

MINUTES OF THE MEETING
NEBRASKA CENTER FOR NURSING
October 21, 2016

The meeting was scheduled to begin at 9:30 a.m. at Cornhusker State Industries, Room C, 800 Pioneers Blvd., Lincoln NE. 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. At 9:38 a.m. the following Board members were present at the meeting location: Connelly, Bostwick, Bowman, Ebert, Glessman, Hadenfeldt, Uhler, and Walters. Due to lack of a quorum, the call to order was delayed.

Introductions were made on behalf of new staff members, new Board members, and guests.

PRESENTATION BY CRAIG MOORE, PHD

Dr. Craig Moore had traveled from out-of-state to give the presentation before the Board on his work developing nursing workforce supply-and-demand models. He briefly overviewed his background. He holds a PhD in Economics and Statistics; he was a professor at the University of Massachusetts from 1972 to 2004; he developed one of the first regional nursing workforce models and the first multi-regional state nursing workforce model, and he was a consultant for the first HRSA national nursing workforce model.

Moore delineated some of the assumptions that can shape workforce models. Does the model, for example, assume a standard of care that matches current practices or does it assume a higher goal? Other factors that need to be considered include whether healthcare providers in the state treat patients from other places, whether there are major healthcare systems that dominate the state, and whether the state or regions of the state are experiencing economic growth.

Moore described the difference between modeling and forecasting. A forecast uses current trends and standards of care to predict future supply and demand. He said that most state-level nursing workforce models are actually forecasts. A model, on the other hand, allows the user to run simulations by adding and adjusting variables. With a model, according to Moore, you can determine how much a policy variable needs to change in order to affect a desired outcome. This capacity for sensitivity analysis makes a modeling a more effective policy tool than forecasting.

Moore outlined the demographics that drive healthcare demand. Two key demographics are the size of the elderly population and the number of females aged 18 to 44. These groups both have higher healthcare expenses. Demand is also affected by different patterns in rural versus urban areas. In rural areas, patients are more likely to have healthcare providers who are familiar with their medical history. Urban areas might have larger populations of uninsured patients who are reluctant to seek healthcare.

Moore also identified major factors that affect nursing supply, including the number of young women in the state (since this population is most likely to pursue nursing careers), the capacity of state nursing education programs, the number of nursing students educated out-of-state who are willing to return after graduation, and the number of nurses leaving the profession.

Moore showed a map from the Nebraska Department of Labor defining nine economic regions in the state. If he designed a nursing workforce model for Nebraska, he said he would develop separate models for each of the nine regions. Different models will take into account the demographic differences, economic differences, and different patterns in healthcare usage in each region. He would also provide separate models for LPNs, RNs, and APRNs in each region, producing a total of 27 regional models along with three overall state models.

These minutes were approved by the Nebraska
Center for Nursing on November 18, 2016.

Moore said the time it would take to develop a workforce model depended on the availability of data and the availability of healthcare leaders who would need to be surveyed and interviewed. He said the design process could be done in a few weeks or it might take a few months.

Moore said his models are user friendly and require no special skills. He said he could train staff to maintain and update the model. He demonstrated the types of reports and charts that could be generated using the nursing workforce model he designed for Louisiana.

CALL TO ORDER

The meeting was called to order by Liane Connelly, Chair, at 10:35 a.m. Connelly announced the location of a current copy of the Open Meetings Act within the room.

ROLL CALL

The following Board members answered roll call:

- Liane Connelly, RN, *Chair*
- Lina Bostwick, RN
- Kathy Bowman, RN
- Charity Ebert, RN
- Christy Glessman, RN
- Nolan Gurnsey, RN
- Cindy Hadenfeldt, RN
- Pamela Uhlir, RN
- Lisa Walters, RN, *Secretary*

The following Board members were absent:

- Suzanne Deyke, RN
- Kayleen Dudley, RN
- Cheryl Echtenkamp, RN
- Teresa Faith, LPN
- Kathy Harrison, RN
- Anna May, RN

The following individuals were also present:

- Ann Oertwich, RN, *Program Manager*
- Becky Wisell, *Licensure Unit Administrator*
- Juan Ramirez, PhD, *Independent Consultant*
- Sherri Joyner, *Health Licensing Coordinator*
- Jacci Reznicek, RN, *Nursing Education Consultant*
- Kathy Hoebelheinrich, RN, *Nursing Practice Consultant*
- Mary Findlay, *Research Analyst, Department of Labor*
- Jodie Meyer, *Research Analyst, Department of Labor*
- Craig Moore, PhD

DISCUSSION WITH CRAIG MOORE, PHD

Hadenfeldt asked Moore how his model would cover LPNs. Moore said that some states use LPNs more than other states, and he would research how LPNs are used in Nebraska.

Connelly asked Moore about his sampling strategies. Moore said that if he cannot find the data he needs to develop a model, he often obtains the data through focus groups. Given the low response rate to surveys, he finds that focus groups are often more effective. Another benefit of focus groups according to Moore is the opportunity to pick up information through conversations and body language that might not be accessible in surveys.

Moore said that his models are based on Excel but also use some Visual Basic as well as some graphics that he developed.

Uhlir noted that when UNMC switched to admitting nursing students just once a year rather than two times a year, it had a big impact on facilities. With just one influx of new nurses each year, Uhlir said facilities needed to over hire in order to compensate for those nurses who would leave employment during the remainder of the year. She asked Moore if his model could be used to predict these types of situations. Moore said it could.

Findlay said that the Department of Labor can provide data on turnover rates through its tracking of unemployment insurance data. She said the Department of Labor can also provide data on employment numbers and salaries. Ramirez reported that he had obtained data from the Nebraska Hospital Association for the number of hospitals, number of patient days, and ages of patients. Ebert reported that similar data was available for long-term care facilities.

Moore noted that stakeholders often drive the questions that a model should address. The model should serve the policy needs of the state.

Hoebelheinrich asked if the model can be used to determine if APRNs are moving to areas with healthcare shortages. Moore suggested developing a separate model for APRN Nurse Practitioners rather than one model for all APRN specialties. Hoebelheinrich also noted that Nurse Practitioners are not consistently defined in different data sets. Moore said that data often relies on nurses' self-identification of their work settings, and that by rewording questions you might obtain more consistent data.

ADOPTION OF THE AGENDA

Connelly asked that the agenda be revised to reflect the reordering of items originally scheduled for discussion prior to Moore's presentation.

Motion: Walters made the motion, seconded by Uhlir, to adopt the revised agenda.

Voting Yes: Bostwick, Bowman, Connelly, Ebert, Glesmann, Gurnsey, Hadenfeldt, Uhlir, and Walters.
Voting No: None. **Abstain:** None. **Absent:** Deyke, Dudley, Echtenkamp, Faith, Harrison, and May.
Motion carried.

APPROVAL OF THE MINUTES

Motion: Walters made the motion, seconded by Bowman, to approve the minutes of the May 20, 2016, July 22, 2016, and August 19, 2016, meetings.

Voting Yes: Bostwick, Bowman, Connelly, Ebert, Glesmann, Gurnsey, Hadenfeldt, Uhlir, and Walters.
Voting No: None. **Abstain:** None. **Absent:** Deyke, Dudley, Echtenkamp, Faith, Harrison, and May.
Motion carried.

UPDATES

Budget Status Report

Wisell reported that there were errors in the Budget Status Report most recently generated for the Center for Nursing. Wisell said she would work with Department accounting personnel to correct the errors. Staff will bring a Budget Status Report to the Center's November meeting.

Center for Nursing Logo

In August, three potential logo designs had been distributed to Board members via email, and members had submitted their rankings of the logos to Suzanne Deyke.

Motion: Walters made the motion, seconded by Hadenfeldt, to adopt the logo that members preferred in the email survey.

Voting Yes: Bostwick, Bowman, Connelly, Ebert, Glesmann, Gurnsey, Hadenfeldt, Uhlir, and Walters.

Voting No: None. **Abstain:** None. **Absent:** Deyke, Dudley, Echtenkamp, Faith, Harrison, and May.

Motion carried.

Rural Nursing Video

Hadenfeldt reported that a contract had been finalized with Justin Kofoed to produce a video on rural nursing in Nebraska. The video will focus on Nolan Gurnsey and his work as the administrator of a long-term care facility in rural Nebraska. Hadenfeldt said that they expect the video to be 10-15 minutes in length, and that Kofoed will also produce a few shorter clips to promote rural nursing. Ebert asked how the video will be used. Connelly said they can place the video on the Center for Nursing website where it can be accessed by any group that wishes to use it.

Members suggested the following benefits of rural nursing that might be incorporated into the video:

- The leadership roles played by rural nurses in their communities
- The diversity of nursing roles in rural areas
- Increased opportunities for advancement
- Work/life balance issues can be more favorable in rural areas
- Nursing wages in rural areas are often higher than in urban areas
- Lower cost of living in rural areas
- Opportunity to care for your neighbors and provide continuity of care
- Federal programs that might help pay back student loans
- Natural beauty of rural areas

Strategic Plan

Walters asked groups if they wanted to revise their goals listed in the draft Strategic Plan booklet. If they did, they should email their revisions to Walters. Connelly said they should discuss the booklet at the November CFN Board meeting. Walters, Uhlir, and Joyner said they would search for the “cloud” version of the strategic plan that had been developed by former Board member Linda Stones.

Center for Nursing Website

Connelly asked that the November Board meeting include a discussion of website development proposals from 1) Nebraska Interactive (also known as Nebraska.gov), 2) Chip Thompson Design, and 3) Justin Kofoed

Center for Nursing Foundation

Gurnsey reported that the Foundation met on July 22nd and discussed doing the “Nurses Who Make a Difference” campaign in years alternating with the Nebraska Action Coalition’s “40 Under 40” recognition event. Foundation members discussed the possibility of focusing the campaign on a specific area such as rural nursing, parish nursing, or long-term care nursing. Hadenfeldt said she could bring more

information at the November CFN meeting. Connelly asked Gurnsey and Hadenfeldt if they were willing to organize and choose a focus for the 2017 “Nurses Who Make a Difference” campaign. Bostwick and Ebert volunteered to help with the campaign.

The following people were identified as current and/or prospective members of the Nebraska Center for Nursing Foundation: Nolan Gurnsey, Cindy Hadenfeldt, Linda Hughes, Helen Johnstone, Anna May, Lina Bostwick, and Charity Ebert,

NCSBN Proposal to Develop State Workforce Reports

Members had received a copy of an email regarding indications that the National Council of State Boards of Nursing (NCSBN) is pursuing the development of state-level nursing workforce reports. A meeting was scheduled on September 30, 2016, between representatives of the National Forum of State Nursing Workforce Centers and the NCSBN to educate NCSBN staff on the role of state workforce centers and to clarify the NCSBN’s plans. Connelly said she wanted CFN members to be aware of the issue.

SCHEDULING OF 2017 MEETING DATES

After reviewing a 2017 calendar, members agreed to continue meeting in 2017 on the third Friday of alternating months.

Motion: Gurnsey moved, seconded by Bostwick, to schedule Board meetings in 2017 on January 20th, March 17th, May 19th, July 21st, September 15th, and November 17th.

Voting Yes: Bostwick, Bowman, Connelly, Ebert, Glesmann, Gurnsey, Hadenfeldt, Uhlir, and Walters.

Voting No: None. **Abstain:** None. **Absent:** Deyke, Dudley, Echtenkamp, Faith, Harrison, and May.

Motion carried.

12:10 p.m. Meeting went into recess.

12:20 p.m. Meeting reconvened.

FUNDING FOR NURSING WORKFORCE SUPPLY AND DEMAND MODEL

Connelly asked Wisell to discuss possible avenues for funding the purchase of a supply-and-demand model. Wisell said that if the cost of the model exceeds \$50,000, it would require competitive bidding and the issuance of a Request for Proposal (RFP). Connelly asked if payment for the model could be spread out over two fiscal years. Wisell thought that a contract could be constructed so that the contractor received two payments, with one payment made in FY17, for example and the second payment in FY18.

Wisell asked members if they wanted to pursue outside sources of funding. Oertwich mentioned that some funding might come from the CFN Foundation. Uhlir noted that the Nebraska Hospital Association would be interested in the model. Oertwich mentioned the Nebraska Health Care Association as another interested party. Connelly noted that having an effective workforce model was necessary in order for the Center to pursue its statutory charge. Walters said that if the Center asked other organizations to contribute to funding the model, these organizations might question why they should pay for something that is part of the Center’s statutory charge. Walters said she also dreads the possibility of a future nursing shortage crisis and then having the Legislature question why the Center for Nursing did not predict the shortage. Glesmann suggested that if another group wanted to add on to the model so that the group could obtain specific types of data, then they might require that group to pay for the addition. Members agreed that funding for a basic supply-and-demand model should come from state funds.

Connelly asked members for feedback on what they would like a supply-and-demand model to include. Desired characteristics included: a model that is adaptable and dynamic, a model that can be easily

updated; a model driven by the needs of the citizens; something that enables modeling rather than just forecasting, and a model that provides regional as well as statewide views.

Connelly suggested that staff might reach out to other states with supply-and-demand nursing workforce models to find out what processes they used to purchase their models.

Motion: Walters moved, seconded by Uhlir, to explore whether funding a supply-and-demand model for the Nebraska nursing workforce would require issuing a Request from Proposal (RFP), and if so, to develop a RFP.

Voting Yes: Bostwick, Bowman, Connelly, Ebert, Glesmann, Gurnsey, Hadenfeldt, Uhlir, and Walters.

Voting No: None. **Abstain:** None. **Absent:** Deyke, Dudley, Echtenkamp, Faith, Harrison, and May.

Motion carried.

1:00 p.m. *Hadenfeldt and Wisell left the meeting.*

COLLABORATION WITH NEBRASKA ACTION COALITION (NAC)

Connelly reported that two or three members of the Nebraska Action Coalition will attend the November 18th CFN Board meeting. The purpose of the joint meeting is to develop a map for future CFN/NAC collaboration. Connelly said the goal was not to change each other's strategic plan, but rather to find the areas where the two groups' strategic plans overlap and where they might work collaboratively. Connelly said she will work with Victoria Vinton of NAC to develop an agenda.

Uhlir asked if NAC might distribute their strategic plan to CFN members. Connelly thought the NAC plan was available on the NAC website, but she agreed that hard copies would be helpful.

STRATEGY GROUPS

Members broke into small groups to discuss the work of their assigned strategy groups: 1) Supply-and-Demand Model, 2) Disseminate Data, 3) Mobilize Stakeholders, and 4) Evaluate Initiatives. New members volunteered to work with the following groups: Christi Glesmann – Group 1 (Supply-and-Demand Model); Charity Ebert – Group 2 (Disseminate Data); and Lina Bostwick – Group 4 (Evaluate Initiatives). Connelly tentatively assigned Teresa Faith to Group 3 (Mobilize Stakeholders).

Group #1 – Provide Supply-and-Demand Model

Uhlir said that there was a need for more data regarding nursing education programs in Nebraska. Reznicek said that the Department could contribute data provided by pre-licensure nursing programs in their annual reports to the Licensure Unit. Glesmann said she plans to review information she received at the 2015 ATI Nurse Education Summit regarding modeling versus forecasting.

Group #2 – Disseminate Data

Walters asked whether representatives from the Governor's office and the Legislature might be invited to the stakeholder's summit. Connelly said the Center is a data source. Professional organizations can use the data to propose legislation. She would need more information on what role the Center can play in proposing legislative initiatives.

Connelly asked Oertwich if she could include an item in *Nursing News* to inform the nursing public that there will be a summit on the workforce model in late summer 2017.

Walters said she plans to tweak the initiatives listed in the draft strategic plan booklet. She asked each group to email her any updates they wish to make to the booklet. Bowman said Group 4 had emailed an update to Stones.

Group #3 – Mobilize Stakeholders

Group 3 members will organize a summit with stakeholders regarding the Center's supply-and-demand model. Because many of the details of the summit depend on the results of the data, they will begin planning for the summit when data gathering for the supply-and-demand model begins. Gurnsey said the summit might be held at the Nebraska Health Care Association. Group 3 thought a summit with approximately 20-25 stakeholders in attendance might be more effective than a summit with hundreds of attendees. Connelly said they were considering whether to hire a facilitator so the CFN members, rather than serving as facilitators, could more actively participate in the summit. Connelly said they would like to schedule the summit prior to the start of a legislative session so that they have time to prepare for any legislative initiatives that might emerge.

Group #4 – Evaluate Initiatives

Bostwick reported that Group 4 will make an assessment plan for each group. Connelly said that Group 4's charge might include an evaluation of each meeting, also noting that the Board is not always effective in implementing its plans after the meeting ends. Uhlir suggested a brief survey after each meeting so members could indicate what went well and what did not.

Group 4 members asked about the timeline that had been developed at the Board's May meeting. When the timeline was developed, the Board was not considering the purchase of a supply-and-demand model. Connelly said some items on the timeline might need to be shifted by a few months. Joyner asked about the item on the timeline for producing RN and LPN booklets to distribute at the Fall Forum for stakeholders. Connelly said that the "Nursing Workforce" handout that Ramirez had prepared and distributed to Center members would fulfil the function of the booklets.

ENVIRONMENTAL SCAN

Oertwich provided background on the Enhanced Nurse Licensure Compact. Members of the Board of Nursing had expressed concerns about nursing shortages that might result if Nebraska did not join the Enhanced Compact prior to its implementation date. Oertwich said that the Department might sponsor legislation to join the Enhanced Compact.

CONCLUSION

The meeting adjourned at 2:27 p.m.

Respectfully submitted,



Sherri Joyner
Health Licensing Coordinator