

Wisconsin Clinical Placement Summit
April 11, 2007

Summary and Next Steps

I. Summary of Proceedings

Presentations

The Summit opened with a presentation by Secretary Roberta Gassman, Department of Workforce Development (DWD), reviewing recent initiatives by the Governor and DWD to address a variety of healthcare workforce issues. JoAnne Anton, State Director, Office of Senator Herb Kohl, spoke briefly about the Senator's healthcare agenda and his support for the efforts to expand clinical placement opportunities for training programs. Nancy Sugden, Director, Wisconsin Area Health Education Center (AHEC) Program, then provided an overview of the clinical placement issue; and Ann Cook, representing the Wisconsin Center for Nursing, reviewed data on the emerging nursing workforce and nursing faculty shortage.

After a break, Summit participants heard a presentation from Cheryl Welch, Executive Director, Fox Valley Workforce Development Board, on activities of the Fox Valley Health Care Alliance (FVHCA) in developing a regional collaboration to address clinical placement issues. FVHCA also provided information on their recently completed Retirement and Departure Intentions and Staff Assessment surveys of providers in the seven county region. Norma Tirado (Wisconsin Society of HealthCare Human Resource Administrators) was scheduled to present with Cheryl, but couldn't attend due to the inclement weather.

The FVHCA presentation was followed by a presentation by Mary Lu Gerke, representing the La Crosse Medical Health Sciences Consortium (LMHSC), on efforts in the western Wisconsin region to develop a collaboration to address the shortage of clinical sites and nursing faculty for regional health professions training programs. In addition to schools and healthcare provider organizations in the region, partners include UW-Madison and Winona State (MN) nursing programs that use sites in western Wisconsin. LMHSC efforts to date include development of a regional database and assessment of capacity and demand for clinical sites, and development of on-line preceptor training. The LMHSC presentation included demonstration by Ken Graetz, E-Learning Director, Winona State University, of software to facilitate meetings at a distance over the web, to help regional groups address the challenges to collaboration posed by the time required for travel to meetings.

The morning session concluded with a presentation by Elizabeth Biel, Program Planning and Development Director, Minnesota Healthcare Education-Industry Partnership, on efforts in Minnesota to coordinate clinical placements using on-line clinical placement software developed in Oregon.

Copies of these presentations, along with other information provided in meeting packets (including maps showing location of hospitals, nursing homes, group care facilities, and nursing programs in Wisconsin) are available on the DWD website at http://dwd.wisconsin.gov/healthcare/nursing_summit/default.htm

Attendees broke into regional groups for further discussion over lunch. Following lunch, and with an eye on the rapidly worsening spring snow storm underway, the regional groups provided a very brief summary of their discussions.

Regional Discussions

Northeast (Facilitator: Marty Schaller, Northeast AHEC)

Discussion included three distinct regional groupings (Fox Valley, Green Bay and Lakeshore) and a representative from the Dept. of Corrections. The Fox Valley Health Care Alliance is well-established and leading the way on many issues discussed at the Summit. They will be sharing their methodology for workforce needs analysis with other regions. In the Green Bay area, Bellin College and Northeast

Technical College collaborate on coordination of acute care clinical placements, but compete for a limited number of public health/community clinical placements and need assistance in developing new sites. In the Lakeshore region, clinical placement does not seem to be a pressing issue at this time – FVHCA has offered their assistance to the Lakeshore Healthcare Alliance if desired.

Southeast (Facilitator: Fanaye Turner, Milwaukee AHEC)

Collaborative efforts already underway include work by the regional office of the Division of Public Health to identify training opportunities. Waukesha County Technical College (WCTC) and the Waukesha-Ozaukee-Washington (WOW) Workforce Board are collaborating on a grant-funded project to expand community based training. Discussion with academic programs and provider organizations focused on cost of managing acute care placements in many different facilities and potential for streamlining and standardizing some of this process (clinical contracts/affiliation agreements, requirements for documentation of students, standardizing forms and policies). The group was quite large and very engaged. They agreed to organize another meeting soon, facilitated by AHEC, WOW and Wisconsin Center for Nursing. The follow-up meeting was held on May 22nd.

Southcentral (Facilitator: Joel Davidson, Southwest AHEC)

Collaborative placement mechanisms are working fairly well through established relationships. Areas that need addressing include development of more capacity for facility-based preceptors, difficulty for rural hospitals with small RN staff in accommodating students, and difficulty finding adequate specialty placements. Madison Area Technical College has expressed concern about getting access to hospital acute care settings. Blackhawk Technical College noted excess capacity in their region. The group discussed the difficulties in utilizing capacity across the region, due to distance students must travel, and their work and family obligations. Also rural sites may have low patient volume, making it difficult to assure student training needs will be met.

Southwest (Facilitator: Mary Bumann, Wisconsin AHEC Program Office)

The Southwest region is organized around the La Crosse Medical Health Science Consortium (UW La Crosse, Viterbo, Western Technical College, Gundersen Lutheran and Franciscan-Skemp-Mayo). They were joined by a representative from UW-Eau Claire (with some clinical sites in the northern part of the region) for this discussion. Southwest Wisconsin Technical College, in the southern portion of the region, is not part of the LMHSC, but should be included in ongoing discussions about clinical placement in the region, as they are experiencing increasing interest in their clinical sites from training programs in the La Crosse area. The LMHSC has taken the lead in the region in addressing the clinical placement issue and has completed a survey identifying potential new sites and assessing recruitment and retention issues. The group felt rural sites in the region were providing excellent learning opportunities for students in smaller organizational settings, including opportunities to experience interdisciplinary teamwork. Effective use of lab simulation experience beforehand enhances student experience when on site. Barriers include distance costs for students in time and money, and training and rewards for on-site preceptors. Trying to develop a collaborative placement mechanism through volunteerism is not working – a different approach to training and rewarding local preceptors is needed. LMHSC will continue to lead the ongoing clinical placement collaboration in the Southwest region.

Northwest (Facilitator: Nancy Brede, Healthcare Workforce Network Director, Northwest CEP)

A small group from northwest Wisconsin represented this breakout. According to Chippewa Valley Technical College in Eau Claire, nursing clinicals are not a big problem. The more pressing need is specialty rotations such as cardiac ultrasound for technicians and renal dialysis for nursing. Currently CVTC utilizes clinical sites at Luther Hospital, Sacred Heart Hospital, and rural hospitals in Menomonie, Bloomer, and Chippewa Falls. Northwest Wisconsin does not currently face a shortage for clinical sites. Nancy Brede suggested that there may be capacity for clinical sites in northwest Wisconsin facilities. There is potential to send students for a block of time to facilities in northwest Wisconsin. This concept

would change the way current clinical rotations are set up at Technical Colleges and UW System campuses. Private colleges are currently set up for flexibility of clinical rotations and may seek out this opportunity.

Northcentral (Facilitator: Suzanne Matthew, Northern AHEC)

The Northcentral group merged with the Northwest group due to small numbers and similar issues. Because the Chippewa Valley Technical College in Eau Claire does not have a problem with nursing clinicals, it was suggested that North Central Technical College might be able to share some of their sites. This opened a long discussion about technical college regions and rules governing how they interact. It was suggested that we open dialog with the appropriate leaders in the Technical College System about how to facilitate these kinds of issues in ways that are acceptable and appropriate for all concerned. This might be a valuable issue for further discussion. Members asked if AHEC could help facilitate these kinds of discussions because of the organization's neutrality. Nancy Brede also said that she could help find training sites for NTC in northwestern WI. Issues with WITC would have to be discussed for that initiative as well. If these innovative ideas are to come to fruition, there must be a change in the way clinical rotations are setup now. Private colleges are currently set up for flexibility of clinical rotations and may seek out this opportunity. There was also a discussion about what funding is needed.

Clinical Placement Resolution

The Summit concluded with the signing of the Clinical Placement Resolution.

Wisconsin Statewide Clinical Placement Summit Resolution

WHEREAS, there is a growing demand for registered nurses in Wisconsin, predicted to be over 2,600 nurses needed each year through 2014, which will require intensive collaborative efforts to attract, educate and retain nurses in Wisconsin to meet the need as quickly as possible; and,

WHEREAS, the health care stakeholders of Wisconsin recognize an essential element of high quality health care originates with the high quality of its nursing workforce; and,

WHEREAS, the health care stakeholders of Wisconsin further recognize the quality of its nursing workforce is infinitely connected to the quality of their education which depends on both the availability and quality of their clinical experiences; and,

WHEREAS, the health care stakeholders of Wisconsin acknowledge that in order to provide these superior clinical experiences several factors must be in place to maximize every clinical placement to its fullest potential; and,

WHEREAS, the health care stakeholders of Wisconsin agree to streamline the administrative processes necessary to deliver those clinical experiences and remove any duplication and lack of full resource utilization wherever possible; and,

WHEREAS, the health care stakeholders of Wisconsin agree to continue to be flexible and collegial when entertaining new ideas and solutions and not be fixed to old models; and,

WHEREAS, the health care stakeholders of Wisconsin have taken the very important first steps by attending today's Summit and will encourage those not in attendance to join this statewide initiative.

NOW, THEREFORE, be it resolved, we the undersigned, agree to continue to work together toward solutions to the many challenges of nursing clinical placements by removing the barriers to success and implementing reasonable regional collaborations and partnerships, and do hereby proclaim this on the eleventh day of April 2007, in the State of Wisconsin.

II. Next Steps

- 1) **Support development of regional collaboration where interest and need warrant, and facilitate sharing of information between groups**
 - As these groups develop, need to assure a voice for training programs on the edge of a region, without access to large teaching hospitals, which face encroachment on their traditional arrangements with community hospitals (Concordia, Southwest Technical College).
 - Must understand that regions will not all proceed at the same pace; needs are more pressing in some areas than others; organizational approaches may differ.
 - Some schools and provider organizations will need to be represented in multiple regions.
 - DWD Health Care website can be vehicle for sharing progress of regional groups and standardized forms and documents
 - Key organizations for facilitating ongoing information sharing across regions: DWD and local workforce boards, AHEC and regional centers, Wisconsin Center for Nursing, Rural Wisconsin Health Cooperative, and the Wisconsin Hospital Association

- 2) **Develop standard forms and processes, where appropriate, for documentation of students and site affiliation agreements**
 - Build on work already done in Fox Valley by sharing this with other groups
 - Encourage groups to involve risk management and HR office representation when addressing these issues
 - Projects that might help move this process along:
 - Determine standard student data set needed for documentation to clinical sites
 - Suggest standard format for sharing curriculum/program information and expectations with clinical sites
 - Collect sampling of affiliation agreements and request legal review for development of a common form
 - Key organizations: Fox Valley Health Care Alliance, La Crosse Medical Health Science Consortium, Milwaukee/Southeast Area clinical placement group (in development)

- 3) **To facilitate optimal utilization of existing sites for core clinicals and to save administrative time, support pilot project for web-based regional scheduling of nursing clinicals**
 - Work with the La Crosse and Fox Valley groups to identify clinical placement software that will meet regional placement needs. Although region by region implementation is anticipated, selection of one software product that will meet everyone's needs will be most cost effective and efficient in terms of development time.
 - Identify a pilot site (most likely Fox Valley) for implementation and form implementation workgroup
 - Determine staff needed to implement and maintain, and the agency responsible for ongoing coordination
 - Determine cost of software (initial cost and annual fee, if any)
 - Determine staffing costs
 - Identify funding sources for software and initial implementation
 - Develop plan (perhaps based on member fee) for ongoing support for the project
 - As implementation proceeds, will need to keep in mind:
 - Importance of historical relationships between specific provider organizations and academic programs.
 - Importance of continuity in relationships between individual instructors and training sites

- 4) Share survey of healthcare provider organizations done in La Crosse region, to assist other regions in identifying potential new training sites**
 - Opportunity is greatest for new site development for precepted (1 on 1) experiences in smaller facilities and agencies: community health, community clinics
 - Home health, elder care, assisted living and family care program settings and critical access hospitals may also work for group instruction as well as 1 on 1 precepted experiences

- 5) Facilitate collaborative development of new sites and support for community-based preceptors**
 - Build on work underway with the LEAP project
 - Fox Valley Health Care Alliance is also working on preceptor development and support and can provide guidance to other groups

- 6) Continue to build awareness and support for the expansion of the number of qualified nursing instructors – on nursing school faculties and at clinical teaching sites.**
 - Build on work underway with the SWIFT and NET projects
 - A shortage of qualified instructors limits the ability of nursing programs to take additional students and fully utilize training sites

- 7) Work with Select Committee to address need for adequate workforce data and ongoing analysis to inform decisions about program expansion.**
 - What is the nursing workforce number and mix (ADN, BSN, NP, etc.) needed in Wisconsin?
 - Will current programs be able to meet the anticipated need?
 - We need comprehensive data about the health care workforce, both statewide, and for different regions within the state. Two types of surveys are needed: 1). the projected departure and/or retirement intentions of all health care employees and 2). the demographics/characteristics of all health care workers, the types of positions they hold and the anticipated staffing levels needs of the health care providers in the next five years.
 - To get a complete picture of nurses in the state, we need to consider the following:
 - Nurses work in many different industries and business – not just health care providers
 - Nurse educators need to be part of the data collection effort
 - Nurses may be licensed but not be in the current workforce
 - Nurses may live in WI, be licensed in WI, but not work in WI
 - Nurses may live in one region and work in another region
 - Nurses may work for multiple employers
 - Nurses may work for multiple employers
 - Nurses may work for temporary agencies
 - Nurses are self-employed and hold individual provider numbers from Medicaid
 - Nurses may be licensed as both RN and LPN