

**Health Services Committee
September 21, 2016**

**NDHA Health Care Workforce Task Force
Training and Education Focus Group Report
Submitted by Carla Gross, Focus Group Chair**

Chairman Lee and Committee Members, thank you for the opportunity to report on the work of the Training and Education Focus Group, one of the three focus groups formed at the initial NDHA Health Care Workforce Task Force meeting on May 26, 2016. The three focus groups that were formed include:

- Delivery and Innovation (Chair – Darrold Bertsch)
- Training and education (Chair – Carla Gross)
- Regulatory (Chair – Stacey Pfenning)

Training and Education Focus Group Committee Members:

- Carla Gross, Associate Dean, School of Nursing, NDSU
- Denise Andress, Director, Western AHEC
- Julie Baustad, CNO, Heart of America Medical Center, Rugby, ND
- Sandy Boschee, Director of Nursing- Acute Care, Trinity Health, Minot, ND
- Carmen Bryhn, Director of State Affairs, North Dakota Nurses Association
- Nicole Christensen, VP of Nursing, Essentia Health
- Valerie Fisher, Director, Adult Education, ND Department of Public Instruction
- Shila Hager, Supervisor, Health Sciences Ed, ND Department of Career and Technical Education
- Dan Hannaher, Executive Director, Health Policy Consortium
- Patricia Moulton, Executive Director, North Dakota Center for Nursing
- Charles Peterson, Dean, College of Health Professions, NDSU
- Stacy Pfenning, Executive Director, North Dakota Board of Nursing
- Wayde Sick, Director - Workforce Development at ND Department of Commerce.
- Tanya Spilovoy, Director, Distance Education and State Authorization, NDUS
- Julie Traynor, Director, Dakota Nursing Program

The focus group identified the following three goals to work on:

Goal #1: Explore the possibility of targeting new Americans to fill workforce needs in health care.

- Explored what programs exist and if they needed to be better developed.
- ND Department of Public Instruction (DPI) has been working on this issue.
- There are 16 Adult Learning Centers located across the state, serving 3,500 to 4,000 adults per year. English as a Second Language (ESL) individuals make up 47% of their participants.
- The Centers teach writing, reading, speaking, social and living skills. In some cases, they teach more extensive skills to help participants get a better job.
- New Americans fill low paying jobs in hotels/motels that are harder to fill and are then advanced to hospitals as housekeepers, CNAs, interpreters, phlebotomists, transporters, etc. while they continue learning, especially focusing on English speaking skills. Medical terminology is taught in the pre-CNA course.

- The group concluded that this is not a quick fix to filling our workforce needs but strategies should be developed to enhance collaboration between the Centers and health care facilities to better meet unfilled employment needs.

Goal #2: Explore strategies to recruit health care providers in rural communities by providing more internship and preceptorship opportunities in rural health care facilities.

- Currently rural facilities are invited to inform nursing programs in the state about their internship/preceptorship opportunities so that information can be sent out to students via listservs, posted on bulletin boards, or announced in classes.
- Explored the possibility of establishing a centralized clearinghouse for clinical placement (internships, preceptorships, job openings) where rural facilities could post available positions and universities/colleges could post clinical placement requests. Met with Denise Andress, Western AHEC and Lynette Dickson, Center for Rural Health, who have investigated clearing house models used in other states. They have developed the concept, however, there is no current funding to support the effort. They have identified a consultant in Idaho who could help develop the clearinghouse should funding be secured. The clearinghouse could also be used to track how student placements in rural facilities correlate with rural employment rates. The group plans to move ahead by developing a policy brief for this.
- Student housing in the rural communities will be an important barrier to overcome. The following ideas were generated: identifying host families who would provide housing, identifying elderly community members who desire a companion or some assistance, and providing housing facilities similar to those used by MD students (e.g. apartments, hospital rooms, etc.).

Goal #3: Develop more collaborative efforts to fill all slots in the nursing programs across the state and to provide non-accepted applicants guidance in developing a health care career path.

- The idea of a centralized application process was discussed by CUNEA (College and University Nursing Education Administrators) members in May. They concluded that currently there are not enough unfilled positions in programs across the state to invest the time and expenses this endeavor would demand. CUNEA will make more deliberate efforts to share information regarding the number of unfilled slots available in each program so that information can be shared with applicants who are not accepted. This plan was implemented this past summer e.g. Jamestown College received assistance to fill their open slots.
- Worked with Patricia Moulton to develop a site on the ND Center for Nursing's webpage to provide easily accessible information for students about all nursing programs in the state listed by category (LPN programs, RN programs, graduate programs). Once the nursing programs update their information, links will be provided for each program's application process.
 - On the "For Students"/ Your Career in Nursing page, an additional FAQ was added: "How can I find a nursing program with current openings"? Administrators from nursing programs in the state will contact the Director of the ND Center for Nursing if they have openings to assure that updated information is shared with potential applicants. This website should be promoted in high schools, colleges and hospitals.
- Plan to develop standardized information regarding health care career options (e.g. radiology tech, lab tech, behavioral health providers, OT, PT, RT, social work, etc.) that could be provided to students who are not admitted into nursing programs so that we can keep them attracted to health care. This information could also be placed on the North Dakota Hospital Association's website.