MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M

ROLL NUMBER

DESCRIPTION

2379

2007 SENATE HUMAN SERVICES

SB 2379

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2379

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 1-29-07

Recorder Job Number: 2148, 2193

Committee Clerk Signature Mary K Monson

Minutes:

Senator J. Lee, Chairman, opened the hearing on SB 2379 to provide for a nursing education consortium to conduct an assessment of the possible nursing student population and to establish a mobile clinical nursing simulation laboratory; and to provide an appropriation.

Vice Chairman Senator Erbele recognized Senator J. Lee to introduce the bill.

Senator J. Lee (District 13) introduced SB 2379 and said it would provide the framework in which a consortium could work to address some of the nursing staff needs throughout the state of ND. Some of the things involved are that there would be a survey of the people who might be non traditional students and some remarkable simulators. Some of the simulators would be mobile and could travel from one nursing program to another throughout the state. It would provide for some opportunities for exposure to certain clinical situations.

Senator Warner (District #4) testified in support of SB 2379. He distributed a pamphlet that endorses this issue (Attachment #1). He thinks the mobile traveling laboratory will be a wonderful opportunity for people in rural areas to study nursing and make nursing a career.

Chandice Covington (Dean of Nursing, UND College of Nursing) testified in support of SB 2379. (Attachment #2)

Charles Peterson (Dean, College of Pharmacy, Nursing, and Allied Sciences at NDSU) testified in support of SB 2379. They are very much interested in outreach as it relates to access to education and health care services to the rural communities. They have programs that have advanced in those areas and technology is a big part of that. This area focuses on technology advancement. They encourage support of the bill with amendments that will be coming forward. The bill focuses on a nursing education consortium and they feel the strength of that consortium is in being inclusive rather than exclusive. All the state nursing programs should be an integral part of that. Every program across the state has outstanding faculty, staff, and students that have expertise that can add great value and contribute in a way in that combined consortium. (Meter 24:05) He presented and explained an amendment (Attachment # 3)

Kelly Holmen (UND Student) testified in favor of SB 2379. She loves nursing and saw a need for nurses in the small rural areas. She sees the need for the simulation training.

Senator J. Lee asked her if she started out as a LPN and looking at getting her Bachelor's Degree in Nursing. She also asked if she had long range plans that might include instructing. Ms. Holmen responded yes to the first questions but didn't know if she wanted to be an instructor. She felt it was an honor taking care of the elderly in the nursing homes and thought she would get her Master's.

Elizabeth Pross (Director of the Dakota Nursing Program) testified in favor of SB2379 with the amendments that will be proposed by the Chancellor's cabinet. She feels proposed legislation has a potential to improve nursing education and to improve health care in rural areas.

She said two of the biggest challenges facing her as director of the Dakota Nursing Program are the lack of certain specialized clinical experiences and the lack of qualified faculty.

SB 2379 would help in both of these areas (Meter 32:30). Human simulation is more important in rural areas and faculty development is a very important part of this bill.

In conclusion she supports SB 2379 with the proposed amendments but she emphasized that the board's budget request taking funding priority and requested any additional funding be used for this bill.

Kendra Entze (Student in the Dakota Nursing Program) testified in favor of SB 2379. There is a great need for nurses in rural ND and it is extremely difficult to get nurses to move to the rural areas. The only way the nursing shortage in the rural areas is going to be abated is to approach nursing education with a "grow your own" strategy. If you train people who already live there, they will stay there. The mobile clinical patient simulator would help nursing education move in this direction. However, none of the rural areas can afford this type of technology. This would make it possible for quality nursing education in rural areas for both two and four year nursing students. In order to have quality nurses, you need quality programs (Meter 36:31)

Darla Adams (UND Program Director, Nurse Anesthesia Program) spoke in favor of SB 2379. (Attachment #4)

Barb Diederick (NDSCS Dept. of Nursing) testified in support of SB 2379. (Attachment #5)

Senator Heckaman asked her to explain paragraph 2 a little more in her testimony.

Ms. Diederick replied that what they were looking at is that the state board of higher education bill be fully funded and then if there is extra money this would be funded. This isn't part of that bill.

Senator Dever said there would be a lot of prioritizing during the session. He asked her, "if we don't fund the board of higher education budget, you are opposed to this?

Ms. Diederick said their main priority at Science is that the state board of higher education budget be funded and, if there are any extra monies, then to fund this.

Ruth Gladen (NDSCS Associate Professor of Nursing) testified in support of SB 2379. (Attachment #6)

Ginny Grotberg (BSC) testified in support of SB 2379. (Attachment #7)

Deb Schmitt (Williston) testified in support of SB 2379. She is an instructor at the Dakota Nursing Program and also a student. She stressed the need for the simulator. The quality of the nurses would be that much more.

Senator J. Lee asked if she had any comments about the opportunities that might exist to be able to move up from one level to another and whether there are barriers.

Ms. Schmitt said the barriers are breaking down (Meter 58:40)

Senator J. Lee asked is she is seeing support in the rural communities for doing these kinds of things.

Ms. Schmitt said absolutely. (Meter 59:35)

Senator J. Lee asked Ms. Grotberg if the change from requiring a bachelor's degree for an RN made a difference in her decision to go into nursing and looking at a rural setting.

Ms. Grotberg replied, yes. She chose an Associate's because then she could practice as a nurse and continue on to get her bachelor's.

Wando Rose (ND Nurse Leadership Council) reported that they had met and reviewed SB 2379. Their major concern was the consortium membership because it was not inclusive. It was their understanding it was supposed to include all nursing programs in ND. The state programs have met and will be offering an amendment (Attachment #8). (Meter 62:45) Some nursing programs are not state funded. The ND Nurses Association was not identified as a part of the consortium. They support creative, innovative ideas that would increase education

outreach for nursing and will on record in support of concepts that further education for nursing.

Senator Dever said the bill language includes state, tribal, and private supported nursing education programs. He didn't see that in their amendment.

Ms. Rose said Inclusive would mean all nursing programs. That would include tribal, state, public, and private.

Sharon Moos (ND Nursing Association) testified in support of SB 2379.

Connie Kalonek (Executive Director, ND Board of Nursing) testified that the Board also supports the amendment proposed by the ND Leadership Council that would be more inclusive of all the state programs, as well as the addition of the nurses association. She wanted to remind the committee that they have the nursing needs study and the assessment that is discussed in the bill could be attached to the nursing needs study. Also, that the board is in support of clinical innovation.

Arnold Thomas (President, ND Health Care Association) testified in support of SB 2379. They are particularly interested in the expansion of alternatives to address the clinical experience challenges. They feel the flexibility that the use of mannequins has to complement real hands on with people experiences for tomorrow's medical professional is a step we should be taking. This is an expensive undertaking, both in terms of capital investment and the mannequins and also access to those mannequins both in terms of personnel and maintenance of the technology. They would hope that relying exclusively on mobile would not exclude consideration of also fixed sights in rural ND. (Meter 70:00)

With respect to the remaining part of the bill, they have some questions. They do not understand why it is necessary to establish as a matter of statute a consortium. (Meter 70:42)

Secondly, because there is an emphasis on assessing rural populations relative to needs, this assessment has roots farther back than the early 90's. (Meter 71:38) They wonder if that is something that needs to be put into code or if it is something that would just evolve in terms of supporting the prime purpose of this bill which is the use of clinical supportive technologies so people do not have to leave and travel long distances and take time away from employment to have that clinical kind of experience. They think this bill, in terms of overcoming a key challenge of clinical access, has merit and would be happy to work with the committee to craft it so it achieves its objective.

Shelly Peterson (President, ND Long Term Care Association) shared data. (Meter 74:20) Two thirds of nursing facilities, at this point, are reporting a staffing crisis. In 2006, the center for rural health indicated that it takes 32 weeks to fill a nursing position in a rural nursing home. When they look at the aging of the workforce there are 10,000 people employed in nursing facilities and over half of them are in the nursing department. When they looked at the age, the oldest CNA is 85 years old and an RN that is 81 years old. One out of four of the workforce will be eligible for retirement.

Senator Erbele recognized Chandice Covington who asked Ms. Peterson if she saw any innovative programs for those employees who choose not to retire and are able, to develop a callback system for that group. Is there a possibility of a work core of post retirement individual?

Ms. Peterson said the flexible work environment for nurses that want to work part time works well for them. Just being flexible with the nursing staff is probably the greatest thing we can do, allowing part time and shared positions.

Senator Erbele asked about the renewal of the bachelor's degree requirement and its effect on staffing.

Ms. Peterson said they were overjoyed with the requirement when ND joined the rest of the United States. Having the two year RN's and four year RN's has opened up an avenue for people continuing their education or going back to school that hasn't been there before. (Meter 77:44)

There was no opposing or neutral testimony.

Senator Dever addressed Dr. Covington and asked how they came up with the numbers of $2,104,734 (Meter 78:52).

Dr. Covington said this funding includes is a budget that would take them through three years instead of the two year biennium. That is divided between equipment and staff. (Meter 79:55) She talked about the issue of the time involved for the staff to maintain the equipment and keep it working. The last piece is the beginning effort for all of the programs that are involved to have a way to do cross training and shared faculty development.

Senator Dever asked how many would travel with the equipment.

Dr. Covington said it is important to have a professional driver. She talked about having the state pool monitor the freightliner that would be needed. The driver would most likely be from their staff and would also serve as a scheduler.

Senator Dever asked if they would have to send instructors along with it.

Dr. Covington anticipated having three part time positions and they would rotate going out on the road with the equipment.

Testimony was submitted from Brad Gibbens (UND School of Medicine and Health Sciences) who could not be in attendance. (Attachment #9)

The hearing on SB 2379 was closed.

Job #2193

Discussion was opened on SB 2379 and they talked about fixed sites which will be more likely to be in the big four large communities. This would supplement that for those who have a fixed site in place but provide an additional opportunity for those health facilities that don't have the volume and the money to own their own and don't need something there long term.

They want to have everyone collaborating on this. A lot of thought had been put into this.

This was put together as a grant application ahead of time which was declined.

Senator J. Lee felt it was a testament to Dr. Covington to have, not only the board of nursing, but five or six deans of nursing all on board with this. The committee should think about the amendments that would permit others to be engaged in it, as well. They don't intend to keep anybody out of it.

(Meter 7:13) There was discussion that they would travel the state not just to nursing schools but also to hospitals and nursing homes that are involved in the clinical training for a nursing school. This is an advantage to students in rural areas. They can take a lot of the classes interactively or web based and a portion of the clinicals can be done with the simulators.

Discussion continued on the cost of the truck and simulator, the proposed appropriation, and the possibility of other funding for this program.

(Meter 17:35) Amendments were discussed. It should be open to everyone but they shouldn't be required to participate. They talked about a fiduciary agent, the rural areas having a hard time attracting nurses, and prior legislation.

(Meter 28:20) Discussion included code and provisions law, putting a sunset on the leadership role, the consortium membership, and those that can participate in consortium activities.

(Meter 52:26) The committee was in agreement with the funding but they talked about needing standard language to include grants and funds from public and private sources.

Senator J. Lee closed discussion on SB 2379.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2379

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 1-30-07

Recorder Job Number: 2330

Committee Clerk Signature	Mary K Monson

Minutes:

Senator J. Lee opened discussion on SB 2379 to discuss the amendment that was drawn up from the committee's discussion. (Attachment #10)

Senator Erbele asked about the fixed site simulators from all the various programs and, if there are some without fixed programs, if they are short on simulators throughout the state.

Senator J. Lee responded by referring to questions that Chip Thomas and his health care association had. (Attachment #11) He talked about having six sites access on a regional basis where people could come into it as opposed to having a rolling simulator. One of the benefits of the van was that it was going to be available in a variety of sights throughout the state.

(Meter 2:35) It was pointed out that there would be very specific instructors to teach with and maintain the mannequins. The van would be the classroom. The instruction credits would be through whichever nursing programs choose to participate as it fits their program. This would be an opportunity for continuity of training across the state.

Senator J. Lee said the number two question from Chip Thomas was the availability of clinical instructors unanswered. That is part of what this is designed to improve—that some of these nurses will be moving up the ladder getting their master degrees.

(Meter 6:25) The two greatest needs are a survey to make sure there are enough students to make this work and then the simulators can take the place of one third of the clinical training. More students can be involved because they would be able to spend less time in each hospital/clinic setting.

(Meter 8:00) Concern was voiced with expense of the truck and the lab. There was discussion on other options using the equipment and instructors.

After more discussion everybody was ok with the concept and moving ahead.

The appropriation would only be for two years and then they can revisit it at that time. They are asking for a report to the interim health care committee on the progress and changes can be made at that time. The question of how this will merge into the mainline UND personal budget is relevant. There should be some shared responsibility and all the programs that participate will have to make a financial commitment.

Senator Erbele moved to accept the amendment as discussed by the committee.

Senator Heckaman seconded the motion.

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

Senator Heckaman moved a Do Pass as amended and rerefer to Appropriations.

Senator Erbele seconded the motion.

Roll call vote 6-0-0. Motion carried. Carrier is Senator Erbele.

FISCAL NOTE

Requested by Legislative Council
04/24/2007

Amendment to: Reengrossed SB 2379

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				$1,600,000		$36,000
Expenditures			$200,000	$1,600,000	$1,500,000	
Appropriations			$200,000	$1,600,000	$1,500,000	

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Provides for the creation of a nursing education consortium and legislative intent requiring the SBHE to implement a policy on participation in systemwide initiatives.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Costs associated with the development of a comprehensive plan and costs of obtaining external grant funding.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

$1.6 million in 2007-09 are anticipated grant funds to assist with the purchase of and equipping the simulation lab and associated operating costs for one year of the biennium. No grant funds have been received to date. 2009-11 revenues are expected fee for service revenues.

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Expenditures of $200,000 in 2007-08 would allow for the development of a comprehensive plan and costs associated with obtaining grant funding. In addition, with the receipt of grant funds, the simulation lab would be purchased in 2007-08 at an estimated cost of $1.2 million. Operating costs of $600,000 for the lab are expected in 2008-09.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Provides for $200,000 general fund appropriation as provided for in Section 2 of the bill. In addition, provides $1.6 million other fund appropriation authority for receipt and use of grant funds.

Name:	Laura Glatt	**Agency:**	NDUS
Phone Number:	328-4116	**Date Prepared:**	04/24/2007

FISCAL NOTE

Requested by Legislative Council
03/19/2007

Amendment to: Reengrossed SB 2379

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Provides permissive language for the creation of a nursing education consortium and a legislative council study of "the challenges of providing nursing education to residents of rural ND."

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

None; costs associated with a possible legislative council study would be limited and would be absorbed within current operating budgets.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

   B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

   C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Name:	Laura Glatt	**Agency:**	NDUS
Phone Number:	328-4116	**Date Prepared:**	03/19/2007

FISCAL NOTE

Requested by Legislative Council
02/15/2007

Amendment to: Engrossed SB 2379

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						$36,000
Expenditures			$2,104,734		$1,500,000	
Appropriations			$500,000		$1,500,000	

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Creates a mobile clinical simulation laboratory for nursing students across the state and provides a forum for nursing education cooperation from across the state.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Cost associated with operating and equipping the mobile lab and the staff to provide the educational component to the students.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

Revenues generated on a fee for service basis for services provided to private sector hospitals and emergency personnel, as well as potentially private postsecondary higher education students. Additional grant revenue is also likely but difficult to estimate at this point in time.

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Funding for 7.0 FTE positions, 4.0 of which are full-time and the remainder are partial FTE positions. The most significant portion of the cost (over one-half) is related to equipping the mobile lab in 07-09. Equipment costs in 09-11 are reduced except for upgrades and replacements. Expenses in 07-09 are related to the provision of service at 9 sites and 14 sites in 09-11.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

The amended version reduces the apropriation from $2.1 millon to $500,000. The reduced appropriation will not be adequate to cover the estimated costs of the program in 2007-09. The $500,000 state appropriation may provide matching funds for external grants; however, it will be difficult to fill the funding gap with external gaps thereby, likely

resulting in a delay in the start of the program until 2009-11. The most significant start-up cost is the purchase of the mobile lab, a cost which cannot be phased in over several biennia.

Name:	Laura Glatt	**Agency:**	NDUS
Phone Number:	328-4116	**Date Prepared:**	02/15/2007

FISCAL NOTE

Requested by Legislative Council
02/02/2007

Amendment to: SB 2379

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						$36,000
Expenditures			$2,104,734		$1,500,000	
Appropriations			$2,104,734		$1,500,000	

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Creates a mobile clinical simulation laboratory for nursing students across the state and provides a forum for nursing education cooperation from across the state.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Cost associated with operating and equipping the mobile lab and the staff to provide the educational component to the students.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

Revenues generated on a fee for service basis for services provided to private sector hospitals and emergency personnel, as well as potentially private postsecondary higher education students. Additional grant revenue is also likely but difficult to estimate at this point in time.

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Funding for 7.0 FTE positions, 4.0 of which are full-time and the remainder are partial FTE positions. The most significant portion of the cost (over one-half) is related to equipping the mobile lab in 07-09. Equipment costs in 09-11 are reduced except for upgrades and replacements. Expenses in 07-09 are related to the provision of service at 9 sites and 14 sites in 09-11.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Appropriations are required to cover projected expenses.

Name:	Laura Glatt	**Agency:**	NDUS
Phone Number:	328-4116	**Date Prepared:**	02/08/2007

Date: 1-30-07
Roll Call Vote #: 1

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2379

Senate **HUMAN SERVICES** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken amendments from committee

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 Jim Pomeroy	✓	
Senator Dick Dever	✓		Senator John M. Warner	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment

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

Date: 1-30-07
Roll Call Vote #: 2

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2379

Senate **HUMAN SERVICES** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken DP / amended / approp

Motion Made By Sen. Heckaman Seconded By Sen. Erbele

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

Total (Yes) 6 No 0

Absent 0

Floor Assignment Senator Erbele

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

REPORT OF STANDING COMMITTEE

SB 2379: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2379 was placed on the Sixth order on the calendar.

Page 1, line 3, remove "and" and after "appropriation" insert "; and to provide a continuing appropriation"

Page 1, line 5, after "consortium" insert "- Continuing appropriation"

Page 1, line 11, remove the second "the"

Page 1, line 12, remove "state board of higher education," and after the underscored period insert "In addition, each nursing program in this state which is approved by the board of nursing and each nursing program with approval pending which is located in this state must be invited to have representation in the consortium."

Page 1, line 15, remove "state, tribal, and"

Page 1, line 16, remove "private-supported nursing education programs;"

Page 1, line 18, after the first underscored comma insert "rural leadership of North Dakota,"

Page 1, line 21, after "consortium" insert "from 2007 to 2009, during which the dean shall report to the legislative council. After 2009, the chairman must be chosen by the members."

Page 2, line 16, after the underscored period insert "Any money received by the consortium as gifts, grants, or donations is appropriated as a continuing appropriation for the purpose of funding the consortium."

Renumber accordingly

2007 SENATE APPROPRIATIONS

SB 2379

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2379

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 02-09-07

Recorder Job Number: 3277

Committee Clerk Signature	

Minutes:

Chairman Holmberg opened the hearing on SB 2379.

Senator John W. Warner, District 4, Ryder, distributed written testimony "Steps to Educate Professionals in Nursing" and introduced SB 2379, indicating the bill has two phases; 1) a survey of targeted populations to determine the kinds of scholarship programs, distance learning opportunities and clinical practice alternatives and 2) to provide a mobile teaching laboratory full of high tech simulators that will travel between participating schools of nursing.

Senator Judy Lee, District 13, West Fargo, the primary sponsor of the SB 2379, testified described the bill, why it was prepared, and how it will allow rural areas to grow nurses.

Chandice Covington, Dean, College of Nursing, UND, Grand Forks, distributed written testimony and testified in support of SB 2379. She discussed the mobile teaching lab and talked about ND being very short on nurses, discussed the fact sheet on the Dakota Nursing Program with numbers of nurses completing the different programs, and the budget review. Considerable discussion ensued about the budget, the expasion on the nursing education consortium assesment, the continuing appropriation, the commitment from local people to support this, the topic of EMT's that was raised, the cost per simulators and what other states are doing with their simulators.

Chairman Holmberg closed the hearing on SB 2379.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2379

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 02/09/07

Recorder Job Number: 3279

Committee Clerk Signature	

Minutes:

Chairman Holmberg opened the hearing on SB 2379.

Senator Christmann moved SB 2379 an amendment removing the appropriation and put in legislative intent that the money be taken from the general funds. Senator Kilzer seconded. A raise of hands showing 7 yes and 6 no, 1 absent.

Senator Christmann moved a do pass as amended. Senator Bowman seconded. No discussion was held. A roll call vote was taken resulting in 9 yes, 4 no and 1 absent.

Senator Christmann will carry the bill.

Senator Holmberg closed the hearing on SB 2379.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2379

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 02-13-07

Recorder Job Number: 3463

Committee Clerk Signature	Alice Delzer

Minutes:

Chairman Holmberg opened the hearing on SB 2379 stating we had passed out this bill (02.39) the amendments just came down that we approved and put on the bill. This bill is concerning the nurses. This will be a committee decision if someone wants to reconsider it we can. The amendment replaces an appropriation with a statement that it is the intent of the University System make available the funding necessary to implement the provisions of this and you probably all have heard from Senator Lee and her concerns about the bill. A concern that it would be nice if we could not have that amendment on and that is because of higher education concerns and even if we had to reduce the amount of money and pass it over to the House to see if they can work on it. One of the arguments on the bill, even though it is being coordinated through the University System it is working with other schools of nursing that are not part of the University System. It is to provide training services.

Senator Grindberg moved to reconsider our action to pass 2379 as amended to get it back in the committee. It was seconded.

Chairman Holmberg asked for a verbal vote, all aye except 1 nay. The motion carried.

Senator Grindberg stated the bill is now before us and open for additional amendments. I would move that in section 2 we strike the $2.104 million and insert $500,000.

Chairman Holmberg asked about the rest of the amendments that are on the bill. Where it says where they take the money from.

Senator Grindberg stated that will be replaced. He said leave the original section 2 language of $500,000 to pass the bill along.

Senator Krauter asked if they removed that and if the amount in question is general fund.

Chairman Holmberg confirmed it had been removed. He stated the amendment removed section 2. He explained what his amendment does is to take off the amendment we put on and then further amend by reducing that amount to $500,.000.

Senator Grindberg said we are replacing the original language in section 2 with $500.000.

Senator Krebsbach stated that her notes indicate that they removed it from general to Higher Ed. That was confirmed.

Senator Christmann had questions regarding the funding issue. He stated he is not happy about it.

Senator Kilzer asked why were they doing this.

Senator Grindberg stated he asked for the consideration and offering this amendment at the request of Senator Lee who has concerns over some the actions that have happened and also to put it back into it's original intent. I promised her I would make that effort, and if it flies, it flies, and if it doesn't, it doesn't. It has nothing to do with Higher Ed.

Senator Christmann stated he felt Senator Lee's concerns have been about Higher Ed.

Senator Kilzer had questions about page 1 line 22 and the fact it sounds like Higher Ed.

Chairman Holmberg stated we have a motion and a second on the amendments. All in favor say aye. The motion passed. Do we have a motion for the bill.

Senator Grindberg moved a DO PASS AS AMENDED. Seconded by Senator Fischer. A roll call vote was taken resulting in 10 yeas, 3 nays, 1 absent. The motion carried.

Senator Erbele from Human Services will carry the bill.

The hearing closed on SB 2379. (10.34)

Date: 2/9/07
Roll Call Vote #: 1

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2379

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken DP as amend

Motion Made By Christmann Seconded By Bowman

Senators	Yes	No	Senators	Yes	No
Senator Ray Holmberg, Chrm	✓		Senator Aaron Krauter	✓	
Senator Bill Bowman, V Chrm	✓		Senator Elroy N. Lindaas		✓
Senator Tony Grindberg, V Chrm	✓		Senator Tim Mathern		✓
Senator Randel Christmann	✓		Senator Larry J. Robinson		✓
Senator Tom Fischer	✓		Senator Tom Seymour		✓
Senator Ralph L. Kilzer	✓		Senator Harvey Tallackson		
Senator Karen K. Krebsbach	✓				
Senator Rich Wardner	✓				

Total (Yes) 9 No 4

Absent 1

Floor Assignment Christmann

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

Date: 2/13/07
Roll Call Vote #: 2

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2379

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken do pass as amended.

Motion Made By Grindberg Seconded By Fischer

Senators	Yes	No	Senators	Yes	No
Senator Ray Holmberg, Chrm	✓		Senator Aaron Krauter	✓	
Senator Bill Bowman, V Chrm		✓	Senator Elroy N. Lindaas	✓	
Senator Tony Grindberg, V Chrm	✓		Senator Tim Mathern	✓	
Senator Randel Christmann		✓	Senator Larry J. Robinson	✓	
Senator Tom Fischer	✓		Senator Tom Seymour	✓	
Senator Ralph L. Kilzer		✓	Senator Harvey Tallackson		
Senator Karen K. Krebsbach	✓				
Senator Rich Wardner	✓				

Total (Yes) 10 No 3

Absent 1

Floor Assignment Human Services (the Orig Bill carrier)

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

Grabele

REPORT OF STANDING COMMITTEE

SB 2379, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (10 YEAS, 3 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2379 was placed on the Sixth order on the calendar.

Page 2, line 23, replace "$2,104,734" with "$500,000"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment changes the general fund appropriation to the University of North Dakota for the nursing education consortium from $2,104,734 to $500,000.

2007 HOUSE HUMAN SERVICES

SB 2379

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2379

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March6, 2007

Recorder Job Number: 4419

Committee Clerk Signature	Judy Schock

Minutes:

Chairman Price: We will open the hearing on SB 2379.

Senator John Warner: The ND group came up with what we call the 4 R's. Those are retraining recruitment, retention and reimbursement. One of the critical things we are looking at is the shortage of nurses. We could be as short as 5,000 nurse's state wide, because of lack of new entries and retirement. See attached phases. Phase three is not in this bill. It would allow the smaller rural clinics to participate in the education of nurses who intend to work in rural areas. It would develop and educate the next generation of nursing instructors.

Representative Weisz: The fiscal note says 500,000, if it is not enough money to do anything so I guess the project would be delayed. What will happen?

Senator Warner: I would hope that you would restore the fiscal counts, at least the major portion. The school of nursing made it clear they would support this project.

Representative Porter: Where will the mobile clinic lab be located, and how the other schools would access it, and who would be trained to use it. Would someone drive it to Bismarck and the staffs who are trained would hop in with their students, or is it going to require the staff from Grand Forks be with it.

Senator Warner: They would have a driver which would not be a medically trained person. They would probably have a full time technician. The technician would know how to repair them and be able to train other people where the potential was. The actual teaching would probably be done at the individual school of nursing.

Representative Porter: So the nurse instructor in Bismarck would tell the technician this is the simulation we want to set up for our class today, they would set it up and as far as the instruction aspect of it would still be that nurse instructor. Do you see this mobile laboratory being available for the private nursing colleges?

Senator Warner: My understanding is Simulator can recognize the syringe that you use. There is a reader op the manikin that reads the syringe you use to be sure it is the right choice. Yes it would be available to the private nursing schools. It would not fund it self forever.

Representative Kaldor: the phase three process in this project. Has there ever done a state appropriation for the leverage of centers of excellence grant application? We are asked for the start up component. I am concerned about the idea that centers of excellence programs that is a competitive process so other contestants in that competitive process are going to be relying on local partners.

Senator Warner: It would be ideal if the hospitals and other stake holders would come up with some private money to do some state match. Phase 1 and 2 really stand alone.

Candice Covington, Dean of nursing at the University of Grand Forks: See attachment. It is recommenced we charge a small fee for the private schools, but very minimal so they can participate. We would serve hospitals and long term facilities. This November I have submitted 15 grants. Every one of those grants has a partnership with university. Consortium is the key word here. We are asking for enough for equipment and a one time start up. We would locate equipment strategically in the state motor pool which would be at UND. Our

budget is based o a strong feel for what it will take to run this. I have experience in running this.

Senator Judy Lee, District 13, W. Fargo: I am pleased to have my support. One of the most important things we like to see as legislators is creativity and innovation coming out of Higher Education in order to solve problems in the private sector. One of the biggest issues we have is access to health care. We just need to be sure we have enough nurses. It is very hard to staff in the rural areas. It would be good to grow our own nurses on all levels. There would be training available with this traveling facility.

Representative Schneider: How do you envision the scheduling of the mobile lab work?

Dr. Covington: We have a 1-800 number into the computer scheduler. It may be part of the drivers role. Through the consortium we will map out what each school needs and how we can deploy that so that we keep it moving into the circle of the state.

Chairman Price: Do you think you are going to have enough time to meet all the needs of the group?

Dr. Covington: We do have a sort of mapping out of curriculum and where we all are. Every semester we offer the same course. When we project the types of needs I think we could accomplish it and I think there is room for five trips. We also have room for side trips. We would have people sharing the job so we don't always have the same person out.

Representative Potter: I understood this is for third year nursing students? Would you explain the different clinical experience that the nursing students get? Is this the only clinical experience they will get? Is there more clinical experience? It concerns me that just a dummy would be the only experience they would get.

Dr. Covington: Grants are for two years. We serve students of all levels. This would not be the only clinical experience. We are regulated by the board of Nursing. 30% of the experience

can be with the simulators, and 70% needs to be with humans. They will learn first on the simulators. When that student comes through the door you can be sure they already have learned how to react in a crisis. It is believed the simulators will reduce the error rate.

Representative Conrad: Have you estimated the number of students you have in a year.

Dr. Covington: About 500 students.

Representative Schneider: How do you envision the mobile lab working, is it going to be **used for a continued study or students enrolled in one of the institutions.**

Dr Covington: We would be ordering the one with a pop out center, and the simulator can be stored away and this can also be a class room. This would be available for all the programs. This could have multiple uses. They could accomplish their nursing degree in steps. We turn away generic students, and that is 1st year students away to school.

Representative Weisz: Will you be able to use this for continuing Ed? How are you going to charge for example a RN to an LPN?

Dr. Covington: We will need to charge something. How do you send away half of your staff? We are charged by the mile, so if we are not rolling we are not charged. It is virtually free once you are stationary.

Representative Porter: Was there discussion in the University Systems of doing this about a separate bill?

Dr. Covington: I have been working on this since I got here because we are so far behind, about 5010 years behind other states. One place I had written to for grants said they would not fund infrastructure. The State was to do that. We the state need to do our own infrastructure. So the answer is yes, and no I brought it because they asked for it.

Representative Porter: My concern is budgeting process. We had higher eds budget the first half of the session, and the Governor has put 82 million dollars of new money, the house

added 6-7 million dollars on to that and the higher ed system is still saying they need a 5% in tuition. Than on top of that we are even adding more individual projects that there is a need for. I have a huge concern picking projects we think are good and the appropriations committee throwing huge amounts of money back towards higher ed. It creates a problem.

Representative Weisz: If I am going to school I am going to get credit hours, why aren't we charging something for this program the students are using?

Dr. Covington: We do charge program fees. We use these fees to pay our faculty, our LRC's and one we are planning on using that for one simulation at UND.

Chairman Price: I don't think Higher Ed has made nursing a priority. They have not funded enough, plus not enough educators to fill the teaching need. Would be nice to know how many student slots are there.

Representative Kaldor: I am not clear on if you are providing the mobile clinic to one of the private schools, you would not asses them any more than the fuel costs?

Dr. Covington: We would roll into it the cost. It is fairly economical. The state gets to purchase gas at a lower amount.

Chairman Price: How do your students at UND right now get their clinical hands on?

Dr. Covington: We go everywhere there is possible clinical. We use the many clinics in the region, and in the community, and some at Merit Care. We send student all over the world, but mostly in ND. Practicum, there is no money exchanged.

Representative Porter: How would this tie to the medical school and other programs at UND? Is there is an allowance in here that other medical programs would be able to use them.

Dr Covington: yes, they may need it for a couple of days to a three day period. The Medical school needs surgical simulators. We wound not be able to survive their needs. Our aim was to take care of nursing.

Chairman Price: Anyone else to testify for SB 2379? Any opposition? Hearing none we will close the hearing on SB 2379

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2379

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 13, 2007

Recorder Job Number: 5010 & 5011

Committee Clerk Signature	Judy Lehock

Minutes:

Chairman Price: Take out SB 2379.

Representative Weisz: I like this piece of legislation, but I have a real issue that it should be in higher ed. budget, and should be a priority for them.

Chairman Price: I did ask to have those put into a study so the language would be ready. So we do have an amendment to do the study. The program has huge potential. I don't know if they are ready to move forward.

Representative Porter: What happens if appropriations part of the bill goes away, but the consortium and granting ability stays? They can than go out and look for all of the funds necessary to do this type of program? If they get the grants there will be on going expenses that they will either going to have to come back to legislature for or go to higher educations budget. That could be taken care of with the study, and looking for alternatives during the interim. Subsection 6 on page 2 does amend the consortium as gifts grants or donations to continue appropriations purpose in funding.

Representative Weisz: They have to make sure they have the authority to (could not understand)

Chairman Price: I asked Dr Covington to send me their budget for this. I will go through that with you with a budget of 18,240 dollars.

Rep. Kaldor: I have a problem with is subsection 4 of section 1. I think the idea is good, but I don't like the order in which they have put that. It is like they have cart before the horse.

Rep. Porter: In sub section 4 relating it back to the assessment, and back to the liability of the program, rather than saying shall establish relay it back to the consortium may establish a mobile clinic based upon the assessment and the strategic plan for running the program, in subsection 5.

Committee discusses maybe 4 and 5 could come out. That 5 actually need to be in there, but four could come out. Some think instead of a traveling, not to lock in a mobile. Strategically located in Grand Forks there is nothing strategic about Grand Forks. The study should establish somewhat on how to do this. Do we need money in this to do step one? When we gave the Board of Nursing the authority to increase the dues on Nurses and that money was to be used for the assessment on the critical shortage of nurses in the coming decade. We have already done that, and they are still collecting that money. We don't have to do the study we can wait to receive the report from the consortium on their study. They plan to contract the services for about 6 months to do this survey. When Dr Covington came on board it was a lot of hustling and scrambling together to get this done, and this is the result of it. Seems we need more thought and work. We should maybe give them a little money, but not 500.000 dollars.

Representative Porter makes a motion to amend 2379 page 1 line 6 overstrike shall insert may, page 2 remove sub section 4 and 2. On line 1 overstrike shall and insert may, and line 13 overstrike shall and insert may. The motion was seconded by **Representative Weisz.**

The verbal vote was unanimous Representative Porter moves the study language, seconded

by **Representative Kaldor.** The vote was verbal and unanimous. **Representative Hatlestad** moves a due pass as amended, seconded by **Representative Weisz.** The vote was taken with 12 yeas, 0 nays, and 0 absent. **Representative Porter** will carry the bill to the floor.

Date: 3/13
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES S. B 2379 Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken None. Amendment ~~P.1 6~~ line P2

Motion Made By Rep. Porter Seconded By Rep. Weisz

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman			Kari L Conrad		
Vonnie Pietsch – Vice Chairman			Lee Kaldor		
Chuck Damschen			Louise Potter		
Patrick R. Hatlestad			Jasper Schneider		
Curt Hofstad					
Todd Porter					
Gerry Uglem					
Robin Weisz					

Total (Yes) 12 "Click here to type Yes Vote" No 0 "Click here to type No Vote"

Absent 0

Floor Assignment Rep.

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

Date: 3/13
Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES 2319 Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Move study language line

Motion Made By Rep. Porter Seconded By Rep. Kaldor

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman			Kari L Conrad		
Vonnie Pietsch – Vice Chairman			Lee Kaldor		
Chuck Damschen			Louise Potter		
Patrick R. Hatlestad			Jasper Schneider		
Curt Hofstad					
Todd Porter					
Gerry Uglem					
Robin Weisz					

Total (Yes) "Click here to type Yes Vote" 12 No "Click here to type No Vote" 0

Absent 0

Floor Assignment Rep.

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

Date: 3/13
Roll Call Vote #: 3

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES SB2379 Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass as Amended

Motion Made By Rep. Hatlestad Seconded By Rep. Weisz

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman	✓		Kari L Conrad	✓	
Vonnie Pietsch – Vice Chairman	✓		Lee Kaldor	✓	
Chuck Damschen	✓		Louise Potter	✓	
Patrick R. Hatlestad	✓		Jasper Schneider	✓	
Curt Hofstad	✓				
Todd Porter	✓				
Gerry Uglem	✓				
Robin Weisz	✓				

Total (Yes) 12 "Click here to type Yes Vote" No 0 "Click here to type No Vote"

Absent 0

Floor Assignment Rep. Porter

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

REPORT OF STANDING COMMITTEE

SB 2379, as reengrossed: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed SB 2379 was placed on the Sixth order on the calendar.

Page 1, line 3, replace "an appropriation" with "for a legislative study"

Page 1, line 6, replace "shall" with "may"

Page 2, line 1, replace "shall" with "may"

Page 2, remove lines 6 through 12

Page 2, line 13, replace "5." with "4.", replace "shall" with "may", and replace the second "the" with "a"

Page 2, line 16, replace "6." with "5."

Page 2, replace lines 22 through 26 with:

"**SECTION 2. LEGISLATIVE COUNCIL STUDY - NURSING EDUCATION - CLINICAL ALTERNATIVES.** The legislative council shall consider studying, during the 2007-08 interim, the challenges of providing nursing education to residents of rural North Dakota, including the feasibility and desirability of using scientific and mechanical alternatives to traditional clinical education, the qualifications needed to provide effective and efficient instruction using the alternatives, the number of individuals likely to complete their nursing education if the alternatives were available, and the cost per graduate if the alternatives were provided. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly."

Renumber accordingly

2007 SENATE HUMAN SERVICES

CONFERENCE COMMITTEE

SB 2379

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2379

Senate Human Services Committee

☒ Check here for Conference Committee

Hearing Date: 4-13-07

Recorder Job Number: 6005

Committee Clerk Signature	Mary K Monson

Minutes:

Senator Erbele called the conference committee on SB 2379. Attendance was taken with the following members present: Senator Erbele, Senator J. Lee, Senator Warner, Rep. Pietsch, and Rep. Kaldor (replacing Rep. Schneider). Rep. Weisz was absent.

Senator Erbele asked the Representatives to speak to what the House's considerations were on the nursing consortium.

Rep. Pietsch responded that they went over and over this. Part of their discussion in committee was that the higher education has steps they take and this should have gone through that budget process (meter 02:05). Other areas they talked about included: the Round Table authority, that this would only be 30% of the clinical practice, and that only one mobile unit would cover the whole state. Those were areas of concern and that was how they decided it should be studied.

Senator J. Lee asked if they had a chance to see the map to see how the route would go. The Representatives replied they had.

Senator J. Lee said the Senate had tried to make this a bipartisan proposal. She said it was important for the House members to know that this wasn't something Dean Covington stepped

outside the framework of higher ed to do. Senator J. Lee went on to explain (meter 04:00) that it was at the request of the legislators.

Rep. Kaldor said the House had serious questions for Dean Covington about the specific plans and description of the services. Based on her testimony they were not satisfied that this was necessarily ready. They didn't feel there was a business model with a feasibility analysis done to understand that this would be workable. Information was sketchy about the management etc.

Senator J. Lee replied that there is a model for this traveling training which has been in place for about 30 years through the State College of Science—a welding lab.

She also explained the benefit of using simulators for even a third of the training is that they can increase the number of nursing students that are trained without the challenge of finding good clinical spots.

The Representatives said they didn't have that information at their hearings.

Senator Warner gave examples of benefits for training using the simulators (meter 08:40). They can create opportunities for once in a lifetime situations. They can practice, fail, and try again until they get it right. It is an immediate learning process.

Senator Erbele also pointed out the beauty of people being able to stay in their own location and continue to work.

Rep. Pietsch said they did agree that there is an advantage. Their biggest concern was the cost of the equipment, vehicle, driver, person doing the training, etc. (Meter 10:30) It was difficult for them to figure out how it would pay for itself.

Senator Erbele responded that they would see the benefit back to the community in terms of the services being provided.

Senator Warner presented an alternative to this plan. He distributed attachment #1. He explained that page 3 was a brief synopsis of what the amendments would do and he went through all the points (meter 11:50).

Rep. Kaldor said the bill as it came from the Senate only had a $500,000 appropriation. He asked if the suggestion was that it be amended above the Senate version.

(Meter 15:00) The Health Care Trust Fund status was discussed and it was pointed out that they are deficit spending. It was also stated that this would be a nonrecurring cost.

The ongoing costs of the simulators after the one time cost of acquiring them and the vehicle would be paid for by the participating colleges of nursing. None of them could possibly afford to pay for these high priced simulators on their own but together they would be able to participate in the ongoing costs.

The Representatives pointed out that the House is not favorable to using the Health Care Trust Fund. They have exhausted that fund.

Senator Warner had no objection with putting it back into the general fund. Capital costs were the kinds of things that private donors might like to see their name on. He would have no objections to saying that if they can find operating funds from foundation grants, those funds would be used first. If they can get the other money first, the state would just back them up.

(Meter 18:38) He talked about how he would like to see the state have a commitment that this is a program that will be launched if the donors come through.

Rep. Pietsch said they had talked in the committee that the consortium could contact a third party. That's what they were thinking when they put item five in.

There was discussion on the wording and that the House wanted them to have the option to seek and receive any money they could. They could collect it while it was being studied.

Senator J. Lee pointed out that this is a remarkable way to address the needs in the rural areas if they can figure out how to make it work.

She agreed with Senator Warner that donors are more likely to buy tangible goods than to pay operating costs.

Senator Erbele adjourned the meeting.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2379

Senate Human Services Committee

☒ Check here for Conference Committee

Hearing Date: 4-16-07

Recorder Job Number: 6040

Committee Clerk Signature	Mary K Monson

Minutes:

Senator Erbele opened the conference committee on SB 2379. All members were present.

Senator Erbele explained that the House had turned this into a study and the Senate would like to see a vehicle continue and referred to the amendment brought by Senator Warner at the previous meeting.

Senator Warner walked through the amendment for the benefit of those members who were not at the previous meeting (meter 01:15).

Senator Erbele said one of the things they needed to look at is other possible funding sources.

Rep. Schneider asked how the mobile lab is different than the van with the simulators.

Senator Warner said the lab is the van plus the simulators.

(Meter 04:10) Discussion continued on the operating costs of the mobile lab.

Rep. Weisz asked why they wouldn't want the ability for the consortium to invite the Medical Association to provide input.

Senator Warner said that would be an easy concession to make.

Rep. Weisz asked Senator Warner to expand on removing Emergency Medical Personnel from the target population.

Senator Warner replied that he thought they would still use them but would approach them at a different level.

There was discussion on the funding for the staffing, fuel, and the maintenance costs of the first two years which is contingent on getting funding for equipment.

Rep. Pietsch reported that she had checked with the House side on the funding for the Health Care and if they spend this they will be deficit spending in the second year of the biennium.

Discussion continued on the possibility of generating the money from the Permanent Oil Trust Fund (meter 09:25).

Rep. Pietsch said if it goes to general funds then it should revert over to higher ed general fund dollars.

Rep. Weisz said he would have supported the $2 ½ million as it came out of the Senate if it would have come out of the higher ed. Some of them thought it should have been a priority. The question seemed to be—why wasn't it a priority for higher ed. That's why it was turned into a study on the House side.

Senator J. Lee reported that she had visited with both Rep. Svedjan and Rep. Price about other options with the Bush Foundation and the Dakota Medical Foundation having an interest in it along with other parties having an interest in it. The problem is they won't know by the end of the week. She pointed out that if they can figure out how to get the operations portion covered, there may be other options for funding for equipment but there is nothing in hand. She explained why higher ed didn't have it in their budget (meter 13:03).

Senator Erbele made a suggestion that maybe they could cut the appropriation in half. It could take the first year to get the funding for the wheels, equipment, etc. Then the second year of the biennium half of the appropriation would be needed to actually begin running the program which really wouldn't happen until the second year.

Senator Warner referred to a sustainability plan from Dean Covington (attachment #2) and pointed out that she didn't forecast it would get up and running until sometime in 2008 at the earliest.

Rep. Weisz wanted to know what the odds were that they could pull a grant.

Senator Warner said the Bush Foundation has about $24 million in grants a year to get rid of and it is limited to the north central region. In the past they have been pretty generous of North Dakota.

(Meter 17:00) The appropriations for this started out at $2 ½ million and the Senate appropriations cut it back to $500,000. There was discussion on what the $500,000 would do. That is still an issue with the House on where it is coming from and continued thoughts of it needing to come from higher ed—possibly a line item.

Senator J. Lee said they could end up putting it there if it would make everybody happier with where the budget line is. Ultimately that's where it should be and the expectation is that this will be self supporting in the sense that each of the College's of Nursing and each of the colleges and universities will be putting it in their own budget to continue the.

Senator Erbele added that it would be a contingent fund in their line item.

Rep. Schneider asked if what they were talking about was cutting the contingent funding in half and putting it in the higher ed budget.

Senator Erbele said that has been discussed on the table.

Senator Warner thought they still needed the bill to authorize the membership of the consortium (meter 19:50).

There was discussion on EMT's making it too broad and wondering if it needs to be narrowed down any more with emphasis on the QSP's. The QSP's are still in the bill in the .0400 version and the .0500 version.

Senator Warner pointed out that his proposed 404 amendments would take out those lines, page 2 lines 1-5.

Senator Erbele asked the committee if, before the next meeting, they wanted to visit with appropriations people and see what they could do with moving it over to the higher ed and also talk about half the money.

Both sides agreed to talk to their appropriations representatives and also get information from other sources.

The conference committee meeting was recessed.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2379

Senate Human Services Committee

☒ Check here for Conference Committee

Hearing Date: 4-17-07

Recorder Job Number: 6085

Committee Clerk Signature	Mary R Monson

Minutes:

Senator Erbele called the conference committee meeting on SB 2379 to order. All members were present.

Senator Erbele reminded the committee that at the last meeting they had been talking about possible funding sources. They were thinking about maybe not needing as large an appropriation as they had at once talked about.

Senator J. Lee proposed looking at funding out of commerce because it is workforce development. One of the things she said they needed to do was figure out what the absolute bottom line number was going to be.

Senator Erbele suggested going back to the Warner amendment and figuring out what they agree on and then finding out what the minimum dollar amount would be to move forward effectively.

The Warner amendment was addressed.

Senator Warner said that at the previous meeting Rep. Weisz had some concern that they were excluding the medical community as opposed to the nursing community. He said he would have no objection to putting them back in.

Rep. Weisz thought it made sense if it would be optional that the consortium could use them.

Senator Erbele invited Dave Peske, ND Medical Association, to comment.

Mr. Peske said they were comfortable being out of the bill as long as if the consortium thinks physicians or the medical association has some input they would invite them. If the language in the bill precludes them from doing that because they are not named as an interested party, then they would be happy to remain in the bill.

A short discussion indicated that the bill would include "...employer partners; and other interested public and private parties."

Senator Erbele asked if there were any other items.

Rep. Pietsch asked about the usage of the words "may" and "shall". The House used the "may". The Senate used the word "shall". Does using "may" provide more flexibility?

Senator Erbele said the question is whether it gives flexibility or if it waters it down.

Further discussion indicated that if there is funding the House wants "shall". If there is no funding then it would just be permissive.

Senator Erbele said a sentence could be put on the end saying "contingent upon funding being secured."

Senator J. Lee didn't oppose Section 3 and the study but she was thinking those functions are more functions of the Board of Nursing and Colleges of Nurses rather than legislators. She asked input from the House members on their feelings. (Meter 11:20)

Rep. Weisz explained that the reason the study came about in the House was because they were given some conflicting messages. (Meter 12:35) Their thought was for the study to determine if what was being proposed in the bill should be a vehicle for nurse education in rural areas and if it would increase slots for nurses.

If they can find a mechanism to make this work to everyone's satisfaction Rep. Weisz didn't think they would need the study. When the money came out on the House side, the study went in. If the dollars are appropriated, there probably isn't a need for the study.

Senator J. Lee speculated that if the study was left in they might want to look at reworking the wording on the study because some of it is clearly higher education curriculum.

Senator Erbele said they were down to talking about appropriation.

Discussion continued on the chart from Dean Covington. There was no information yet as to cost for the first year. It was just a timeline.

Again there was talk about cutting the appropriation in half and then maybe the higher ed budget might be able to pick up $750,000.

The committee needed to know the hard numbers it would take to make the program functional before they could pursue the funding source. Funding sources were briefly discussed.

The meeting was recessed until further information could be obtained.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2379

Senate Human Services Committee

☒ Check here for Conference Committee

Hearing Date: 4-20-07

Recorder Job Number: 6212, 6226

Committee Clerk Signature	Mary K Monson

Minutes:

Senator Erbele called the conference committee on SB 2379 to order. All members were present.

Senator Erbele reminded the committee they were working on the nurse consortium bill and they all supported the concept. Now they were down to finding money for it.

He reported that rural development had distance learning in telemedicine categories of funding available with a June 8 deadline. They are more structured toward the hardware for the infrastructure. The mobile unit and simulators etc. could fall into what they want to do. He reminded them that earlier they had talked about Dakota Medical Foundation grants.

Rep. Weisz said that on the operational there was some talk about the Dakota Medical Foundation Grant. He assumed that would need some kind of a match. He wondered if it was potentially possible to fund this whole thing without matching funds.

Senator J. Lee reported that she had talked to Pat Traynor (Dakota Medical Foundation) and they would not have a problem committing to $500,000 distributed out over five years. They are willing to go with operations money. They have to have 50% of the activity in their service area but they have worked from Devils Lake to Wahpeton so the schools that are already in

this program will qualify even though some are outside the area. They do want to have some match.

There is demonstration of interest and support from lots of places but she couldn't see it working without some state money. There is a whole lot of possibility for this especially with the opportunity with some of the dollars for the van and simulator possibly coming from rural development.

Rep. Weisz asked if there were numbers now of the absolute bottom number of state dollars they needed to come up with to make this work.

(Meter 06:25) Reference was made to attachment #3, Mobile SIM lab Operating Budget, and there was discussion on how much of the total they had to come up with for operating costs.

Senator J. Lee said that Dakota Medical had the impact foundation that had access to practically every grant opportunity in the country. They will provide their grant writing services to Dr. Covington so she doesn't have to do all of the grant writing. There has to be a catalyst to get things rolling and there has to be some state dollars to get it started. Then there should be good momentum from other places.

Senator Erbele stated that in the future discussions could be held for trying to get it into the higher ed budget for sustainability.

He asked if they wanted to pursue discussions with Dr. Covington on working with competitive grants that are eligible for the two year programs and see if she can operate it out of there.

Rep. Weisz said the House obviously sent it out without any money and turned it into a study. He personally liked what the Senate had come up with from the standpoint of potentially funding a $2 ½ million project with $250,000 (meter 10:00).

Senator Erbele said there was some off the table discussions on maybe just starting with the two year schools and it could be run out of UND two year college money. There also was

some talk about getting some grant money to do an analysis of the various areas and how many people are out there who are interested in moving up one of the steps of the ladder.

Rep. Weisz said he was informed that they couldn't do workforce training because it was two year. He asked if it was two year programs or two year schools.

Senator J. Lee replied it was two year schools.

Senator Warner said there was some talk once that this wouldn't qualify for centers of excellence because it is not primary sector jobs. There was also some talk about defining it in code that nursing was primary sector so they would be eligible for center of excellence funding because it was defined in code as primary sector.

Senator J. Lee thought that there were some things that had just opened up very recently that were worth sharing with both the House and Senate. Part of it also hinges on what happens with the competitive grant thing, economic development, and workforce development etc.

Discussion followed on what the next step was. They felt there was a need to talk to the appropriations and leadership on both sides and do some more follow up.

JOB #6226

Senator Erbele brought the committee back to order and made note of correspondence from Clare Carlson from Rural Development (attachment #4). He also explained there were amendments being drafted by legislative council.

Senator J. Lee explained that it would include $200,000 from general fund support including the ability to accept gifts, etc. They would be eligible for competitive grants. Also it would include a section that says the higher ed system will develop a systems initiative procedure. This amendment would be adapted to the .0400 version of the bill and would include a large part of the Warner amendments.

(Meter 08:50) There was discussion on whether they can establish a consortium without the bill and the possible need for enabling language.

Also discussed was that information on potential students was somewhat available through the Board of Nursing.

The committee stood at ease until the amendments were ready.

(Meter 10:48) Senator Erbele reconvened the committee to address the amendment as drafted by legislative council (attachment #5).

The amendment was reviewed.

Senator J. Lee explained that section two dealing with the study should have been taken out.

It was emphasized that the key word on page 2, line 25 the key word was "program".

There was general consensus on the amendments with the deletion of Section 2 relating to the legislative council study.

Senator Warner moved that the House recede from its amendments and adopt amendment .0405 with the deletion of the legislative council study.

Rep. Weisz seconded the motion.

Roll call vote 6-0-0. Motion carried.

#5

70824.0405
Title.

Prepared by the Legislative Council staff for
Senator J. Lee
April 20, 2007

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2379

That the House recede from its amendments as printed on pages 1052 and 1053 of the House Journal and pages 983 and 984 of the Senate Journal and that Reengrossed Senate Bill No. 2379 be amended as follows:

Page 1, line 1, remove "conduct an assessment of"

Page 1, line 2, remove "the possible nursing student population and to"

Page 1, line 3, after "laboratory" insert "; to provide statements of legislative intent; to provide for a report to the legislative council; to provide for a legislative council study"

Page 1, line 17, replace "medical association" with "nurses association nursing practice council leadership team"

Page 1, line 23, replace "2007 to 2009" with "July 1, 2007, through December 31, 2009"

Page 2, remove lines 1 through 5

Page 2, line 6, replace "4." with "3.", replace "The" with "If the consortium secures nonstate funds to cover the capital costs of a mobile clinical nursing simulation laboratory program, the", and replace "shall" with "may"

Page 2, line 8, replace the underscored comma with "and"

Page 2, line 9, replace ", and provide" with an underscored period

Page 2, remove lines 10 through 12

Page 2, line 13, replace "5." with "4." and replace "The" with "If the consortium establishes a mobile clinical nursing simulation laboratory program, the"

Page 2, line 16, replace "6." with "5."

Page 2, line 21, after the second "the" insert "simulation laboratory program and the activities of the"

Page 2, after line 21, insert:

"**SECTION 2. LEGISLATIVE COUNCIL STUDY - NURSING EDUCATION - CLINICAL ALTERNATIVES.** The legislative council shall consider studying, during the 2007-08 interim, the challenges of providing nursing education to residents of rural North Dakota, including the feasibility and desirability of using scientific and mechanical alternatives to traditional clinical education, the qualifications needed to provide effective and efficient instruction using the alternatives, the number of individuals likely to complete their nursing education if the alternatives were available, and the cost per graduate if the alternatives were provided. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly."

Page 2, line 23, replace "$500,000" with "$200,000"

Page 2, line 25, replace "nursing education consortium" with "costs of a simulation laboratory program"

Page 2, after line 26, insert:

"**SECTION 4. STATE BOARD OF HIGHER EDUCATION - LEGISLATIVE INTENT.** It is the intent of the legislative assembly that the state board of higher education establish and implement a policy and procedure for institutions of higher education under the control of the board to participate in systemwide initiatives.

SECTION 5. COMPETITIVE GRANT ELIGIBILITY - LEGISLATIVE INTENT. It is the intent of the legislative assembly that the nursing education consortium apply for public and private grants to assist in financing section 1 of this Act and that state agencies interpret grant application guidelines broadly to allow the nursing education consortium to be eligible to apply for grants."

Renumber accordingly

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number 2379 (, as (re)engrossed): Date: 4-13-07 / 4-16-07 / 4-17-07 / 4-20-07

Your Conference Committee Senate Human Services

For the Senate:	4-13	4-16	4-17	4-20				For the House:	4-13	4-16	4-17	4-20			
Sen. Erbele	P	P	P	P	P	Y		Rep. Weiss	A	P	P	P	P	Y	
Sen. J. Lee	P	P	P	P	P	Y		Rep. Pietsch	P	P	P	P	P	Y	
Sen. Warner	P	P	P	P	P	Y		Rep. ~~Schneider~~ Kaldor	- P	P	P	P	P	Y	

recommends that the (SENATE/HOUSE) (ACCEDE to)/(RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) 983 -- 984

____ and place _____ on the Seventh order.

X , adopt (~~further~~) amendments as follows, and place 2379 on the Seventh order:

having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) _____ was placed on the Seventh order of business on the calendar.

DATE: _____
HOUSE CARRIER: _____ **SENATE CARRIER:** _____

LC NO. of amendment
LC NO. of engrossment
Emergency clause added or deleted
Statement of purpose of amendment

MOTION MADE BY: _____
SECONDED BY: _____
VOTE COUNT: ____ **YES** ____ **NO** ___ **ABSENT**

Revised 4/22/05

REPORT OF CONFERENCE COMMITTEE

SB 2379, as reengrossed: Your conference committee (Sens. Erbele, J. Lee, Warner and Reps. Weisz, Pietsch, Schneider) recommends that the **HOUSE RECEDE** from the House amendments on SJ pages 983-984, adopt amendments as follows, and place SB 2379 on the Seventh order:

That the House recede from its amendments as printed on pages 983 and 984 of the Senate Journal and pages 1052 and 1053 of the House Journal and that Reengrossed Senate Bill No. 2379 be amended as follows:

Page 1, line 1, remove "conduct an assessment of"

Page 1, line 2, remove "the possible nursing student population and to"

Page 1, line 3, after "laboratory" insert "; to provide statements of legislative intent; to provide for a report to the legislative council"

Page 1, line 17, replace "medical association" with "nurses association nursing practice council leadership team"

Page 1, line 23, replace "2007 to 2009" with "July 1, 2007, through December 31, 2009"

Page 2, remove lines 1 through 5

Page 2, line 6, replace "4." with "3.", replace "The" with "If the consortium secures nonstate funds to cover the capital costs of a mobile clinical nursing simulation laboratory program, the", and replace "shall" with "may"

Page 2, line 8, replace the underscored comma with "and"

Page 2, line 9, replace ", and provide" with an underscored period

Page 2, remove lines 10 through 12

Page 2, line 13, replace "5." with "4." and replace "The" with "If the consortium establishes a mobile clinical nursing simulation laboratory program, the"

Page 2, line 16, replace "6." with "5."

Page 2, line 21, after the second "the" insert "simulation laboratory program and the activities of the"

Page 2, line 23, replace "$500,000" with "$200,000"

Page 2, line 25, replace "nursing education consortium" with "costs of a simulation laboratory program"

Page 2, after line 26, insert:

"**SECTION 3. STATE BOARD OF HIGHER EDUCATION - LEGISLATIVE INTENT.** It is the intent of the legislative assembly that the state board of higher education establish and implement a policy and procedure for institutions of higher education under the control of the board to participate in systemwide initiatives.

SECTION 4. COMPETITIVE GRANT ELIGIBILITY - LEGISLATIVE INTENT. It is the intent of the legislative assembly that the nursing education consortium apply for public and private grants to assist in financing section 1 of this Act and that state

agencies interpret grant application guidelines broadly to allow the nursing education consortium to be eligible to apply for grants."

Renumber accordingly

Reengrossed SB 2379 was placed on the Seventh order of business on the calendar.

2007 TESTIMONY

SB 2379

Senator Warner

Attachment # 1

Steps To Educate Professionals In Nursing

STEPIN' up the ladder

STEPIN up the ladder is the name given to a bipartisan legislative initiative to create a new paradigm for the education of nursing professionals in North Dakota.

Our state faces a critical shortage of nurses in the coming decade. There is evidence that we may be short as many as 5000 nurses statewide by 2020 because of retirements and the lack of new entrants into the field. This shortfall will be disproportionally spread across the state, with rural areas facing the greatest shortages at the exact same time when an aging population will be making unprecedented demands on our health care system.

Both the name and the ladder metaphor have been chosen to symbolize that this new paradigm for professional education is composed of increments which are self contained but considered within the framework of an overall structure which encourages professionals to move up the ladder at their own pace and as far as their individual situation and career goals would indicate. Only phase one and phase two of this initiative are contained in SB 2379. It is hope of the sponsors that phase three will be addressed later as a Centers of Excellence project.

Phase one consists of a survey of the targeted populations of rural families and para-professionals The results of the survey will indicate a general level of interest in the project but more importantly, the kinds of scholarship programs, distance learning opportunities and clinical practice alternatives that will make that education possible.

Phase two is perhaps the most exciting part of the project. It is a mobile teaching laboratory full of high tech simulators which will travel between the participating schools of nursing, providing an opportunity to receive up to 30% of the required clinical training in a simulator setting. The most serious impediment to nursing training has been the bottleneck caused by the lack of slots in clinical programs. The use of simulators will widen that bottleneck and provide a safer environment for patients when the nurses in training finally begin working with live patients.

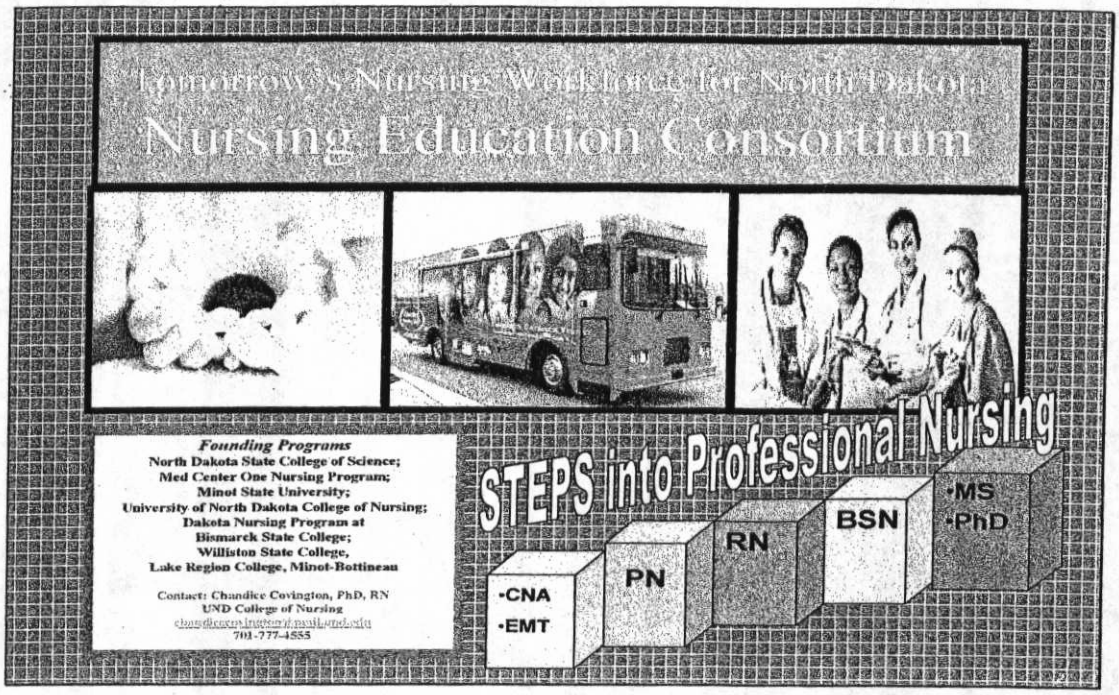
As mentioned earlier, **phase three** is expected to seek funding from the Centers for Excellence program and thus is not contained in this legislation but it is an exciting and innovative approach to curriculum that deserves mention. The proposed nursing consortium will build enrollment capacity through five approaches.

1. Streamline the process both between schools and between levels of nursing.
2. Make it easier for rural and fully employed students to access the curriculum at times and places of their convenience.
3. Develop ways for smaller, rural clinics to participate in the education of nurses who intend to work in rural nursing.
4. Increase student retention and recruiting in rural families and para-professionals.
5. Develop and educate the next generation of nursing instructors.

Contacts:
Sen. Judy Lee jlee@nd.gov
Sen. John Warner jwarner@nd.gov
Sen. Aaron Krauter akrauter@nd.gov
Rep. Lois Delmore ldelmore@nd.gov
Rep. Clara Sue Price cprice@nd.gov
Rep. Ken Svedjan ksvedjan@nd.gov

Chandice Y. Covington, PhD, RN, FAAN
Dean, College of Nursing
University of North Dakota
Nursing Building Room 369
430 Oxford St., Stop 9025
Grand Forks ND 58202-9025
(701) 777-4555 (OFFICE)
chandicecovington@mail.und.edu
Administrative Assistant: Kathi Hjelmstad
kathihjelmstad@mail.und.edu (701) 777-4555
http://www.nursing.und.edu/

Attachment #2



Good morning. I am Chandice Covington, Dean of Nursing, and I bring greetings from the University of North Dakota College of Nursing. Today I offer testimony in support of a collaborative effort between several nursing programs in the State, which is proposed in Senate Bill 2379. The Bill is to provide for a nursing education consortium to conduct an assessment of possible nursing student populations and to establish a mobile clinical nursing simulation laboratory. Three phases are proposed: Phase 1 is to assess para-professionals (emergency medical technicians, certified nurse assistants, practical nurses) from rural-based populations for interest in and obstacles to becoming a professional nurse, and Phase 2 is to acquire, outfit and operate a "Mobile Clinical Nursing SIM Lab." Attached to you handing is a diagram of that Lab. The SIM lab will travel around the State to serve nursing education program students and faculty and hospital staff.

Additional foundation, Federal and other sources will be sought to fund Phase 3, which is aimed at increasing education of para-professionals (EMT, PN,CNA) into profession nurses

using a "STEP" career lattice supported by distributive (distance) and clinical SIM learning (Phase 3 abstract attached).

As background, I have been a nurse nearly 33 years in education, practice and research roles in rural Texas and Louisiana, Michigan, and California. As recently as 2005, I worked as a "bedside nurse" and a pediatric nurse practitioner. I mention this to suggest that I am confident that to produce a strong, safe, and quality nursing workforce in North Dakota, programs of nursing education are well-positioned to partner with the State in a collaborative relationship to address the need for a strong nursing workforce. One such area of concern is the growing inclusion nationally of clinical simulation models and curriculum that accompanies these models to teach safe nursing care, allow repetition and error **before** the students goes to the real bedside of a patient, and to leverage critical resources by enhancing meager live experiences with SIM ones, such as in labor and delivery and pediatrics. About 30% of clinical experiences can be in the form of "scenarios" that are simulated. Often however, faculty are unprepared to use these models, and/or programs cannot afford a full variety of models (such as newborn, child, adult).

Simulation in clinical education has increased to assist in producing nurses to address the shortage. In North Dakota, a critical nursing workforce shortage looms as nurses retire, move, or change careers. In a report released in April 2006, the Health Resources and Services Administration (HRSA) projects that nursing schools must increase the number of graduates by 90 percent in order to adequately address the nursing shortage; yet with an 18.0 percent increase in graduations from nursing programs this year, schools are falling far short of meeting this target.[1] By the year 2020, HRSA projects that more than one million new Registered Nurses (RNs) will be needed in the U.S. healthcare system to meet the demand for nursing care. In

[1] US Department of Health & Human Services, Health Resources Services Administration. (2004). What is Behind HRSA's Projected Supply, Demand, and Shortage Of Registered Nurses? ftp://ftp.hrsa.gov/bhpr/workforce/behindshortage.pdf

North Dakota, based on the HRSA formula,[1] we project a need for more than 5000 new RNs added to the current RN workforce of about 9000 nurses to meet the State's nursing care demand by the year 2020.

Given our State's nursing program's annual production of about 500 new nurses eligible to take the RN board countered by the actual number taking the ND board for licensure in the state for practice,[2] we expect to mirror or exceed the national shortfall rate of 36% (supply/demand) by the year 2020, meaning that for every 100 nurses needed, the State will be short by 36 nurses. This shortfall is deemed a conservative estimate due to the fact that our greatest in-migration of population is retirees coming back to ND and needing elder health care. Such care is significantly delivered by nurses and tends to be specialized chronic care management and long term care.

As shown in the data tables below, the interaction of an aging population with the growing emphasis on ambulatory, community based, and self care will produce a greater need for nurses in home care for example, than hospital care. That care also lends itself to simulation learning. A parallel growth in the need for nurses at the master's and PhD levels to serve as faculty and to be providers of primary care, especially in rural settings is forecasted. The health system's increasing demand for front-line primary care, and the accelerating drive toward managed care, prevention, and cost-efficiency, are driving the nation's need for nurse practitioners, clinical nurse specialists, certified nurse-midwives, and other RNs with advanced practice skills. SIM education includes this level, as advanced assessment learning or preparing for the role in clinical teaching. A list the 484 North Dakota advanced nurse practitioners by city of residence in North Dakota is attached.

---

[2] ND Board of Nursing. Nursing Education Annual Report Fiscal Year 2005-2006. http://www.ndbon.org/documents/1168461332.pdf

Exhibit 15. Population Growth, 2000 to 2020

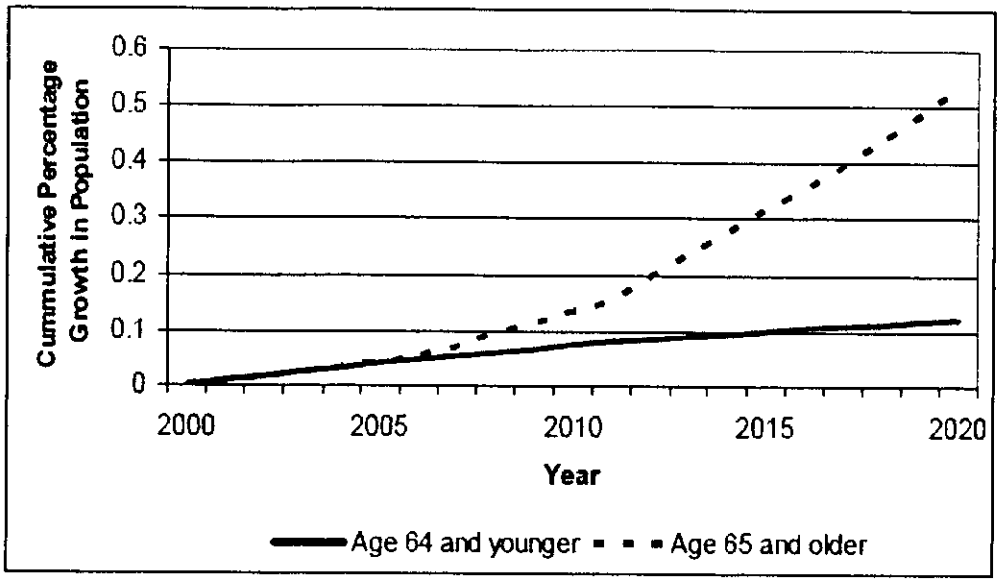


Exhibit 21. Baseline Projections of Demand for FTE RNs

Setting	2000	2005	2010	2015	2020	Increase from 2000–2020
Total[a]	2,001,500	2,161,300	2,347,100	2,569,800	2,824,900	41%
Hospitals[a]	1,239,500	1,324,800	1,427,900	1,555,600	1,698,900	37%
Short-term hospital, inpatient	874,700	930,200	999,100	1,086,800	1,187,000	36%
Short-term hospital, outpatient	83,500	95,900	110,400	126,400	142,000	70%
Short-term hospital, emergency	90,300	92,200	94,500	97,300	100,400	11%
Long-term hospitals	191,000	206,500	223,900	245,100	269,400	41%
Nursing facilities	172,800	197,200	224,500	253,600	287,300	66%
Physician offices	155,000	166,400	178,800	191,600	204,700	32%
Home health	132,000	157,300	187,500	226,200	275,600	109%
Occupational health	20,200	21,000	22,000	23,100	23,900	18%
School health	57,600	59,700	60,400	61,100	62,200	8%
Public health	99,800	103,500	107,300	111,500	115,800	16%
Nurse education	45,900	49,600	53,800	58,800	64,500	41%
Other healthcare	78,500	81,700	84,900	88,400	92,000	17%

[a] Due to rounding, category totals might fail to equal the sum across component settings.

This projected nursing workforce need is further complicated by obstacles inherent in the impact of rural demographics. Despite increasing numbers of nurse graduates, even a surplus may not counteract geographic maldistribution. Importantly, data support that students that have

"life experiences and connections" to rural areas significantly choose to practice in rural areas.[3,4,5] In addressing this demand for nurses, in North Dakota, we have the burden of "economy of scale" issues—for example each nursing program is expected to duplicate faculty, equipment, training models, and curriculum.

Over this past year, several State, and private supported nursing education programs (baccalaureate, associate, and practical nursing) formed a consortium with UND College of Nursing, employer partners, workforce partners, and other partners to address common concerns in nursing education that produce obstacles in addressing North Dakota's nursing shortage, especially in the rural areas. Our Consortium, composed of the nursing programs at UND, Minot State University, Bismarck State College, Lake Region State College, Minot Bottineau, Williston State College, ND State College of Science, and Med Center One, identified four main areas of concern that we refer to as the 4Rs: Recruitment, Re-training, Retention, and Resources. UND, the oldest BSN nursing program and the largest nursing program in the State, proposes to serve as the lead university of a Consortium whose activities will address the nursing shortage in North Dakota in two phases of a three-phase project.

Legislation that promotes and supports shared nursing education resources is cost effective, efficient, and congruent to the needs of the people and families of our State now and in the future. Thank you for this opportunity to present today.

---

[3] Skillman SM, et al. Characteristics of registered nurses in rural versus urban areas: implications for strategies to alleviate nursing shortages in the United States. J Rural Health. 2006 Spring;22(2):151-7.
[4] Edwards JB, et al. Practice locations of graduates of family physician residency and nurse practitioner programs: considerations within the context of institutional culture and curricular innovation through Titles VII and VIII. J Rural Health. 2006 Winter;22(1):69-77.
[5] Bushy A, et al. Factors that influence students in choosing rural nursing practice: a pilot study. Rural Remote Health. 2005 Apr-Jun;5(2):387.

Attachment 1

Phase 3.[6] **Nursing Educational Lattice for Agri, CNA, EMT, and LPN ($2.5 million)**. The Consortium partners will build nursing student enrollment capacity through five approaches: 1) Streamline the articulation process between schools and between levels of nursing (Practical Nursing, Associate Degree RN, Baccalaureate RN, Masters Advanced Nurse Mid Level Provider and educator, PhD in nursing); 2) Deploy the didactic curriculum in distributive modalities beamed at rural areas; 3) Facilitate the clinical education components in rural areas; 4) Increase student retention and serve 4 new rural based populations (students from agricultural families, and certified nurse assistants, emergency medical technicians, licensed practical nurses with rural connections; 5) Produce and retain nursing faculty resources in rural clinical areas and programs of nursing. The Consortium will partner with two distributive education consultants who will assist in re-purposing the 80 nursing courses needed for the career lattice concept to produce marketable courseware, which will increase the rural workforce, build state jobs, fill state job, promote commerce, and contribute to the budget of the State. These two partners are MC Strategies, Elsevier Publishers who will re-purpose the upper division nursing courses and the State of North Dakota, Department of Health, Division of Education Technology (EdTech) who will repurpose the lower division pre-nursing courses. Both consultants develop and deliver public health and nursing information and education through a variety of technologies and acknowledge technology that can account for delivery to remote areas of the State that may lack internet capability. Further, Phase 3 partners with the following stakeholders, who will participate in the Consortium to contribute over 2 million in leveraged resources in the form of tuition reimbursement, technology resources,[7] job services, and other resources supportive of the Consortium objectives.

Contact Information: Chandice Covington, Dean, College of Nursing, University of North Dakota, 430 Oxford Street, Grand Forks, ND 58202 (701) 777-4555.
chandicecovington@mail.und.edu

[6] Phase 3 will be submitted to the State's Centers of Excellence Initiative for 2008-09 for funding consideration.
[7] Includes T1 lines through the Hospital Wide Area Network (BTWAN), which is a dedicated system that is funded through a contract between the North Dakota Department of Health and the North Dakota Health Care Association and located in all over 50 rural ND hospitals and in several health agency settings and health departments.

Figure 4. Proposed Mobile Clinical Simulation Lab for ND Nursing Students

Rooms expand in a "slide-out" feature, expands to 24 inches

Front Compartment

Debriefing Room & Kitchen
- Microwave
- Sink
- Cabinetry
- Towel & Soap dispenser

Matthews supplies
CAT-6 & A/V inputs & Outputs
- Video player
- Monitor
- Intercom/ Speaker system

Matthews supplies: Recessed intercom/speaker, digital video camera system (4 cams) cabled to control room & debriefing room.

Matthews supplies:
- Series 5000-102, rear engine – 300 HP, Mercedes, freight liner/bus chassis
- Air Compressor installed
- Generator under chassis (METI supplies), MS will plume lines in own compartment.
- . Transport stretcher (basic gurney) $3,000) /w 2 IV poles & wire basket
- Ceiling mounted examination lights-dual light by Amsco $6,000
- O2, CO2, N2 cylinders /w carry case & regulators & Air Hose w/ Fittings & Clamps built in
- Wall & GI suction

Sink

Column for embedded monitors

Control Room

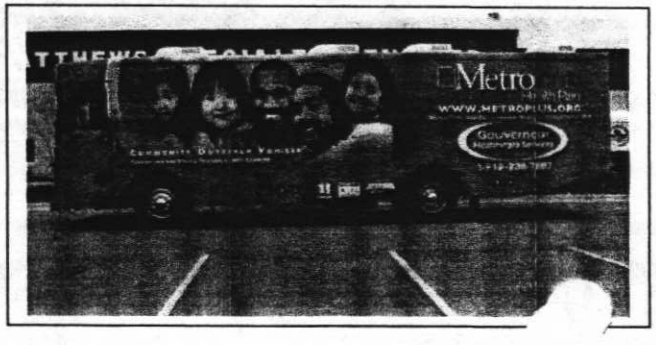
Matthews supplies:
CAT-6 & A/V inputs & Outputs/Console
- Video digital recorder
- Camera monitor & control panel
- Speaker/Intercom monitor

Matthews supplies: Recessed cylinders & suction, divider to store equipment.

ENGINE/Air Compressor

Rooms expand in a "slide-out" feature, expands to 24 inches

UND supplies:
Emergency Carts, /w critical care monitor
Gurney electric, /w 3 IV poles, IVAC (3)
Defibrillator
SIM Lab Manager Software



RESIDENCE REPORTED FOR ADVANCED PRACTICE NURSES IN NORTH DAKOTA (Board of Nursing, 2005)

Cities with at Least One (1) Advanced Practice Nurse
ABERCROMBIE, ANETA, ARGUSVILLE, ARNEGARD, BELCOURT, BERTHOLD, BINFORD, BOTTINEAU, BUCHANAN, BURLINGTON, CARPIO, CASSELTON, CENTER, COLEHARBOR, ELGIN, ELLENDALE, EMERADO, EPPING, FESSENDEN, GALESBURG, GARRISON, GLEN ULLIN, GRASSY BUTTE, HAMPDEN, HARWOOD, HEATON, HEBRON, KILLDEER, KINDRED, KINTYRE, LAMOURE, LEEDS, LEHR, LINTON, LISBON, MICHIGAN, MINOT AFB, MOFFIT, MOHALL, NEW ROCKFORD, NEW SALEM, NORTHWOOD, OAKES, OBERON, PARK RIVER, PARSHALL, PEKIN, ROLETTE, SENTINEL BUTTE, ST JOHN, STERLING, STRASBURG,TIOGA, TOWNER, UNDERWOOD, VELVA, WALCOTT, WASHBURN, WATFORD CITY, WEST HOPE, WILDROSE, WILLOW CITY, WILTON, WISHEK

Cities with at Least Two (2) Advanced Practice Nurses
ASHLEY, BEULAH, CARRINGTON, DUNSEITH, EDGELEY, HILLSBORO, KENMARE, LARIMORE, MAYVILLE, TURTLE LAKE

Cities with at Least Three (3) Advanced Practice Nurses
BOWMAN, CRYSTAL, HAZEN, HETTINGER, LANGDON, RICHARDTON, ROLLA, RUGBY, THOMPSON

Cities with at Least 4 Advanced Practice Nurses
HORACE, VALLEY CITY

Cities with 5 – 6 Advanced Practice Nurses
DEVILS LAKE, GRAFTON, MANVEL, WAHPETON

Cities with 7 - 11 Advanced Practice Nurses
JAMESTOWN, DICKINSON, WILLISTON

Cities with 12 – 29 Advanced Practice Nurses
MINOT, WEST FARGO, MANDAN

City with 69 or more Advanced Practice Nurses
GRAND FORKS

City with 86 or more Advanced Practice Nurses
FARGO

City with 93 or more Advanced Practice Nurses
BISMARCK

North Carolina Center for Nursing - Quick Facts

Linda M. Lacey and Jennifer G. Nooney www.NCcenterfornursing.org/research

2004 RN Average Salaries Across States: Unadjusted and Adjusted by Cost of Living

December, 2005

Studies of nursing salaries rarely consider the impact that the local cost of living makes on the purchasing power of a specific salary. Yet, the table below shows that once adjusted for the cost of living the rank ordering of states on average salary for RNs can change dramatically. California moves from 1st place to 44th, Hawaii from 3rd to 49th. North Carolina moves up in the rankings: from 30th to 20th. Texas moves into 1st place from 19th after adjusting for the cost of living. In fact, many of the states located near the top of the list for unadjusted RN salary levels move to the 3rd or 4th quartile after adjustment. Those states falling at the bottom of the list for unadjusted salary levels move up, although the change in ranking is not as dramatic.

State	Average Annual Salary	State Ranking Before Adjustment	Average Salary Adjusted for COLI	MERIC COLI value	State Ranking After Adjustment
California	$69,140	1	$45,849	150.8	44
Maryland	$65,750	2	$52,266	125.8	23
Hawaii	$64,320	3	$39,802	161.6	49
Massachusetts	$64,120	4	$50,970	125.8	34
New York	$62,140	5	$50,316	123.5	37
New Jersey	$61,790	6	$46,043	134.2	-43
Connecticut	$61,450	7	$48,577	126.5	39
Alaska	$60,420	8	$46,946	128.7	41
Washington	$59,650	9	$57,633	103.5	3
Minnesota	$58,980	10	$58,745	100.4	2
Nevada	$58,630	11	$52,442	111.8	21
Oregon	$58,380	12	$54,765	106.6	11
District of Columbia	$58,330	13	$40,367	144.5	48
Delaware	$57,470	14	$55,850	102.9	6
Rhode Island	$56,910	15	$44,531	127.8	46
Michigan	$55,380	16	$54,832	101	10
Colorado	$55,010	17	$54,304	101.3	14
Arizona	$54,940	18	$53,600	102.5	16
Texas	$53,940	19	$60,539	89.1	1

The data used in this analysis comes from the employment and wage surveys conducted by the Occupational Employment Statistics (OES) program in association with the federal Bureau of Labor Statistics (BLS). The OES is a state-federal cooperative effort in which data is collected by the states and then aggregated by the BLS to produce national statistics. The average salary figures in each state in the table are from the November, 2004, tables released by the BLS.

State	Average Annual Salary	State Ranking Before Adjustment	Average Salary Adjusted for COLI	MERIC COLI value	State Ranking After Adjustment
Wisconsin	$53,700	20	$56,646	94.8	4
Pennsylvania	$53,670	21	$53,403	100.5	18
Virginia	$53,330	22	$51,676	103.2	31
New Mexico	$52,620	23	$51,945	101.3	30
Florida	$52,150	24	$51,994	100.3	29
Ohio	$51,840	25	$54,340	95.4	13
Illinois	$51,600	26	$52,069	99.1	26
Utah	$51,590	27	$55,954	92.2	5
South Carolina	$50,950	28	$53,407	95.4	17
Louisiana	$50,560	29	$52,178	96.9	25
North Carolina	$50,450	30	$52,827	95.5	20
Georgia	$50,330	31	$55,126	91.3	9
Tennessee	$49,890	32	$55,619	89.7	7
Missouri	$49,690	33	$54,544	91.1	12
Nebraska	$49,350	34	$52,894	93.3	19
Indiana	$49,100	35	$52,013	94.4	27
Kentucky	$48,980	36	$53,706	91.2	15
Vermont	$48,770	37	$42,706	114.2	47
Idaho	$48,000	38	$51,118	93.9	33
Arkansas	$47,990	39	$55,224	86.9	8
West Virginia	$47,780	40	$52,219	91.5	24
Mississippi	$47,220	41	$52,004	90.8	28
Alabama	$47,170	42	$50,830	92.8	35
Montana	$47,040	43	$47,805	98.4	40
Kansas	$46,910	44	$51,268	91.5	32
South Dakota	$46,830	45	$49,243	95.1	38
Oklahoma	$46,660	46	$52,368	89.1	22
North Dakota	$46,480	47	$50,742	91.6	36
Wyoming	$46,200	48	$45,517	101.5	45
Iowa	$44,000	49	$46,908	93.8	42

The cost of living index used to adjust the state-level average salary figures is a composite index developed by the Missouri Economic Research and Information Center (MERIC). They created a state-level index value by aggregating the city-level cost of living index values published by the American Chamber of Commerce Researchers Association (ACCRA) for the 4th quarter of 2004.

The point of time at which the cost of living was being measured in various cities around the country is consistent with the point of time for the RN salary information.

A more thorough discussion of the data elements used in this analysis and the mechanics of the adjustment procedure can be found in the May/June, 2006, issue of *Nursing Economic$* at www.nursingeconomics.net. See the article by Lacey and Nooney, "Which pasture is really greener? A research note on salary studies" which appears in that issue.

Readers interested in pursuing their own cost of living adjustments should visit the web site of the American Chamber of Commerce Researchers Association or other sites such as http://www.infoplease.com/ which also report cost of living information for selected U.S. cities.

Attachment #3

Dean Charles Peterson

January 29, 2007

North Dakota University System

PROPOSED AMENDMENTS TO SENATE BILL NO. 2379

Page 1, line 10, replace "of the university of North" with "from each of the State Board of Nursing approved programs or programs with approval pending located in North Dakota."

Page 1, line 11, delete

Page 1, line 12, delete "state board of higher education, and the board of nursing."

Page 1, line 19, delete "The dean of the" and replace with "The chair of the consortium will be elected from among its members."

Page 1, line 20, delete.

Page 1, line 21, delete.

G:\TERRY\1100\07SES\amendments to SB2379.doc

Attachment # 4

Testimony for Senate Bill No. 2379

Darla J. Adams, MS, CRNA
Program Director
University of North Dakota
Nurse Anesthesia Specialization

Hello. My name is Darla Adams. I am a Certified Registered Nurse Anesthetist and Program Director of the Nurse Anesthesia Program at the University of North Dakota. The North Dakota program is one of only about 90 in the country and educates 12 student nurse anesthetists every year. These students enter nurse anesthesia education first as registered nurses (most from the state of ND) and upon completion of the 24 month master's level program finish as Certified Registered Nurse Anesthetists. Approximately 50% of these students, upon graduation from the program, will stay in North Dakota and provide anesthesia services across the state, including both urban and rural areas.

Without a doubt, Certified Registered Nurse Anesthetists are vital to the healthcare of North Dakota. Although much of the public is unaware that the profession even exists, nurse anesthetists provide approximately 27 million anesthetics across the country every year. They provide 85% of all anesthetics in rural areas in the US. In North Dakota, Nurse Anesthetists provide anesthesia services in 98% of all hospitals that offer surgery and obstetrical services. They are the sole providers of anesthesia services in 64% of North Dakota hospitals, all of which are in rural settings. Certified Registered Nurse Anesthetists (CRNAs) are the only anesthesia providers supplying the most rural areas of North Dakota.

Training nurses to become nurse anesthetists is challenging. The profession requires the acquisition of vital, yet difficult skills, such as placing breathing tubes and other airway devices; it requires learning how to perform emergency surgical airways to save patient's lives. These are not skills that you want students or practitioners learning on human patients for the first time. Anesthesia providers are also faced with what we call "rare and complicated patient conditions". These are often unexpected, critical patient situations that require the entire surgical team (nurses, doctors, technicians, nurse

anesthetists) to work together utilizing appropriate processes, good communication, skills, and training. This is particularly true if we want to develop a "culture of safety" within healthcare. This does not happen without practice.

Full body patient simulation is being utilized all over the country. Together with traditional training methods it provides a comprehensive learning opportunity for our nursing students, nurse anesthesia students and even practicing nurse anesthetists. Simulation allows students to review, repeat, and reassess their performance, over and over again, without causing risk to a human patient. A mobile simulation center will allow those nurse anesthetists who are providing care in rural North Dakota, an opportunity to practice and perfect existing skills and to learn and perform new skills. It will allow them opportunities to stay current with their CPR and Advanced Cardiac Life Support. It will provide them with opportunities for obtaining Continuing Medical Education (or CME) credits that are necessary for maintaining licensure, certification and continuing practice. The more sophisticated, critical care simulation models will allow nursing and nurse anesthesia students, as well as practitioners, to administer medications and witness the "patient" effects of those drugs and learn to appropriately manage adverse drug reactions, should they occur.

To utilize patient simulation to its fullest extent, however, requires the special training and preparation of a couple of dedicated healthcare professionals who are committed to learning the technology of patient simulation and to developing and implementing the often complicated simulated patient scenarios. Personally, I have used patient simulation for my students for several years and I am confident that devoting just a few hours a week to this technology is not sufficient. The most successful simulation centers in this country have dedicated full-time healthcare personnel (Critical care RNs, respiratory therapists, nurse anesthetists) managing and implementing their patient simulation sessions and centers.

As in nursing, there is a shortage of Certified Registered Nurse Anesthetists in this country. Currently there is approximately a 13 %, or 3200 job, vacancy rate. This has an impact on North Dakota because as the anesthesia shortage has worsened, salaries across the country have increased considerably, luring anesthesia providers out of the state. It is therefore critical that we address the nursing shortage within North Dakota

using creative strategies. We need to find ways to educate more North Dakota citizens as nurses, especially those citizens with rural ties. It is these people who are the most likely to return or remain in their communities and provide nursing and nurse anesthesia care to the rural citizens of North Dakota.

Legislation that promotes and supports an increase in the number of registered nurses can only benefit the citizens of North Dakota. We are behind in healthcare training technology. These technologies are available and are being used to their fullest extent across the country. Nursing education, nurse anesthesia education and nursing care can only be improved through utilization of patient simulation. I can think of no reason why we should continue to practice difficult nursing or anesthesia skills or procedures, emergency response or crisis management, on human patients. I would like to see North Dakota recognize what is available in terms of patient simulation technology and then implement this technology appropriately and in a way that will benefit nursing education, nursing care, and the health of our citizens across the state.

Thank you.

References:

www.aana.com American Association of Nurse Anesthetists

www.ndana.org North Dakota Association of Nurse Anesthetists

http://www.meti.com/media.html Medical Education Technologies, Inc.

Attachment # 5

Senate Bill 2379
Senate Human Services Committee
Judy Lee, Chairman
Testimony by
Barb Diederick
Chair Department of Nursing
North Dakota State College of Science
January 29, 2007

Madam Chairman and members of the Committee, I am Barb Diederick, Chair of the Department of Nursing at the North Dakota State College of Science. NDSCS is pleased to support Senate Bill 2379. We believe this Bill is an innovative approach to nursing education in the state of North Dakota and will assist in alleviating the present and inevitable upcoming nursing shortage that North Dakota faces now and in the foreseeable future.

By way of introductory comments, NDSCS supports this project if the proposed State Board of Higher Education budget is fully funded.

The North Dakota State College of Science offers a 2-year Associate of Applied Science which allows graduates to write the NCLEX- PN test. We also offer an Associate in Science in Nursing which allows graduates to write the NCLEX-RN exam.
At present we offer an outreach program at the Skills and Technology Training Center in Fargo ND for the Associate of Applied Science in Nursing for practical nurses.

Throughout the past 30 years the NDSCS nursing program has been active in the outreach arena. We have had a total of twenty six (26) outreach programs throughout the state of North Dakota. Many of our graduates from the outreach programs remained in rural and urban areas and have continued to be an asset to their medical communities.

Required clinical resources are becoming more difficult to secure whether in rural or urban areas. Utilizing rural clinical facilities has worked when there is adequate patient census. Unfortunately we are not able to predict those times. We at NDSCS also regularly experience and will almost certainly continue to experience difficulty in finding qualified clinical faculty who are Bachelor and Masters prepared nurses for clinical instruction.
NDSCS will be pleased to join with other consortium members to provide a coordinated approach to addressing rural health care needs, in particularly for nursing.

Any program that promotes distance delivery and has access to a clinical simulation lab and faculty development over the next decade will help to serve North Dakota to remain a vibrant health care delivery system, address the nursing shortage and assist in protecting the health of the citizens of North Dakota.
I believe SB 2379 is an excellent approach to which we can work at alleviating the current and continuing nurse shortage.
Thank you for your time and consideration.

Attachment #6

Senate Bill 2379
Testimony by
Ruth Gladen, RN MS
ASN Program Coordinator
North Dakota State College of Science
January 29, 2007

Madam Chairman and members of the committee, I am Ruth Gladen, an Associate Professor of Nursing at the North Dakota State College of Science. My responsibilities include coordinating the ASN RN program. This is our second year offering the program. A challenge we face is seeking and securing clinical experiences to provide skills necessary to meet the competencies required for the graduates. These skills include clients that are acute, high risk with multiple system involvement. Although we are able to find sites, they are frequently in smaller rural facilities that may or may not provide the required experiences while the students are there. This has forced us to send students and faculty 2-3 hours or more from Wahpeton for their clinical experiences.

We are fortunate to have a lab at NDSCS with an ICU and Maternal/Newborn room. Mannequins simulate experiences that allow students to develop critical thinking, problem solving and prioritization skills. This lab experience is critical to ensure our students are fully prepared prior to their clinical rotation as well as provide a realistic 'hands on' experience in a laboratory environment. We feel fortunate to have the lab and equipment that has enhanced our students' learning. However, we anticipate, and are already finding, it can be time consuming and costly to continue the maintenance of a well run and equipped lab. Upgrades are necessary for equipment as well as instructional media. New features to review, purchase, install and in-service take time but are necessary in order to expand the learning needs and stay current in the profession. It is difficult to find time and sometimes the 'know-how' resources with faculty and staff to get this accomplished.

A comprehensive mobile lab unit that would supplement our lab, be staffed and provide up-to-date current products will be a beneficial enhancement to our students and faculty. This will assist in enhancing and meeting our students learning needs. It will also provide an opportunity for nursing faculty to network with colleagues and share ideas as well as product.

Thank you for the opportunity to share with you my support related to the proposed bill.

Attachment # 7

~~Mr.~~ or Madame Chairman, and members of the committee,

My name is Virginia Grotberg and I am speaking in reference to Senate Bill No. 2379.

Growing up on a farm near Wimbledon, ND I have seen the need for trained medical personal and I have seen the need to stop the out-migration that is becoming an epidemic in our state. I can freely speak about this because I was one who migrated out of the state but moved back to the Wimbledon area after college. For the past 6 years I farmed, served on a rural Quick Response Unit as an Emergency Medical technician, and worked in Valley City as a Certified Nursing Assistant. I saw the need for trained medical personal. I watched senior citizens have to leave their communities for lack of skilled nursing care. I knew then that I wanted to enter the nursing profession. I was excited when I learned that I could achieve my RN degree in two years and not have to travel out of state.

There is a need in ND for accessibility to education. There are many who can not uproot their families and move to another area in order to get their education. This bill provides the means for increased education for areas that may not have funds to purchase necessary supplies. I am enrolled in the Dakota Nursing Program and spent a semester in Rugby. Though the lab was sufficient and I received the education that was needed, I feel that there is always room for improvement. I believe that every city would benefit from a simulation lab that gives one insight into many health conditions not normally seen.

I believe that rural ND would benefit from this bill because it provides the means for people to be able to receive the education without having to uproot their family and move. I was able to travel away to school, but I am the exception not the rule.

While I worked in Valley City, I took classes over the internet. There were many people that I worked with who wanted to further their education and were interested in online classes

but could not afford to move to take their clinical labs. Valley City has a college, a hospital, Sheyenne Care Center which is a large nursing home, and two professional home-health agencies. While I worked at Sheyenne Care Center I saw that there were CNA's who wanted to become nurses yet could not travel to take classes. There is a vital need for more nurses at the Care Center because of the aging RN's and LPN's. Valley City is like so many other towns in ND. There are facilities that don't have the access to the kind of training equipment that the mobile clinical nursing simulation laboratory would provide. This bill would give rural North Dakotans the means to access health care education and increase the sustainability of their rural home towns.

Attachment # 8

The North Dakota Nurse Leadership Council offers the following amendment to Senate Bill 2379:

Delete number 2 from Section 1, lines 10 through 21 and replace with:

2. The consortium membership must include representation of the university of North Dakota college of nursing, the university of North Dakota center for rural health, the state board of higher education, and the board of nursing. All North Dakota nursing programs will be invited to have membership in the consortium. The consortium members may invite interested groups to join the consortium membership or to participate in consortium activities. Interested groups may include the North Dakota nurses association; North Dakota hospital association; workforce partners, including job service North Dakota, the department of commerce division of work force development, and the North Dakota workforce development council; employer partners; and other interested public and private parties.

Attachment #9

SB 2379
Senate Human Services
Testimony of Brad Gibbens, UND Center for Rural Health
January 29, 2007

Good morning Madam Chair and members of the Senate Human Services Committee. My name is Brad Gibbens. I am the Associate Director for Community Development and Policy at the University of North Dakota Center for Rural Health of the School of Medicine and Health Sciences. The Center for Rural Health serves as the State Office of Rural Health for North Dakota. We have been in existence since 1980. Thank you for allowing me to testify before you concerning the serious issue of health care workforce, particularly nursing supply and demand. My remarks are directed toward nursing need assessments and inclusive strategies to contemplate as we develop a comprehensive state policy in the area of health care workforce.

North Dakota can be proud of the accomplishments in understanding nursing supply and demand in our state. The Center for Rural Health has worked with the North Dakota Board of Nursing on a Nursing Needs Study since 2001. As you recall, this originated in the North Dakota Legislature. The Board of Nursing, in 2006, approved extending the Nursing Needs Study for an additional five years. In addition, the work of the North Dakota Board of Nursing, as represented by the Nursing Needs Study, is being recognized at the national level. The National Council of State Boards of Nursing has recently selected the North Dakota Nursing Needs Study to be a model process at the national level. In addition, the U.S. Department of Health and Human Services has recently contacted our office when they became aware that the Center for Rural Health had facility level nursing data (e.g., hospital, nursing home, clinics, home health, and public health). This is specific data that is hard to identify. Thus, North Dakota can be proud of what has been initiated, appreciate that others outside of our state are aware of our ability, and

support the continuation of exploring, assessing, and understanding the environment shaping nursing demand and supply.

The Nursing Needs Study is part of a broader effort found at the Center. We have developed a Health Workforce Tracking Program covering nursing, dentists, and physicians. The Tracking Program collects and analyzes data on both the demand side (employer) and the supply side to facilitate decision making for employers, academic disciplines, private associations, public entities, policymakers, and other stakeholders. While some states have established workforce centers, North Dakota does not have such a center. We believe our efforts at the Center for Rural Health in developing the Health Workforce Tracking Program is an important step in that direction. It is an action that North Dakota should build upon.

Understanding the health workforce environment is but a part of the larger picture. While we do need to continue to assess and research issues, we also recognize that assessment is not an end in itself as it is a process or a tool to help people make decisions. For example, our Nursing Needs Study has been used by employers for salary information, by private foundations to better understand nursing issues, by rural health organizations for planning, and by others. We support efforts that blend research and data with concrete strategies and solutions. Research nurtures our understanding and our ability to construct solutions. Strategies and solutions, in turn, need to be tested and evaluated, which is a function of research.

Blending information and data with the identification of concrete ideas for workforce solutions was part of a recent discussion held in Bismarck. In December 2006, the Center for

Rural Health hosted (with financial support from the Dakota Medical Foundation) a North Dakota Health Care Workforce Summit. Attended by approximately 200 people, including about 50 state legislators, this one-day event focused on North Dakota's workforce needs along with ideas for addressing those needs. The work of the North Dakota Nursing Needs Study and other regional and national resources was used to set the stage for focused, small group discussions. In a Policy Brief developed following the summit and issued to North Dakota policy makers earlier in January 2007, a number of strategies were discussed, including the following which are directly relevant to nursing workforce:

- Developing state and community supported loan repayment efforts for nursing which would require a service obligation to underserved rural and urban areas. It is important that there be a financial match involving community resources because it solidifies the responsibility of both the local area and the state. The Center has significant experience in working with federal loan repayment programs and co-administering (with the North Dakota Department of Health) the North Dakota loan repayment programs for physicians, nurse practitioners, and physician assistants.
- Initiating state and community supported career transition programs that should involve non-traditional students (e.g., farm and ranch families), students from other health provider groups (e.g., emergency medical technicians and first responders), tuition and housing offsets, more local-based training methods and opportunities, and other appropriate steps.
- Creating incentives that encourage partnerships among health organizations, local school systems (K-12), and job development organizations (e.g., local economic development

and/or job development commissions and authorities) to create growth strategies for health care workforce such as nursing.

- Developing demonstration grants to match rural school systems with urban school systems to forge rural-urban educationally focused coalitions to develop regional approaches that address health workforce.

SB 2379 represents the continuation of thought and development in addressing an important and complicated area in state health policy. It has a specific focus. We believe that North Dakota can also benefit from further discussions focusing on some of the comprehensive strategies identified above. We also believe that due to the Center for Rural Health's history, experience, and accomplishment in health care workforce issues -- as represented by the Health Workforce Tracking Program, the Nursing Needs Study, and the Health Care Workforce Summit and Policy Brief -- the assessment activity should be directly associated with the Center. With that in mind, we would suggest that the committee consider a slight change and on page 1, line 22 substitute "The UND Center for Rural Health shall conduct an assessment..." in place of the language that says "The consortium." The Center is part of the consortium and this substitute language makes the responsibility clearer.

Thank you for your time and I would be happy to answer your questions.

Contact Information:
Brad Gibbens
Center for Rural Health
PO Box 9037
UND School of Medicine and Health Sciences
Grand Forks, ND 58202-9037
bgibbens@medicine.nodak.edu
(701) 777-3848

Attachment # 10

PROPOSED AMENDMENTS TO SENATE BILL 2379 1-30-07

Page 1, line 5, after "**consortium**" insert " **- continuing appropriation**"

Page 1, line 11, remove the final "the"

Page 1, line 13, remove "state board of higher education"; after the period insert, "All North Dakota nursing programs approved by the State Board of Nursing or programs with approval pending located in North Dakota will be invited to have membership in the consortium."

Page 1, line 13, replace "persons" with "groups"

Page 1, line 14, replace "persons" with "groups"

Page 1, line 15, remove "state, tribal, and"

Page 1, line 16, remove "private-supported nursing education programs;"

Page 1, line 18, after the first comma insert "rural leadership of North Dakota,"

Page 1, line 21, after "consortium" add "from 2007 to 2009 during which the dean shall report to the Legislative Council interim committee on health care. After 2009, the chair shall be chosen by an election from among its members."

Page 2, line 21, after the period insert "All money received as gifts, grants, or donations under this section is appropriated as a continuing appropriation to the university of North Dakota for the purpose of funding the consortium."

Attachment # 11

2379

1. Transportation cost to benefit, versus fixed site access on regional basis
2. Availability of clinical instructors unanswered
3. How many students projected
4. What level of nursing is primary target
5. Duplication of needs assessment
6. Budget breakdown
7. Sustainability of program, i.e., will the program become part of College of Nursing /University mainline budget?

SB 2379

meet every other month thru interactive TV
e-mail meetings

North Dakota Nurse Leadership Council

NAME	ORGANIZATION	TELEPHONE	E-MAIL
Evelyn Quigley	NDONE / President	701-234-6953	ev.quigley@meritcare.com ND Organization of Nurse Executives
Trina Schilling	NDONE / Vice President	701-452-2326	trinas@bektel.com " "
Karen Latham	CUNEA / President	701-323-6734	klatham@mohs.org nurse educator assn
Mary Anne Marsh	CUNEA / Past Chair	701-483-2480 (w)	maryanne.marsh@dsu.nodak.edu " "
Buzz Benson	NDANA / President	701-323-6262	bbenson42@bis.midco.net ND Assn of Nurse Anesthetists
Susan Flaten	NADONA of ND	701-662-4905	hccdon@gondtc.com ND
Constance Kalanek	NDBON / Exec. Director	701-328-9781	ckalanek@ndbon.org Board of nursing
Claudia Dietrich	NDBON / President	701-530-5159 (w) 701-663-7157(h)	cdietrich@primecare.org " " cdietrich@btinet.net
JoAnn Sund	NDBON / Vice President	701-234-5817	joann.sund@meritcare.com " "
Sharon Moos	NDNA / Exec. Director	701-223-1385	sharon@ndna.org ND Nurses Assn
Jane Roggensack	NDNA / President	701-234-6863	jane.roggensack@meritcare.com "
Wanda Rose	NDNA / Vice President	701-222-2327	wrose@mohs.org justducky@bis.midco.net "
Gwen Witzel	FNP/ ND State Representative for American Academy of Nurse Practitioners	701-256-5845 (h) 701-256-6120(w)	gtwitzel@utma.com Family Nurse Practitioner
Cheryl Rising	FNP	701-258-1169 (h) 701-323-6000(w)	scottdrising@earthlink.net Family Nurse Practitioner
Tammy Theurer	NDAHC / President	701-530-4500	ttheruer@primecare.org ND Assn of Home Care
Rachelle Veazey	NSAND / President	701-837-9181	veazey@srt.com ~~ND~~ Nursing Students Assn
Susan Pederson	NSAND ANA Consultant	701-223-6740	tpederson@bis.midco.net

"The Who, What, Why, When, Where, and How Much"

Bill 2379 for North Dakota

WHO? In Year 1-2, nine (9) programs of nursing education in North Dakota: Bismarck State College, Lake Region State College, MedCenter One, Minot State University, Minot State University-Bottineau, North Dakota State College of Science, North Dakota State University, University of North Dakota, Williston State College will be served. In Year 3, the service area will expand to the five (5) remaining programs: Dickinson State University, Sitting Bull College, and United Tribes Community College. The private nursing programs (Jamestown College, University of Mary) and the 53 rural hospitals and long term facilities will have an opportunity to participate for staff in-service training by covering a nominal fuel cost. This fee will assist in sustainability along with grant writing and development work.

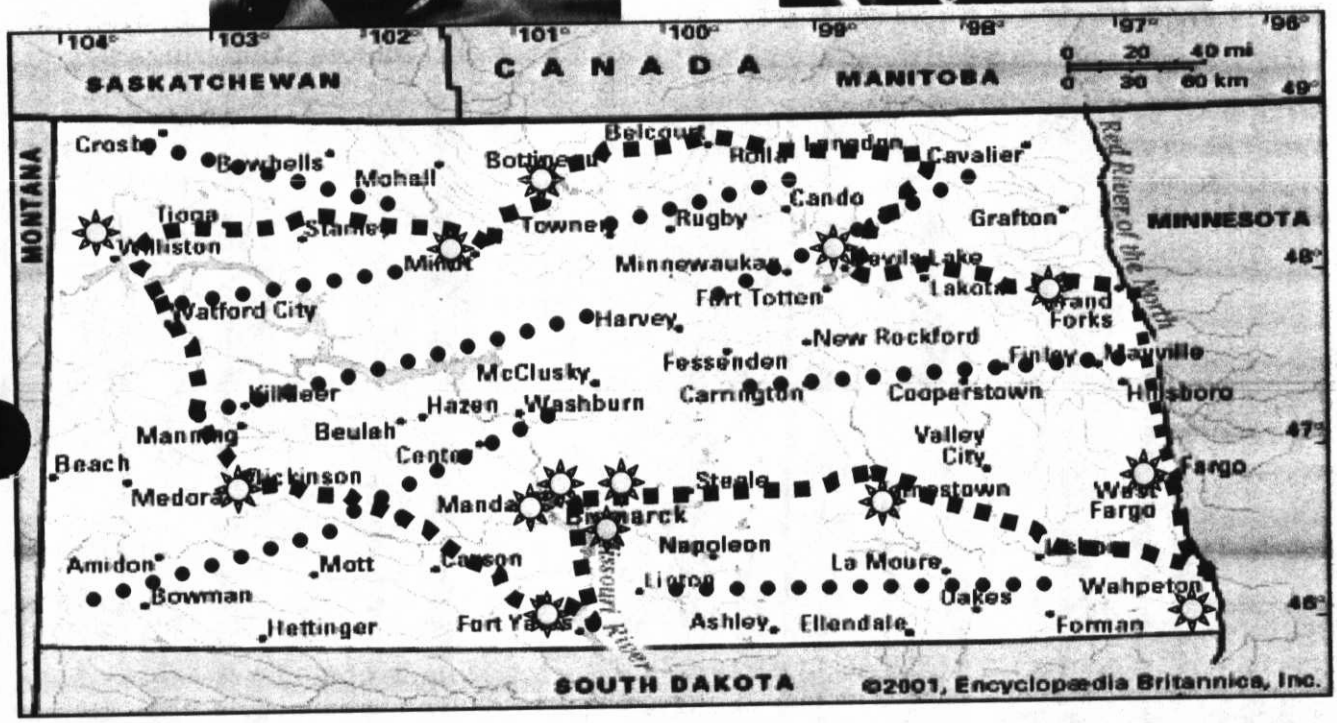
WHAT? Bill 2379: A BILL for an Act to provide for a nursing education consortium to conduct an assessment of the possible nursing student population and to establish a mobile clinical nursing simulation laboratory; to provide an appropriation; and to provide a continuing appropriation.

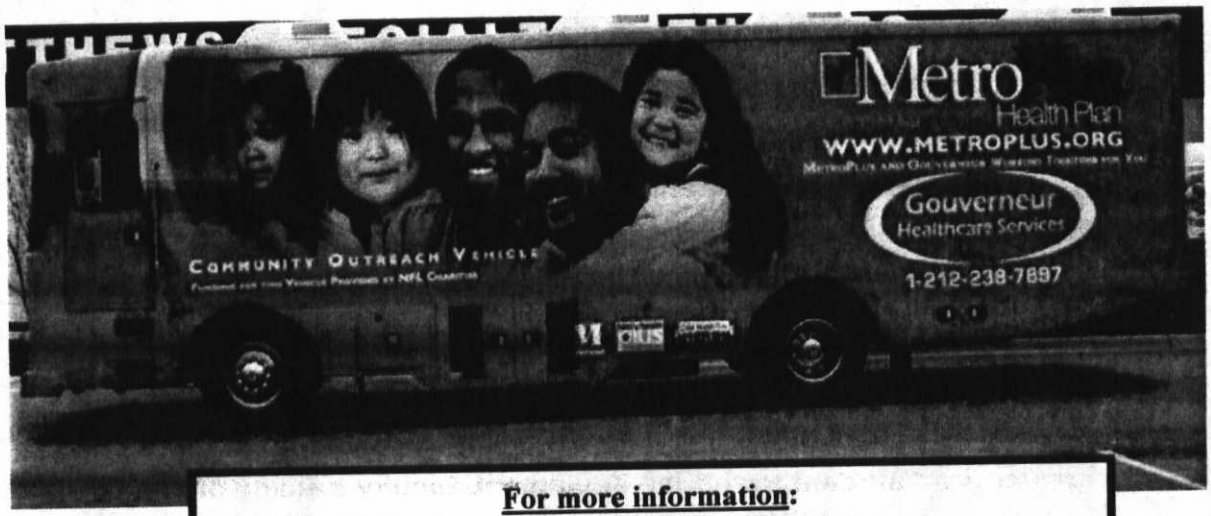
WHY? Clinical Simulation Education insures patient safety and produces nurses who are educated at a standard level even if clinical is not available. Alone, ND programs cannot afford this type of education. To fund all 14 programs separately would cost at a minimum .5 million per program and with staff/faculty training would exceed 20 million.

WHEN? Mobile SIM Lab will be in operation 3-6 months post- funding.

WHERE? Potential service routes for the Mobile SIM Lab are shown in the map below. Blue lines show the nursing programs (shown with yellow icon) served and the pink lines extend to rural hospitals and long term care facilities.

HOW MUCH? Just enough to allow equipment (one-time start-up), skilled faculty to staff Lab, engineer grad student to service equipment, faculty training on the use of the equipment strategically in the nursing curriculum, and State Motor Pool travel of the Lab, insurance driver, maintenance and repair. Year 1-2: 2.1 million; Year 3: 0 .5 million to expand to all 14 programs.





For more information:

Chandice Y. Covington, Dean, College of Nursing
University of North Dakota, 430 Oxford Street, Grand Forks, ND 58202. chandicecovington@mail.und.edu. 701-777-4555

#1

Senate Bill 2379
Nursing Consortium
400 version with 404 amendments

A BILL for an Act to provide for a nursing education consortium; to establish a mobile clinical nursing simulation laboratory; to provide for a report to the legislative council, to provide an appropriation; and to provide a continuing appropriation.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:
SECTION 1. Nursing education consortium - Continuing appropriation.

1. The university of North Dakota college of nursing shall establish and administer a nursing education consortium for the purpose of addressing common concerns in nursing education which produce obstacles in meeting the state's current and future nursing needs, with a focus on the specific needs of rural communities.

2. The consortium membership must include representation of the university of North Dakota college of nursing, the university of North Dakota center for rural health, and the board of nursing. In addition, each nursing program in this state which is approved by the board of nursing and each nursing program with approval pending which is located in this state must be invited to have representation in the consortium. The consortium members may invite interested persons to join the consortium membership or to participate in consortium activities. Interested persons may include the North Dakota nurse leadership council of the nurses_association; North Dakota hospital association; workforce partners, including job service North Dakota, the department of commerce division of workforce development, rural leadership of North Dakota, and the North Dakota workforce development council; employer partners; and other interested public and private parties. The dean of the university of North Dakota college of nursing shall serve as chairman of the consortium from July 1, 2007 through December 31, 2009, during which the dean shall report to the legislative council. After 2009, the chairman must be chosen by the members.

3. If the consortium secures nonstate funds to cover the capital costs of a mobile clinical nursing simulation laboratory program, the consortium may establish a mobile clinical nursing simulation laboratory program to travel the state and provide clinical education for nursing students of nursing education programs in the state and provide clinical education on current and emerging approaches to nursing excellence to medical facility staff.

4-12-07

4. The consortium shall establish a strategic plan for the ongoing activities of the simulation laboratory program, including goals and benchmarks for the implementation of the simulation laboratory program.

5. The consortium may contract with a third party in conducting the duties of the consortium and may seek, receive, and accept from any source aid or contributions of money, property, labor, or other things of value to be held, used, and applied to carry out the purposes of the consortium. Any money received by the consortium as gifts, grants, or donations is appropriated as a continuing appropriation for the purpose of funding the consortium.

SECTION 2. APPROPRIATION. There is appropriated out of any moneys in the health care trust fund in the state treasury, not otherwise appropriated, the sum of $1,056,163 or so much of the sum as may be necessary, to the university of North Dakota for the purpose of funding the operating costs of a simulation laboratory program under section 1 of this Act if the nursing education consortium secures nonstate funding to cover the capital costs of the program, for the biennium beginning July 1, 2007, and ending June 30, 2009.

Section 3. Legislative Council Study-Nursing Education-Clinical Alternatives. The legislative council shall consider studying, during the 2007-08 interim, the challenges of providing nursing education to residents of rural North Dakota, including the feasibility and desirability of using scientific and mechanical alternatives to traditional clinical education, the qualifications needed to provide effective and efficient instruction using the alternatives, the number of individuals likely to complete their nursing education if the alternatives were available, and the cost per graduate if the alternatives were provided. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly.

Brief synopsis of the 404 amendments to SB 2379

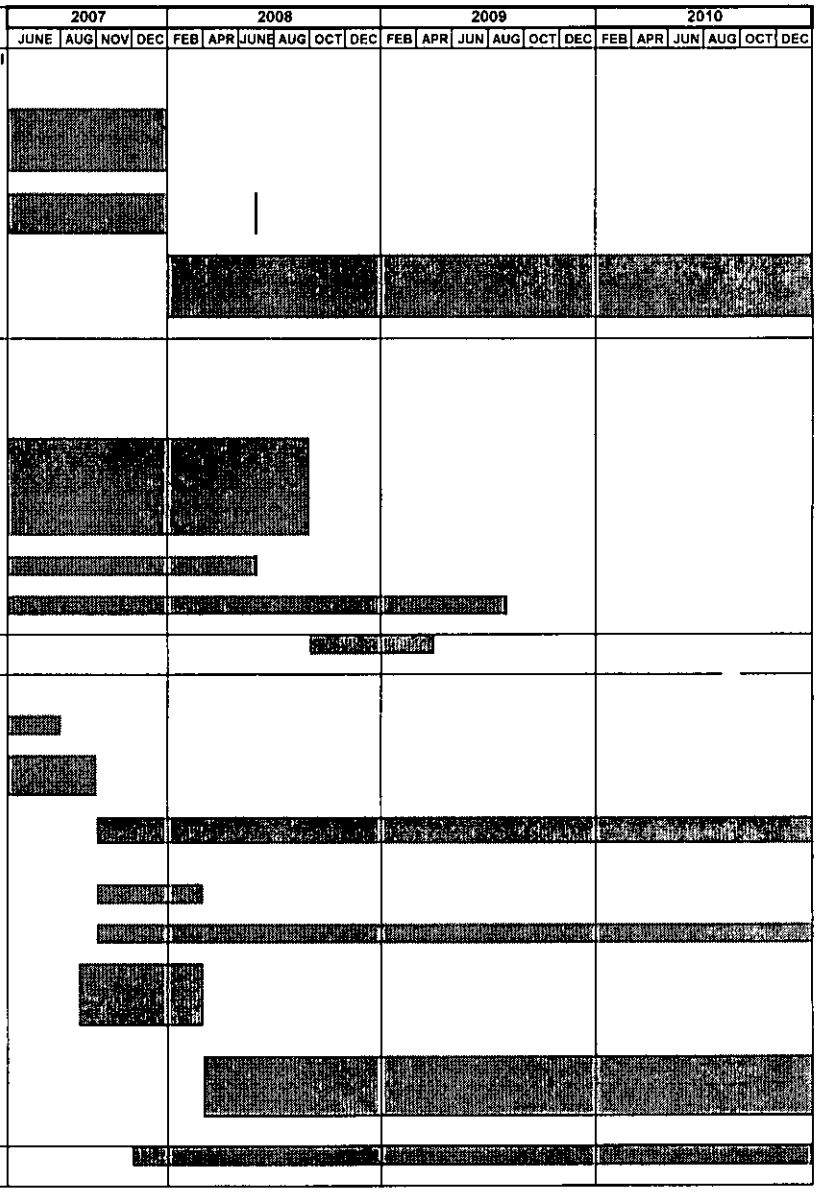
1. Deletes the study of possible alternative nursing student populations as that work could probably be mined from work already done by the Center for Rural Medicine.
2. Removes the Medical Association as an invitee and substitutes the Nurse Leadership Council of the Nurses Association.
3. Deletes all of the capital funding for the van and the simulators with the intent that the consortium will seek nonstate funding for those capital costs
4. Appropriates operating costs for the mobile lab for two years from the Health Care Trust Fund (as of April 4 there was $1,426,000 left there) contingent upon the consortium receiving funding from nonstate sources for the capital equipment.
5. Removes emergency medical personnel from the target population. Nursing students alone total 700, rural hospital personnel is estimated at 5000, EMTs would add more than 6000 more to that total and would overwhelm the ability of the staff and equipment to do a good job. It would probably still be possible to use the mobile lab to train some of the people who train EMTs and to train paramedics but that doesn't need to be addressed in code

#2

BILL 2379 SUSTAINABILITY PLAN

FOR NORTH DAKOTA STATE LEGISLATIVE REQUEST - APRIL 14, 2007

ID	Task Name
1	Bill 2379 passes to fund operating costs Mobile Virtual SIM Hospital Teaching Lab for 2007-09
2	Nursing Educational Consortium - Legislative Leaders - NDUS Partners conduct grant writing and developmental activities to initially fund shared mobile lab equipment
	• Submit projects to potential foundation, agency, and individual funders
	• Continue to seek grant support and develop budget strategies to maintain staff, operational costs, provide preventive maintenance, and advance technology in SIM hardware
3	Develop a long term plan for a funding structure for shared Nursing Educational Consortium SIM strategies to meet ND nursing shortgage projections
	• Facilitate plan to meet unique and common Nursing Educational Consortium members needs for SIM teaching demand, including professional student fees, tuition, special projects, third party fee structure such as first responders and hospital network
	• Present plan to NDUS and Legislative Leaders
	• Refine to meet stakeholders inputs (partners)
4	Attach plan to 2009-2011 biennium higher education request
5	Business commercialization and technology transfer
	• Business plan development for SIM tecnology transfer activities
	• Prepare and submit a ND SIM Center of Excellence Proposal Aug 2007 in concert with Consortium engineering departments and SIM
	• ND SIM Center of Excellence enterprise activities with SIM educational and business partners
	• Technology Transfer plan for platform applications
	• Interdisciplinary Faculty development of platform applications
	• Develop marketing plan for hospitals systems, aviation systems, first responder systems, homeland security systems nationally/globally
	• Produce SIM platform applications for hospitals systems, aviation systems, first responder system, homeland security system nationally/globally
7	Evaluation of outcomes (data analysis)



At the end of 2007, the faculty (nursing in partnership with engineering/aviation will have acquired experience with this mode of teaching/learning. With support for the Office of Technology Transfer and the Center for Innovation, Faculty will be supported to engage in the development of platform applications that are marketable. On a limited basis in 2008, outreach activities will be initated with first responder and hospital systems for revenue generation by serving these systems' SIM educational needs. In 2008, the business plan will be in place to have the unit serve as a "cost center" to build the revenue stream to sustain the resource through tech transfer actvities enabled by COE activities. Annual reports of the data and benchmarks of the business plan will be used to monitor the sustainability. Projected date of full sustainility through tutition, fees, grants, and technology marketing is 2011.

4-17-07

April 17, 2007 Revised Budget for North Dakota Nur[illegible]istance/SIM Education Consortium Proposal* 2008-09

* Equipment [illegible]ile unit acquired with foundation support 2007

Mobile SIM Lab Operating Budget Jan - Dec 2008

Position	Name	Annual Salary/ rate	Effort Year 1	Year 1	Fringe%	01 Fringe	Total-Salary/ Fringe 2008
Personnel							
1. Project Director (UND)	C. Covington, PhD, RN, Dean	without charge	0.15				
2. LRC Director	M. Marx	32,806	0.15	4,921	0.30	1,476	6,397
3. IT Staff	R. Johnson	36,000	0.20	7,200	0.30	2,160	9,360
4. Project Coordinator	H. Melland PhD RN	60,000	0.10	6,000	0.30	1,800	7,800
5. Curriculum Development Specialist	B. Ide, PhD, RN	83,000	0.10	8,300	0.30	2,490	10,790
6. Faculty Curriculum Designer (RN-BSN-MS) UND	TBA	54,000	0.10	5,400	0.30	1,620	7,020
7. Faculty Curriculum Designer (PN-RN)	TBA	54,000	0.15	8,100	0.30	2,430	10,530
8. Clinical Simulation Nurse Educator (Lab Manager)	TBA	80,000	1.00	80,000	0.30	24,000	104,000
9. Clinical Simulation Nurse Educator (Staff)	TBA	70,000	1.00	70,000	0.30	21,000	91,000
10. Driver Mobile Lab/Scheduler	TBA	35,000	1.00	35,000	0.40	14,000	49,000
11. Back-up Mobile Lab Driver	State Motor Pool	35,000	0.50	17,500	0.40	7,000	24,500
12. Bio-Medical Engineer GSA	TBA	36,456	1.00	36,456	0.10	3,646	40,102
13. Administrative Assistant II	TBA	28,000	0.50	14,000	0.40	5,600	19,600
14. Fiscal Manager	S. Gandrud	50,000	0.20	10,000	0.30	3000	13,000
15. Campus Liasions at 14 campuses @ .5% each =	TBA	50,000	0.70	35,000	0.30	10,500	45,500
	Sub Total		**6.850**	**337,877**		**100,722**	**438,599**

#3

4-20-07

Supplies			
Office supplies			500
Postage/Shipp			200
Photocopying su			300
Instructor's Wireless Remote (ibook) & Wireless Switch /w case	4,000	1	4,000
Computer platform PC, bundled /w Office Suite-Adobe Writer, SPSS, /w printer Adm Asst.	2,000	1	2,000
Computer platform PC, bundled /w Office Suite-Adobe Writer, SPSS, DreamWeaver, /w printer, Marketing	3,500	1	3,500
Computer platform PC, bundled /w Office Suite-Adobe Writer, SPSS, /w printer, GSA shared	4,000	1	4,000
Modular office furniture, /w install for staff (5)	2,000	5	10,000
Web-Cam /w Headset for Consortium Faculty/Students	100	50	5,000
Sub Total			**29,500**
Travel			
Mobile classroom travel			**26,000**
Conference on Sim in Nursing Education & Distributive Nursing Education			**15,600**
Consortium meetings & travel to sites by faculty			**15,600**
Sub Total			**116,200**
TOTAL REQUEST			$ **554,799**
Adm Costs (8%):			$ **44,384**
TOTAL REQUEST			**$599,183**

#4

Erbele, Robert S.

From: Carlson, clare - Bismarck, ND [Clare.Carlson@nd.usda.gov]
Sent: Friday, April 20, 2007 4:14 PM
To: Erbele, Robert S.; Lee, Judy E.
Subject: USDA RD Information

Senators Lee and Erbele,

The initiative you describe for a nursing consortium may be eligible for the funding described in the story below which is the Distance Learning Telemedicine Program. We have an application window through June 8th, and could provide information that would help the designated applicant.
We have had successful applicants in North Dakota previously.

Another program that may be beneficial to you is the Community Facilities Program which has loans and grants to eligible projects.
This is a very flexible program for projects that will be owned by political subdivisions and non-profit organizations. It can be used for health care, education, fire and ambulance and other community owned facilities.

You may also be eligible for applying for a Rural Busines Opportunity Grant which tends to be planning money for developing small businesses.
Having a properly trained health care provider may encourage the growth of small business in your communitties.

Sincerely,

Clare Carlson
State Director
USDA Rural Development

Release No. 0089.07
Contact:
Keith Williams (202)720-4623
Jay Fletcher (202)690-0468

CORRECTED RELEASE: USDA ANNOUNCES NEARLY $153 MILLION AVAILABLE FOR DISTANCE LEARNING AND TELEMEDICINE IN RURAL COMMUNITIES

In the first paragraph, loan and grant combinations increased to $75 million. In last paragraph, application deadline changed to June 11, 2007.

MEMPHIS, Tenn., April 5, 2007 - Agriculture Under Secretary for Rural Development Thomas C. Dorr today announced that USDA is making available
$62.9 million in distance learning and telemedicine loans, $75 million in loan and grant combinations, and $15 million in grants.

"Telemedicine and distance learning are the foundation on which the quality of education and health care in rural America can and will improve," Dorr said via a video teleconference with health care providers in five states over a USDA-financed telemedicine network.
"With these systems in place, rural residents will be able to take advantage of the wide variety of health care services and education programs available now and into the future."

Since 2002, USDA has invested more than $166 million in its Distance Learning and Telemedicine (DLT) Program, allowing 3,796 rural educational facilities to expand their access to modern telecommunications technology, and 2,226 health care institutions to develop technologies needed to enhance local medical care. The Administration proposes additional funding for improvements to both rural Critical Access Hospitals and key

community facilities improvements, including DLT linkages.

Telemedicine technology makes it possible for doctors to examine and direct the treatment of patients from remote treatment centers. The technology gives rural residents access to medical specialists not often available in remote areas. The distance learning program finances equipment to expand educational resources to students and educational institutions in isolated rural areas.

Applications for the $15 million in distance learning and telemedicine grants must be received by June 11, 2007 and will compete nationally for funding. Applications for loans and loan and grant combinations will be accepted year round. Interested parties should contact their Rural Development state office. A list of state offices is available at www.rurdev.usda.gov . View the Rural Development DLT website (http://www.usda.gov/rus/telecom/dlt/dlt.htm) for additional information on the distance learning and telemedicine program.

#

Patient Simulator Program: Overview

Related Links

Overview
Continuing Professional Education
History of Simulation
HPS Capabilities
PediaSim Capabilities

CSCC Home

Introduction

In July 1999, Columbus State Community College purchased its first Human Patient Simulator [HPS]. At that time, CSCC was one of only ten colleges in the United Sates to have this technology available to its students. In August 2000, CSCC acquired a PediaSim simulator, the world's first pediatric patient simulator. In September 2002, CSCC expanded the program to include a Noelle Maternal and Neonatal Simulation system. In September 2004, CSCC added a second HPS system to the program.

Patient simulators are complex computerized systems that represent the latest in medical education and training. These systems can be utilized to assist in the training of clinicians at all levels of education. Sophisticated mathematical models of human physiology and pharmacology determine automatically the simulator's response to a user's actions and interventions. Medical Education Technologies, Inc. of Sarasota, Florida, manufactures the HPS and PediaSim. Gaumard Scientific Company, Inc., of Miami, Florida, manufactures the Noelle simulation system.

The Patient Simulator Program at CSCC was fortunate to receive funding from two outstanding organizations. An initial grant, from the Ohio Medical Association Foundation, helped purchase the initial simulator and necessary supplies. A grant from the Osteopathic Heritage Foundation allowed CSCC to expand the space allocated to the program and purchase the second HPS system.

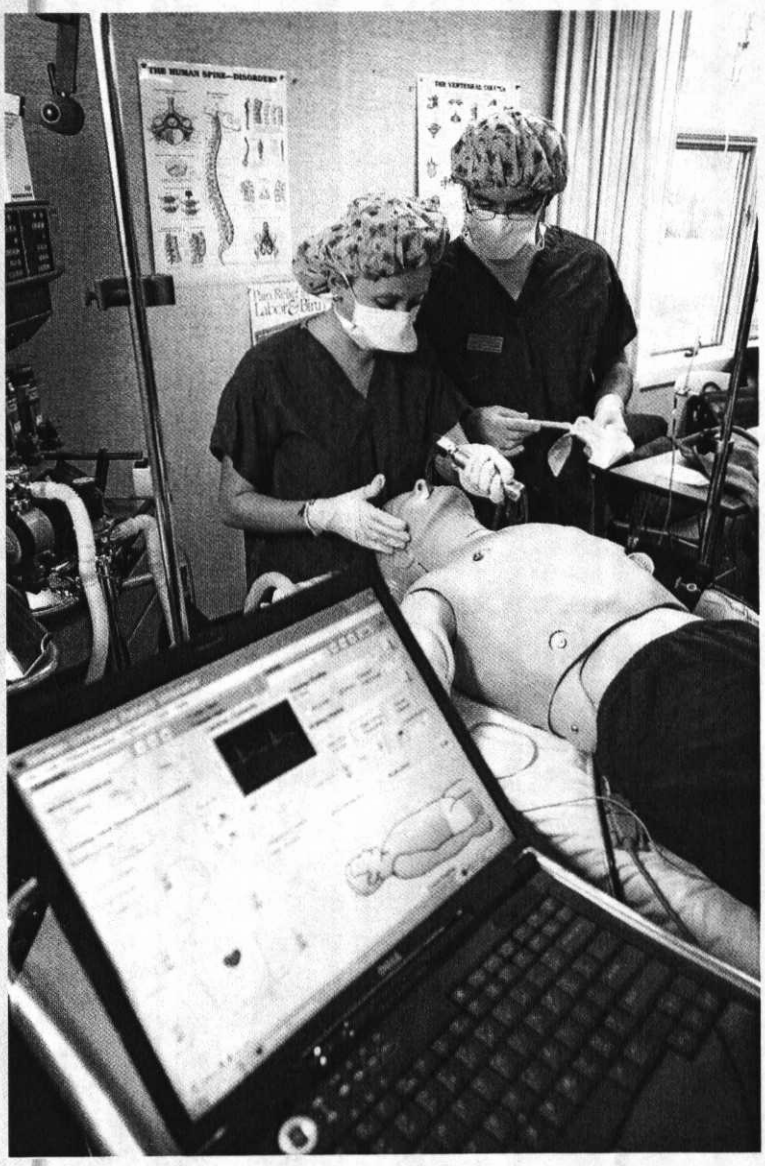
The Patient Simulator Program is utilized by many of the technology programs in the Health Science division. In addition, we welcome the opportunity to work with healthcare providers in the community. The simulator technology affords organizations the ability to design and present exciting continuing professional education opportunities to their staff.

Patient Simulator Program Faculty

Steve Pletcher, MS, RRT spletche@cscc.edu

UND College of Nursing

Clinical Simulation Learning Center



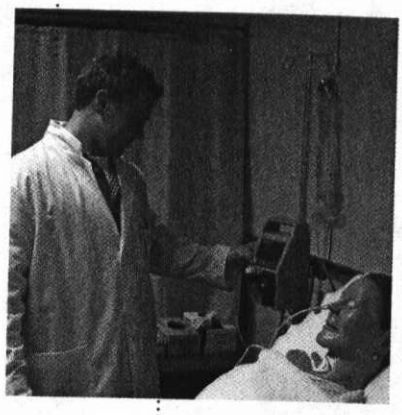
Preparing students to care for patients in the technology-driven healthcare industry

A highly competent, effective & confident nurse: the picture of a UND nursing graduate

UND The University of North Dakota

The Current Situation

Nearly 30% of University of North Dakota nursing graduates are staying in the North Dakota region to **serve small, rural hospitals** that are in high need of trained healthcare professionals. In many of these towns, the nurse is all that is available to provide primary and emergency care. It is critical that UND nursing students are confident and proficient in their ability to care for patients in critical situations and in times of national emergencies. For students who move on to larger urban hospitals, the College wants them to be prepared and confident in any situation they face, we want to provide them with a **competitive advantage** over other nursing graduates.



Practicing skills in the nursing lab.

The Institute of Medicine has stated that improving the training of nurses will have a direct positive effect on the level of safe patient care. Patient safety is the overriding issue for health systems today, with the unnecessary loss of human life and function and escalating costs attributed to errors. The **nursing shortage** further complicates the level of safe patient care as patient assignment overloads threaten delivery of safe quality care.

Students gathering for the annual College picnic.

The College of Nursing maintains responsibility for educating our students in the **most effective way** possible.

Transforming Nursing Education

The key to successful nursing education is clinical simulation models. In an ideal world, we would like to educate our students in the healthcare setting, hands-on, with real patients. However, healthcare has progressed to the point where prevention of disease and serious illness is the focus. Very few patients stay in hospitals for an extended period of time and, as a result, clinical rotations offer few opportunities for care.

A Nursing Clinical Simulation Learning Center would better equip students with the necessary skills to care for patients in the **technology driven healthcare industry.** It would also provide students additional training time to become proficient at the skills they will be required to perform after becoming registered nurses.

Q: What is the most effective and efficient way to educate tomorrow's nursing professionals?

A: A Nursing Clinical Simulation Learning Center

Keeping Patients Safe

The Nursing Clinical Simulation Learning Center will provide an educational approach using sophisticated hardware aimed at preparing nursing students to be nurses for the 21st century health care environment. Nursing education is mandated to prepare nurses ready to provide complex care at the bedside. The groundbreaking report, Keeping Patients Safe: Transforming the Work Environment of Nurses by the Institute of Medicine revealed that **nursing quality is directly linked to effective patient outcomes.**

Senior nursing student prepared to enter the technologically advanced healthcare profession.

This Center will address the ominous trends in health care delivery by providing **real life, complex nursing clinical experiences prior to working with live patients.** This planned approach also allows the University of North Dakota College of Nursing to expand clinical resources to teach increased numbers of qualified candidates for the nursing profession, by providing a simulated clinical for those training areas in short supply in North Dakota's education of nursing students.

"Never doubt that a small group of thoughtfully committed citizens can change the world. Indeed, it is the only thing that ever has."

Margaret Mead

Q: How can the landscape of healthcare in North Dakota be positively affected?

A: A Nursing Clinical Simulation Learning Center will meet the needs of both urban and rural regions.

Producing Confident & Professional Nurses

The UND College of Nursing is asking for your help; it needs you to **invest in the future** of healthcare for the region and the nation.

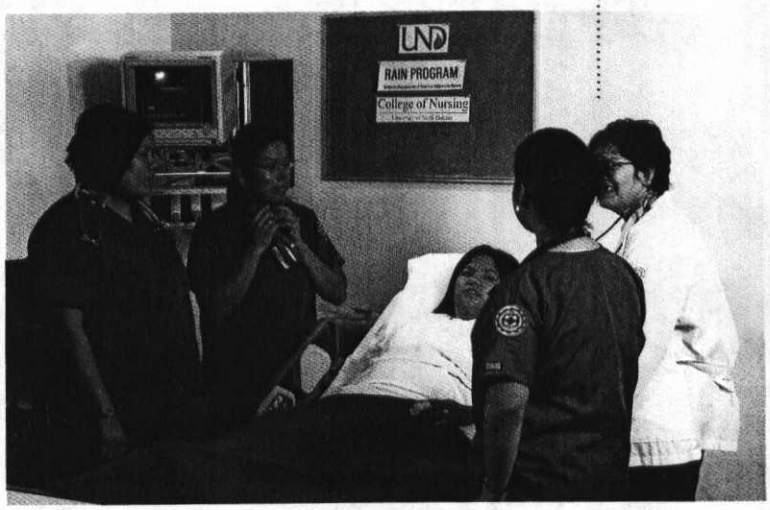
This Project will have a **life-long impact**. One competent nurse, over the span of a career, will directly affect nearly 50,000 people through the care they provide.

This Project will benefit rural North Dakota as well as worldwide.

You can make an everlasting gift, one that cannot truly be measured.

Our Mission

The mission of the University of North Dakota College of Nursing is to educate individuals for professional roles in nursing and nutrition. The College strives to enhance the health of people in the region by preparing leaders in nursing and nutrition through innovative, accessible programs, and significant faculty and student scholarship and service.



Students in the Recruitment & Retention of American Indians Into Nursing (RAIN) Program work with their mentor in the Learning Resource Center.

Plan to fund the Nursing Clinical Simulation Learning Center

Number of Gifts Needed	Gift Level	Total
2	$100,000	$200,000
2	25,000	50,000
10	10,000	100,000
12	5,000	60,000
20	3,000	60,000
many	1,000 or less	30,000
	$300,000	~~$500,000~~

Contributions or payments may be made on any schedule during the next 10 months.

Dakota Medical Foundation (Fargo, ND) and the UND Student Technology Fee Committee are partners who believe in the College of Nursing. They have shown support through two - $100,000 challenge grants.

As a matching gift, your contribution will have double the impact. Your gift of $500 will instantly be worth $1,000!

Please help us take advantage of their generosity and join us in raising the remaining $300,000 to make the Nursing Clinical Simulation Learning Center a reality!

Oregon HEALTH CAREER Center

CCHAP Linkages

August 2004

Volume 1, Number 4

The newsletter that features collaborations that build healthcare educational capacity

In This Issue:

- Center for Advanced Learning
- Immigrant Nurses
- Three Community Colleges Form Partnership
- Simulation Equipment Grants Awarded

Center for Advanced Learning

Mt Hood Community College (MHCC) and the Center for Advanced Learning (CAL) have responded to a unique opportunity to increase access to nursing education. The CAL, a public charter high school includes curriculum designed to provide students interested in health occupations with college level courses in math and sciences. In addition, the CAL offers courses focusing on health occupations to juniors and senior students. These courses are project-based and afford students opportunity to explore various careers in health care and develop academic and workplace skills needed to successfully complete nursing and other allied health programs. Mt. Hood Community College also provides a nursing assistant course designed specifically for CAL students.

In fall 2004, MHCC Associate Degree Nursing (ADN) program will relocate to the CAL location. The new building, named the Bruning Center for Allied Health Education, will provide lab, classroom space, and technology needed to double enrollment in the MHCC nursing program and participate fully in the emerging statewide Oregon Consortium for Nursing Education. The Bruning Center includes creation of a multidisciplinary allied health simulation lab and the resources needed to provide current and future technology based instruction to MHCC nursing and other allied programs.

As a participant in the Oregon Consortium for Nursing Education, MHCC's nursing program is enhancing articulation with Oregon Health and Sciences University (OHSU) BS nursing program. This multi-tiered partnership includes local K-12 schools, the Center for Advanced Learning, Mt. Hood Community College, and OHSU School of Nursing and will provide access needed to create a diverse, well-qualified nursing workforce for the surrounding community.

The funding from this project was initiated with a generous gift from Fred and Brandice Bruning and represents the largest single donation in MHCC history. Additional funds have been secured through other donations, a federal appropriation request, state funds and the college's capital budget.

For more information about this project, contact:

Paula Gubrud-Howe
gubrudp@mhcc.edu

Immigrant Nurses have Opportunity to Become Licensed in Oregon

The Workforce Improvement with Immigrant Nurses (WIN) Program is an innovative, pilot program designed to prepare nurses, who have been credentialed in other countries, to become licensed as entry-level nurses in Oregon. Oregon is suffering from a shortage of qualified bi-lingual, bi-cultural nurses, and at the same time is the 11th largest refugee and resettlement state in the US. Among these immigrants are health professionals, including people with training comparable to US nurses. Because many countries have different nursing requirements, it is often difficult to become credentialed in the US. The WIN program is designed to bridge the gap.

The Northwest Health Foundation has awarded a two-year grant to Clackamas Community College who will work with three healthcare partners, Kaiser Permanente, Legacy Health Systems and Providence Benedictine Nursing Center, as well as the Immigrant and Refugee Community Organization (IRCO) and the Mexican Consulate.

The program will include individual assessment in English language and nursing credentials and skills. Two or three groups will be created based on English language skill level. Immigrant nurses will participate in intensive English language instruction including healthcare-specific vocabulary. They will also participate in a 15-week nursing transition program to enable them to successfully complete the nursing requirements for licensure. After successful completion of the RN licensing examination (NCLEX-RN), the healthcare partners will provide internships that can lead to employment.

For more information about this project contact:

Maureen Mitchell
maureenm@clackamas.edu

Community College Healthcare Action Plan

www.ohcc.org/cchap

cchap@ohcc.org

Oregon HEALTH CAREER Center

Three Community Colleges form Partnership to Offer a Distance-delivered LPN Program

Oregon, like many other regions of the nation, is experiencing a critical shortage of trained workers in many key healthcare fields. Research and data indicate that there is both an existing and a projected

shortage of Licensed Practical Nurses (LPNs) in our state. Chemeketa Community College, Oregon Coast Community College (OCCC), and Rogue Community College (RCC) formed a partnership to offer a distance-delivered and distributed Licensed Practical Nurse education program to help address this need.

Projected increased need for LPNs in the next ten years in Oregon varies by region from 11% to 35%. However, data indicate that there are actually 26.5% **fewer** LPNs in the state than there were in 1991. Additionally, LPNs, as a group, are older than the general population in Oregon. As the group ages and reaches retirement, the demand for their services will peak, leading to even more serious shortages. The nation's and Oregon's population is also aging. Substantial increases are expected in the need for workers in settings that meet the needs of the elderly. Most LPNs in the state already work in three primary settings: nursing homes, acute care hospitals, and ambulatory care; the care gap in these facilities is expected to continue to increase.

There are many factors related to the LPN shortage, but a decreasing number of LPNs in the training pipeline plays a significant role. Existing educational programs have limited enrollment capacity, and finite program and personnel resources and ability to expand those. Lack of access to LPN training programs is also a barrier. Currently, Oregon has only one stand-alone LPN training program, located at RCC in Medford. Barriers of time and distance limit access for many potential LPN students. Additionally, with the exception of RCC, all LPN programs in the state are embedded within a Registered Nurse (RN) training program. LPN students must meet entry requirements into an RN program and then " stop out " of that program and take the LPN exam. The rigorous RN entrance and program requirements and the competition to enter already-crowded RN programs mean that individuals who would otherwise make excellent LPNs may not be able enter nursing training when their actual goal is to become an LPN.

Several documents have substantiated this problem, including the 2001 Oregon Department of Community Colleges and Workforce Development (OCCWD) report, *Health Education and Training: What Community Colleges Can Do*; the 2002 Oregon Workforce Investment Board report, *Health Care Sector Employment Initiative: Taking " AIMM " at a Growing Crisis*, and the Community College Health Care Action Plan (CCHAP)-funded document *LPN Supply and Demand: The Future of Licensed Practical Nurses in Oregon*. Also in 2002, a legislative task force analyzed shortages in the healthcare workforce and reported its findings to the incoming legislature and the governor. The groups generally agreed that several steps needed to be taken:

- Expand the capacity of and access to healthcare education and training programs
- Target high-demand/high-need programs
- Increase access to and availability of pre-requisite courses
- Incorporate new technology and flexible distance learning techniques into program delivery

Thus, in 2002, when the Oregon Association of Hospitals and Health Systems (OAHHS) partnered with CCWD and with Oregon Health Career Center (OHCC) to secure federal Carl Perkins funds to form (CCHAP), addressing the LPN shortage became one of the primary project goals.

THE PROGRAM and PARTNERSHIPS

CCHAP and RCC began working together in July 2003 to develop distance-delivered and distributed LPN training to increase capacity and expand access. The Oregon State Board of Nursing (OSBN) previously had approved RCC's successful face-to-face, stand-alone program. Following much discussion and subsequent approval by its board, RCC agreed to serve as the provider of an expanded distance-delivered program. A project work plan and time line were developed by CCHAP and RCC representatives, including their Nursing Director and LPN faculty. Meetings were held throughout the year, and general agreements were made about curriculum conversion and delivery methods. Carl Perkins funds will be made available through CCHAP to RCC by fall 2004 for curriculum conversion.

The program will create regional cohorts of students who have an affiliation with their local college. Students will take their pre-requisite courses at their home college as well as look to that college for student services and then enroll in RCC's LPN program. Students will be selected from students within the partner sites' districts and will be chosen based on existing RCC requirements and processes. Students will graduate from RCC. The didactic (lecture) portion of the curriculum will be converted to utilize asynchronous online technology. This will be supplemented by two-way real-time video/audio technology for discussion and demonstration. Partnerships with local community college, and with hospitals and long-term care facilities will provide skills lab and clinical sites. OSBN approval for the extended sites programs will be sought during winter 2005. With this approval, the first cohort of students will begin winter term 2006.

The need for additional personnel is clear. RCC cannot add additional instructional sites without new personnel. A program coordinator will be needed, along with local extended site instructors and clinical supervisors. Though the faculty will be employees of RCC, the extended sites will have some input into the hiring process. CCHAP is funding an effort to prepare a compelling needs statement and identify and match appropriate grant funds to assist project start-up efforts.

During winter term 2004, based on criteria developed by the CCHAP/RCC team which included among other factors a need for LPNs in their geographical areas, capacity, expressed interest and prior successful partnerships, Chemeketa and OCCC were invited to participate and have agreed to become extended LPN program site partners. Chemeketa will offer its program in a more rural area of its district and OCCC will offer its program on the central coast. RCC will maintain its traditional program as a part of the partnership.

Much work remains to be done. The partners are currently working on a Memorandum of Understanding, to guide their work together. Though some local site assessment for suitable clinical sites has been done, more will be required. Each site will also need to develop its own local partnerships with hospitals and long-term care facilities. Instructional sites, technology compatibility, equipment and instructional personnel also need to be addressed, along with student support and services, marketing, and other local institutional programmatic issues. We are confident, however, that all of these challenges can be successfully met.

Working together is the only way to solve Oregon's healthcare challenges. Traditional approaches to instruction and its delivery do not meet the needs of today's students and the realities of today's educational funding. Only this type of innovative collaboration can help Oregon achieve its healthcare goals.

Editor's Note: The documents referred to in this document can be found at www.ohcc.org/cchap/cchapdocs.htm

---

For more information about this project, contact:

Cyndi Andrews
CCHAP Project Consultant
candrews@ohcc.org

Thank You for your Hospitality

In September 2003 the CCHAP team fanned out across the state to visit each of the community colleges for a conversation about health care programs and community needs. Then, in spring 2004, you graciously accommodated a second round of visits so the team could gather additional information about each college's capacity building initiatives and partnership development strategies. In the Fall issue of *Linkages*, CCHAP will share the results of the data gathering visits and the positive outcomes that have been achieved. However, we couldn't wait until Fall to thank each of you for making accommodations in your very busy schedule to meet with a CCHAP representative.

Round I Simulation Equipment Grants Awarded

Eight strong competitive proposals were received and the statewide Simulation Alliance is pleased to announce that four have been selected in the first round of equipment grants.

With Linn-Benton Community College as the fiscal agent, a coalition that also includes Samaritan Health Services and the Oregon Pacific Area Health Education Center was fully funded. Other organizations that will be welcomed to the facility as users, and may join the coalition as major stakeholders include: clinics; public health agencies; long-term care; high school health occupations classes; OSU's pre-clinical and sports science students; EMTs and paramedics; and large industries in the area for first responder and mock emergency training. The equipment will be located at the shared training site at Samaritan Health Services and user groups will be allowed to transport the equipment to their respective sites for use.

Another fully funded proposal is from Mt. Hood Community College. The college will house the simulation equipment in a new building that will open in August. Other coalition members who have declared intent to join include Boring Fire District; Center for Advance Learning (a charter school); Gresham Fire and Emergency Services; Portland Adventist Medical Center; Portland Providence Medical Center; and Oregon Trail School District. The intent is to serve Mt. Hood Community College health program students, Center for Advance Learning students as well as health care professionals such as EMTs, nurses, respiratory therapists, medical assistants, and other incumbent healthcare workers.

The Southwestern Oregon Simulation Coalition serving Coos, Curry, western Douglas, and western Lane counties received partial funding. Coalition members include Southwestern Oregon Community College; Bay Area Hospital; Peace Harbor Hospital; Curry General Hospital; Southern Coos General Hospital; Coquille Valley Hospital; Lower Umpqua Hospital; Siuslaw Valley Fire and Rescue; Coos Bay and North Bend emergency services and Gold Beach emergency services. The simulation equipment will be used as a mobile unit in the delivery of undergraduate level nursing courses, and professional training for the multi-sector healthcare community located in this economically depressed and underserved region.

The fourth project, which also received partial funding, is from the Southern Oregon coalition. Rogue Community College is the fiscal agent for a coalition that also includes OHSU School of Nursing, Southern Region; Asante Health System; and Providence Medford

Medical Center. Long-term care may be included in the near future. Representatives from the above groups comprise the Rogue Valley Nursing Council, which will serve as a steering committee in providing oversight of the Nursing Competency Simulation Lab. The lab will be located at the Rogue Valley Medical Center in Medford. Initially, the focus will be nursing but there is intent to include other disciplines at a later time.

Round II Simulation Equipment Grants

With the addition of $100,000 from Oregon Homeland Security the amount of funding for Round II is $436,282.00. The Round II RFP packet can be found at www.ohcc.org/cchap. Read the packet carefully because there are a few revisions from Round I. The Round II proposals are due by midnight September 1, 2004.

For more information about this, contact:

Shirley Anderson
CCHAP Project Consultant
shanderson@ohcc.org

LET'S HEAR FROM YOU

Are you involved in a project that will increase educational capacity within a health occupation education program?

Do you know of an effective partnership that is contributing to an increase in the healthcare workforce?

If so, we would like to hear from you. Please email us at cchap@ohcc.org.

Oregon HEALTH CAREER Center

CCHAP Linkages

May 2004

Volume 1, Number 3

The newsletter that features collaborations that build healthcare educational capacity

In This Issue:

- Distance-Delivered LPN Program
- A Pre-Requisite Issues Institute
- Help Is Here!
- Governor's Healthcare Workforce Initiative Update
- Governor's Healthcare Workforce Initiative Regional Meetings
- Healthcare Education Assistance for HS Teachers
- OIT's Center For Health Professions

Distance-Delivered LPN Program

A Partnership Project to Address Oregon's Critical Shortage of LPNs

We would all agree that quality healthcare is essential for Oregon's citizens and its economy. However, Oregon, like many other regions of the nation is experiencing a critical shortage of trained healthcare workers. There is both an existing and a projected shortage of Licensed Practical Nurses (LPNs) in our state. This shortage is among the topics addressed in a 2001 Oregon Department of Community Colleges and Workforce Development (CCWD) report, *Health Education and Training in Oregon: The Community College Challenge* and in a 2002 report from the Oregon Workforce Investment Board (OWIB) *Health Care Sector Employment Initiative: Taking "AIMM" at a Growing Crisis*. Thus, addressing the LPN shortage became one of the primary project goals, when, in 2002 the Oregon Association of Hospitals and Health Systems (OAHHS) partnered with CCWD and Oregon Health Career Center (OHCC) to secure federal Carl Perkins funds to form the Community College Healthcare Action Plan (CCHAP).

CCHAP funded additional research in the fall of 2004 that examined Oregon data related to supply and demand for LPNs on a statewide and a regional basis, reported in the document *LPN Supply and Demand: The Future of Licensed Practical Nurses in Oregon.* Projected increased need for LPNs in the next ten years in Oregon varies by region from 11% to 35 %. However, data indicate that there are actually 26.5% fewer LPNs in the state than there were in 1991! Projected supply will not meet projected need.

There are many factors related to the LPN shortage, but a decreasing number of LPNs in the training pipeline plays a significant role. Existing Oregon nursing education programs have limited enrollment capacity and program and personnel resources, and cannot adequately expand to meet the projected demand. Additionally, there is only one stand-alone (e.g. not embedded in a Registered Nurse (RN) training program) in Oregon, which is provided by Rogue Community College (RCC) located in Grants Pass. This means that access to LPN training in terms of time and distance is a barrier for many of the field's potential workers. Also, with the exception of RCC's program, students who wish to become LPNs must meet the criteria for, and compete for slots in an

RN program, which may already be at enrollment capacity. This creates additional barriers related to qualifications and access. Many individuals who would make excellent LPNs cannot meet the RN entry criteria.

The LPN project proposes to increase capacity and expand access by developing a distance-delivered LPN program to regional cohorts of students in conjunction with Rogue Community College's existing stand-alone LPN program. The didactic portion of the practical nurse program will be converted to distance-delivery modes appropriate to content and instructional needs. Regional skills labs and clinical sites will be utilized for the project.

RCC's stand-alone program has already been approved by the Oregon State Board of Nursing (OSBN). The project will seek further approval from OSBN to extend instruction to two additional community college partner sites in regions where LPN need has been documented. Additional sites could be considered in future phases of this project. Students would be enrolled in and graduate from RCC, no matter what their location in the state. The plan calls for the first cohort of students to begin in winter term of 2006.

Additional funding will be needed for this project. The Community College Healthcare Action Plan (CCHAP) has funded research into funding for community college healthcare workforce initiatives and will use this information to seek new funding. A business plan will be developed for this purpose. Partnerships with regional healthcare and long-term care providers will also be developed.

CCHAP leaders have been working with RCC on this project since July of 2003; and a program consultant with a nursing background has been hired. A timeline has been developed for critical project milestones, including partnership selection, securing sustainable funding, curriculum conversion, program approval by OSBN, development of skills lab and clinical sites, the hiring of a project coordinator and part-time instructional nursing staff, and development of student services appropriate to distance-learner needs.

Working together is the only way to solve Oregon's healthcare challenges. Traditional approaches to instruction and its delivery do not meet the needs of today's students. Financial resources will continue to be limited. Only innovative collaboration based on today's realities can help achieve our goals.

For more information about this project contact:

Cyndi Andrews
candrews@ohcc.org

Community College Healthcare Action Plan

www.ohcc.org/cchap

cchap@ohcc.org

Oregon HEALTH CAREER Center

Summer Meeting To Address Healthcare Training Pre-Requisites Planned

The Issues:

1) The variations in science pre-requisites to health occupations, and access to and capacity in those courses within and between the community colleges and four-year schools have been identified by the Governor's Healthcare Initiative, the community college Council of Instructional Administrators (CIA), the Oregon Consortium for Nursing (OCNE) and Community College Healthcare Action Plan (CCHAP) as barriers to entry into and completion of healthcare programs.
2) Additional issues related to healthcare science pre-requisites and their transferability within the community college system and to four-year schools are also concerns.

Action:

A sub-committee for the CIA Healthcare Committee, representatives from the Governor's Simulation Alliance group, CCHAP, and OCNE has been charged with addressing these issues. The group has met and has carried out initial research related to pre-requisite variations at the community college and at some four-year schools. Information is available from Elizabeth Lundy (elizabeth.lundy@linnbenton.edu) upon request. Transferability issues will be addressed in the next phase. Funding has been allocated from the Governor's Health Care Initiative by the Oregon Workforce Investment Board (OWIB) and CCHAP to help address initial course-related pre-requisite concerns.

Next Steps:

A *Pre-Requisite Issues Institute* is being planned for July 29 and 30th at Linn-Benton Community College in Albany, Oregon. The focus will be on student learning outcomes in the Anatomy and Physiology (A and P) sequence as it is a common pre-requisite or co-requisite for a variety of healthcare education programs, and success in the A and P is an indicator of future success in several healthcare educational programs. The institute will bring together campus teams of 3-4 faculty and program managers in the science (A and P), nursing and allied health disciplines, from two and four-year public and private institutions. An attendance of approximately 100 is expected. Meals will be provided on site. Travel and lodging reimbursement and a modest stipend for community college participants will be available. Chief Academic Officers at the community colleges, targeted contacts at four-year public and private institutions and other interested parties will soon receive additional details by email.

Community College Healthcare Action Plan

www.ohcc.org/cchap

cchap@ohcc.org

Oregon HEALTH CAREER Center

The goal: is for these participants to reach agreement on a common set of student learning outcomes for A and P. Individual campuses may then align their coursework and pre-requisites as needed, to ensure that their students meet these expected outcomes, while still maintaining local control over program organization and instructional delivery. Additional follow-up meetings to further refine outcomes agreements and curriculum implications are anticipated. Connections with high school healthcare education programs will be made in these subsequent events.

The methodology for developing common A and P student learning outcomes will serve as a template for addressing additional pre-requisite coursework concerns.

The sub-committee has contracted with Ruth Stiehl of OSU to be the event facilitator. Ruth will utilize additional trained facilitators in large and small-group work over the Thursday and Friday event.

For more information about this project, contact:

Cyndi Andrews
candrews@ohcc.org

Help Is Here!

Shrinking state and federal budgets, recession, and increasing demand for services has led to fierce competition for grant dollars. In addition, both foundations and federal funders are no longer funding "business as usual." Instead, they are looking for projects with the following elements: cooperation, coordination, innovation, and replication. This is where CCHAP can help you! CCHAP has a statewide perspective and a unique facilitating role to help make those critical connections that can position your project for funding.

One outcome of CCHAP's unique facilitation role is "The Guide to Funding for Healthcare Workforce Initiatives." CCHAP created The Guide to help you get started now with identifying funding for your projects. The Guide has a step-by-step "Roadmap" that explains grants research and writing and includes resources such as grant writing tutorials. Extensive listings of the foundations and federal funders we believe offer the best funding opportunities for your projects are also included.

CCHAP and The Guide can help you position your projects for funding and make the grant seeking process that much easier. You can download a copy of The Guide at www.ohcc.org/cchap or if you would like a CD copy of The Guide, send an email request to cchap@ohcc.org.

Governor's Healthcare Workforce Initiative Update

The strategic plan for the Governor's Healthcare Workforce Initiative is moving forward and the Governor has adopted it as one of his top six priorities for Federal funding. The Initiative Coordinator is working with the Oregon Telecommunications Coordinating Council healthcare sub-committee to refine recommendations for improved access and affordability for all healthcare communities to the broadband telecommunications capacity in the state.

The Statewide Simulation Alliance and the Initiative received a $600,000 grant from the Oregon Workforce Investment Board to begin the work of organizing the statewide simulation network and purchase simulation equipment through an RFP issued by the Simulation Alliance. The Initiative and the Statewide Simulation Alliance also received a $300,000 grant from the U.S. Department of Labor to purchase simulation equipment for local coalitions through an RFP process.

The Initiative and the NW Health Foundation partnered to provide $100,000 to Dr. Michael Seropian and Bonnie Driggers of the OHSU Simulation Learning Center to conduct readiness assessments with local coalitions.

A purchasing agreement has been signed with Laerdal, the company that makes the SimMan and other simulation equipment. "Affiliates" of the Statewide Simulation Alliance can purchase equipment at an attractive discount. Contact Diane Vines for more information.

Diane Vines, currently serving as the Coordinator of the Initiative, is recruiting for a healthcare professional to replace her when she returns to other responsibilities at the end of June. Diane will stay on as a consultant to the Initiative and new Coordinator. Please note Diane's new contact information below.

For more information about this initiative contact:

Dr. Diane Vines
diane@arnicapublishing.com

Governor's Healthcare Initiative Regional Meetings

The Coordinating Group established by the Governor's Healthcare Initiative Coordinator, Diane Vines, has recently adopted a revised plan for convening the statewide informational meetings to introduce components of the Initiative and the strategy behind the simulation training center system. Instead of convening three rather large regional meetings as originally planned, the group has now decided to "hit the road" and convene meetings at as many as 12 local sites throughout the state.

This rather ambitious revision to the schedule will allow for more dialogue and involvement of local stakeholders in understanding the various components of the Initiative and the funding resources that will become available to every region of the state. In addition, the revised schedule will provide an opportunity for the OHSU Simulation Center team to conduct a readiness assessment in their effort to determine which regions of the state are best prepared to begin their involvement in the statewide simulation center system.

The Oregon Health Career Center has developed a master schedule for convening the local site meetings with the intent of reaching every site by mid-September, 2004. An invitation to participate in the local site meetings is being emailed to stakeholders throughout Oregon the first week of June. If you do not receive an announcement, please contact us at: localmeetings@ohcc.org and we will send you more information.

For more information about this project contact:

localmeetings@ohcc.org

Healthcare Education Assistance for HS Teachers

The Lane County Regional Health Services CAM-based curriculum is a valuable resource for the high school teacher, whether teaching a full-blown Health Occupations program or just trying to individualize a program for an interested student. Lane Education Service District provides a website (http://www.lane.k12.or.us/CSD/CAM/index.htm)

designed to assist students and faculty in implementing the Health Services Certificate of Mastery (CAM) curriculum approved by the State of Oregon. The website content ranges from foundational concepts of CAM to specifics of instructional modules, student learning activities and outcomes. It can be used to augment classroom activities and/or to provide independent learning activities to evidence student mastery of health career knowledge and skills. The curriculum materials may also be purchased in large notebook form for $50.00 from Kristin Gunson at Lane ESD, 1200 Highway 99, North Eugene, Oregon 97402-0374. Phone: 541-461-8200

Contents include:

1. Specific learning outcomes as identified in the Health Services Curriculum Framework.
2. A compilation and organization of learning activities for each component providing students with options for activities by which to demonstrate these outcomes.
3. Guidelines to assist students to plan learning activities, obtain approval, complete activities, and retain records for portfolio management and documentation of completion.

Level I components are foundational knowledge and skills that all schools, regardless of size, can adapt to their programs. The mastery of these components can be met through a variety of experiences and resources such as:

- existent science, health and health occupations courses
- web-based modules for independent student learning
- other independent study designed by student and faculty.

Learning outcomes, activities, resources and student planning guidelines are included for each component.

Health care foundations, or Level II components, incorporate higher levels of skills and knowledge as well as a variety of career related learning activities. These components could be met through activities within an existing science or health course, or through learning activities that a student accomplishes independently.

Extended career pathways, or Level III components, are designed to provide additional, optional activities for students desiring to enter a healthcare career field in an advanced practicum (pre-employment laboratory, cooperative education, or clinical internship) or beginning work experience. Advanced Practicums can be arranged in most any area that an experienced and willing mentor can be found, providing that contract agreement with the school can be reached.

For more information visit:

http://www.lane.k12.or.us/CSD/CAM/index.htm

OIT's Center for Health Professions

Oregon's community colleges can be part of a new initiative being advanced by Oregon Institute of Technology to provide new pathways to health care careers at both the associate's and bachelor's degree level. The initiative – the Center for Health Professions – seeks to leverage OIT's strong tradition in health professions education to create partnerships to meet industry needs for new employees.

"OIT has a long history of partnering with community colleges in its engineering and technology programs," President Martha Anne Dow said. "We want to do the same with our health professions programs."

OIT's vision includes providing leadership to develop pathways to bachelor's degrees for those who want them. OIT's programs include four modalities of medical imaging (radiologic science, nuclear medicine technology, vascular technology and diagnostic medical sonography), dental hygiene, health sciences and nursing (part of the OHSU nursing program). OIT also operates programs in Clinical Laboratory Science and Paramedic Education in collaboration with OHSU and will start a program in Respiratory Care this fall in collaboration with Rogue Community College.

OIT hopes to house its Center for Health Professions in a new building on its Klamath Falls campus, but the initiative will focus on developing student-friendly articulations wherever possible with community colleges. OIT will also strengthen its clinical and externship opportunities and offer continuing education for health professions workers.

For more information about this initiative contact:

President Martha Anne Dow
dowm@oit.edu

Let's Hear From You

Are you involved in a project that will increase educational capacity within a health occupation education program?

Do you know of an effective partnership that is contributing to an increase in the healthcare workforce?

If so, we would like to hear from you. Please email us at cchap@ohcc.org.

Community College Healthcare Action Plan

www.ohcc.org/cchap

cchap@ohcc.org

Oregon HEALTH CAREER Center

Yahoo! My Yahoo! Mail Search: Web Search

YAHOO! FINANCE Sign In New User? Sign Up Finance Home - Help PR Newswire

Welcome [Sign In] To track stocks & more, Register

Financial News

Enter symbol(s) Basic Get Symbol Lookup

Press Release Source: Arkansas Children's Hospital

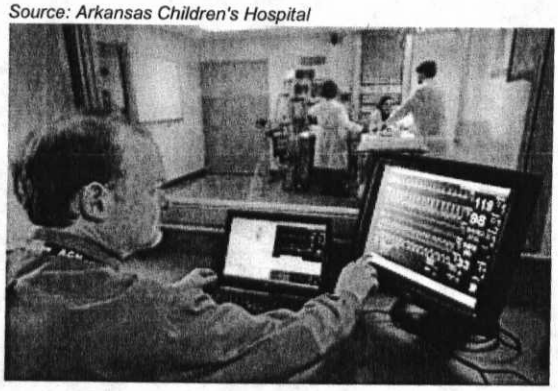
Arkansas Children's Hospital Takes Quantum Leap in Opening High-Tech Patient Simulation Program to Promote Safety

Monday February 5, 11:30 am ET

LITTLE ROCK, Ark., Feb. 5 /PRNewswire/ -- Like any fresh graduate on the first day of work, doctors and nurses get nervous. Their hands sweat, their hearts race and they might question their own decisions. But unlike most students who have just finished school, new medical personnel are often responsible for saving someone's life in their first few days.

(Photo: http://www.newscom.com/cgi-bin/prnh/20070205/DAM011)

Source: Arkansas Children's Hospital



· PULSE Center Simulation Specialist Travis Hill.
· Click Here to Download Image

Imagine, for a moment, that doctors and students could realistically practice the same procedure over and over before ever coming in contact with a patient. Wouldn't parents prefer their children see these doctors? The ones who have honed their skills before they ever practiced medicine? Arkansas Children's Hospital is making this possible.

Arkansas Children's Hospital today opened a new pediatric simulation education center that will allow students, physicians and other medical personnel to polish their skills in near reality scenarios before putting them to use with actual patients. The result will be a safer experience for patients.

The Arkansas Children's Hospital Pediatric Understanding and Learning through Simulation Education Center, or PULSE Center, is among the nation's first simulation education centers dedicated entirely to pediatric care standards. Inside it, medical personnel will sharpen their skills by performing procedures on computerized, life-like Manikins that feature compressors that allow them to breathe and tubes that can simulate blood flow and administration of IVs. The physicians and students also will interact with lay people who are trained to portray patients and their families, allowing trainees to practice how to communicate when they actually are in emergency or exam rooms.

"Our hope is that by starting the PULSE Center, people will learn how to work in teams, how to better handle parents and how to manage in situations with upset children," said Mary Cantrell, director of the PULSE Center. "This will make health care much safer for children here in Arkansas."

The PULSE Center concept evolved as an extension of ACH's mission to support excellence in teaching and clinical care. The facility will include two medical education theaters with their own debriefing rooms and six exams rooms equipped with either two-way mirrors or cameras. Trainees will be observed, critiqued and often shown video of their procedures afterwards. This will allow them to see their mistakes and strengths and learn the best techniques.

The Institute for Healthcare Improvement estimates that nearly 15 million incidents of medical harm occur across the nation every year. That equals a rate of 40,000 of these occurrences every day. Arkansas Children's Hospital hopes to eliminate as many of these incidents as possible by giving medical personnel chances to practice and learn.

"The potential impact that the PULSE Center could have on the quality of pediatric care delivered in the state is limitless," said Beth Petlak, ACH vice president of Business Development. "The PULSE Center provides hands-on experience via simulation so that they can learn, refine and perfect their skills before seeing patients."

Healthcare is one of the few industries in which new clinicians are expected to perform procedures without extensive experience, Petlak noted. The PULSE Center will allow them to practice these clinical skills in a simulated clinic or environment just as simulation

is used in the airline industry to teach and maintain a pilot's skills in the cockpit.

The center already has acquired two high-fidelity simulation Manikins -- one that is an infant and one that is an adolescent. Computers drive the reactions of these Manikins.

For example, a medical student might practice intubating a baby using the Manikin, and in a control room behind the operating table, the simulation specialist will manipulate the situation on the computer. The simulation specialist could change the Manikin's breathing patterns by typing a few keys on a computer, and the air compressor inside the Manikin would alter its "breathing". These life-like Manikins also have appendages that can be moved, eyes with pupils that can be changed to simulate dilation and tubes that imitate blood flow. They can even be manipulated to react to the administration of certain medications and gasses.

"You want to make these situations as realistic as possible," said Travis Hill, PULSE Center simulation specialist. "We want to reach the point where there is a suspension of disbelief, and the student or trainee is as reactive as possible when they are placed in these scenarios."

In addition, the lay people who act as patients -- known as "standardized patients" -- will train at the PULSE Center to portray cases. This could include a wide range of roles, from an asthmatic patient to the overwhelmed parent of a trauma victim.

"In many scenarios we will use the technology in combination with the standardized patients," Hill said. "This will give the entire team the chance to interact and deal with all the issues that arise in emergency situations."

The PULSE Center is located on the ACH campus, directly across from the main hospital building along Marshall Street in Little Rock. The center will offer an unparalleled advantage to those who come through it, Cantrell said, because it will put trainees the closest they'll come to a live patient situation.

"There's an old saying, 'You hear it, and you'll forget it. You'll see it, and you'll remember it. But if you do it, you'll understand it,'" she said. "Our hope is that by allowing people to actually do these procedures, we'll increase their comprehension and reduce the chance that they'll make errors."

For more information, visit http://www.thePULSEcenter.org or on mobile Web at http://mobile.thePULSEcenter.org .

Source: Arkansas Children's Hospital

Copyright © 2007 Yahoo! Inc. All rights reserved. Privacy Policy - Terms of Service - Copyright Policy - Ad Feedback
Copyright © 2007 PR Newswire. All rights reserved. Republication or redistribution of PRNewswire content is expressly prohibited without the prior written consent of PRNewswire. PRNewswire shall not be liable for any errors or delays in the content, or for any actions taken in reliance thereon.

Dakota Nursing Program

Facts

- The Dakota Nursing Program (DNP) is an innovative nursing education consortium made possible through the collaborative efforts of four state colleges: Bismarck State College, Lake Region State College, Minot State University-Bottineau, and Williston State College. The four colleges collaborated to create one program with a common curriculum sharing resources including masters' prepared nursing faculty, IVN network, office and technology coordinator, nursing PhD program director, and a centralized office.
- In 2003, the North Dakota HB1245 eliminated the mandate for a four year Bachelor of Science (BSN) degree and the two year Associate Degree Practical Nursing allowing implementation of the two year Registered Nurse (RN) degree and the one year Practical Nurse (PN) certificate by Dakota Nursing Program.
- **The goal of the program is to provide career ladder opportunities for place bound students in rural areas.**
- DNP students begin as certified nursing assistants and are first educated as one year practical nurses earning a certificate and then they are able to progress on to a two year RN degree. Upon graduation, DNP students are educationally prepared to continue on to a four year BSN degree and beyond.
- Didactic courses are delivered by masters prepared nurse educators over the Interactive Video Network (IVN) to **8** different sites:
  - Lake Region State College delivers to Devils Lake, Northwood, and planning for Langdon,
  - Minot State University-Bottineau delivers to Bottineau, Rugby and planning for Burdick Job Corp in Minot,
  - Bismarck State College delivers to Bismarck, and
  - Williston State College delivers to Williston, Minot, and
  - Fort Berthold Community College in Newtown.

Clinical courses and experiences are coordinated and delivered by each respective college locally.
There are plans to expand DNP to additional rural areas as requests and needs are identified.

Current Student Enrollment Spring 2007

	BSC	LRSC	LRSC Northwood	MSU-B	MSU-B Rugby	WSC	WSC FBCC	WSC Minot	TOTALS
ADN	**12**	**15**	NA	**13**	NA	**16**	NA	**14**	**70**
Certificate PN	**18**	**20**	**5**	**15**	**3**	**16**	**3**	**15**	**95**

Admissions, Graduates & NCLEX Pass Rate

ADN	Admissions (Aug, 2005)	Grads (May, 2006)	NCLEX-RN Wrt	NCLEX-RN Pass	NCLEX-RN %
BSC	14	12	12	10	83.3%
LRSC	15	10	10	10	100.0%
MSU-B	8	6	6	6	100.0%
WSC	15	13	13	13	100.0%
Totals	**52**	**41**	**41**	**39**	**95.1%**

PN	Admissions (Aug, 2004)	Grads (July, 2005)	NCLEX-PN Wrt	NCLEX-PN Pass	NCLEX-PN %	Admissions (Aug, 2005)	Grads (July, 2006)	NCLEX-PN Wrt	NCLEX-PN Pass	NCLEX-PN %
[illegible]	16	12	11	11	100.0%	16	12	5	5	100.0%
LRSC	16	15	13	10	76.9%	16	12	8	8	100.0%
MSU-B	15	8	8	6	75.0%	19	17	6	6	100.0%
WSC	35	25	22	19	86.4%	44	32	24	24	100.0%
Totals	**82**	**60**	**54**	**46**	**85.2%**	**95**	**73**	**43**	**43**	**100.0%**

North Dakota State College of Science
800 Sixth St. N Wahpeton ND 58076-0002 • 1.800.342.4325
Mayme Green Allied Health Center • (701) 671-2981 or 2984 • Fax (701) 671-2570
e-mail: ndscs.allied.health@ndscs.edu • Web: www.ndscs.edu/alldhlth

NDSCS Department of Nursing

Facts:

√ The North Dakota State College of Science Practical Nursing program has been in existence since 1950. In 1986, NDSCS changed its certificate program to a two year Associate in Applied Science practical nursing program to meet the knowledge and skill level requested by employers.

√ NDSCS has offered 26 outreach practical nursing programs across the state. The department continues to support outreach initiatives. At present, we offer the AAS PN program at the Skills and Technology (STTC) in Fargo, ND. Another program will be starting Fall Semester 2007. Many of the outreach graduates continue to reside in the local area and add to the area's nursing workforce. NDSCS's Practical Nursing program has full approval from the North Dakota Board Of Nursing (NDBON) and is accredited by the National League for Nursing Accrediting Commission (NLNAC).

√ In 2005, NDSCS started the Associate in Science (ASN) program which prepares the graduate to write the NCLEX-RN exam. The program allows AAS PN graduates to take additional coursework to earn an ASN degree. The NDSCS ASN program has full approval by the NDBON and will be seeking accreditation from the NLNAC.

√ NDSCS plans to begin a Bridge program allowing certificate practical nurses to upgrade to an AAS PN degree which allows them to apply to the ASN program. The core nursing courses will be offered beginning Spring Semester 2008.

√ Upon graduation, the NDSCS PN and ASN students are prepared to take their respective liscensure exam, practice safely in their respective nursing roles and may choose to continue on to a two year RN or four year BSN degree and beyond.

√ NDSCS requests that the State Board of Higher Education budget recommendation be fully funded as a priority.

Current Enrollment:

Practical Nursing program 2006-2007 – 94 (combined on-campus and outreach) In the past five years, our 196 graduates have had between a 93-100% pass rate for the first time NCLEX-PN writers. The national average is 88.22.

Associate in Science in Nursing program 2005-2006 – 16 graduates with a pass rate of 88.9% on the NCLEX-RN exam.

The University of North Dakota

College of Nursing
430 Oxford St, Stop 9025, Grand Forks, ND 58202-9025
(701) 777-4174, Fax (701-777-4096 www.nursing.und.edu

Facts:

- Nursing education has been in existence at UND since 1909. The first baccalaureate degrees were awarded in 1951.
- The College offers: a traditional four-year BSN degree; RN-BSN program; Master's program with specializations in Nurse Anesthesia, Family Nurse Practitioner, Nurse Education, and Psychiatric/Mental Health; and a PhD in Nursing. There is also a proposed RN-MS degree awaiting state approval.
- The College has been continually accredited since 1963 by the National League for Nursing. In 2001, it was accredited by the Commission on Collegiate Nursing Education and is also approved by the North Dakota Board of Nursing.
- The UND College of Nursing offers the largest BSN program in North Dakota as well as the only Nurse Anesthesia, Psych/Mental Health and PhD programs in the state.
- Study abroad in Spain is available to undergraduate and graduate students. This experience provides our students with insights into that country's health care system and cultural differences and similarities.
- The Recruitment and Retention of American Indians (RAIN) Program has graduated over 100 American Indian nursing students (BSN and Masters) since it's inception in 1990, with a 93% retention rate. Twenty per cent of American Indian BSN graduates have gone on to receive a Master's degree in nursing. Over 90% of the RAIN graduates work in settings where they serve Indian people.
- The College has had two faculty members inducted as Fellows into the American Academy of Nursing in the past two years. Four of the College's current faculty members have been inducted into the academy, considered the highest honor in the nursing profession.

2006-2007 Enrollment Statistics:

- Pre-Nursing: 334
- Undergraduate students admitted into the nursing program: 306
  - Most current pass rate available on licensing (NCLEX) exam = 94%
- Master's programs: 76 (spread across all programs)
- PhD: 22

Medcenter One Health Systems

... dedicated to the lives we touch!

Medcenter One College of Nursing

Karen Latham PhD, RN
Provost/Dean
512 N Seventh Street, Bismarck
701-323-6271

- Medcenter One College of Nursing is a single-purpose college that offers an upper-division professional nursing program leading to a baccalaureate degree in nursing.
- The mission of Medcenter One College of Nursing is to provide a quality baccalaureate education designed to prepare a knowledgeable and caring professional nurse who is cognizant of and sensitive to the health needs of individuals, families, and communities in a variety of healthcare delivery models.
- Medcenter One College of Nursing (College), located in Bismarck, North Dakota was founded in 1988. The College evolved from a diploma program with roots dating back to the nineteenth century in Kaierswerth, Germany. The hospital-based diploma School of Nursing, established in 1909 by the Evangelical Church of the Dakota Conference, had a proud 78-year history.
- Medcenter One College of Nursing is a fully accredited, upper-division institution with a reputation for preparing students to become highly qualified nurses.

Admission, Graduates, and NCLEX-RN Pass Rate

	Admissions	Graduates	NCLEX-RN Pass Rate
2006	48	45	93%
2005	50	40	95%
2004	50	38	87%

NDSU NORTH DAKOTA STATE UNIVERSITY

701.231.7456
Fax 701.231.7606

Office of the Dean
College of Pharmacy, Nursing and Allied Sciences
123 Sudro Hall
Fargo, ND 58105-5055

February 8, 2007

Chandice Y. Covington, Ph.D.
Dean, College of Nursing
University of North Dakota
Nursing Building Room 369
430 Oxford St., Stop 9025
Grand Forks, N.D. 58202-9025

Dear Dean Covington:

This letter is written to extend our support for the amended version of Senate Bill 2379 which proposes to establish a nursing education consortium in North Dakota to provide clinical education for nursing students and other health professionals via a state-wide simulation laboratory. We are in favor of including all nursing education programs located in North Dakota to have the opportunity to participate in this consortium and to have the consortium be responsible for electing the chair for the consortium. We feel that every nursing education program in the state has its own unique strengths, talents, abilities, and expertise which we feel would help strengthen the Consortium and this Bill including its abilities to serve the state.

The nursing program at North Dakota State University built a simulation laboratory in 2005. So, the nursing faculty and students at NDSU have some experience and expertise in this high tech area which we feel would be beneficial to the Consortium and this project. As you know, the successful operation of a simulation laboratory requires highly qualified and trained faculty and staff to deliver the highly technical education expected from this model.

In addition, being a College of interdisciplinary programs including nursing, pharmacy, and allied sciences, I believe this simulation laboratory would also have great potential and future application for implementing interprofessional/interdisciplinary education and training of our health professions students in North Dakota which has been recently encouraged by the Institute of Medicine. This would allow North Dakota a unique opportunity to explore various interdisciplinary training models and become a national leader in interprofessional education for all health professions students called for by the Institute.

I must emphasize that our first priority and goal is to encourage Legislative support and approval of the requested $63 million budget for the North Dakota University System. Then, after this NDUS budget has been accommodated, and if there is sufficient money left over, we would support the requested budget for Senate Bill 2379 for the state-wide nursing consortium and simulation laboratory.

Please let us know how else we can be of assistance to you regarding this Bill.

Sincerely,

Charles D. Peterson, Pharm.D.
Dean and Professor
NDSU College of Pharmacy, Nursing, and Allied Sciences
Charles.Peterson@ndsu.edu
(701) 231-7609

NDSU is an equal opportunity institution.

Minot State
UNIVERSITY

Department of Nursing

Mary Smith RN, MS
Interim Chair,
500 University Ave W
Minot, ND 58707
(701) 858-3101

- In 1969, House Concurrent Resolution #13 passed in the North Dakota Legislature authorizing the establishment of a BSN program at Minot State College. The first graduating class was May 1973.
- The mission of our baccalaureate nursing program is to prepare professional nurses.
- The MSU nursing program provides experiences in meeting human needs, holistically along the health-illness continuum. Key curricular components emphasized include professionalism, research, holistic health, and globalization.
- The program provides a foundation for specialization in graduate study and for ongoing career development.
- MSU nursing program has offered several outreach programs over the years for both LPNs and RNs in the North West Region of North Dakota.
- MSU also offers a RN to BSN Online program.
- The Department of Nursing has full approval of the North Dakota Board of Nursing and accreditation from the National League for Nursing Accrediting Commission.
- MSU's nursing program 2006-2007 current enrollment is 94 with approximately 200 pre-nursing students identified.
- MSU's nursing program graduated 50 individuals in 2005-2006 with a pass rate of 90% on the NCLEX-RN® exam.
- MSU nursing program supports the innovative measures of SB 2379.

Chandice Covington - Re: sim

EXAMPLE OF SIM EDUCATION FOR LPN STUDENTS

From: Chandice Covington
To: Steven Pletcher
Subject: Re: sim

Hello:
The Patient Simulation Lab at Columbus State houses two adult METI HPS systems, one pediatric METI HPS system and one Gaumard Maternal and Neonatal Birthing system. The LPN program uses all of these systems. Throughout the LPN program, students come to the lab to do a variety of thing. It may be as simple as patient assessment and identification of abnormalities. However, some scenarios the students face require critical thinking skills, direct intervention, and interaction with the simulator. These could include scenarios on CVA, GI Bleed, CHF / Pulmonary Edema, and identification and treatment of life threatening arrhythmia. The LPN students also get a chance do work with the maternal system during their labor and delivery course.

I do student evaluations at the end of each term and continue to get positive responses from students. It's one more tool that we have to provide our students (all health technology students including LPN) with the skills that they need to be successful. The biggest hurdle that we struggle with is finding time in each curriculum to devote to simulation. I hope this helps. I thinks our LPN students appreciate the opportunity to use the lab and I like to give them that opportunity. Let me know if you have any other questions.
Steve Pletcher

Thank you Steven. Do LPNs use the high fidelity models (is ECS or HPS or equivalent) or not? I feel they should have access and learning on the models, but some feel no. What's your thoughts? In our rural state, LPNs are providing the brunt of care in the rural hospitals.
Chandice

Hello:
Yes, the LPN program at Columbus State Community College uses the simulator lab. In addition, the following technologies use the lab:
RN program (both the traditional and on-line)
LPN program
EMS Technology
Respiratory Therapy
Radiology Technology
Surgical Technology
Medical Assisting Technology
Multiple Competency Health (these classes are the prerequisites for many of the health programs)

Currently, only the EMS and Respiratory Therapy programs have used the lab for checkoff/testing purposes. The others have use the lab as a tool to supplement and reinforce the students experiences in clinical and seminar. If you have any other questions, let me know.

Steve Pletcher
Coordinator, HPS Lab

Hi Steve:
Do you use the **Simulator with LVN or LPN students?**

Chandice

Chandice Y. Covington, PhD, RN, FAAN
Dean, College of Nursing
University of North Dakota

Budget for North Dakota Nursing Distance/SIM Education Consortium Proposal

PHASE 1 -SURVEY

Position	Name	Annual Salary/ rate	Effort 01	Year 1	Fringe%	01 Fringe	Total-Salary/ Fringe 01
Personnel							
Project Director (UND)	Chandice Covington, PhD, RN, Dean	without charge	0.15				
Surveyor	TBA-6 mos.	$40,000	0.50	10,000	0.10	1,000	**11,000**
Secretary	TBA	$24,000	0.10	2,400	0.35	840	**3,240**
Supplies							**Year 1**
Mailing Lists/labels							**1,000**
Postage							**3,000**
TOTAL PHASE 1							**18,240**

PHASE 2 - MOBILE SIM LAB & DISTANCE LEARNING START-UP

Position	Name	Annual Salary/ rate	Effort Year 1	Year 1	Fringe%	01 Fringe	Total-Salary/ Fringe 01	Effort Year 2	Year 2	02 Fringe, Total	Total-Salary/ Fringe 02	Effort Year 3	Year 3	03 Fringe, Total	Total-Salary/ Fringe 03
Personnel															
1. Project Director (UND)	C. Covington, PhD, RN, Dean	without charge	0.15					0.15				0.15			
2. LRC Director	M. Marx	32,806	0.10	3,281	0.30	984	**4,265**	0.10	3,379	1,014	**4,393**	0.10	3,477	1,043	**4,521**
3. IT Staff	R. Johnson	36,000	0.10	3,600	0.30	1,080	**4,680**	0.10	3,708	1,112	**4,820**	0.10	3,816	1,145	**4,961**
4. Project Coordinator	H. Melland PhD RN	60,000	0.10	6,000	0.30	1,800	**7,800**	0.10	6,180	1,854	**8,034**	0.10	6,360	1,908	**8,268**
5. Curriculum Development Specialist	B. Ide, PhD, RN	83,000	0.10	8,300	0.30	2,490	**10,790**	0.10	8,549	2,565	**11,114**	0.10	8,798	2,639	**11,437**

6. Faculty Curriculum Designer (RN-BSN-MS) UND	TBA	54,000	0.10	5,400	0.30	1,620	**7,020**	0.10	5,562	1,669	**7,231**	0.10	5,724	1,717	**7,441**
7. Faculty Curriculum Designer (PN) SB	TBA	54,000	0.10	5,400	0.30	1,620	**7,020**	0.10	5,562	1,669	**7,231**	0.10	5,724	1,717	**7,441**
8. Clinical Simulation Nurse Educator (Lab Manager)	TBA	80,000	1.00	80,000	0.30	24,000	**104,000**	1.00	82,400	24,720	**107,120**	1.00	84,800	25,440	**110,240**
9. Clinical Simulation Nurse Educator (Staff)	TBA	70,000	0.50	35,000	0.30	10,500	**45,500**	0.50	36,050	10,815	**46,865**	1.00	74,200	22,260	**96,460**
10. Driver Mobile Lab/Scheduler	TBA	35,000	0.50	17,500	0.40	7,000	**24,500**	1.00	36,050	14,420	**50,470**	1.00	37,100	14,840	**51,940**
11. Back-up Mobile Lab Driver	State Motor Pool	35,000	0.25	8,750	0.40	3,500	**12,250**	0.25	9,013	3,605	**12,618**	0.50	18,550	7,420	**25,970**
12. Bio-Medical Engineer GSA	TBA	36,456	0.50	18,228	0.10	1,823	**20,051**	0.50	18,775	1,877	**20,652**	0.50	19,322	1,932	**21,254**
13. Administrative Assistant II	TBA	28,000	1.00	28,000	0.40	11,200	**39,200**	1.00	28,840	11,536	**40,376**	1.00	29,680	11,872	**41,552**
14. Fiscal Manager	S. Gandrud	50,000	0.10	5,000	0.30	1500	**6,500**	0.05	2,575	773	**3,348**	0.02	1,060	318	**1,378**
	TOTAL		5	224,459		69,117	**293,576**	5	**236,980**	**77,628**	**324,270**	6	**298,611**	**94,252**	**392,863**

Equipment	Unit Cos	Unit	Year 1
Mobile Clinical SIM Lab			
Product Description			
HPS-00: Human Patient Simulator Base Unit	218,000	1	218,000
Manufacturer TBD	1,500	1	1,500
Waveform Display	2,800	1	2,800
TOL-001: Tool Kit	325	1	325
HPS-300: O2 Gas Delivery System	11,500	1	11,500
GAS-002: Gas Accessory Kit	1,900	1	1,900
Curriculum	2,000	1	2,000
(Basic to Enhanced)	4,100	1	4,100
System Warranty	12,065	2	24,130
Simulator Base Unit	41,860	1	41,860
CVL-001: Convulsions – *only available for the ECS*	2,100	1	2,100
Curriculum	2,000	1	2,000
WAR-045: Multi-Year ECS Basic System Warranty	4,655	2	9,310
WAR-060: ECS System Warranty Upgrade (Basic to Enhanced)	2,100	1	2,100
PECS-200: PediaSIM ECS Base Unit	42,000	1	42,000
SFW-013: Software License to Use the PediaSIM ECS	2,000	1	2,000
WAR-045: Multi-Year PediaSIM ECS Basic System	4,655	2	9,310
WAR-060: PedSIM ECS Sys Warranty Upgrade (Basic→ Enhanced)	2,100	1	2,100
BAB-101: BabySIM Base Unit	42,000	1	42,000
CAS-006: Deluxe Soft-Sided Mannequin Carrying Case	1,750	1	1,750
SFW-014: Software License to Use the BabySIM Program for Nursing Curriculum	2,000	1	2,000
WAR-045 Multi-Year BabySIM Basic System Warranty	4,655	2	9,310
WAR-060BabySIM System Warranty Upgrade (Basic to Enhanced)	2,100		2,100
High Risk Childbirth Patient Simulator Base Unit	220,000	1	220,000
WAR-088: Multi-Year Childbirth Basic Warranty	4,655	1	4,655
WAR-090 OB-SIM System Warranty Upgrade (Basic to Enhanced)	2,100	1	2,100
SFW-014: Software License to Use the OB-SIM Program for Nursing Curriculum	2,000		2,000
EDU-009: Program for Nursing Curriculum Integration all Models	32,000	1	32,000
TRN-007: Product Education-Basic On-Site Education Course - Two Days (10 trainees)	7,000	2	14,000
Matthews Specialty Mobile Vehicle, Series 5000-102, rear engine – 300 HP, Mercedes rear engine, freight liner/bus chassis, /w multi-year warranty, /w dual side slide-out feature, all-inclusive install list.			320,000
Lap top to run SIM in Lab, Sony	2600		2,600
Emergency Carts, /w critical care monitor	20,000	1	20,000

Guerney, electric, /w 3 IV poles, pt warming device, IVAC (3)	25,000	1	25,000		
Defibrillator	10,000	1	10,000		
SIM Lab Manager Software Platform	20,000	1	20,000		
Servers, Multiserver for BT-Wan/BREEZE	6,000	2	12,000		
Teaching Studio Console - Multimedia Cart	21,180	1	21,180		
Macromedia Breeze Desktop Conferencing System For Clinical Conferencing Faculty-Student	15,000	1	15,000		
Sub Total			**1,156,730**		
Supplies			**Year 1**	**Year 2**	**Year 3**
Office supplies			500	700	800
SIM Lab Pt. Cart Supplies/ Pharmacy			1000	1500	1500
Postage/Shipping			1000	500	500
Photocopying supplies			500	700	800
	Unit Cos	Units			
GMD-S551 - NOELLE Maternal and Neonatal Birthing Simulator w/out Resuscitation baby (Laerdal)	2,725	1	2,725		
VT-600 - Peter PICC Line (Laerdal)	625	1	625		
VT-601 - SET; ARM VEIN TUBING (Laerdal)	32	1	32		
VT-604 - SKIN; BODY-REPLACEMENT (Laerdal)	75	1	75		
375-60001 - Adult IV Training Arm Kit (Laerdal)	399	1	399		
365-00301 - Infant IV Arm (Laerdal)	158	1	158		
365-00650 Replacement Sleeve &Vein-IV Arm(Laerd	122	1	122		
STND-001: Laptop Computer Stand	375	1	375		
Therma-care convective	1,600	1	1,600		
IV poles	200	3	600		
Medication cart	1,500	1	1,500		
Critical care Cart	2,000	1	2,000		
IV/Medication Infusion Pumps	1,280	3	3,840		
Instructor's Wireless Remote (ibook) & Wireless Switch /w case	4,000	1	4,000		
Computer platform PC, bundled /w Office Suite-Adobe Writer, SPSS, /w printer Adm Asst.	2,000	1	2,000		
Computer platform PC, bundled /w Office Suite-Adobe Writer, SPSS, DreamWeaver, /w printer, Marketing	3,500	1	3,500		
Computer platform PC, bundled /w Office Suite-Adobe Writer, SPSS, /w printer, GSA shared	4,000	1	4,000		
Modular office furniture, /w install for staff (5)	2,000	5	10,000		
Web-Cam /w Headset for Consortium Faculty/Students	100	50	5,000		
Sub Total			**45,551**	**3,400**	**3,600**

Travel	Year 01	Year 02	Year 03
Mobile classroom travel	20,000	52,412	60,000
Conference on Sim in Nursing Education & Distributive Nursing Education	6,000	6,000	6,000
Consortium meetings & travel to sites by faculty	12,000	12,000	13,000
Sub Total	**38,000**	**70,412**	**79,000**
TOTAL PHASE 2: DIRECT COSTS			**2,407,402**
Adm Costs (8%):			**192,592**
TOTAL REQUEST			**2,599,994**

PHASE 3

Position	Name	Annual Salary/ rate	Effort (FTE)-01	Year 1	Fringe%	01 Fringe, Total	Total-Salary/ Fringe 01	Effort (FTE)-02	Year 2	02 Fringe, Total	Total-Salary/ Fringe 02	Effort (FTE)-03	Year 3	03 Fringe, Total	Total-Salary/ Fringe 03
Personnel															
1. Project Director (UND)	C. Covington, PhD, RN, Dean	without charge	0.10					0.10				0.10			
2. Student Sevices Director	M. Escobar	42,230	0.05	2,112	0.35	739	**2,851**	0.05	2,175	761	**2,936**	0.05	2,238	783	**3,022**
3. Student Services Clerk	V. Krogstad	30,797	0.05	1,540	0.35	539	**2,079**	0.05	1,586	555	**2,141**	0.05	1,632	571	**2,204**
4. LRC Director	M. Marx	32,806	0.05	1,640	0.35	574	**2,214**	0.05	1,690	591	**2,281**	0.05	1,739	609	**2,347**
5. IT Staff	R. Johnson	36,000	0.10	3,600	0.35	1,260	**4,860**	0.10	3,708	1,298	**5,006**	0.10	3,816	1,336	**5,152**
6. Project Coordinator	H. Melland PhD RN	60,000	0.15	9,000	0.28	2,520	**11,520**	0.15	9,270	2,596	**11,866**	0.15	9,540	2,671	**12,211**
7. Curriculum Development Specialist	B. Ide, PhD, RN	83,000	0.15	12,450	0.28	3,486	**15,936**	0.15	12,824	3,591	**16,414**	0.10	8,798	2,463	**11,261**
8. Faculty Curriculum Designer (RN-BSN-MS) UND	TBA	54,000	0.15	8,100	0.28	2,268	**10,368**	0.15	8,343	2,336	**10,679**	0.15	8,586	2,404	**10,990**
9. Faculty Curriculum Designer (PN) SB	TBA	54,000	0.15	8,100	0.35	2,835	**10,935**	0.15	8,343	2,920	**11,263**	0.15	8,586	3,005	**11,591**
10. Clinical Simulation Nurse Educator (Position 2)	TBA	80,000	0.20	16,000	0.35	5,600	**21,600**	0.20	16,480	5,768	**22,248**	0.20	16,960	5,936	**22,896**
11. Clinical Simulation Nurse Educator (Staff Position 2)	TBA	70,000	0.25	17,500	0.30	5,250	**22,750**	0.20	14,420	4,326	**18,746**	0.20	14,840	4,452	**19,292**
12. Back-up Mobile Lab Driver (Position 2)	State Motor Pool	35,000	0.00	0	0.40	0	**0**	0.20	7,210	2,884	**10,094**	0.20	7,420	2,968	**10,388**
13. Bio-Medical Engineer GSA (Position 2)	TBA	36,400	0.50	18,200	0.28	5,096	**23,296**	0.50	18,746	5,249	**23,995**	0.50	19,292	5,402	**24,694**

14. Administrative Assistant 2	TBA	25,000	0.50	12,500	0.35	4,375	**16,875**	0.50	12,875	4,506	**17,381**	0.50	13,250	4,638	**17,888**
15. Graduate Student Services Assistant	TBA	36,400	0.00	0	0.28	0	**0**	0.50	18,746	5,249	**23,995**	0.50	19,292	5,402	**24,694**
16. Marketing & Recruitment Specialist	TBA	32,000	1.00	32,000	0.28	8,960	**40,960**	1.00	32,960	9,229	**42,189**	1.00	33,920	9,498	**43,418**
			3.40	142,742	4.83	43,502	**186,244**	**4**	**169,375**	**51,859**	**221,233**	**4**	**169,909**	**52,137**	**222,046**

Supplies

	Year 1	Year 2	Year 3
Office supplies	800	800	800
Postage/Shipping	300	500	500
Photocopying supplies	300	500	500
Sub Total	**1400**	**1800**	**1800**

Contractual

		Year 1	Year 2	Year 3
Dakota Program				
	Bismarck College	$ 61,298	$90,841	$ 142,066
	Lake Region College	$ 9,579	$31,611	$ 53,643
	Minot-Bottineau	$ 9,265	$30,574	$ 51,883
	Williston S College	$ 7,290	$24,057	$ 40,829
NDSCS		$ 42,494	$59,796	$ 105,946
Med Center One		$ 9,450	$11,569	$ 10,360
Minot State U		$ 12,638	$14,210	$ 18,387
	Sub Total	**$ 152,014**	**$ 262,658**	**$ 423,114**

Other

ND State Health Department/MC Strategies/Elsevier Publishers Vendors

Re-purpose 60 courses in collaboration with Consortium Faculty: all-inclusive charge includes labor, fringe benefits, and overhead:

	Year 01	Year 02	Year 03
YR 1: Re-purpose 30 courses in collaboration with Consortium Faculty	350,000		
YR 2: Re-purpose 30 courses in collaboration with Consortium Faculty		350,000	
Learning Management System licensing fee (Consortium 8 sites) $50,000 per 3 years for our Learning Management System ($45,000 for 3 years)	50,000		
	15,000	15,000	15,000
Mobile wireless communication system fee (satellite)	$1,500	2,500	2,500
Ads/Marketing Materials	5,000	3,000	3,000
Library e-Journals	5,000	5,000	5,000
HOST Distributive Nursing Education/SIM Conference for the State/region	-	15,000	-
Sub Total	**426,500**	**- 390,500**	**- 25,500**
	766,158	**876,191**	**672,460**

TOTAL PHASE 3: DIRECT COSTS	**2,314,810**
Adm Costs (8%):	**185,185**
TOTAL REQUEST	**2,499,994**