; Region 2 President: April Loeffler; Region 3 Representative: Leslie Davis; Region 3 President: Bertha Kassinger; Region 4 Representative: Leslie Collins; Region 5 President and Representative: Nakeda Hall; Region 6 President &amp; Representative: Viki Saidleman; OINA Representative Brandi Payton; OAPN Chapter Representative: Amanda Spencer; DEIB Representative: Julia Profit; and ONA Consultant to ONSA: Dean Prentice            Parliamentarian: Craig Henry. ONA Staff: Chief Executive Officer: Jane Nelson; Events Planner: Amber Feldpausch; Membership Manager: Mariam Robinson; Marketing and Analytics Strategist: Zach Wilber; Ngage CEO: Tobi Lyon;; Nurse Planner: Crystal Westmoreland; ONA Contract Lobbyist: Vickie White Rankin.</p>	
<b>Appointment of Committee to Approve the Minutes</b>	<p>ONA President appointed three members to serve as a committee to approve the minutes of the 2022 meeting of the House of Delegates.</p>	<p>Minutes Approval Committee: Michele Bradshaw, Monica Bowie and Lynette Gunn.</p>
<b>Address of President, 2020 - 2022</b>	<p>President Shelly Wells gave her address. She shared how unexpected and unpredicted the last two years were. She discussed the difficulties nurses faced in dealing with COVID but professionally and personally and the cultural changes She highlighted the work of ONA during that time and how nurses came together to solve what was ahead using innovation. She thanked Vickie White Rankin and Jane Nelson, along with the ONA BOD and everyone present for the work and being great nurses.</p>	<p>President's report presented and included in ONA 2021 – 22 Book of Reports.</p>
<b>Treasurer's Report, FY2022 Financial Report</b>	<p>ONA Secretary/Treasurer Michele Bradshaw Provided an overview of the financials as included in the Book of Reports on page 44. As you can see from the report FY 2022 Income was</p>	<p>Treasurer's Report and Financials included in the ONA 2021 – 22 Book of Reports.</p>

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	<p>\$286,280.06, this is 92.3% of what was budgeted. Expenses were \$278,150.30, which was 94.8% of budgeted placing us at with a net ordinary income of \$8,129.78. This puts us in the Black for the fiscal year. However, when you include our investment account which has decreased by \$13,056.25 this year due to the volatility of the stock market our total net income is a negative \$4,926.47. The details per project are included in the Board Report's Financial Summary on page 41 of the Book of Reports. Our ability to run in the black this year is a credit not only to the increased number of members we continue to gain but also our contract with Ngage Management as it allowed us to deliver programs and services to our members.</p>	
<b>CEO Report</b>	<p>ONA CEO, Jane Nelson provided her report. She shared Brene Brown's quote: "The middle is messy. But it's where the magic happens" She alluded that nursing was in the messy middle but it was still within our power as nurses to end the story by all of us working together. She reminded us to breathe.</p>	<p>CEO report presented and included in ONA 2021 – 22, Book of Reports.</p>
<b>Conversation on Just Culture, Shared Governance, Non-Punitive Error Reporting</b>	<p>President Wells provided directions for the conversation and allocated the tables into three groups. Each group had time to discuss all three topics: Just Culture/Non-Punitive Error Reporting, Shared Governance and What Nurses Need for Patient Care. Each group was assigned to start with a different topic but were encouraged to talk about each topic. At the end of the time the groups were asked to report out and place their work on the wall under the correct topic. This collective knowledge and recommendations will inform ONA's work.</p>	<p>Recommendations will be combined. The board will consider these recommendations as they work on their strategic planning and program of work for the 2022-2023.</p>
<b>2022 Nominating Committee Report</b>	<p><b>2022 Chair, Nominating Committee, Tammy Hanks</b> provided a written report. The nominations and election were carried out in accordance with applicable provisions of the ONA Bylaws and Policies &amp; Procedures. Balloting was conducted electronically.</p> <ul style="list-style-type: none"> <li>• Number of ONA, ONA/ANA members: 1670</li> <li>• Total number of ballots counted: 186</li> </ul> <p>Based on the report of the Nominating Committee, the ONA President declared the following members elected:</p> <ul style="list-style-type: none"> <li>• President-Elect ... Cassy Abbott Eng</li> </ul>	<p>Chair confirmed the election results offering the congratulations of the House of Delegates &amp; thanked them for their willingness to serve the association.</p>

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	<ul style="list-style-type: none"> <li>• Secretary/Treasurer ...Michele Bradshaw</li> <li>• Education Director ...Mindy Thompson</li> <li>• Membership Dev. Director ...Amy Hutchens.</li> </ul> <p>The ONA President declared the following members elected: to the Nominating Committee: Monic Bowie, Debra Johnston, Nathan Richmond. Monica Bowie received the most votes and will serve as the Nominating Committee Chair in 2024.</p> <p>For the Membership Assembly the following candidates were elected to serve: Angie Kamermayer, Cassy Abbot Eng, Rachel Risner, Lucas Richardson-Walker, Nathan Richmond, Denise Barnett, Rosalind Sims, Monica Bowie, Debra Johnston</p>	
<b>Passing of the Gavel</b>	Shelly Wells passed the gavel to Angie Kamermayer as the new ONA President. Angie thanked Shelly Wells for her leadership and presented her with a certificate from the association.	No action required
<b>Address of the 2022 – 2024 President</b>	Angie Kamermayer shared remarks with the House expressing her support for nurses what they have been though and how we must move forward to create our future. She shared work that was being done today by nurse for nursing and how ONA will support that work and continue to support the nurses of Oklahoma.	No action required
<b>Installation of the 2022-2023 Board of Directors</b>	ONA President Angie Kamermayer introduced the 2022- 2023 Board of Directors as follows: President Elect, Cassy Abbott Eng; Vice President, Angela Martindale; Secretary/Treasurer, Michele Bradshaw; Emerging Nurse Director, Rachel Bachhofer Klepner; Education Director , Mindy Thompson Membership Development Director, Amy Hutchens; Political Activities Director, Cassy Abbott Eng; Practice Director, LaTonya Mason-Wilson; Region 1 Board Representative, Susan Reid; Region 2 Representative, Lindsey Green; Region 2 President, April Loeffler; Region 3 Representative, Leslie Davis; Region 3 President, Bertha Kassinger; Region 4 Representative Leslie Collins.; Region 5 President and Representative, Nakeda Hall; Region 6 President and Representative, Viki Saidleman; The	Angie Kamermayer installed the 2022 – 2023 ONA Board of Directors.

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	Oklahoma Indigenous Nurse Association Chapter Representative, Brandi Payton; OK Advance Practice Nurses, Amanda Spencer, DEIB Representative Julia Profit and, ONA Consultant to ONSA, Dean Prentice!	
<b>Nightingale Tribute</b>	President Kamermayer began the tribute with a poem. A candle was lit in honor of those in our profession that we have lost.	No action required. List of deceased nurses was provided in the Book of Reports/on the ONA website
<b>Seating of Delegates for 2023 HOD</b>	The United Nations Model is used to determine seating.	Region 2 was selected through a drawing
<b>Adjournment</b>	House of Delegates adjourned sine die. .	President Kamermayer adjourned the House of Delegates at 4:50 pm
<b>Recorder</b>	ONA Secretary/Treasurer, Michele Bradshaw	

## What Nurses Need for Patient Care

### What Works

A & D Nurse - tele-health teaching  
ability to listen to patients, etc  
Ability to Work to the highest level of practice  
Access to resources - mentors, education, skills  
Access to resources - training, education, skills  
Adequate Staffing Support  
Appropriate equipment, eg syringes, ng tubes  
Appropriate Patient Ratios  
Appropriate PPE for Safety  
Appropriate PTO/PPL balances  
Better Training - onboarding  
Caring for Self  
Celebrate victories  
clear policies  
Consumers/Public aware of the need for nurses  
DME management  
Finances  
Flexibility in Schedules  
Functional equipment  
Healthy Work Environment - Massage Chair, yoga Mat and time to use  
Knowledge  
More Mental Health Awareness  
More Staff  
New Nurse transition to practice with qualified practitioners  
Nurses need to feel safe, secure, supported (violence)  
Orientation that is individualized based on unit and speciality Post orientation  
evaluations and assessment of further education orientation needs  
Proper Equipment/PPE  
Qualified Mentors  
Resiliency Training  
Resourceful  
Resources  
Resources  
Retaining experience Nurses  
Retention  
Right Resources on Nights  
safe environment  
Safe Staffing Measurer  
Safe Work Environments  
Staff  
Supplies  
support of administration  
support of administration and colleagues  
Support staff resources  
Systems for certain education  
Thoroughly listen to safety concerns with follow up and trackable requests  
Utilizing Resources and various staffing models  
Voices of Nurses to be heard - especially lead nurses need to be included in staffing decisions  
Wellness of nurses - balance

### What Needs Work

Asking for is needed and then be ready to provide what is needed  
better on-boarding  
constant calls to cover shifts  
Continued education to support nurses self-care/mental health  
Lack of work/life balance  
Mediation/Balancer to de-escalate differences of opinion  
Mental Health Resources - vs landing in acute care settings  
Need Sense of Belonging  
Needed  
Not appreciated  
Nurse Work-Life Balance support  
Nursing in leadership need adequate training and resources  
protection/staffing legislation  
Retention Efforts - taking care of existing staff  
Sensitivity training specific to patient population  
skill mismatch when floating  
Supplies  
Trauma informed care training for all involved - to include security  
Undervalued  
wages  
Work/Life Balance - breaks and time away

### Other

Legislation Needed to Provide Support  
More Nurses - Staffing Legislation  
Lots of documentation - takes from patient centered culture - can be seen as punitive

## Shared Governance

### What Works

Awareness of Needs  
 Better Representations of the Multi-disciplinary team  
 Change in Power Dynamic  
 Communicate what shared governance is doing through newsletter or other internal communication  
 Develop entity based shared governance group - delegates from each unit  
 Engaging staff Nurses  
 Everyone has a voice  
 Flexibility: time and how its run  
 Follow up/follow through on concerns  
 Happy Nurses; Better Outcomes; Simple Solutions and Buy of Processes  
 Identification of structure  
 Keeping everyone involved even in difficult times ie pandemic  
 Management supporting nurses to be involved in shared governance  
 Meaningful agendas  
 Multidisciplinary  
 Paying Representatives for training - time, for shared governance  
 Preparing Nurses to Participate in Shared Governance  
 Sharing Governance Interdisciplinary  
 Solution Driven - Autonomy  
 Staff should feel comfortable to ring up any issues  
 Strengthens Organization  
 System Shared Governance - Bedside Nurses give solutions to problems  
 Top Leadership Involvement

### What Needs Work

Align with ANCC Guidelines - Standardization  
 Boots to Ground- Adequate teaching, benefits, processes support  
 Buy - in from Upper Leadership  
 Buy - in from Upper Leadership  
 Change in Power Dynamic  
 Connecting outcomes to action from shared governance  
 Employee Engagement  
 Fear of not having enough staff to actively participate  
 Feel like No one is listening  
 Forgotten during Pandemic  
 Getting messages out  
 Never truly something that wasn't filtered  
 Not aware of application when exec's make decisions  
 Not enough people on front lines are asked their opinions/ideas  
 Not Prioritized - create space and resources - investment  
 Nurses get pulled back into staffing  
 Nurses in management/board member  
 Resources not made available to support shared Governance activity  
 Shift in Culture to see need for Holistic Care  
 Value of nurses voices in decision-making  
 who has a voice

### Other

Acknowledgement that different generations view work-life balance differently  
 All about Maslows  
 APRN representation at table of decision-making for SonnerCare/Reimbursements  
 Communications in a timely fashion  
 Education Needed on true Shared Governance  
 Fun Engagement - Pumpkin decorating  
 Ideas from other Units  
 Increase involvement in unit based councils  
 Involving them in what we do/how we do it  
 is it shared or dictated  
 Not applied across all practice settings or facility sizes, federal or tribal  
 Nursing is a Business! Shared Governance should include the business piece and nursing education should include how we measure the ROI  
 Recruitment to shared Governance Committees  
 Retention/Recruitment  
 shared governance is important  
 Middle managers caught in the middle

**Just Culture/Non-Punitvie Error Reporting**

**What Works**

Anonymous  
Awareness around non-punitive reporting  
celebrating Near Miss Mistake Catchers  
Ease of Reporting  
Empower each other - Team Challenges with point system  
Error and Near Miss Reporting  
Having the discussion on Just Culture  
Human Kind Empowering Culture  
Leadership patient rounding  
Light being shed  
Near miss as a teaching moment  
Peer Review  
QI/Process Improvement  
Safety Huddles - more transparency in Dashboard Rounding w/leaders  
Team Approach without blame

**What Needs Work**

atmosphere for Just Culture  
Better Follow Up  
Communicating to other Departments  
Easy Access Reporting System  
Education on non-punitive error reporting - using examples  
Encourage error reporting  
Fear due to recent legal cases/questioning what system does to keep nurses safe  
Fear of retaliation  
Judgement Atmosphere  
Just Culture Training/Orientation  
Lack of adoption of Just Culture mindset  
Lack of transparency - too much data  
Liaison or mentor to help with reporting - someone experienced  
LISTEN to Nurses  
More encouragement to report near misses  
More In-depth Root Cause Analysis  
Motivating people to report  
Not equally applied to all practice settings  
Not making snap decisions - leadership  
Not react in a punitive fashion - leadership  
Not truly non-punitive  
Nurses not always included in conversation - not at the table.  
Recognizing experts in Nursing  
Simplify error reporting - non user friendly - should not require extra time or to stay late  
Supporting Reporting  
Teach Nurses about reporting in orientation - what to report and how to report  
Team based relationships & frontline workers  
Transparency from Leadership  
Unable to find policy and procedures  
unerasonal expectations

**Other**

acknowledgement of generaltion differences of what work-life balance means  
Easier to Judge lookin thru a negative lens  
Education Compentences  
Education Needed  
Errors must be reported - not told to all staff  
Just Culture definition loosely used; poorly applied  
Lack of Safety both physically and emotionally  
Legislation  
Proactive education to all staff, share with other staff  
Recommend ANA have Best Practice Standard and/or script of how to report an error  
Reporting of more errors due to simplified reporting system  
Transparency of data - re errors  
What is ONA doing to work with INS/Tribal Facilities to Move towards accountability of Just Culture