

**MINUTES OF THE MEETING
of the NEBRASKA
BOARD OF NURSING**

October 10 2018

CALL TO ORDER

The Issues Forum meeting of the Nebraska Board of Nursing and Nebraska Center for Nursing was called to order by Janet Andrew, Board Vice President, at 1:00 p.m., October 10, 2018, at the Staybridge Room, Staybridge Suites Lincoln I-80, 2701 Fletcher Ave, Lincoln NE 68504. Copies of the agenda were mailed in advance to the Board members, emailed to interested parties, posted outside the Licensure Unit within the Nebraska State Office Building, and posted on the Department of Health & Human Services website. Andrew announced the location of an available copy of the Open Meetings Act within the room.

ROLL CALL

The following board members were present to answer roll call:

- Janet Andrew, LPN, *Board Vice-President*
- Maxine Guy, LPN
- Louise LaFramboise, RN
- Patricia Motl, RN
- Kristene Perrin, RN (arrived 1:15 p.m.)
- Kristin Ruiz, RN
- Rita Thalken, *Public Member*.
- Karen Weidner, RN, *Board Secretary*

The following Board members were absent: Ann Dey, RN, Dawn Straub, RN, *Board President*, LaFonda Tanner, *Public Member*, and Katherine Werth, APRN.

The following members from the Center from Nursing were present

- Tamera Allen
- Lina Bostwick RN
- Beth Burbach RN
- Kaylene Dudley RN

These minutes were approved by the Board
of Nursing on November 8, 2018.

- Christie Glessmann RN
- Juan Ramirez PhD, *Independent Consultant*
- DJ Scrivner RN
- Pam Uhlir RN
- Lisa Walters, RN, *President*

The following staff members from the Department were also present:

- Ann Oertwich, RN, *Executive Director*
- Jacci Reznicek, RN, *Nursing Education Consultant*
- Kathy Hoebelheinrich, RN, *Nursing Practice Consultant*

A quorum was present, and the meeting convened.

ADOPTION OF THE AGENDA

MOTION: Guy made the motion, seconded by Thalken, to adopt the agenda for the October 10, 2018, meeting.

Voting Yes: Andrew, Guy, LaFramboise, Motl, Perrin, Ruiz, Thalken and Weidner. Voting No: None. Absent: Dey, Straub, Tanner and Werth. Motion carried.

PRESENTATION OF THE NEBRASKA CENTER FOR NURSING REGIONAL WORKFORCE DATA

Walters traveled in July 2018 with Oertwich, Ramirez, and Dr. Craig Moore to present Center for Nursing (CFN) data to stakeholders at six regional meetings in the state. The following is a summary of those meetings.

Walters reviewed the history of the CFN, as well as Vision and Mission statements. She identified three focus areas for the CFN strategic plan

1. Data for workforce forecasting;
2. Collaboration with key stakeholders for workforce development; and
3. Promotion of the image, voice and value of the profession

Walters closed with a summary of the Institute of Medicine Report, *The Future of Nursing: Leading Change, Advancing Health*. The vision is a healthier life for all Americans. The Report promotes 6 target strategies including education, leadership, interprofessional education, practice, diversity and the collection of data.

Ramirez followed with an introduction of the CFN workforce model. Historically, workforce projections have been based on supply at a particular point in time by the Health Resources and Services Administration (HRSA).

The CFN has purchased a demand model created by Dr. Craig Moore. The Nursing workforce is dynamic and subject to change over time. The model allows for inputting environmental variables that will impact demand for nurses e.g., new hospital construction.

Data is reported for nine separate regions developed by the Nebraska Department of Labor. Variables in each region can be adjusted to create supply and demand simulations for policy analysis.

Population demographics including age, gender and degree of urbanization also drive the demand for Nursing. Ramirez closed with a review of projected regional nursing shortages by level of licensure.

Oertwich noted that if student loan forgiveness is a federal program, regional workforce data may create potential opportunities for attracting qualified students to the areas of greatest need.

NEBRASKA CENTER FOR NURSING REGIONAL DIALOGUE

Walters explained that participants at each of the regional meeting were asked three questions:

1. Does the CFN workforce data match your experience?
2. What initiatives have you undertaken to meet staffing needs?
3. What can the CFN do to partner with you to address staffing needs?

Walters stated that it became apparent at the regional meetings that evidence is lacking regarding nursing faculty, clinical sites, number of qualified students that are turned away and how many students leave the state to attend other programs.

LaFramboise stated that educators appreciate feedback from employers so that changes can be made in programs. It is important that educators hear from the practice perspective what students need to be better prepared for the workforce.

Walters noted that at least two Nebraska communities are actively adding foreign educated nurses. The nurses have excellent clinical skills. The challenge is onboarding them into the community. The reintroduction of LPNs into hospitals was a recurring theme.

Walters cautioned that staffing solutions must be driven by nurses. Too often others are willing step up and identify remedies, but the focus can easily shift to tasks without understanding the science of Nursing. She asked how the Board of Nursing and CFN can collaborate. She also asked attendees for their ideas to begin the process of engaging multiple other nursing associations to share objectives and resources.

Bostwick noted that nursing productivity is frequently based on duties and tasks subsequent to time studies. Not all health systems use staffing models based on acuity.

Uhlir pointed out that Nursing care services have been historically included in room charges. Value has to be established for nursing care. There was general agreement regarding generational differences in the workforce.

Uhlir noted that since moving from a larger medical center to a Critical Access Hospital, she has become much more aware of the breadth of what a nurse needs to know to practice in the latter setting. There is less volume in any one area of specialty services to support the development of competencies. New nurses can only be oriented to what they see. Small staff numbers may mean that they have a limited support system. Employers are also challenged to fill absences when nurses travel for continuing education.

Traveling simulation labs were cited as a way that rural facilities can learn to collaborate and share resources. Access to telemedicine services e.g., Emergency Departments are another way to expand resources.

Oertwich noted that as CFN strategic planning has progressed, members have become aware that recruitment strategies by themselves are something of a black hole. There are many employer specific considerations.

JOINT PLANNING SESSION

Board of Nursing and CFN strategic plans were determined to have three shared areas of interest:

1. Data: CFN discussion to date has been promoting access vs. purchase of proprietary data. Grants will be required to sustain CFN activities.
2. Promotion: The CFN is planning a 2019 Workforce Forum for stakeholders. Discussion has been how to collaborate with other Nursing groups.
3. Education: Can the CFN provide consultation services? What are the best practices for recruitment and retention that can be disseminated to others?

It was noted that the Nebraska Hospital Association has a new VP of Quality Initiatives, Margaret Woeppel. There may be an opportunity for collaboration. Feedback from the regional stakeholder meetings indicated that employers want access to evidence-based practices.

Forum participants divided into three groups for the development of recommendations which were then shared with the group at large as follows:

Data: Allen, Guy, Perrin, Ramirez, Thalken, Uhlir (speaker)

Opportunities for partnering (CFN/BON):

- Nursing practice workshops ... promote practice to the highest level this could be accomplished via the Work Force Forum ... discuss generational issues, best practices for staffing, workforce issues, practice issues
- Safe reentry into practice/refresher ... partner to safely and effectively get nurses back into the workforce

Collaboration with other groups:

- Nebraska Nurses Association, Hospital Association, Nebraska Patient Safety Coalition, NANDD, STT, AORN, etc.

Collaboration on data:

- UNMC-College of Public Health
- Long term care
- HOSA (health occupations students of America)

Step up interprofessional education e.g., paramedicine, disaster training

Promotion: Andrew, Bostwick, Motl (speaker), Scrivner

Speakers' bureau for subject matter expertise

Link to each other's websites (BON/CFN)

Workforce Summit

Provide consultation to organizations as requested; customize topic demands by using Board Member expertise and/or networking with others as needed

Promote other types of nursing besides bedside (informatics, transport nursing, etc.) J & J campaign primarily focuses on bedside nursing

Promote education options: BSN, APRN, DNP, etc. Gen-X's want advanced degree opportunities

Promote employment opportunities; have visual what nurses are doing; road show ... have a booth at the State Fair; also state (high school) sporting championships (volleyball, softball, basketball, etc.) Connect at the high school level to promote – show it's not just studying and bedside nursing.

Federal government hiring nurses to assist with pandemic efforts (flu shots, disaster management, etc.)

Promote – nurses on boards campaign www.nursesonboardscoalition.com

Promote nursing as job security owing to employment opportunities, compensation

Education: Burbach, Dudley, Glessman (speaker), LaFramboise, Ruiz, Weidner

Utilize resources; offer purposeful Continuing Education (CE)

Investigate National Council State Boards of Nursing (NCSBN) Transition to Practice / Nurse Residency offerings

Leadership skills training ... target new grads

Refresher courses

Consultation should provide explicit offerings; what funds, careful, deliberate

What can be learned from Colorado CFN, grant opportunities, publishing opportunities

UNMC rural strategic plan

CONCLUSION AND ADJOURNMENT

The Forum adjourned at 4:10 p.m.

Kathy Hoebelheinrich, RN

Nursing Practice Consultant