

# Primary Care Task Force Oversight Committee Meeting Summary

## July 20, 2016

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### Committee Members Present

Kim Malsam-Rysdon, Chair  
Robert Allison, MD  
Sandy Diegel

Jay Perry (representing Dr. Mike Rush)  
Gale Walker

### Workgroup Members Absent:

Mary Nettleman, MD  
Sen. Alan Solano

Sen. Billie Sutton

### Staff Present:

Halley Lee  
Tom Martinec

Josie Petersen  
Susan Sporrer

### Updates

- ❖ Rural Family Medicine Residency Track (RTT) – Susan Sporrer distributed an update on the rural family medicine residency track provided by Dr. Huntington. The Center for Family Medicine (CFM) has met with physicians and administrators of both Avera and Sanford in Pierre to identify strengths, weaknesses, opportunities and potential pitfalls. Potential local director candidates have been identified and it is hoped that the local director will be named this fall. Work has begun on curriculum adaptation for the RTT. As has been previously noted, the first 12 months of residency will take place in Sioux Falls and the final two years will occur at the RTT site in Pierre. As the academic aspects take shape, relevant letters of agreement will be pursued and finalized with local physicians and organizations. While there will be informal communications with the accrediting body to ensure efforts are focused in the right direction to facilitate a timely approval, the formal application to ACGME cannot begin until local personnel, facilities, letters of agreement, etc. are in place. The goal remains to obtain accreditation by mid-2017 in time to recruit for a 2018 entering class (completing residency in 2021). Susan indicated that the DOH is currently working with CFM to get a contract signed and in place.
- ❖ Rural Healthcare Facility Recruitment Assistance Program (RHFRAP) – Josie Peterson reported that 33 RHFRAP participants are completing their agreements in 2016 (started in 2013). Occupations include 4 LPN, 1 Med Lab Tech, 4 Paramedic, 3 Physical Therapist, 1 Radiologic Technologist, 1 Respiratory Therapist and 19 RNs. The 2016 RHFRAP program is open and applications are being accepted. Up to 60 healthcare providers are allowed to participate per program year. As of the meeting date, 55 applications had been received including 8 LPN, 3 Medical Laboratory Scientist, 1 Medical Technologist, 6 Paramedic, 2 Pharmacist, 2 Physical Therapist, 2 Radiologic Technologist, 30 RN, and 1 Social Worker.

The Oversight Committee continued the discussion of possible expansion of RHFRAP to increase the number of participants each year. One option considered was approving more than 60 applications a year to account for participants who default during their three year practice obligation. An update on RHFRAP will be provided at the September meeting with an opportunity for the Oversight Committee to provide a recommendation regarding RHFRAP applications.

- ❖ *Health Sciences Deans' Call Recommendation* – Susan Sporrer reported that Dr. Nettleman has requested a change to the Primary Care Task Force recommendation under “Capacity of Healthcare Education Programs” that the Deans of the SSOM, SDSU College of Nursing, and USD School of Health Science will meet on a quarterly basis to coordinate preceptor opportunities for medical/PA/NP students and pursue other non-monetary incentives for SD providers serving as preceptors. Dr. Nettleman indicated that the Deans have a long-standing meeting that occurs twice a year and they would like the recommendation to reflect this. Even with the change in the recommendation, Dr. Nettleman indicated that the three deans meet throughout the year and much of the interprofessional work is done through issue-specific meetings. The Oversight Committee supported this request.
- ❖ *MyClinicalExchange (mCE)* – Josie Peterson provided a final update on the mCE pilot project. The pilot has completed and participants were surveyed regarding their experiences with the program and strengths and weaknesses of mCE. A final report of the pilot project is being drafted and will be provided to the Oversight Committee once completed. Implementation of mCE will be a facility-specific decision.

### **Nursing Workforce**

- ❖ *Nursing Workforce Data from Board of Nursing* – Gloria Damgaard and Linda Young with the SD Board of Nursing (BON) provided information on LPN and RN workforce in South Dakota. As of July 2016, there were 2,511 actively licensed LPNs and 17,486 actively licensed RNs in the state. Licensure numbers do not reflect nurses that are licensed in a Compact state but practice in South Dakota. The average age of LPNs is 46 years old with 18.4% of licensed LPNs age 61 or over. According to SD Department of Labor and Regulation (DLR) data, the demand for LPNs is projected to grow by 11.5% from 2012 to 2022. The average age for RNs is 44 years old with 14.5% of licensed RNs age 61 and older. The demand for RNs is projected to grow by 13.1%.

There are 18 nursing programs in South Dakota at 14 different schools – 8 baccalaureate degree (BSN), 4 Associate degree (ASN), and 6 LPN. The number of ASN programs will drop to 2 in 2016 with the closure of the Associate degree programs at USD and Dakota Wesleyan. There were a total of 2,202 students enrolled in nursing programs in 2015. Of those, 1,507 were BSN, 297 ASN, and 398 LPN. There are also 704 ASN nurses and LPNs enrolled in a BSN Upward mobility program and 82 LPNs enrolled in an ASN Upward Mobility program. Seventy-two percent of the students in SD nursing programs come from in-state. Just over 86 percent of students are White, 3.3% are Native American, and 10.6% are some other race and 89% of students are female. Two-thirds of nursing graduates come from either SDSU or USD. South Dakota consistently is at or above the national pass rate the BSN NCLEX-RN® test. In 2015, the national pass rate was 84% with all but two BSN programs exceeding that rate.

- ❖ *Nursing Education – South Dakota State University College of Nursing* – Dr. Linda Herrick, Associate Dean of the SDSU College of Nursing provided an overview of the program. SDSU has program sites in Brookings (128 annual admission capacity), Rapid City (96 annual admission capacity), Sioux Falls (80 annual admission capacity), and Aberdeen (40 annual admission capacity). SDSU has three BSN programs – standard, accelerated (5 semesters in one year), and ASN to BSN. They also have a Masters in Nursing, Doctor of Nursing Practice (DNP) and Doctor of Philosophy in Nursing (Ph.D.). Students are recruited through a variety of avenues including general university recruitment (e.g., Scholars weekend, campus visits), College of Nursing-specific activities (e.g., social media, high school visits), and campus activities (e.g., Direct Admit, health camps).

There are a variety of rural practice experiences for nursing students in the hospital and clinical setting as well as community sites (e.g., schools, Hutterite colonies, camps for children with health conditions, etc.). SDSU also developed a Rural Nurse Fellowship program that adapted senior practicum experience to a rural hospital setting to strengthen partnerships with rural facilities, equip students to appreciate the complex role of rural nursing, and use technology-based learning in order to meet rural health needs. Up to 41 students participate a year. According to student feedback, some of the strengths of the Rural Nurse Fellowship include the variety of experiences, challenged to be resourceful/think outside the box, learned to be a well-rounded nurse/nurse generalist, and more hands-on. Weaknesses were low patient census as times and travel costs.

- ❖ *Nursing Education – University of South Dakota Department of Nursing* – Dr. Haifa AbouSamra, Interim Chair of the USD Department of Nursing provided an overview of the program. USD has nursing programs in Vermillion (BSN), Sioux Falls (BSN), Rapid City (BSN), Pierre (BSN starts Fall 2016/last cohort of ASN graduates Spring 2016), and Watertown (ASN) as well as an online RN-BSN program. USD has 275 long-term agreements specific to nursing with facilities statewide for undergraduate clinical experiences. Short-term agreements are negotiated as needed.

USD utilizes a variety of recruitment activities for students including work with health occupation student organizations, weekend open houses, high school career and wellness fairs, Scrubs Camps, mobile simulation demonstration, and high school student tours. Opportunities for clinical experiences in rural areas include interprofessional experiences with clinics, health systems, regional Nursing programs, and all disciplines within the USD School of Health Sciences and USD Sanford School of Medicine. USD has a USDA grant to increase distance learning at remote sites in simulation activities and classes. There is also a hybrid preceptorship available for clinical experiences in critical access hospitals using telemedicine. Other clinical experiences include immunization/health screenings, health assessments/health fairs, and quality improvement/evidence-based projects. Challenges faced with rural placements include distance/travel, costs, equitable access to clinical experiences (e.g., critical care, oncology, selected surgeries, etc.), access to ongoing education and professional development, and social limitations.

### **Public Testimony**

Brett Hoffman, SD Health Care Association (SDHCA) – SDHCA represented long-term care facilities across the state, both skilled nursing facilities and assisted living centers. Recruitment and retention of staff is an issue in both urban and rural areas but is more pronounced in rural areas. Compensation of staff is a big issue. SDHCA hosts three large conferences a year that include sessions on tools for staffing and recruitment/retention of staff. Many SDHCA members also participate in the RHFRAP program. In response to a question, Mr. Hoffman indicated that some facilities do defer admissions due to lack of available staff. Availability of certified nursing assistants (CNAs) remains a major challenge.

Deb Fischer Clemens, Avera – Of the 1,064 vacancies at Avera, 256 of those were RN/LPN (~ 171 FTEs). There are 180 CNA vacancies in Avera long term care facilities. Avera uses a lot of traveler nurses for its long term care facilities which is not sustainable for facilities. One of the things they hear most about for reasons for leaving is work-life balance and they don't want to work nights, weekends, and holidays.

Maureen Henson and Lynn Simons, Regional Health – Regional Health has approximately 200 nursing vacancies within its system. Where they get an average of 11 applicants for other vacancies, they typically only get 2-3 applicants per nursing vacancies. If a nurse stays with the system for 3 years, they are likely to become a long-term employee. However, they lose a lot of nurses in the first year. Regional indicated that they need more BSN nurses at the bedside. LPNs cannot function independently and ASN nurses are more “task oriented” and assessment skills are not as developed as a BSN.

Nick Kotzea, Sanford Health – Sanford has approximately 154 RN openings (all but 40 in Sioux Falls) and 43 LPN openings (all but in Sioux Falls). It is harder to get nurses with experience in rural areas and have to work harder to find the right people. Sanford had about 42,000 hours of contract nursing staff last year and agreed with Deb Fischer Clemens that this was not sustainable. Sanford has several programs in place to address nursing workforce. They sponsor a cohort of LPN students at Southeast Technical Institute where they will guarantee a position upon graduation in exchange for a two-year commitment. The first cohort of 13 students will graduate in Spring 2017 and another 14 students will be starting this fall. They also have a Prairie Futures program in Chamberlain and Winner to develop local nurses.

The South Dakota Association of Healthcare Organizations provided written testimony to the Oversight Committee.

#### **Committee Discussion and Direction**

The Oversight Committee discussed the need for better demand data and perhaps changes being looked at by the federal Health Resources and Services Administration will provide the data needed. The committee agreed that at this time it appears as if nursing education program capacity is sufficient but efforts need to be focused on pipeline and getting more students interested in nursing careers. There is also a need to develop more partnerships with health care facilities and nursing education programs to provide nursing students with more exposure to rural experiences and get them excited about general nursing. There was discussion about the Clinical enrichment program that provides nursing students with opportunities to practice in rural areas, including long term care facilities. The BON must approve these clinical enrichment programs and will provide more information about the programs at the September meeting. There was also discussion of how to reach out to inactive nurses.

#### **Wrap-Up**

The next meeting of the Primary Care Oversight Committee will be September 14<sup>th</sup>.