

2009 SENATE HUMAN SERVICES

SB 2304

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2304

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 1-26-09

Recorder Job Number: 7726, 7770, 7772 (meter 1:50)

Committee Clerk Signature

Mary K Monson

Minutes:

Vice Chair Senator Erbele opened the hearing on SB 2304 relating to creation of a ND center for nursing board.

Senator Dever (District 32) introduced SB 2304 as a sponsor. He said there would be amendments offered. One thing that might need to be looked at is Section 2 – the appropriation. It says the funding would be appropriated to the ND Center for Nursing. Generally it would be appropriated through a state agency.

Senator Heckaman (District 23) also a sponsor spoke in favor of SB 2304.

Wanda Rose (President of the ND Nurses Assoc.) testified in support of SB 2304.

See attachment #1.

Senator J. Lee asked who the Center would answer to.

Ms. Rose said she hadn't really pondered that question. What she visualizes is that it goes to OMB. The bill identifies how they are going to use the money. Because they are a governor appointed board there could be interim committee reports back to the legislature.

Senator Dever asked if the FTE's would start right away.

Ms. Rose said once the board is appointed they would do a search for a center director. The director would be appointed. The research analyst probably wouldn't be put on until the next

biennium. The program coordinator the first year would be putting the program together doing a lot of collaboration.

Senator Erbele asked what she saw the Center's role in addressing workforce shortages and increased capacity in the field of nursing.

Ms. Rose – Currently a number of the nursing education programs are addressing how to recruit young students into nursing. Looking at what the rural communities need, current literature and research says a lot of it is wages, benefits. Working in a collaborative manner addresses those issues.

Senator J. Lee asked how much research they need to do.

Ms. Rose replied that they will always have to continue to do the research to have the data base to recognize what the workforce needs are – how many nurses are coming in, how many are staying.

Senator J. Lee asked if the board of nursing would have that information.

Ms. Rose said they would have that information; however, the board of nursing is doing it through a contract with the center of nursing based on what they are providing through the licensing fees. What won't be known if they stop this is how many are continuing to work full time or part time, what's causing some of the retention problems.

Senator J. Lee felt there is a little bit of duplication here.

Discussion followed on the center's relationship with the center for rural health as far as overlapping or sharing different responsibilities and the center's interaction with the dept. of commerce as far as the workforce side.

Ms. Rose said their goal is that it would be seamless – that the center for nursing would be the clearing house, the central area.

Senator Dever asked if this addresses the problems of both nurse shortage and distribution of nurses across the state.

Ms. Rose said it would look at both of those issues.

Senator J. Lee asked how the center of nursing would interact with the nurse consortium.

Ms. Rose said it would be a very close partnership. She didn't think they would be duplicating.

Dr. Mary Wright (Associate Dean for Nursing and Allied Sciences at NDSU) testified in support of SB 2304 – Attachment #2.

Senator J. Lee said she had a little concern when they no longer require the baccalaureate. She asked how they deal with those issues that what's being covered in the curriculum in some of the entry level positions.

Dr. Wright said there is foundational information that all registered nurses need to know for licensure and that can occur at the associate degree level. When moving into the baccalaureate level it takes it a step further in terms of the application of aggregate groups like a public health.

Dr. Constance Kalanek (ND BON) testified in support of SB 2304. Attachment #3
She also provided testimony from **Patricia Moulton** (Nursing Needs Study Researcher, Center for Rural Health) who could not be present. Attachment #4.

Senator J. Lee asked if they have had a good response to the nurse faculty internship program across the state.

Dr. Kalanek said they have.

Senator Dever asked if other areas of medical practice suffer from similar kinds of shortages and if a similar approach would help address those too.

Dr. Kalanek thought this could be a process feasible for other professions as well.

Senator Dever asked if it would be appropriate to expand this to include them.

Dr. Kalanek said it would depend on the individuals involved.

Senator J. Lee said the concept sounds good but struggles with the dollars and asked for a breakdown.

Dr. Kalanek said someone else could better answer that.

Linda Wurtz (AARP) testified in support of SB 2304. Attachment #5.

Senator Dever shared the concerns of **Senator J. Lee** on the cost of this and asked if they could work together to adjust the number of FTE's etc.

Ms. Wurtz said they wanted to put some kind of number on it so legislators would have a target. They estimated what they would need to get going the first year but they are approximations and estimates. They would be willing to negotiate. They tried to be practical and tried to envision what the board would ask the center to do and they do want it to be a global center.

Senator J. Lee had some concern about the size of the board.

Wanda Rose shared copies of the proposed draft budget with the committee. Attachment #6.

There was no opposing or neutral testimony.

The hearing on SB 2304 was closed.

Job #7770

Discussion was opened on SB 2304 and the Rose amendment was discussed which basically changed board to center, added a representative from the board of nursing onto the center board, and funding it through OMB.

Senator J. Lee asked if there are any other boards that are funded directly through OMB.

Linda Wurtz (AARP) There are about 35 states that have nursing center and about 22 of them are accountable to a board.

The committee wanted to talk to OMB to get more information so they would be more comfortable with it. They felt the budget was more of an appropriations detail. A call was put in to Sheila at OMB to have her appear before the committee to answer questions.

Job #7772 (meter 1:50)

Senator J. Lee asked Sheila from OMB if she had any insight for the committee on the responsibility of OMB as the agency to which the Center of Nursing might report.

Sheila Peterson (OMB) answered that she was just suggesting that OMB could write the check to them. They don't want to actually be a state agency where they can draw funds directly from the general fund.

There isn't anyone who can write checks on the state accounting system to get them this money. There is a gap there – so the suggestion for OMB to do it. OMB does it for other entities such as Prairie Public Broadcasting and the Emergency Commission.

In terms of accountability, she didn't see OMB as being the ones to report to.

Senator J. Lee asked if there is any entity like them in place in the state that can be learned from. Is there a place where this center would fit?

Ms. Peterson said she would see this center setting up a checking account where they could deposit the state money or any other contributions or grants they might get.

This entity doesn't necessarily fit into existing programs.

Senator J. Lee suggested they might fit under the Dept. of Commerce or the Department of Health. They should be accountable in some way but not to the budget section.

Ms. Peterson said the Peace Gardens is actually a corporation and their grant money is in the Parks and Recreation Dept. as a pass thru grant. The State Fair Association gets an

● appropriation directly for premiums and they use the OMB accounting system but only a small part of their budget shows up in the OMB appropriation bill.

(Mete 08:40) She talked about money that OMB processes but that they don't necessarily oversee them. She also talked about groups such as commodity groups who don't run through the appropriation process but who are required to discuss their budget with the Ag committee every session.

Additional information – Attachment #7



2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2304

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 2-02-09

Recorder Job Number: 8396

Committee Clerk Signature

Mary K Monson

Minutes:

Senator J. Lee opened SB 2304 for committee work and referred to the amendment by Wanda Rose. She asked if anyone found an objection with the amendment.

The amendment was discussed along with a review of the testimony given during the hearing.

Senator J. Lee had a little problem with the budget and the amount for personnel.

She asked the committee where they saw this fitting in with the Board of Nursing.

Senator Erbele said he saw a lot of duplication with what's out there already.

There was agreement that duplication existed.

Senator Erbele said that in case the bill does move forward they should probably adopt the amendment.

Senator Erbele moved to amend SB 2304 with the Rose amendment.

Seconded by **Senator Dever**.

Roll call vote 6-0-0. Amendment adopted.

Senator Erbele moved a **Do Not Pass as amended**.

Senator Heckaman seconded the motion.

Roll call vote 5-1-0. Motion carried.

Carrier is **Senator Heckaman**.

J3
2-4-9
1 of 2

PROPOSED AMENDMENTS TO SENATE BILL NO. 2304

Page 1, line 2, remove "board"

Page 1, line 7, remove "board"

Page 1, line 8, replace "nine" with "ten"

Page 1, line 9, remove "board"

Page 1, line 17, after the underscored semicolon insert "one representative of the North Dakota board of nursing;"

Page 1, line 19, replace "board" with "center"

Page 1, line 21, replace "three" with "four"

Page 1, line 22, replace "board" with "center"

Page 1, line 24, replace "board" with "center"

Page 2, line 2, replace "board" with "center"

Page 2, line 4, replace "Board" with "Center"

Page 2, line 5, replace "board" with "center"

Page 2, line 8, remove "board"

Page 2, line 9, replace "board" with "center"

Page 2, line 14, replace "board" with "center"

Page 2, line 16, remove "board"

Page 2, line 17, replace "board" with "center"

Page 2, line 18, remove "board"

Page 2, line 19, remove "board"

Page 2, line 21, replace "board" with "center"

Page 3, line 5, replace "board's" with "center's"

Page 3, line 9, replace "North Dakota center for nursing board" with "office of management and budget"

Page 3, line 10, replace "funding the board activities under this Act" with "providing a grant to the North Dakota center for nursing"

Page 3, line 11, replace "board" with "center"

Renumber accordingly

2 of 2

Date: 2-2-09

Roll Call Vote #: 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2304

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number Rose Amendment

Action Taken Do Pass Do Not Pass Amended Rerefer to Appropriations
 Adopt Amendment Reconsider

Motion Made By Sen. Erbele Seconded By Sen. Dever

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais	✓	
Senator Dick Dever	✓		Senator Jim Pomeroy	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 2-2-09

Roll Call Vote #: 2

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2304

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number 90918.0101 Title .0200

Action Taken Do Pass Do Not Pass Amended Rerefer to Appropriations
 Adopt Amendment Reconsider

Motion Made By Sen. Erbele Seconded By Sen. Heckaman

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais	✓	
Senator Dick Dever		✓	Senator Jim Pomeroy	✓	

Total (Yes) 5 No 1

Absent 0

Floor Assignment Senator Heckaman

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2304: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO NOT PASS** (5 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). SB 2304 was placed on the Sixth order on the calendar.

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Renumber accordingly

2009 TESTIMONY

SB 2304

Testimony
SB 2304 Center for Nursing
Senate Human Services Committee
January 26, 2009

Senator Lee and Members of Senate Human Services Committee

I am Wanda Rose President of the North Dakota Nurses Association, a volunteer lobbyist for the North Dakota Nurses Association and a member of the North Dakota Nurse Leadership Council. I stand before you in support of SB 2304.

I will share a brief history and overview of SB 2304.

Spring 2008, all states were asked to assemble a team and submit a letter of application to attend the national Nursing Education Capacity Summit sponsored by the U.S. Department of Labor, Employment and Training Administration; the Robert Wood Johnson Foundation; AARP's Center to Champion Nursing in America; and the U.S. Department of Health and Human Services, Health Resources and Services Administration.

Upon receiving the request, the North Dakota Nurse Leadership Council submitted an application for the national Nursing Education Capacity Summit. The Summit focused on four key aspects of increasing nursing education capacity:

- 1) Strategic partnerships and resource alignment;
- 2) The role of policy and regulation;
- 3) Increasing faculty capacity and diversity; and
- 4) Education redesign.


Teams were selected based on the quality and depth of their application, and they were required to bring representation from the following seven categories:

- Nursing education
- Employers of nurses
- The Workforce Investment System
- Regulatory bodies
- Nursing leadership
- Government agencies, policymakers, and consumer advocates
- State or regional philanthropic organizations

Forty nine states submitted applications. After reviewing the 49 applications, 18 state teams were invited to attend, including: North Dakota, Alabama, California, Colorado, Florida, Hawaii, Illinois, Maryland, Massachusetts, Michigan, Mississippi, North Carolina, New Jersey, Oregon, South Carolina, Texas, Virginia, and Wisconsin. The Nursing Education Capacity Summit was the beginning of a year-long technical relationship between the state teams and the Summit sponsors. The teams had been selected because of their commitment to developing action plans, their ability to implement solutions, and their dedication to engaging sponsors and peer teams.

North Dakota's team attended the national Nursing Education Capacity Summit held in Arlington, Virginia, June 25-27, 2008. Each team was directed to return to their state to create strategic partnerships to align and leverage stakeholder resources.

During Fall 2008, the North Dakota Nursing Education Capacity Summit brought together nearly 30 (nursing, healthcare, and workforce) leaders representing all North Dakota nursing education programs, the North Dakota Nurse Leadership Council, the North Dakota Board of Nursing, the North Dakota



Nurses Association, and thirteen statewide nursing and workforce entities. This group through consensus developed a statewide strategic plan for nursing in North Dakota. A centerpiece of this plan is to establish a North Dakota Center for Nursing.

The purpose of the North Dakota Center for Nursing is to create a statewide nursing workforce center whose mission is to assure an adequate, well-prepared and diverse nurse workforce to meet the needs of the citizens of North Dakota. The center will guide the development of an appropriate nursing work force, will conduct nursing work force analyses, will propose recommendations for nursing education and practice reform, will disseminate findings and recommendations, and will develop an ongoing system to address nursing workforce needs to meet the current and future healthcare needs of all North Dakotan's.

SB 2304 calls for a ten member governor-appointed advisory board composed of nursing educators, providers, consumers, nursing regulation, and representatives of professional nursing organizations.

The North Dakota Center for Nursing will champion actions across the state— through ongoing collaboration, communication, and consensus building— that strengthen the nursing workforce by developing cooperative ventures between and among segments of the industry.

The North Dakota Nursing Education Capacity Summit Team has the following amendments to SB 2304.

Thank you for your time and attention. I am open to questions.



Wanda Rose PhD, RN, BC
North Dakota Nurses Association, President

PROPOSED AMENDMENTS TO SENATE BILL NO. 2304
(Submitted by ND Nursing Education Capacity Summit)

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Section 1

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Page 2 line 21, replace “board” with “center”

Page 3, line 5, replace “board’s” with “center’s”

Page 3, line 9, remove “board”

Section 2

Page 3, line 9 –10, remove “ to the North Dakota center for nursing board for the purpose of funding the board activities” replace with “appropriated to OMB for the purpose of granting it the North Dakota Center for Nursing”

Page 3, line 11, replace “board” with “center”

page(s) missing

SB 2304: North Dakota Nursing Center Presentation to: ND Senate Human Services Committee

Presentation by: Dr. Mary Wright, Associate Dean for Nursing and Allied Sciences at North Dakota State University

Madame Chair and members of the committee, my name is Dr. Mary Wright. I currently serve as the Associate Dean for Nursing and Allied Sciences at North Dakota State University. On behalf of Nurse Educators in the state of North Dakota, I want to thank you for your consideration of SB 2304 and ask for your support of the bill to establish a Nursing Center in North Dakota that would focus on increasing the enrollment capacity in nursing. The purpose of the Nursing Center is to develop strategic partnerships which would facilitate high quality nursing education, and uniformity in articulation among programs. These coordinated efforts would provide opportunities for North Dakota nurses to move from the role of Certified Nursing Assistant through graduate level preparation as a Doctor of Nursing Practice or PhD in nursing.


With government analysts and nursing experts predicting significant nursing shortages in the next twenty years, pressure on nursing education programs to educate more nurses is mounting. But nursing education programs face significant barriers to increasing their capacity. Notably, a growing shortage of qualified nursing faculty limits our ability to expand. Underlying factors driving the nurse faculty shortage include, but are not limited to, aging faculty, increased time to enter graduate education, time to complete graduate education, heavy faculty workload, low faculty wages, and lack of a robust faculty pipeline.

In addition, schools are already competing for a limited number of clinical education sites and instructors. Expanding nursing school enrollment will only increase the pressure to find and coordinate the use of available space, time, and faculty for the requisite clinical education of nursing students. Finally, nursing programs are also facing the challenge of revising their curricula and educational approach to better match the clinical realities in the 21st century, including the need to continuously improve the quality and safety of health care.

The recipients of all of these efforts are the residents of North Dakota and we are committed to preparing nurses to meet the needs of all North Dakotans so that health disparities are reduced for groups such as Native Americans, or, those with limited access to health care in rural areas, as well as those with limited financial resources.

The challenges of increasing nursing education capacity and quality are multi-faceted and involve many formidable obstacles. The good news is that the leaders of nursing education in North Dakota, in partnership with practicing nurses, workforce development, and AARP, have developed a comprehensive strategic plan that addresses these issues. Earlier planning in this area was undertaken by a group of nurses and nurse educators with funding from the Dakota Medical Foundation and the Robert Wood Johnson Foundation. ^{NO Nursing Consortium} The nurse educators of North Dakota and other interested stakeholders have done some excellent and exciting planning and this planning has united nurse educators in North Dakota to an extent that has never before been achieved, but in the midst of all this creative energy a serious barrier has emerged.

That barrier is that we have no mechanism in place for coordinating and implementing our carefully laid plans. Nurse educators are an overworked group of people and there are not enough human or other



resources to see our plans to fruition. This barrier extends to nursing practice and nursing research as well.

A Center for Nursing would provide an infrastructure to sustain these efforts. Your support for SB 2304, would provide a mechanism to coordinate the strategic relationships needed to increase the enrollment capacity for nursing education at all levels, meeting workforce needs and ultimately enhancing health care and diminishing health disparities in our state.

Thank you for this opportunity to present this perspective on behalf of Nursing Education. I would be happy to answer your questions.



NORTH DAKOTA BOARD OF NURSING

919 S 7th St., Suite 504, Bismarck, ND 58504-5881

Telephone: (701) 328-9777 Fax: (701) 328-9785

Web Site Address: <http://www.ndbon.org>


Workplace Impairment Program: (701) 328-9783

Thank you for the opportunity to provide you with information related to SB 2304 relating to creation of a North Dakota center for nursing. For the record, my name is Dr. Constance Kalanek, Executive Director of the NDBON. The Board is in support of this legislation. The Nursing Education Capacity Team has requested the Board to focus on Practice and Policy in this testimony.


The mission of the North Dakota Board of Nursing is to assure North Dakota citizens quality nursing care through the regulation of standards for nursing education, licensure and practice. The board currently licenses over 17,000 nurses and Unlicensed Assistive Persons. The Board also reviews and approves 19 nursing programs which includes doctorate and masters degree for nurse practitioners, baccalaureate, associate degree RN & LPN, and one PN certificate program.

I would like to give you two examples in the practice and policy arena that would be related to the work of a Center for Nursing. The Center would have the capacity to streamline redundant activities related to nursing in the state. The first example is:

1. The Nursing Needs Study was recommended, in 2001, by the North Dakota State Legislature (NDCC Nurse Practices Act 43-12.1-08.2) to address potential shortages in nursing supply. Specifically, the North Dakota Board of Nursing was directed to address issues of supply and demand for nurses, including issues of recruitment, retention, and utilization of nurses. To respond to this request, the North Dakota Board of Nursing contracted with the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences.




This study, initiated in 2002, was designed to obtain an accurate and complete picture of nurses in rural and urban areas of North Dakota, compare North Dakota's trends to national trends, and inform institutional and public policy. The study, currently in its seventh year, is approved to continue until 2012 by the Board of Nursing. This study will continue to provide valuable information about the nursing workforce through a 10-year period of time. The provision in the Nurse Practices Act for the study sunset in 2006, however, the Board has continued to fund this study through the renewal fees from the nurses, RNs & LPNs.



2. The Nurse Faculty Internship (NFI) Pilot Study was initiated in an effort to meet the demand for qualified nurse educators. The purpose of this Nurse Faculty Intern (NFI) Study is to investigate the role development of nurse educators. Nursing education programs are finding it increasingly difficult to recruit and retain qualified faculty and regulatory boards have recognized the looming issue of faculty shortage. In 2006, the ND Board of Nursing instituted a program to assist nursing education programs to recruit and retain individuals that may be interested in becoming a nurse faculty member, but did not hold required credentials.

Again this is an example of a project that would fit very nicely into the Center for Nursing. The nursing programs were more than happy to participate because they did not receive a citation for a rule violation for employing unqualified faculty.



The Board and I remain available to provide further detail to assist you and the committee in this deliberation. We have helpful background information for you if you require it. Simply call me for further information (701-328-9781) or email me at ckalanek@ndbon.org. Thank you for your time and attention. I am open for questions.

Bill 2304: North Dakota Center for Nursing

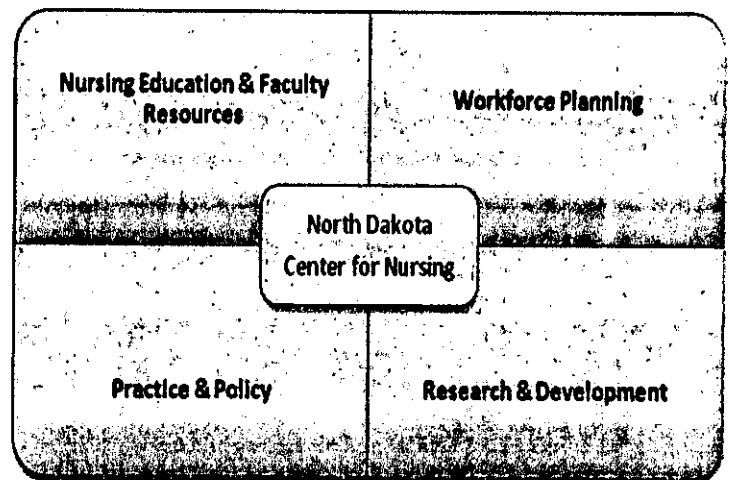
During Fall 2008, nearly 30 leaders (see list on second page) representing all nursing education programs, the North Dakota Nurse Leadership council, the North Dakota Board of Nursing, the North Dakota Nurses Association and thirteen statewide nursing and workforce entities developed a statewide strategic plan for nursing for North Dakota.

This strategic plan identifies the major issues and obstacles affecting Nursing Education and Workforce in North Dakota. It identifies what must be done, who will do it and when to positively influence the issues affecting Nursing in the State. This group is determined to continue collaborating to provide a focus for efforts, prioritize issues and to move nursing forward in a logical sequence. This strategic plan sets forth from this group a united message to policy makers and academic institutions regarding the need for state appropriated support for a group of initiatives designed to ensure an adequate nursing workforce pipeline from certified nursing assistants to doctorate prepared nursing faculty.

The strategic plan was developed as the result of nursing leader workgroups and consensus of the final plan in early December, 2008. The centerpiece of this plan is the establishment of a North Dakota Center for Nursing. The Center for Nursing will continue unified strategic planning by convening representatives of nurses, health care providers, business and industry, consumers, legislators, educators, and others in the pursuit of an adequate and well-trained nursing workforce.

The mission of the North Dakota Center for Nursing is to assure an adequate, well-prepared and diverse nurse workforce to meet the needs of the citizens of North Dakota.

- **Nursing Education and Faculty:** Increase the enrollment capacity of North Dakota's nursing education programs through the development of partnerships. Ensure statewide access to affordable, capacity-building, life-long learning opportunities for nursing personnel.
- **Workplace Planning:** Create public awareness of the nursing workforce shortage and stimulate attraction to the profession, statewide. Promote known successful strategies for recruitment and retention of nurses.
- **Practice and Policy:** Promote safe and quality evidence-based care that improves health outcomes of North Dakota residents.
- **Research and Development:** Conduct and disseminate evidence-based research to provide a resource for innovative and diverse alternatives to nursing education, methods and delivery systems for North Dakota healthcare.



The Center for Nursing will be governed by a ten member governor-appointed advisory board who will hire the Director.

Total biennial funding is requested in the amount of \$662,000 from the ND State legislature. Potential additional funding sources include foundations, grants and industry investment which would be coordinated through the Center.

Nursing Education Capacity Strategic Plan Leaders

- Mary Amundson Area Health Education Center/University of North Dakota
- Larry Anderson State Workforce Development
- Julie Anderson University of North Dakota
- D'Arlyn Bauer Sitting Bull College
- Buzz Benson North Dakota Nurse Leadership Council/North Dakota Board of Nursing
- Barbara Diederick North Dakota State College of Science
- Ruth Gladden North Dakota State College of Science
- Sr. Sharon Houle Dakota Nurse Program/Minot State University- Bottineau
- Janet Johnson Dakota Nurse Program/Fort Berthold Community College
- Connie Kalanek Nurse Faculty Intern Study/North Dakota Board of Nursing
- Jan Kamphuis North Dakota Organization of Nurse Executives/MedCenter One
- Terri Lang Nursing Needs Study/University of North Dakota
- Karen Latham Colleges & Universities Nursing Education Administrators
- Jacqueline Mangnall Nursing Education Capacity Summit/Jamestown College
- Mary Ann Marsh Dickinson State University
- Helen Melland Nursing Education Consortium/University of North Dakota
- Patricia Moulton Nursing Needs Study/University of North Dakota
- Evelyn Orth United Tribes Technical College
- Evelyn Quigley Clinical Sites/Academic Faculties Collaborative/Meritcare
- Glenda Reemts University of Mary
- Karen Robinson Clinical Sites/Academic Faculties Collaborative/Veterans Administration
- Jane Roggensack North Dakota Nurse Leadership Council/ND Nurses Association
- Kelly Schmidt Minot State University
- Linda Shanta North Dakota Board of Nursing
- Mary Smith Minot State University
- Cheryl Stauffenecker PIN Nursing Education Lattice/University of North Dakota
- Julie Traynor Dakota Nurse Program/Lake Region State College
- Pat Traynor Dakota Medical Foundation
- Linda Wurtz AARP
- Mary Wright North Dakota State University

**North Dakota Nursing Education Capacity Strategic Plan
December 2008
Final Draft**

During fall 2008, nearly 30 leaders involved in nursing education capacity and workforce began developing a statewide strategic plan for nursing education capacity for North Dakota. Participants are listed below:

- Mary Amundson Area Health Education Center
- Larry Anderson State Workforce Development
- Julie Anderson University of North Dakota
- D'Arlyn Bauer Sitting Bull College
- Buzz Benson North Dakota Nurse Leadership Council/NDBON
- Chandice Covington Nursing Education Consortium/University of North Dakota
- Barbara Diederick North Dakota State College of Science
- Ruth Gladden North Dakota State College of Science
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- Janet Johnson Dakota Nurse Program/Fort Berthold Community College
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- Jan Kamphuis North Dakota Organization of Nurse Executives
- Terri Lang Nursing Needs Study
- Karen Latham CUNEA
- Jacqueline Mangnall Nursing Education Capacity Summit/Jamestown College
- Mary Ann Marsh Dickinson State University
- Patricia Moulton Nursing Needs Study, Nurse Faculty Recruitment and Retention
- Evelyn Orth United Tribes Technical College
- Evelyn Quigley Clinical Sites/Academic Faculties Collaborative
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- Pat Traynor Dakota Medical Foundation
- Linda Wurtz AARP
- Mary Wright North Dakota State University

The beginning of the strategic plan was developed during a retreat where several workgroups formed. The final drafts were discussed during two conference calls which included the following participants:

- Dec. 5, 2008: Larry Anderson, Barbara Diederick, Connie Kalanek, Patricia Moulton, Linda Shanta, Cheryl Stauffenecker, Linda Wurtz
- Dec. 8, 2008: Julie Anderson, D'Arlyn Bauer, Linda Shanta, Jan Kamphuis, Karen Latham, Mary Ann Marsh, Patricia Moulton, Evelyn Orth, Evelyn Quigley, Jane Roggensack, Kelly Schmidt and Julie Traynor

The final revised document was then distributed to the full group for an email vote and prioritization in early December.

Critical Success Factor 1: Establish a North Dakota Center for Nursing.

Objective: Serve as a central point for coordination of nursing education, faculty resources, workforce issues, practice, policy, research and development.

Responsible Group: Creating strategic partnerships to align and leverage stakeholder resources.

Group Members: Jan Kamphuis, Ruth Gladden, Kelly Schmidt, Karen Robinson, Julie Traynor, Chandice Covington, Larry Anderson

Tactic/Strategy	Action Steps	Responsible Organizations	Funding Source	Timeline
Develop organizational model including concept plan, governance structure, budget, type of organization.	Write up one-page proposal.	Strategic Partnership Group		Nov. 2008
Request an audience with the Governor's office (Tammy Wahl) and seek a legislative sponsor to present proposal with representation from all of the collaborating organizations (include at least someone from academia, private sector, workforce, regulation).		Nurse Leadership Council/ND Nursing Education Capacity Summit Team		Dec. 2008
Distribute/present proposal to Legislature, Board of Higher Education and other groups.		Nursing Retreat Membership		Dec. 2008
Look at ways to incorporate work of Nursing Education Consortium into the Nursing Center. Both groups would submit separate proposals-look at combining efforts later.		NDNEC/ND Center for Nursing		Apr. 2009

Title: North Dakota Center for Nursing

Mission: The mission of the North Dakota Center for Nursing is to assure an adequate, well-prepared and diverse nurse workforce to meet the needs of the citizens of North Dakota.

Vision: The vision of the North Dakota Center for Nursing is to be "the driving force for excellence in nursing".

Goals (see Figure 1):

- **Nursing Education and Faculty:** Increase the enrollment capacity of North Dakota's nursing education programs. Ensure statewide access to affordable, capacity-building, life-long learning opportunities for nursing personnel.
- **Workplace Planning:** Create public awareness of the nursing workforce shortage and stimulate attraction to the profession, statewide. Promote known successful strategies for recruitment and retention of nurses.
- **Practice and Policy:** Promote safe and quality evidence-based care that improves health outcomes of North Dakota residents.
- **Research and Development:** Conduct and disseminate evidence-based research to provide a resource for innovative and diverse alternatives to nursing methods and delivery systems for North Dakota healthcare.

Location: Possibly a 501c3

Governance: Board of Directors- 12 individuals with equal representation of public and private education and industry, state government, workforce development, economic development, regulation, consumers, Nurse Leadership Council and other potential sources

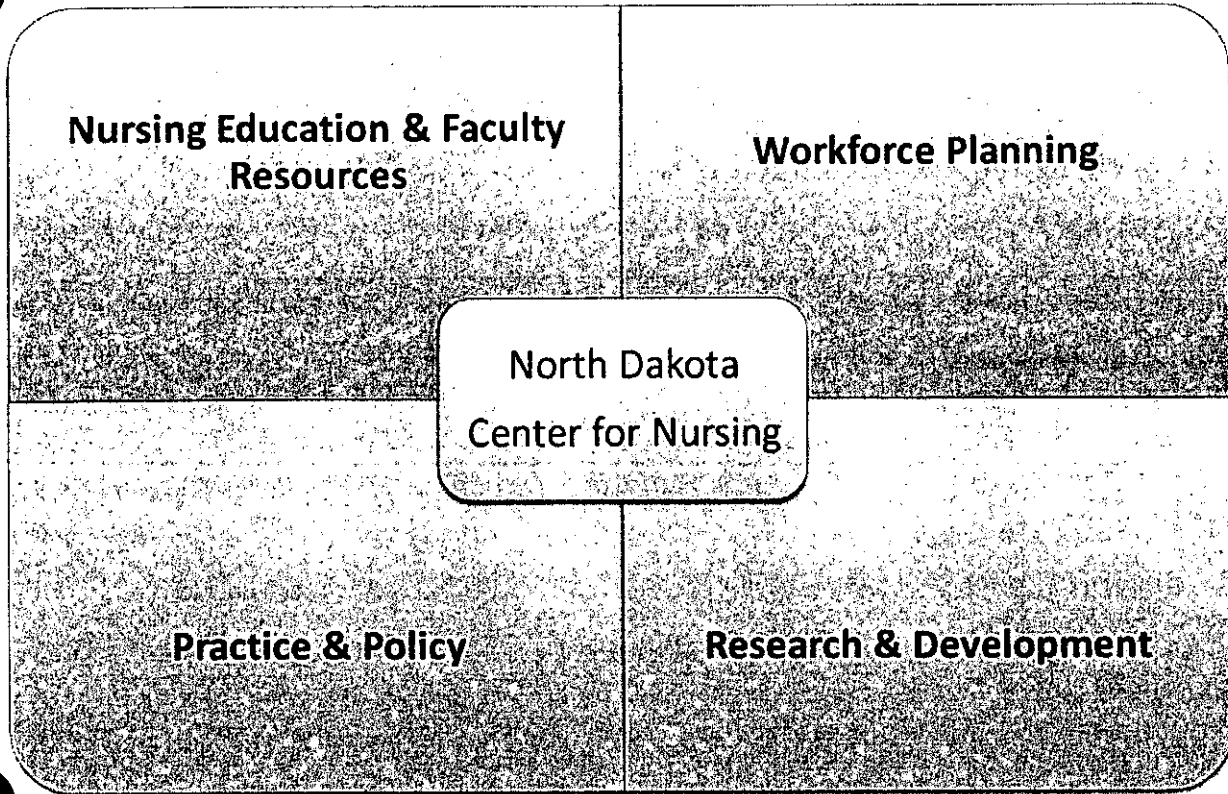
Board of Directors Roles and Responsibilities (Source: BoardSource):

1. Determine the Organization's Mission and Purpose
2. Select the Executive
3. Support the Executive and Review His or Her Performance
4. Ensure Effective Organizational Planning
5. Ensure Adequate Resources
6. Manage Resources Effectively
7. Determine and Monitor the Organization's Programs and Services
8. Enhance the Organization's Public Image
9. Assess Its Own Performance

Funding Source: Legislative appropriations, foundation support, grants, industry investment

Proposed Annual Budget: \$200,000- \$500,000

Figure 1: North Dakota Center for Nursing Graphic



Critical Success Factor 2: Secure an adequate supply of well prepared nurse faculty.

Objective 1: Support recruitment, development and retention strategies.

Responsible Group: Increasing nurse faculty capacity and diversity.

Group Members: Barb Diederick, Mary Anne Marsh, Glenda Reemts, Janet Johnson, Cheryl Stauffenecker

Tactic/Strategy	Action Steps	Responsible Organizations	Funding Source	Timeline
Recruitment Strategies				
Earmarked % of Nurse Faculty Intern slots for individuals pursuing a Master's degree as a nurse educator.	Subgroup members would present to CUNEA and then CUNEA propose it to the Boards Nursing Education Committee.	CUNEA/ Board of Nursing	NCSBN	Phase II
Identify and/or encourage clinical preceptors to pursue nine credit hours in nurse educator courses (for clinical preceptors who choose to stay in their clinical practice area).	Have a roundtable discussion in conjunction with the Nurse Academy of the nursing education programs to share ideas and strategies for programs to use.	Individual Programs	Individual Programs	May, 2009
	Individual programs would encourage their faculty to become ambassadors to encourage clinical preceptors.	Individual Programs	Individual Programs	Spring, 2009
	Give presentations at local healthcare facilities about the clinical preceptor role and encourage shadowing opportunities.	Individual Programs	Individual Programs	Spring, 2009
	Examine a statewide education program for clinical preceptors.			

Promote a career ladder for adjunct faculty to become regular faculty and encourage them to pursue at least a Master's degree with a specialization in nursing practice and/or nursing education.	Have a roundtable discussion in conjunction with the Nurse Academy of the nursing education programs to share ideas and strategies for programs to use.	Individual Programs	Individual Programs	May, 2009
	Individual programs would encourage their faculty to become ambassadors to encourage adjunct faculty.	Individual Programs	Individual Programs	Spring, 2009
	Give presentations at local healthcare facilities about the faculty role and encourage shadowing opportunities.	Individual Programs	Individual Programs	Spring, 2009
	Examine a statewide program for adjunct faculty.			Spring, 2009
Funding Strategies				
Tuition waivers that covers all NDUS staff and faculty (both on campus and online courses). Extend tuition waivers to private and tribal college faculty.	Presentation to the Board of Higher Education.	Nursing Education Retreat Group		2008
Development of funds for educators teaching in ND.	Legislative match to the Board of Nursing Scholarship program. Dedicated funding to students in nursing education programs including private schools.	Nursing Education Retreat Group	ND Legislature	2011-2013
	Encourage legislature to appropriate funds to a	Nurse Leadership	ND Legislature- This is in the	2009

	<p>work-forgiveness program. Students would receive a loan and then would be forgiven for working as a faculty in North Dakota for a set time period.</p> <p>Encourage the legislature to fund a living-wage scholarship program that would require students to attend graduate nursing education programs full-time with required post-graduation work. Students would receive \$40,000/year for up to 2 years for a Master's Degree and \$60,000/year for up to 4 years for a doctorate degree. Faculty would then be required to work at an in-state nursing education program for two years for each year of funding.</p>	<p>Council/ND Nursing Education Capacity Summit Team</p> <p>Nursing Education Retreat Group</p>	<p>Governors' budget-try to get it to apply to nursing and nursing faculty</p> <p>ND Legislature</p>	<p>2011-2013</p>
Examine clinical facility/education partnerships where they would continue working and pursue their degree. They would then work as a clinical faculty.	Encourage programs to examine models for this strategy.	Individual Programs		2009
Faculty Development Strategies				
Mentorship	Encourage CUNEA to have a discussion about different mentoring strategies.	CUNEA		

Faculty orientation commonality	Encourage the four involved groups to develop a common set of information for faculty/preceptor orientation. Then present to CUNEA.	AHEC/PIN, Clinical Sites/Academic Faculties Collaborative /NDNEC	AHEC/PIN, Clinical Sites/Academic Faculties Collaborative/ NDNEC	
Nursing Educator Academy	Faculty will receive CEUs for faculty development training including simulation information. Future topics would be determined by participants.	NDNEC, PIN, out-of state participants	NDNEC, PIN, out-of state participants	
Retention Strategies				
Increase faculty salary so that it is comparable to advanced practice salaries and is competitive with neighboring states.	Obtain salary information from bordering nursing programs to compare against ND salaries. (Minnesota State University Tech Schools- Northland, Crookston, Detroit Lakes, also ask about workload formulas). Compare faculty salaries against nurse practitioner and nurse administrators. Also, look at comparisons between universities and technical schools with like schools in MN.	Patricia Moulton	North Dakota Nursing Needs Study	Dec. 2008
	Develop fact sheet detailing nurse faculty salaries and other issues and also describing other states successful efforts- states with nurse faculty differential raises.	Patricia Moulton	North Dakota Nursing Needs Study	Dec. 2008

Examine available nurse faculty salary information that can be used to compare against ND nurse faculty salaries.	Present to legislature, administration, human resource, board of higher education.	Nursing Education Retreat Group		Spring, 2009
	Assemble a task force consisting of individuals from CUNEA, North Dakota Nursing Needs Study, and North Dakota Board of Nursing to discuss available comparative data.	CUNEA/North Dakota Nursing Needs Study/North Dakota Board of Nursing		Jan, 2009
	Assemble a matrix that programs could use to benchmark against.			Feb, 2009
Examine reduced loads for new faculty during the first one to two years.	Examine allocating work load credits for the first two years of employment.	Individual Programs/ CUNEA		Spring, 2009
	Look at developing a common formula for calculating nurse educator (faculty, Deans, Chairs) workload that can be applied to colleges/universities. Keeping in mind the different faculty roles at each program (differing amounts of teaching, research, service). Then take to Board of Higher Education Academic Affairs Council.	CUNEA		Spring, 2009
Faculty Utilization				
Develop additional opportunities for clinical faculty.	Have a discussion about revising the administrative rules regarding educational requirements for clinical faculty.	CUNEA/ND Board of Nursing Education Committee		

	<p>Develop partnerships with clinical agencies for joint appointments of expert practicing nurses.</p> <p>Develop program for training and mentoring of clinical associates.</p>	<p>Individual Programs</p> <p>CUNEA</p>		
<p>Examine joint appointments of faculty between/among nursing programs.</p>	<p>Have a discussion across nursing education programs regarding common classes or faculty that could be joint appointed.</p>	<p>CUNEA</p>		

Critical Success Factor 3: Provide support for simulation.

Objective: There will be sufficient simulation capability to replace a portion of clinical time in every nursing school in the state.

Group Responsible: Redesigning nurse education.

Group Members: D'Arlyn Bauer, Karen Latham, Jackie Mangnall, Sr. Sharon Houle

Tactic/Strategy	Action Steps	Responsible Organization	Funding Source	Timeline
Increase simulation equipment availability.	North Dakota Nursing Education Consortium Proposal Plan for sustainability of each simulation lab including insurance coverage, maintenance, update support software.	NDNEC NDNEC/ Individual programs.	Legislature/ Grant Proposals	Spring, 2009
Increase training of faculty in the use of simulation equipment.	Nursing Educator Academy Hold an annual Nursing Academy with a section for those new to simulation and a section for updates for those who have already completed the training.	NDNEC/PIN NDNEC	State/RWJ/DMF Legislature/ Individual Programs	May 2009 At least yearly
Evaluate simulation efficacy as compared to clinical experiences.	Design research study comparing the impact of clinical experience vs. simulation experience on competencies. Implement study at each program.	CUNEA Individual programs Graduate Students	ND Center for Nursing	2013

<p>Examine alternative uses for simulation equipment.</p>	<p>Explore use of virtual clinical experiences as an occasional clinical experience.</p> <p>Other uses- recruiting and partnering with hospitals for updating skills-charge for training and then use for sustaining simulation labs</p>	<p>CUNEA</p>	<p>Center for Nursing</p>	<p>2010</p>
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To: ND Senate Human Services Committee

From: Patricia Moulton PhD
Nursing Needs Study Researcher
Center for Rural Health

Date: January 26, 2009

The Nursing Needs Study was recommended, in 2001, by the North Dakota State Legislature (NDCC Nurse Practices Act 43-12.1-08.2) to address potential shortages in nursing supply. Specifically, the North Dakota Board of Nursing was directed to address issues of supply and demand for nurses, including issues of recruitment, retention, and utilization of nurses. To respond to this request, the North Dakota Board of Nursing contracted with the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences.

The first six years of the study was designed to collect a comprehensive set of baseline data with information from all types of health care facilities including hospitals, long-term care, clinics, home health and public health; information from licensed nurses at all levels from licensed practical nurses to a doctoral prepared nurses; from current students and faculty in nursing education programs and finally from high school students throughout the state. Information has been collected about all components of North Dakota's nursing pipeline from supply through demand. Data collected included over 10,000 separate pieces of information including surveys, interviews and focus groups. Results from the study have been published in 19 reports and in four fact sheets. This report highlights information about supply and demand of nurses. Comprehensive information is available on our website at <http://medicine.nodak.edu/crh>.

The study has played an instrumental role in statewide planning activities and early results from the study were used by nursing education programs to advocate increases in enrollment. Since 2001, all RN nursing education programs have increased their enrollment. Results have also been used for multiple grants and as recently as last year- 13 programs and initiatives are

ongoing in North Dakota. In the last year, supply and demand projections using a federal model indicated that in the next 11 years, North Dakota is estimated to have an adequate supply of nurses statewide. However, we will still struggle with mal-distribution of nurses with rural areas still having difficulty recruiting and retaining nurses. The proposed Center for Nursing will provide a mechanism for continued support for this vital function. The Center would also be able to conduct and disseminate evidence-based research to provide a resource for innovative and diverse alternatives to nursing education methods, delivery systems for North Dakota healthcare.



**SB 2304
Senate Human Services Committee
January 26, 2009**

Chairman Lee and members of the Senate Human Services Committee, I am Linda Johnson Wurtz, Associate State Director for Advocacy for AARP North Dakota. Today I represent our nearly 88,000 North Dakota members.

I served on the North Dakota Nurse Education Capacity team as a consumer representative. Our participation is a result of AARP's commitment to health care reform, our recognition that nurses play a critical role in improving access to high quality, cost-effective health care, and the establishment of the Center to Champion Nursing in America (CCNA).

Nurses are critical to direct patient care and quality improvement efforts, as well as helping hospitals, home care agencies and long term care facilities improve patient safety, supervise processes for health care delivery, and perhaps play a lead role in bolstering our public health structure. Nurses are the lynchpin to effectively maximizing resources in health care.

Today's nursing workforce is graying. At the same time, nurses are telling researchers that the pressures of the job are burning them out. They want to retire. Although interest in nursing is at an all-time high, obstacles prevent would be nurses from entering the profession.

I am new to nursing issues in our state. When I joined the Nurse Education Capacity team I was surprised to learn of 30 or more entities working on issues related to nursing. At our October summit, in addition to nurse education capacity, we discussed recruitment and retention of nurses and nurse faculty, faculty development, shortage of clinical teaching sites, salaries, work load, simulation equipment, workforce research and development and more. And it's not that we don't have possible strategies to address these issues. But we do need to focus our efforts, prioritize our needs, and move forward in a logical and practical manner. We need to galvanize stakeholders in and outside of nursing circles including business and industry, health, academia, and policy.

A North Dakota Center for Nursing could do that for our state. There are currently 35 states that have nursing workforce centers. They work to develop partnerships with the many stakeholders, facilitate statewide planning and collaboration, offer unique opportunities to increase nursing leadership, increase participation by minorities and men in nursing workforce, and provide stable data collection.

We see a North Dakota Center for Nursing as a way to get a handle on all the barriers, bottlenecks, and roadblocks...and move us forward in a meaningful way. AARP North Dakota asks for your support of SB2304.

#6

DRAFT North Dakota Center for Nursing 2009-2011 Biennium Budget

<u>DESCRIPTION</u>			<u>2009-2010</u>	<u>2010-2011</u>
SALARY	Annual	FTE		
Center Director	90,000.00	100%	90,000.00	94,500.00
Research Analystist	60,000.00	100%		63,000.00
Program Coordinator	60,000.00	100%		63,000.00
Administrative Assistant	25,000.00	100%	25,000.00	26,250.00
Total Salary			115,000.00	246,750.00
FRINGE BENEFITS		30%	34,500.00	74,025.00
TOTAL PERSONNEL			149,500.00	320,775.00
EQUIPMENT- Office equipment and computers			30,000.00	5,000.00
SUPPLIES			5,000.00	5,000.00
COMMUNICATION- equipment, printing etc,			25,000.00	10,000.00
TRAVEL- In-state and out-of-state			10,000.00	15,000.00
ALTERATIONS AND RENOVATIONS			6,500.00	0.00
MEETING EXPENSES- conferences/ training			20,000.00	20,000.00
OTHER EXPENSES/ Rent/ Insurance etc			20,000.00	20,000.00
SUBTOTAL OPERATING COSTS			116,500.00	75,000.00
TOTAL DIRECT COSTS			266,000.00	395,775.00
		Total Biennium Funding		661,775.00

From: Patricia Moulton [mailto:moultonpatricia89@gmail.com]
Sent: Saturday, January 24, 2009 11:01 AM
To: Lee, Judy E.
Subject: Support Bill 2304: Center for Nursing

Senator Lee,

I am writing to support Bill 2304 for the creation of a Center for Nursing. The Center will serve to unite nursing throughout the state and allow for continued work on a strategic plan that was developed by leaders from nursing, industry, workforce development and education. The Center will also coordinate data collection on nursing supply and demand.

Patricia Moulton
1209 12th Street NW
Minot, ND 58703



**THE NORTH DAKOTA NURSE
LEADERSHIP COUNCIL (NDNLC)**

is a coalition of the following groups:
North Dakota Nurses Association (NDNA)

North Dakota Organization of Nurse
Executives (NDONE)

North Dakota Association of Nurse
Anesthetists (NDANA)

North Dakota Chapter of the National
Association of Directors of Nursing
Administration / Long Term Care
(NDNADONA)

Nursing Students Association of North
Dakota (NSAND)

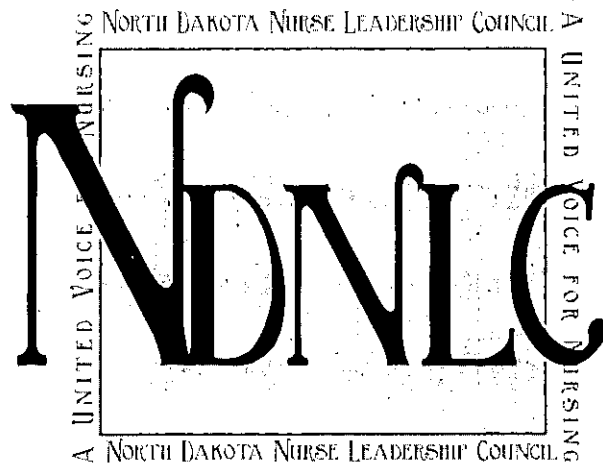
North Dakota Nurse Practitioners
Association (NDNP)

College and University Nursing Education
Administrators (CUNEA)

Affiliate members are:
North Dakota Board of Nursing (NDBON)

ND Association for Home Care (NDAH)

NORTH DAKOTA NURSE LEADERSHIP COUNCIL
A UNITED VOICE FOR NURSING



PURPOSE:

The purpose of the organization is to create a futuristic, unified, goal directed, state level agenda for nursing.

THE COUNCIL HAS IDENTIFIED AREAS OF COMMON CONCERN:

Patient safety and health promotion

Quality nursing care

Support for nursing education including continuing education

Promotion of a positive image of nursing

Responsiveness to work environment issues

Shared understanding and promotion of the scope of practice of nursing

Governance of the profession of nursing

CONTACT INFORMATION:

ndnlc.unitedvoice@gmail.com

NORTH DAKOTA NURSE LEADERSHIP COUNCIL

A UNITED VOICE FOR NURSING

North Dakota Nurse Leadership Council NDNLC

February 2, 2009

Senator Judy Lee and Members of the Senate Human Services Committee,

The North Dakota Nurse Leadership Council is a group comprised of eight major nursing organizations along with the ND Board of Nursing. The Council met this past Friday, January 30, 2009 and at this meeting, the members concurred that SB 2304, to create a Center for Nursing in ND, is a priority to ensure a quality nursing workforce in ND.

As you have heard in previous testimony, this past year, the NDNLC submitted an application, which was accepted, to send a team of ten individuals to attend a Nursing Education Capacity Summit in Washington, DC in June 2008 which addressed ways to increase nursing education capacity. This past fall, the team planned and coordinated a retreat to further learn about all of the projects currently taking place within our state related to nursing workforce and nursing education issues. Currently there is no centralized location where these activities are coordinated, thus significant time and resources are spent attempting to identify and coordinate the work of each group. An outcome of the retreat was the creation of a strategic plan and one of the critical success factors in the plan was the creation of a Center for Nursing in ND. SB 2304 would reduce duplication of services and fragmentation, while increasing efficiency and avoiding potential gaps that may be occurring. SB 2304 will address nursing education and faculty resources, workforce planning, nursing practice, research, and development in a planned coordinated and collaborative manner. It will also provide the infrastructure to work with industry professionals and educational institutions to ensure that North Dakota has the nursing workforce necessary to meet the demands of a growing and aging population.

As a governor appointed board, the Center for Nursing would be accountable to the people of North Dakota.

The NDNLC urges a DO PASS on SB 2304.

Sincerely,



Jane Roggensack, MS, RN
President, NDNLC

701-234-6863




North Dakota Nurse Leadership Council
NDNLC

February 2, 2009

Senator Judy Lee and Members of the Senate Human Services Committee,

On January 30, 2009, the North Dakota Nurse Leadership Council (NDNLC) met and during the meeting approved support of SB 2266. The Council recognizes the need to provide all schools of nursing (private, public and tribal) access to simulators to enhance their nursing curriculum.




The use of simulators allows nursing students and other healthcare providers to learn how to manage emergency situations in a safe environment. In healthcare today, it is important to recognize symptoms before a crisis occurs. Simulations provide a learning environment to learn how to respond to crisis.

The NDNLC supports the passage of SB 2266 and believes SB 2304 (Center for Nursing) could be the vehicle to distribute the funds to each school and to coordinate the activities identified in SB 2266. Going through the Center for Nursing would bypass the bureaucracy of the Board of Higher Education and would truly be a nursing education bill.

Thank you for your consideration.

Sincerely,



Jane Roggensack, MS, RN
President, NDNLC

