

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

July 19, 2019

Call to Order

The meeting of the Nebraska Center for Nursing (CFN) Board was called to order by Lisa Walters, Chair, at 9:36 a.m. at Bryan College of Health Sciences, Room 200, Lincoln NE 68506. Copies of the agenda were distributed in advance to the Board members, posted outside the Licensure Unit within the Nebraska State Office Building, and posted on the Department of Health and Human Services website. Walters announced the location of a current copy of the Open Meetings Act within the room.

Roll Call

The following Board members answered roll call:

- Sheila Bjerrum, RN
- Lina Bostwick, RN
- Suzanne Deyke, RN
- Kathy Harrison, RN
- Joan Nelson, RN
- Dorothy Scrivner, RN
- Lisa Walters, RN

The following Board members were absent: Tamara Allen, Kathy Bowman, Beth Burbach, Kayleen Dudley, Charity Ebert, and Christi Glesmann.

The Board has three vacancies for the positions formerly held by Teresa Faith, Anna May, and Pam Uhlir.

The following people were also in attendance during all or part of the meeting:

- Ann Oertwich, RN, *Program Manager*
- Kathy Hoebelheinrich, APRN, *Nursing Practice Consultant*
- Sherri Joyner, *Health Licensing Coordinator*
- Juan Ramirez, PhD, *Independent Consultant*
- Jacci Reznicek, RN, *Nursing Education Consultant*

A quorum was not present. Walters informed those in attendance that no motions could be introduced at the meeting and the discussion should be limited to informational items.

Adoption of the Agenda

No motion was made due to lack of a quorum.

Approval of the Minutes

No motion was made due to lack of a quorum.

Budget Report

Oertwich reported that a current budget status report is not yet available due to the close of the State fiscal year on June 30, 2019.

Social Media Reports

Oertwich read Glesmann's report on the Center's Facebook page. Glesmann had requested that all Board members complete a "Meet Your Board Member" form so that she can post information about Board

These minutes were approved by the Nebraska
Center for Nursing Board on January 24, 2020.

members to the Facebook page. Scrivner noted that since Glesmann has administered the site, the number of subscribers has increased from approximately 300 to 800.

Board Vacancies

Terms for six board members expired on June 21, 2019. Three of these members – Bostwick, Ebert, and Glesmann – are eligible for reappointment. Oertwich reported that she was informed by Monica Gissler, the Department staff person who receives applications for board vacancies, that reappointment applications have not yet been received from Bostwick and Ebert. Bostwick said she will resubmit her application and copy Oertwich on the email. Oertwich also reported that Monica has received two applications for the three vacant positions. They are still seeking candidates for the LPN position.

DHHS Office of Rural Health

Tom Rauner of the DHHS Office of Rural Health discussed his experiences helping to recruit and retain health care workers in rural areas of Nebraska. Rauner helped establish the Health Professions Tracking Service, which is now administered by the University of Nebraska Medical Center. Rauner said that the tracking system initially focused on physicians, physician assistants, dentists, veterinarians, and behavioral health professionals. He also noted that the Center's method of using licensure data and renewal surveys is the most economical way to gather data.

Uniqueness of Nursing Workforce – Rauner said that tracking nurses is substantially different than tracking physicians. He noted that it is more difficult to designate shortage areas for nurses than for physicians. His office looked into establishing nursing shortage areas for the purpose of a federal loan repayment program, but the task proved to be infeasible. Every area in nursing is a shortage area, and the broad variety of facilities in which nurses work made the task even more complicated.

Successful Strategies – Based on his years of experience, Rauner said the two most successful strategies for recruiting and retaining health care workers in rural areas are 1) focus on “growing your own” rather than recruiting from outside, and 2) provide training opportunities.

Growing Your Own – Rauner said that it is very unlikely that a person from the West or East Coast will stay in a rural area. Incentives might be used to attract health care workers, but if the community is not a good fit for a health care worker, the worker will usually move within 2-5 years. It is more effective to encourage people from rural communities to go into health care fields because they are more likely to be retained.

Training Opportunities – Rauner said that there must be training facilities in rural areas in order to retain health care workers. If people always have to travel to Omaha or Lincoln to get the training they need, they will not stay in rural areas.

Stones pointed out that nurses in rural areas provide a wider range of services than those in urban areas. Nurses in rural facilities might be asked to help with a trauma case and then an obstetrics case during the same shift. Rauner said that critical access hospitals must be upfront about their broader range of patients so that they recruit workers who are prepared to work in such an environment. The diversity of patient care can also be marketed as an opportunity to experience a greater range of specialties. Along with the opportunity to experience more specialties, Rauner suggested that facilities might offer funding for additional education if a worker decides to focus in a specific area.

Stones suggested creating a certification program tailored to meet the needs of rural nurses. Deyke said rural nurses would appreciate having a place they could call for advice when they are the only staff present at a facility and the physician is not accessible. Nelson suggested creating preceptorships at larger hospitals

for rural nurses so that they can quickly obtain experience in emergency, trauma, obstetrics, and the other fields they will need in rural facilities.

Limited Effectiveness of Economic Incentives – Given that nursing jobs in rural areas generally pay less than in urban areas, members mentioned that recent graduates might be less likely to practice in rural areas if they have student loans to repay. Rauner said that in his experience repayment of loans is not by itself a great enough incentive to attract and retain health care workers to rural areas.

Rauner noted that if the incentive to come to an area is primary economic, the likelihood for long-term retention is poor. Walters said that sign-on bonuses have also shown to be ineffective for long-term retention and might not attract the type of employee you want. It is better, Walters said, to hire people who fit the workplace's values.

Deyke noted that her facility in Columbus recently tried to hire a nurse currently working in a metropolitan area, but that they simply could not match the salary.

Customized Benefits Packages – If repayment of educational loans is important to a particular recruit, Rauner suggested that loan repayment could be part of the benefits package offered to that recruit. Rauner said that tailoring contracts to targeted recruits can be effective, but that it must be done in a way so that all employees understand that they are being treated fairly. Walters said that customized benefit plans were also mentioned at the Center's workforce summits, which were held across the state in the summer of 2018. Customized plans could attract nurses who would value having more time off or obtaining help with daycare.

Other Factors Impacting Recruitment and Retention - Stones mentioned a critical access hospital in southwest Kansas that was able to successfully recruit physicians by framing their service at the hospital as a "mission." They also recruited a group of physicians from the same medical school class to better ensure they physicians would have a sense of community when they moved to the area.

Walters said it is particularly challenging to attract young, single people into rural areas. During their off-work hours, younger people might wish to have access to activities that are not available in rural areas. During the Center's workforce summits, participants suggested creating clubs, such as clubs for beer tasting or blues music, to attract younger workers.

Rauner said an important component of recruiting nurses is whether jobs are available for the nurses' spouses.

Deyke noted that some Nebraska counties have significant shortages in day care providers. Nurses with young children cannot work if they do not have access to childcare.

Demographic Realities – Rauner acknowledged that there must be access points to health care in frontier counties, but that trying to keep hospitals and practices open in some communities is not always realistic. Rauner said that a community needs a population base of 6,000 to 8,000 people in order to make a health care facility feasible. If a larger hospital is only 20 miles away, people will go to the larger hospital. In some areas, rural health clinics or EMS services are a more realistic option than trying to keep a critical access hospital open.

Bjerrum noted that when a nursing home closes in a rural community, there might not be another facility nearby that the community can access.

Importance of Community-Based Plans - Rauner said that the national health care workforce data put out by HRSA is not necessarily applicable to state-level or community-level situations. The components that lead to a sustainable health care workforce vary from community to community. Rauner noted that the services nurses provide in one community might differ from what nurses in another community do. The training opportunities available to a nurse also varies from community to community. Rauner said that rivalries between communities can sometimes create barriers; people might not be willing to trust a health care provider from a particular community. Nelson pointed out that there are pockets of the state where cultural issues have a big impact on the community's health care needs.

Best Practices - Rauner suggested that the Center might use its data to find communities that have successfully recruited and retained nurses. Rauner said that it would be helpful to compare communities with and without nursing homes and communities with and without critical access hospitals. By studying these communities, the Center could develop a model for best practices for recruitment and retention. If published, the model would be a resource for communities to develop their own plans. Grants could perhaps be awarded to communities to help with implementation of their plans. To create a model for best practices, Stones recommended looking at commute times for nurses to see if nurses are driving long distances instead of working nearby. Stones said that the age range of nurses in a particular community can also impact workforce projections. Deyke recommended looking into how regional data from the Center's workforce model compares with regional data on poverty rates, availability of child care, and other factors that impact the quality of life.

11:45 a.m. Meeting went into recess. Rauner left the meeting.

12:15 p.m. Meeting reconvened.

Foundation Report

Bostwick reported that the Center for Nursing Foundation will meet the following week and discuss finding new Foundation Board members. Bostwick, Ramirez, and Foundation Board members Theresa Delahoyde and Lin Hughes will also brainstorm ideas for grants. Bostwick said that they want to hear what Tom Rauner has to say before they formulate their "ask." Bostwick reported that the Foundation has received approximately 77 applications for the specialty Center for Nursing license plates. She has prepared a letter to send to these applicants to update them on the status of the plates. She hopes applicants can help promote the plates.

Nurses Making a Difference Awards

Walters reported that nomination forms for the Making a Difference Award can be found in the most recently published edition of the Board of Nursing's *Nursing News*. Ramirez reported that he has already received one nomination. Deyke suggested that for the next award cycle the Center might look into having the Governor present the awards during the Nurses Day at the Legislature event.

Conference Reports

Oertwich, Ramirez, Reznicek, and Walters presented at the Nurse Educator Conference on June 7, 2019. Walters and Oertwich reported that the conference was well attended and they think the presentation helped raise awareness about the Center, but that they did not get as much feedback from attendees as they had hoped. Walters said they wanted to know more from attendees about their perceptions of faculty shortages in their regions, whether their programs were filling all their students slots, and if not, were slots going unfilled because there were not enough qualified applicants or because students decided to attend school elsewhere.

Reznicek said that many perceive the nursing shortage in facilities to be a more serious problem than a shortage of nursing faculty. Oertwich noted that a faculty shortage results in fewer nurses available to work in facilities. Ramirez said that nursing schools in the U.S. deny approximately 75,000 applications every year due to faculty shortages.

Hoebelheinrich and Bostwick reported on the Midwest Regional Health Policy Conference, which was also held June 7, 2019. The presentations focused on advocacy and the need for nurses to be advocates for their profession. One idea from the conference that intrigued Hoebelheinrich was the potential effectiveness using phrases such as “there is a high demand for nurses” rather than “there is a shortage of nurses.” Bostwick remarked that one speaker said that there is currently a sufficient number of nurses in the U.S. but that nurses are not necessarily in the places where they are needed.

Ramirez and Walters reported on their participation in the National Forum of State Nursing Workforce Center’s annual conference on June 12-14, 2019. Walters reported that the presentations from the conference are available on the National Forum’s website.

Walters said that the presentation from the Oregon Center for Nursing touched on that state’s struggle to meet the educational needs of nurses in rural areas. Walters said that every attendee she spoke with at the conference also mentioned that their state struggled with educational opportunities in rural areas.

Ramirez reported on Peter Buerhaus’ presentation, noting that Buerhaus seems to accept HRSA’s nursing workforce model. Buerhaus, according to Ramirez thinks the greater challenge in rural areas will be a shortage for physicians and physician assistants rather than a shortage of nurses. Ramirez said that the HRSA model is flawed because it assumes that there is not currently a nursing shortage, and then uses the current number of nurses to project future needs. Ramirez questioned the advisability of making predications for nursing workforce numbers in the year 2030 when people still do not fully understand what is happening with the workforce today.

Ramirez reported that Buerhaus is optimistic about millennials in the nursing workforce. Buerhaus thinks millennials are more engaged and less likely to leave the workforce. Juan noted that the Nebraska’s renewal surveys show that 40% of nurses in Nebraska are millennials. Deyke suggested that perhaps a grant could be obtained to study ways to retain millennials in the workforce.

Ramirez noted that Nebraska is one of the few states to use primary source data (in the form of renewal surveys) for its nursing workforce reports. Most states use secondary data, such a data from the Department of Labor.

Strategic Planning

Those in attendance agreed to postpone further work on the strategic plan to another meeting. Oertwich asked that Ramirez present on the 2018 RN renewal survey data at the Board’s next meeting. Oertwich suggested that members might want to use Rauner’s information and data from the 2018 RN survey to help shape the strategic plan.

Walters said that one question the Board might consider is whether to give money to groups that develop their own recruitment policies or give to groups that follow the best practices developed by the Center. Walters said next steps might include contacting leaders from groups that the Center would like to work with.

Conclusion

The meeting concluded at 1:30 p.m.

Respectfully submitted,

A handwritten signature in cursive script that reads "Sherri Joyner".

Sherri Joyner
Health Licensing Coordinator