

NURSING WORKFORCE CENTER
ADVISORY COUNCIL MEETING

June 18, 2008

Minutes

Council Chair B.J. Swanson called the meeting to order at 8:30 am. After introductions by members and guests she stated the objectives of this meeting were to review the data concerning the general topic of the nursing workforce in Idaho and from that draw key conclusions and findings that might be developed into recommendations presented to the Governor, the Idaho Legislature and the State Board of Education.

Editor's Note: Each data presentation led to many comments and questions too numerous to fully describe in these minutes. Cheryl Brush made flip chart notes of relevant discussion points and these are incorporated into these minutes. The presentation of labor force information on nurses, employers and schools led to comments that were voiced throughout the meeting and their recording can be found throughout the flip chart notes. Discussion of specific data elements or numbers likewise is reflected in the flip chart notes but the actual number has to be obtained by reading the report described below.

Sara Gieseke presented the draft copy of *Idaho Nursing Overview, Spring 2008* which includes a wide variety of data that has been collected and analyzed to date for the advisory council. She gave an overview of data sources, employment projection methods, data definitions, report assumptions and data gaps. There were many comments (Supply-Demand flip chart notes) with the most important being the need for data at the regional level, more specificity in levels of nursing and education requirements and wage data. Sara acknowledged some of the data gaps while stressing the need to be able to access other data files such as from the Idaho Hospital Association and ideally obtaining Social Security Numbers (SSNs) of nurses and nursing students so more accurate employment status and earnings data can be obtained via matching to the Department of Labor's Unemployment Wage File. However, obtaining SSNs raises privacy and confidentiality issues. Sara concluded by saying regional data breakouts are possible and will be available by mid-July.

The council discussed the draft report and identified some specific recommendations on improving the data at hand and other data that is needed. These recommendations are listed on the Supply-Demand flip chart notes.

The Chair asked the agenda be modified to receive the report from Bonnie Lind about the *Idaho RN Job Satisfaction and Retention and the Results of a Survey of Idaho Nurses, Spring 2007*. The survey was conducted in conjunction with the 2007 Idaho Board of Nursing RN License Renewal process. A 71 percent response rate was achieved. It was found that 83 percent of the respondents were working (approximately 7,773 persons). Bonnie highlighted the following survey results:

- 80 percent of those working were either overall very satisfied or somewhat satisfied with their current job.
- There are about 1,000 licensed RNs not working in a nursing-related job who might return to nursing if the conditions were right for them. Two main conditions prevailed: increased flexibility in scheduling/more opportunity to work part-time and reduction in workload/physical demands of the job.
- 18 percent of the responding RNs plan to retire within the next five years (2012).
- Among the many factors that can contribute to the level of overall job satisfaction, respondents indicated the highest levels of satisfaction are due to the quality of care nurses can provide and their ability to make appropriate decisions about patient care (82 to 89 percent of respondents ranked these among the top five factors). Lowest levels of satisfaction (38 to 51 percent) are associated with job stress, salary, career advancement opportunities and workload.
- The top two factors the respondents said might influence their desire to leave their current job are 1) salary/benefits (25.5 percent) and 2) stress level (25.1 percent).

The council returned to agenda order and Sara Gieseke presented the report's data and findings concerning nurse education capacity in Idaho. The nurse labor supply is fundamentally connected to the institutional capacity to train and license nurses. Other supply issues such as immigration and possible changes in licensure requirements were not major discussion topics as the committee's primary concern is the capacity of Idaho's state-funded (public) nursing education programs to meet the demand for new and replacement nursing jobs.

The report looks at two components of capacity: the number of students admitted to the programs *seats* and the number of instructors or faculty hired to teach them, including both classroom and clinical experience. On a statewide basis, there are many more applicants for the various nursing programs than can be admitted due to capacity limitations. This number varies greatly by school and program. The number of available *seats* is a factor of student demand, authorized and funded teaching positions and space availability. (The number of clinical sites also is conditioned upon the hospital or other clinical site's willingness and capacity to provide these training opportunities to students.) The data also indicates that about 66 percent of nursing program completers in 2006 were subsequently licensed to work in that profession in Idaho.

The number of instructors available to teach nursing students is dependent not only upon the number of *seats* in a school but also accreditation standards (instructor degree, student/instructor ratio and the like) and the ability to hire and retain instructors with the requisite education and experience. A strong determinate of the hiring/retention factor is pay/earnings however it might be calculated. The data suggests Idaho nursing faculty average annual wage is considerably less than in Washington and Utah (Oregon's data was not available) and just \$600 per year more than the average for registered nurses. Finally, survey data indicates that about 63 percent of the nursing faculty statewide is planning to retire by 2012 or within the next five years.

The council discussed the wage data the most. It was agreed that more detailed data is needed—by region, nursing level (with education degree), full and part-time and industry setting. Sara replied some of that information exists and can be arrayed regionally but most of it is not

available. Access to and matching SSNs of student, licensed and employed nurses would go a long way in answering these questions.

At the conclusion of the discussion of the data presented at the meeting and contained in the draft *Idaho Nursing Overview, Spring 2008* the question was asked what to do with the report. The council decided that given the need for regional breakouts and more clarity about the wage rates it would be premature to publicly release the report now. Steve Millard moved that the report be embargoed until the requested revisions are included in the report and then the council should decide upon public release. Claudeen Buettner seconded the motion. It passed unanimously. The Chair then asked Pam Springer, Carol Ashton and Sandy Evans to be available to review additional nursing labor market information that is provided in response to the council's request.

Noreen Davis gave a Power Point presentation on the findings and recommendations of the subcommittee on Alternative Educational Opportunities. "Alternative" in this context means different ways of delivering nursing education in terms of finance, facilities and state system structure. It also means different instruction methods; training philosophy. Finally, alternative means a feature that is present in another state but not in Idaho.

The main discussion points and recommendations are recorded on the Alternative Education flip chart notes. Tony Fernandez moved to endorse the report of the Alternative Educational Opportunities subcommittee. Margaret Henbest seconded the motion which passed unanimously.

Susan Ault reported on a conference she recently attended with several council members and staff, "Effective Retention Throughout the Career Continuum". The conference was hosted by the Colorado Center for Nursing Excellence and the agenda focused on retaining three high risk (retention-wise) nurse populations. These are new nursing graduates, frontline managers and the older nurse. The theme of the conference was: We cannot produce enough new nurses to meet the growing demand and must improve retention efforts. She handed out a summary of the presentations and key points. Noreen Davis commented that fundamentally effective nursing, including retention, sits on the shoulders of both the employer and the nurse. Manuelita Burns added that the relationship between the health care providers and nursing schools is also important. Roger Madsen brought to the council's attention a program that once existed, Nurses Loan Forgiveness Program, that might be considered as a way to improve retention by skill upgrading.

Chair Swanson opened the discussion about the next steps the council should take and what are the priority actions. Margaret Henbest said the council should ask the Idaho Legislature to remove the sunset clause and continue to fund the workforce center effort beyond June 30, 2009. She noted that Sen. McGee and Rep. Wood are the center's champions in the Legislature. She also said she would be willing to continue on the council and support legislation to continue the center and for other actions.

Chair Swanson asked if it is prudent to issue a press release this fall on the council's recommendations. The members' general feeling was that the council should first report its

findings to the Governor and the State Board of Education and then to the Legislature and general public.

The question of supporting the probable request by Idaho State University for the start-up of a doctoral degree program in nursing was the next topic discussed. Tony Fernandez questioned the appropriateness of naming a specific school while Margaret said the council needs to be specific. Tony Fernandez moved a statement to be transmitted to the State Board of Education that reads, "As a part of addressing the nursing faculty shortage in Idaho, the Idaho Nursing Workforce Advisory Council strongly recommends increased funding for graduate and PhD nursing programs in Idaho, including Idaho State University's Notice of Intent to establish a PhD program in nursing."* Margaret Henbest seconded and the motion passed unanimously.

Chair Swanson announced the next meeting would be held August 4, 2008 in Boise.

*Amended at the August 4, 2008 council meeting.

Attachments

Flip chart notes

Attendance:

Members:

Dr. Carol Ashton
Ms. Susan Ault
Dr. Claudeen Buettner
Ms. Manuelita Burns
Ms. Noreen Davis
Ms. Sandy Evans
Dr. Tony Fernandez
Rep. Margaret Henbest
Mr. Roger Madsen
Ms. Amber Miller for Sen. John McGee
Mr. Steve Millard
Ms. Kathleen Nelson
Ms. Tammy Perkins
Dr. Pamela Springer
Ms. B.J. Swanson
Mr. Robert Vande Merwe
Ms. Patty Sanchez for Dr. Mike Rush

Staff and Guests:

Jim Adams
Cheryl Brush
Leandra Burns
Jay Engstrom
Naala Figueras
Sara Gieseke
Dwight Johnson
Bonnie Lind
Georgia Smith
Alice Taylor
Bob Uhlenkott
Roy Valdez
John Van Dyke

Supply-Demand

Data Needs

- SSN for all graduates to identify degree/progression from one degree to the next (concern with double count)
- Need information on LPN, ASN, BSN options (completion, 4 year, Fast Track, etc.)
- Improve demand side equation by improving industry input
- Validate growth in service--industry provide additional data on expansion plans
- Obtain vacancy rates (IHA/Long term?)
- Clarify whether vacancy rates are being addressed by contract nurses
- Coordinate with IHA on demand
- Test assumptions on demand--does industry have better data on planned growth
- Data for demand/supply/education gap--for education capacity
- Strip advanced degrees from RN numbers--demonstrate separately
- Regional data is imperative
- Develop recommendations to meet demand
- Test economic impact of nurse (lost opportunity-cost of agency nurses)
- Compare actual to forecast
- IHA--sees nursing workforce availability as a crisis
- Long term care perfect storm (aging workforce-aging population)

Recommendations

- Need data over time
- Information on long term care workforce
- Regionalized supply-demand
- Incorporate data from LTC and IHA associations
- Industry commitment to answer OES survey (include in industry newsletter)
- Take seasoned vs. new nurse into account

Education Capacity

- Broaden/refine capacity/supply questions and monitor for trend analysis at graduate/education level
- Check levels of funding for increasing capacity
- Accurate number of qualified students denied admission due to lack of capacity
 - Does a standard definition of qualified student exist?
 - Does a standard definition of denial exist?
 - Treatment of students accepted but deferred until a seat becomes available (counted as denial)?
- Obtain information to clarify whether new graduates are already licensed at another level -(LPN/ASN or ASN/BSN completions)
- Level of cooperation between clinical sites and ed institutions.
 - Exists in SW Idaho/looking at collaborative effort in E. Idaho

Consider using other facilities/simulation for entry level students
Coordinated effort to recruit nurses? (yes, some have jobs before they graduate)
Tuition is not an issue? Partial tuition--its not all up front
There is still a great need for scholarships
Consider a scholarship program tied to rural areas
Foundations--how many fund students to return?

How many faculty vacancies are there? Has a direct impact on student admissions.
Number of qualified vs. unqualified faculty
Students who live/work in broader communities
High tech out-of-state tuition waivers extend to nursing? Allow college presidents to grant waivers for high demand industries
Additional data on out-of-state and on-line programs
Loan forgiveness-encourage for students who practice in Idaho
Can we quantify number of impacted students/costs
Capacity constraints-shall we combine #9 + #1? Nine not part of original list. Other
Need more data on student capacity
SNNs from students--some have them-some do not. Identify FERPA issues
Do Wyoming and Montana have bigger problems with faculty salaries? States vary/market driven/cost of living/education
Average wage of master's degree in service vs. education (?)
Develop acronym cheat sheet for BLS deliverables
Need SSNs of Faculty for better wage comparisons
Consider using nurse practitioner wage survey
(note: variety of sources were included in wage survey so committee experts could identify those most representative)

Explore effectiveness of existing programs
Clinical practice model to be tested this spring
Recruitment and retention need to go hand in hand
Find a way to share best practices
Tour simulation center-need full time staff
Coordinate facilities and equipment
Investigate status of nursing home forgiveness program and consider expanding
Request continued funding or expand mission to include other health care professional and workforce issues
Council news release and public information campaign
Endorse message to state board and express support for program and FTE
Specific recommendations call for specific data

Faculty

Unlicensed/licensed-comparison for student/teacher ratio
Adjunct faculty definition
Clarify preceptor-clinical ratio

Add faculty to average annual earnings chart-pull it out of other categories
Get faculty SSN to break it down by region--include degree level
Request SSNs from universities for purpose of annualizing salaries
Define and clarify certification levels
Preparation of faculty?
12 month vs. 9 month service contracts
Add APPN to pg. 97?
Salary/faculty recruitment--what are differences between institutions (pg 98)
Add community colleges to salary review
Try to add private institutions to review

Recommendations

Recommend faculty salary increase forward to DFM/DHR (but need to make the case).
Education institutions need to address the issue as well
Include entry level wages
Encourage DFM/DHR to address the salary issue
Delays in addressing doctoral preparation will continue to put us behind in meeting the demand
Need a unified message from the council
PhD Faculty issue needs to be addressed
Council needs to finish/create a strategic plan and have a unified voice
Need an FTE allocation
Increase FTE's By x per year with emphasis on PhDs; need to focus on multiple levels

Alternative Education

Recommendations for universities/colleges
Establish education sites in rural areas
Include health occupation classes in high schools
Identify multiple entry points
Spread clinical experiences over the entire year--24/7
Combine students from multiple institutions at one clinical facility
Develop alternative sites for clinicals in early
Use rural hospitals
Use more simulation equipment and partner among institutions/industry
Develop list of additional clinical sites
Identify drop outs
Report each program's success on NCLEX
Identify dollars required to provide capacity for # and type of graduates needed

Recommendations for Service

Create incentives for staff to serve in faculty status

Track and report new graduate turnover -- year 1&2
Work with vendors to obtain equipment for educational institutions when purchasing
Develop residency program
encourage older workers to remain in practice; serve as mentors
Investigate alternatives to support staff while teaching and completing masters/doctoral programs
Identify number and type of graduates needed to cover the next 10 years

Other

Reintroduce HB 160 allowing for compacts making doctorate programs available to Idaho residents
Ed facilities and service partner to provide reference materials, lab equipment, etc.
Develop formal internships during summer prior to graduation to practice skills

Discussion

Convert education recommendations into a grid that breaks down costs, responsibility etc.
Share best practices
Emphasis on critical thinking skills
Engage Idaho Simulation Association

Strategic Planning

Preliminary Report to State Board at its August meeting
Need final proposals by August
Governor's Task Force--prepare/help faculty
Add more seats to programs but what's the beginning point--need to work back
Can schools put their heads together to come up with an FTE?
Develop talking points
Committee can help deal with data issues