

These minutes have not been approved by the board

**MINUTES OF THE MEETING
OF THE
NEBRASKA CENTER FOR NURSING BOARD MEETING**

**Southeast Community College Continuing Education Center
301 South 68th Street Place
Lincoln, NE 68510
December 7, 2006**

The meeting of the Nebraska Center for Nursing Board was called to order by Judy McGee, Chairperson, at 9:02 a.m., Thursday, December 7, 2006 at Southeast Community College Continuing Education Center, Lincoln, Nebraska. Copies of the agenda were previously sent to Board members and posted.

The following Board members were present at various times throughout the meeting:

Judy McGee, Chairperson
Marilyn Valerio, Vice-Chairperson
Rosalee Yeaworth
Linda Dulitz
Shirley Travis
Pam List
Larry Rennecker
September Stone (arrived at 12:45 p.m.)
Steve Pitkin
Sharon Hayek (arrived at 9:10 a.m.)
Pat Lopez
Carol Wahl (arrived at 9:10 a.m.)
Kim Woods

The following members were absent:

Nancy Shirley
Florence Brown
Pat Karsk

A quorum was present. The meeting was convened. Also present from the Credentialing Division, HHSS, were: Charlene Kelly, Section Administrator for Nursing and Nursing Support; Sheila Exstrom, Nursing Education Consultant; Karen Bowen, Nursing Practice Consultant; Rosalee Roberts, Public Relations Consultant; Juan Ramirez, Research Assistant; Anne Beckius, Staff Assistant for the Nebraska Center for Nursing; and Carly Runestad from the Nebraska Hospital Association.

Anne Beckius served as secretary for this meeting.

B. Approval of Minutes of September 28, 2006 Meeting

Woods made the motion seconded by Dulitz **that the board approve the September 28, 2006 Nebraska Center for Nursing minutes.**

Voting Aye: McGee, Valerio, Yeaworth, Dulitz, Travis, List, Rennecker, Pitkin, Hayek, Lopez, Wahl, Woods. Voting Nay: None. Abstain: None. Absent: Shirley, Brown, Karsk, Stone.

C. Project/Activity Reports

1. Demonstration of Clinical Scheduling program from California

A conference call with Cheryl Swenson and Nikki West with the California Nursing Workforce Center was held to provide a demonstration of the California Bay Area Clinical Scheduling program. The website of the program is BayAreaNRC.org. The board was told about the Gordon & Betty Moore foundation that donated \$110 million dollars to develop the web-based system and faculty resource center for the California community colleges in the bay area (this includes 24 schools of nursing and 10 LPN schools and 62-65 acute care hospitals in the 9 counties in the bay area). The operating committee for the program includes deans and directors, deans of education and directors of nursing. Swenson emphasized that the program is a user-driven system that is successful because of the users' input. She also noted that every placement and relationship that was existing prior to the launch of the program was not affected in any way. All data entry is completed online by school and hospital users. The Centralized Clinical Placement System (CCPS) searches for potential clinical placement matches based on a school's parameters and also organizes the placement requests. All of this is available online for review, and hospitals can either accept or decline proposals online. West explained that some of the benefits of this program are that it centralizes, coordinates and streamlines the clinical placement process for hospitals and schools, and standardizes the process, creates consistency and helps identify areas of untapped clinical placement capacity. The program does not guarantee clinical placements, eliminate the need for communication between partners, replace formal contracts or 'police' individual behaviors. The costs of licensing include set up, consultation, training for up to a six month period. Beyond that there is an annual user fee for each 'site' in the area (schools and hospitals) within the) and covers any upgrades made. The setup fee is \$60,000 and the annual user fee is \$975 per site. West pointed out that depending on the goals and objectives, there are a lot of ways to use a system like this. It takes the "pencil/paper" method online and also can create a sense of unity and partnership. Kelly asked how the California system is different from the Oregon system. Apparently California's system is web-based, which means that it is real time online 24/7 and they're the only system that has the online matching component versus having one person compiling information and making

decisions. Valerio asked if each site is responsible for paying the \$975 user fee? This is correct, but there have been situations where the sites were sponsored by a larger facility. Exstrom asked if the program only handled acute care hospitals. West answered that the system has the ability to take on any sort of agency, but they started with acute care hospitals only. They're now starting to add other agencies and hospitals. Valerio asked about the level of education in the schools. West answered that there are no diploma programs in the state of California, but in the system they have ADN, BSN, Accelerated BSN and entry-level Masters. Kelly told West and Swenson that she would let them know when/if we want to share the information with others (deans, directors, stakeholders, etc.). Valerio commented on the reaction received from deans and directors regarding setting up a clinical scheduling program. Exstrom added that the deans and directors didn't "jump on this and run with it" at all, so it might be difficult to get their support on something like this.

2. Nursing Shortage Environmental Scan

Pitkin asked Roberts about the articles being sent regarding strikes. Roberts stated she wanted to just make the board aware of what is going on. Sometimes those issues could cross over, and also some of those things that the strike participants are demanding might already be able to be met. There was a request made to get the articles consolidated, and Roberts and Kelly will work on trying to get the articles sent to board members sent once weekly. Roberts said that we should identify someone in the legislature to get our information to. McGee said that we should not assume that the legislature is aware of all the issues and things going on in other states. Roberts also mentioned that the legislature might be feeling like we've been "crying wolf" for a while, and that the media wants to know what we have going on right now.

3. Public Relations Report – Roberts

Roberts said that she was going to pursue getting some exposure at the Governor's workforce development conference. Roberts handed out a list of tips to make PowerPoint presentations successful, tips to calm speaking fears, and tips on presenting and speaking to media. When contacting media regarding potential coverage, their question is 'what's new, what's exciting'? Roberts has been working on a press release on the loan recipients. She said that it has been exciting to talk to the loan recipients. The recipients are very grateful, have been able to concentrate on their education more and they are very excited. One of the recipients said that her focus would be on women's health, and her research focus is combat-induced stress. Roberts has been trying to figure out how we can get additional funding for the loan program. Pitkin suggested Union Pacific or Burlington Northern., Roberts said she had thought about them as well as Blue Cross/Blue Shield of Nebraska. There was some talk of the Johnson & Johnson gala, and Roberts said she had spoken with some organizations that had done projects with them, and was told that each time Johnson and Johnson underwrites the entire gala. Any money raised wouldn't go to the Center for Nursing, it would go towards awarding scholarships, etc. Pitkin asked whether Roberts was making

a recommendation either way. Roberts said that her recommendation is that we do not consider it at this point, but she would be willing to go back and see if they have other kinds of options besides the gala. Roberts would suggest that we look at an event that is geared more towards honoring nurses in Nebraska and do something more localized. That way, we could direct the money wherever we want it to go. Exstrom mentioned that it is important that we raise money to sustain the Center for Nursing as a promise that was made to the legislature and Senator Price.

10:44 a.m. – Carly Runestad from the Nebraska Hospital Association arrived

11:05 a.m. – The board recessed briefly and reconvened at 11:20 a.m.

4. Update on Web Site Issues

Kelly has met with four vendors, two in Lincoln and two in Omaha. One vendor in Lincoln would be the least expensive for the hosting, but they don't have the software to upload our old website and would have to start from scratch. The other Lincoln vendor's annual fee for hosting/maintaining the website would be \$2300.00. The Omaha vendor can reestablish the website for \$800-\$1200, and would register a domain for us for 10 years for about \$100.00. Kelly went out and purchased two domains: center4nursing.net and necenter4nursing.org. When the board decides which vendor to go with, we can pursue getting the old domain back if we can buy it relatively cheap. Kelly's recommendation is the Sacco group from Omaha, as they are established and well known and relatively inexpensive. Kelly will find out from the department whether we need to contract with them, or if we can just pay them as a vendor.

Wahl made the motion seconded by Valerio **that the board pursue the Sacco group as the new website vendor for the Nebraska Center for Nursing website.**

Voting Aye: McGee, Valerio, Yeaworth, Dulitz, Travis, List, Rennecker, Pitkin, Hayek, Lopez, Wahl, Woods. Voting Nay: None. Abstain: None. Absent: Shirley, Brown, Karsk, Stone.

5. Report of Distribution of Annual Report

261 copies are being printed made to be mailed, the rest will be e-mailed. The email will go out about the same time that the report is mailed out. We had hoped to have them by now, but by the next several weeks it will be out. Wahl asked if the CEOs would be receiving one by mail, Kelly said that she believes the intent is to email copies to the leaders in the health care facilities.

6. Update on Faculty Loan Program

There have been seven loans issued so far. It had been decided that ten would be issued this year. There need to be three years of funding available per recipient in order to issue the first year's loan. Kelly had received a comment from the

University of Nebraska that the \$5,000 loan was too much money for many of the students to use since its use is limited to tuition, fees and books. They did eventually find people that could accept the loans and use the money. Kelly said that after looking at the Statutes and meeting with legal counsel it was determined that we can be more flexible with subsequent loans and issue more loans to UNMC in smaller amounts. All of the other programs are private and their tuition and fees are more than \$5,000, even for some part time students.

7. Report of Presentation at Minority Health Conference – October 31- November 1, 2006

Brown was absent and Ramirez reported on their presentation at the 2006 Minority Health Conference in Kearney. Ramirez presented information on the minority distribution in Nebraska, as well as distribution of minority nurses in Nebraska. Ramirez said that he received very good feedback from the audience. They specifically wanted to know more about the distribution of nurses throughout the state of Nebraska. Brown's presentation was on the Center for Nursing goals to recruit more minorities in the state into the nursing profession. Ramirez has asked the audience the question "Why don't we have more minority students in our nursing education programs?" He distributed a handout with the responses he received from the audience. The answers were summarized into seven responses – not enough scholarships for minorities, balance of work and family, young children not being prepared for higher sciences, institutions not being aware of isolated areas where many minorities are located, the need for whole families to be involved in educational programs, creating discovery education one, and creating a partnership with different ethnic groups' organizations. Ramirez discussed the stigmas associated with the Central American/Mexican culture as far as not wanting to pursue higher sciences. Pitkin said that the University of Nebraska at Kearney held a conference on educating minorities. There were nine minority students that were interested in nursing, so Pitkin had asked them a lot of questions. He said the number one problem seemed to be that high school counselors are not helping minorities with the FAF (financial aid form). Also, high school counselors are not helping minority students fill out the application forms for colleges. Pitkin added that Dr. Mary McNamee (involved in multicultural affairs at the college) found out that new immigrants are not watching American television. They're watching Hispanic television, so any advertisement about healthcare is not getting through to new immigrants. In greater Nebraska, the Hispanic programs that are being watched are not even generated in Nebraska. They're generated in Florida, so we're not able to penetrate that population. There was discussion that these new immigrant students have a very limited understanding of what the healthcare delivery system really is and who works in it, and that their main contact with the system is the emergency room. Pitkin added that UNMC and UNK are getting together to target Lexington-Grand Island to see what we can do to get their school systems working with the minority students and assist them in filling out the FAFs, college applications, and giving them some understanding of what healthcare workers do and what that experience would be like. Valerio brought up the issue of whether

or not many of the students could qualify for financial aid if their parents aren't documented as citizens.

12:00 The Board recessed briefly, then continued with the meeting over lunch

12:45 – Stone arrived.

8. Discussion of Plans for Retention Conference cosponsored the Nebraska Hospital Association, the Nebraska Health Care Association and the Nebraska Center for Nursing

Runestad said that the date is May 8th, 2007. It will be held at the Holiday Inn on the interstate in Grand Island. The plan is for a classroom style setup for 150 people, then also have breakout rooms, although there's not an agenda set yet. Marsha Borling is the speaker that has been booked. Runestad distributed handouts of a biography on Borling. Audience will be HR directors, nurses, CEOs. Runestad asked for insight and input on topics that Borling should speak on, when she should speak, what we should do about schedule (have Borling speak in the morning then have breakout sessions in the afternoon, etc.). Wahl suggested compiling all of the retention ideas and making some sort of handout/takeaway item for the attendees. McGee wants the attendees to come away with something they can implement after the conference – small pieces that would be easy to apply. Valerio said that 'coaching skills' would be something good to include. Wahl suggested a presentation on 'conflict'. McGee wants the speaker to not only speak, but do things that will get the attendees actively involved in the presentation – working together, etc. Valerio said a selling point would be to ask people to bring a team from their institution so they're not there alone. Runestad asked the board if they would like the focus to be primarily retention. The response was, "yes." Stone's concern was "will they pay to send 2 or 3 people". Stone wants the program to be unique enough that the attendees won't just be getting the information from someone else. Ramirez mentioned that videotaping the conference would be valuable. It was decided that the retention group will discuss the conference more extensively. Rennecker discussed how some people in the healthcare field are so negative and tend to be a big problem for retention by driving other workers away. He thinks that would be a good thing to discuss at the retention conference. Rennecker thinks that putting a positive light on it and discussing it would be worthwhile.

9. Update on survey of LPNs and RNs who placed licenses on inactive or lapsed status in 2005 and 2006

This project came out of the retention work group. Kelly developed a survey for administration during RN renewal. If anybody checked inactive or lapsed on an online renewal they were triggered to complete the survey. If anybody did paper renewal, they were mailed the survey. Kelly also mailed the survey to LPNs who placed their license on inactive or lapsed status during the 2005 renewal. A research student from Clarkson College will complete data collection and analysis as his capstone research project.

10. Information on Helene Fuld Grants

Roberts said that their primary mission is to support and promote the health/welfare of student nurses. An organization in California that is similar to the Center received a grant. A school of nursing received \$1.5 million to promote leadership in nursing, giving the nurses an opportunity to work with a mentor from an inpatient setting. The grant monies used to need to be tied in to the students. Roberts agreed to look into it more.

11. Feedback from Deans and Director's meeting

Valerio had given some feedback in response to the Oregon clinical scheduling program. She said that the deans and directors discussed the program, but didn't make any decisions. McGee said that they are the key people that need to jump on board for the clinical scheduling program, and until they are on board it will be useless to pursue the program. There is another meeting in the spring, so it will be discussed again then. Exstrom said that the problem with the group is that they only meet twice a year, so it's hard to keep the momentum going. Valerio thinks they've rallied around the legal background pieces, drug testing students, etc. Travis asked that if the competition and territorialism is between the schools, or between the provider sites, or if it was a combination of everything. Valerio thinks it's a combination. Community College programs aren't associated with a health system and may be concerned about being left out. Travis thinks we should get some feedback from the vendors of the program. Did they have any issues getting the program going, and how did they overcome their obstacles? McGee said that it might be worthwhile to ask if the deans and directors to participate in a conference call with schools and facilities that are using the program. McGee said that if the schools aren't interested, then what's the point? Rennecker said that we need to show the deans and directors something that might work, or reconsider.

12. A Retrospective Analysis of the Nebraska Nursing Employer Vacancy Survey Report: 2002-2006

The 2006 Employer Survey Report compared the vacancy rates from the Employer Survey Reports for the years 2000 and 2002 for all nursing workforce employees. In previous meetings it was suggested to match facilities and then examine vacancy rate changes. Ramirez matched facilities that responded to the 2002 and 2006 employer surveys. Results and suggestions are as follows: A total of 262 facilities responded to both the 2002 Employer Survey Report and the 2006 Employer Survey Report. Three facilities types concentrated over 85% of all responses: Nursing Home (39.7%), ALF (25.2%), and Hospitals (20.2%). Vacancy Rates (VR) calculated by matching facilities show that overall RNs, LPNs and UAPs decreased their VR when comparing 2002 and 2006 Employer Surveys. RNs decreased their VR for all types of facilities with the exception of ASCs. LPNs decreased their VR for Nursing Homes, ALF and Hospitals, but increased for Home Health Agencies. UAPs decreased their VR for Nursing Homes, Hospitals and Home Health Agencies, but increased for ALFs. When

comparing all facilities for both Employer Surveys, VR increased for LPNs and UAPs, but decreased for RNs.

It was suggested that data projections from the Nursing Supply and Demand report should be compared with the employer survey results to look at what is the current situation of the nursing shortage in the State of Nebraska. It was also suggested that Board Members should analyze and discuss in detail all the data that has been produced in the last year to further understand the current situation of the nursing workforce in Nebraska.

D. Financial Report – October 31, 2006 Budget Status Report

It was noted that the Budget Summary Report distributed to the board was incomplete. Kelly will send out a revised budget summary report. In the past the workforce data collected during renewal was sent to the NEAR center at the University for analysis; however Ramirez will now be able to undertake the analysis of the data and Beckius can do the data entry of the workforce surveys received with paper renewals with the help of a temporary employee. This will save about \$6,000-\$7,000 by doing that work in house. Kelly also distributed a handout of how the different centers for nursing are funded. NCSBN wants to be a repository for research on workforce data collection and wants us to participate in a pilot project, where we would feed our workforce data into them so that they can analyze it. Kelly asked if anyone had objections to giving them our data. Pitkin wanted to make sure that we would still own the rights to the data. Kelly assured him that we would. Pitkin asked what we get back from them. Kelly said we would get comparison data from state to state.

E. Work on Strategic Plan – Individual Board/Workgroups

Goal 1: Recruit new nurses for the state through examination and endorsement in order to ensure an adequate nursing workforce for Nebraska, in terms of number, diversity, educational mix and geographic distribution.

Group 1 plans to hold focus groups for male nursing students to determine why they chose nursing as a career. They also plan to target high school counselors to discuss realities and preparation for nursing as a career. They have picked areas to focus on starting in the central region working with AHEC to coordinate this. Kelly will work with metro and southeastern sections of the state, sharing with them the information regarding the problems that all students, in particular minority students, have been having and connecting them with the appropriate resources. The plan is to inform the counselors about nurses' salaries, education, etc. and encouraging preparation with hard science courses. Group 1 would like to coordinate this with the AHECs so that they can maybe help line up the sessions. Stone thought that AHECs received a large grant for cultural diversity projects. Pitkin is meeting with an AHEC representative in January, so he will clarify.

Goal 2: Identify and promote know successful strategies for retention of nurses in the workforce.

Group 2 is working on the Retention Conference. May 8th is the date. The location is the Interstate Holiday Inn in Grand Island. The speaker is Marsha Borling. The plan is to attract all types of healthcare facilities. NHA has said that they would take care of the registration process and do the brochures. There is some space for vendors/sponsors – McGee asked for ideas from the group of who might want to sponsor. Exstrom mentioned that sponsors/vendors could be people who make lifts, people who do information technology, and other factors that are widely involved in retention/nurses leaving the profession. Runestad suggested seeking sponsors for lunch, breaks and presentation sessions. Revenues from the conference can be forwarded to the faculty loan fund. McGee thinks the main theme for the day will be very similar to the Iowa conference as shown in the handout that Runestad distributed earlier in the meeting.

Goal 3: Increase the enrollment capacity of Nebraska's nursing education programs.

Valerio discussed sources of funding for the faculty loan fund. Roberts agreed to do some looking into specific funding sources and what their requirements would be. It was mentioned that someone should contact Marian Price to see how she would like to be involved and tell her we would like her to be involved. Valerio thinks we need to further explore the best approach to the clinical scheduling programs and student passports and explore what resistance/problems there were and how were they overcome? Those questions need to be asked to Oregon and California before the next deans and directors meeting in March. Kelly wanted to know if there was some way that we could turn the clinical scheduling program into a study; to look at how things are now and how things were before the clinical scheduling to make it more fundable. Yeaworth said a goal was to cut back on the amount of time that faculty spends on this, so that is one of the benefits. Pitkin asked if Oregon had any plans to revise and update their current program. Exstrom said that we need to be cautious since California and Oregon still are just in their little pockets, hasn't gone nation wide. Exstrom is interested on doing a survey on simulators from hospitals and schools to find out exactly what the situation is (how many, quality, etc.).

Goal 4: Take action to sustain the work of the Nebraska Center for Nursing

Travis talked about synthesizing what would really want to be done with the stakeholders. Group 4 talked about having a meeting with a group of senators to present the Annual Report and to tell them what we'll be doing in the future as an effort to continue funding for the Center. There is now several years of data and our model, but how many of us can articulate what the state needs to do to move forward? By the year 2010, what is our RN shortfall? Travis said the shortfall is 1,916 nurses if we don't do anything. The group is recommending that we spend more time understanding our own data. There is

a need to quantify what is needed. Travis requested that the agenda for the next meeting allot enough time to discuss what the funding request is and what is really being asked of the stakeholders. There was discussion that we need to work with the data that we've been waiting so long for.

F. Set priorities for next meeting agenda

The board requested that time be allotted to discuss the Annual Report in its entirety.

The meeting adjourned 3:22 p.m.

Respectfully submitted,

Anne C Beckius
Staff Assistant
Nebraska Center for Nursing