

**WCN Board of Directors Meeting**  
**Friday, February 25, 2022 (9:30 am to 1:30 pm)**  
**Washington Center for Nursing Office**  
**Minutes**

Present: Michelle James, Steven Simpkins, Edna Cortez, Katie Eilers, David Keepnews, Antwinett O. Lee, Jamie Shirley, Diane Sosne

Staff: Sofia Aragon, Brenda Little, Theresa Berry, Frank Kohel, Angelina Flores-Montoya, Patricia Moulton

Guests: Paula Meyer, Matthew Clark, Lascelle Grizzle

Excused: Melissa Hutchinson, Tim Bock, Lena Hristova, Mender Misghina,

<b>Topics</b>	<b>Discussion</b>	<b>Action Needed</b>
Call to order	Michelle James called the meeting to order at 9:34 am.	
Welcome & Agenda Review	Michelle welcomed the participants. After introductions, she reviewed the agenda and asked if there were any changes. Sofia noted that if the demand report goes long, we will table her report and send her report to members after the meeting. No other changes suggested.	
Consent Agenda	Michelle reviewed the consent agenda for members. She then asked if there were any changes or questions about the documents in the Consent Agenda. She noted the WCN Finance Committee had reviewed the financial documents in their meeting and agreed to send the Consent Agenda to the WCN Board of Directors approval.  With no changes suggested, Jamie Shirley moved; Steven Simpkins seconded the motion to approve the Consent Agenda. Unanimous approval.  Theresa noted we need to make a motion to finalize the process to add Steven to the checking account.	Jamie Shirley moved; Steven Simpkins seconded the motion to approve the Consent Agenda. Unanimous approval.  Diane Sosne moved to approve WCN: Treasurer, Steven Simpkins as a signer on the Home Street

	<p>Diane Sosne moved to approve WCN: Treasurer, Steven Simpkins as a signer on the Home Street Bank Acct ending 9080, effective Feb 25, 2022, Antwinett O. Lee seconded the motion. Unanimous approval.</p> <p>Antwinett showed a gift for a Fulbright scholar from Tanzania. Short discussion on Tanzania and Diane's work there.</p>	<p>Bank Acct ending 9080, effective Feb 25, 2022, Antwinett O. Lee seconded the motion. Unanimous approval.</p>
<p>Preliminary Review of the WCN Nursing Education Trend Data Report</p>	<p>Angelina presented highlights of the WCN Nursing Education Trend Data Report. The best way to send your feedback is through the Survey Monkey link. Reminder this a draft, not a final report.</p> <p><b><u>Summary of Key Findings</u></b></p> <p><b><u>Pre-Licensure Programs (PN, ADN-RN, BSN) from 2014 to 2020 academic years:</u></b></p> <ul style="list-style-type: none"> <li>• 54% decline in the number of students admitted into PN programs</li> <li>• The acceptance rate for qualified applicants ADN-RN (43%) and BSN applicants (65%)</li> <li>• Average of 3,200 qualified RN applicants turned away each year from RN programs</li> <li>• 22% increase in ethnic/minorities and 14% increase in males for pre-licensure students</li> <li>• Decrease in attrition rates across programs PN attrition rate (53% decline); ADN-RN rates decreasing 42%, and BSN attrition decreasing 54%</li> <li>• Average of 2,600 initial licensure RN graduates every year from RN programs</li> </ul> <p><b><u>Post-licensure Programs (RNB, MN, Doctoral) 2014-2020 academic years:</u></b></p> <ul style="list-style-type: none"> <li>• New programs added from 2014 to 2020: 9 RNB programs, 6 master's (non-ARNP), and 3 DNP programs added</li> <li>• The number of RNB students admitted more than doubled from 620 to 1253 students</li> <li>• Average of 225 students admitted every year into MN-ARNP programs with an average acceptance rate of 50%</li> <li>• DNP programs: admissions increased 49% from 2015-2020; an average of 410 students admitted every year and an average acceptance rate of 65% for students who met program requirements</li> <li>• ARNP specialties: largest specialty is family practice with an average of 670 students enrolled every year; 24% increase in mental health specialty and a 300% increased enrollment in gerontology specialty in recent three years</li> <li>• The number of RNB graduates increased 68% from 2015 to the 2020 year</li> </ul>	

- The number of DNP graduates more than doubled from 2015 to 2020 (from 121 to 351 graduates)

**Nurse faculty data 2014-2020 academic years:**

- More part-time faculty (724 average) compared with full-time faculty (610 average)
- The majority of full-time faculty have either a master's degree (50%) or a PhD in nursing (32%) as their highest level of education; an average of 50% of full-time faculty have a doctorate with a 31% increase in doctorate prepared faculty from 2014 to 2020
- Faculty salary for a 9-month contract at a university decreased 13% over six years while the 9-month salary for a community college faculty increased 48% during the same time
- The majority of full-time faculty are younger than 50 years old (55%); 18% of full-time faculty are older than 61-65 years; 10% of full-time faculty are older than 66 years
- Washington has a higher average faculty vacancy rate (13%) compared with national faculty vacancy rates (8%) over the last 3 years
- The most critical issue regarding faculty recruitment was noncompetitive salaries (42%)

Applicants were the first section. Note, we do not know the number of students that applied more than once, it might overinflate the numbers. Nursing schools are competitive, and this means we might not be turning away as many students. Is 40% because of the number of slots? It is an assumption, but we don't have the data on the number of slots. Student Diversity is 52% Caucasian while noting an increase in minorities over the years.

Discussion on attrition rates. Steven noted on his school having a 150% attrition rate. He noted students are allowed to step away and then come back once. Antwinett agreed and the pandemic made it more challenging. Does it capture the first year of the pandemic? Maybe the spring of 2020, not the later half. Data about how many apply vs how many turns away, noted they can take classes again and then reapply. Discussion on topic followed. 81,000 applicants are reported turned away nationally. What type of data would we need, is it the right demand data? And we don't have national data to compare? Pre licensure seems to be where the bottleneck it.

Post Licensure applicants have a much higher acceptance rate. Noted the specialties ARNP students choose. Note of the movement of postgraduate find decrease in masters programs and students are moving to DNP/PhD programs instead. Do we have national

Sofia to reach out to the National Forum for possible national

	<p>data? Sofia can ask the National Forum. Programs were recommended to make this move but are not required. There are programs that have made that move. Discussion on the topic.</p> <p>Data on PhD program, it is broken out in the report. Often, we found it combined with the DNP programs because of the small numbers. Are they stable or have they declined? They have declined. Noted the push for DNP has caused this decline and this could be an issue. Sofia noted the ethnicity is moving closer to the national census. Could you say more about the decline in the PhD programs? With the rise of the DNP programs, in the past you could only get a PhD and it was clinically focused and changed practice over time. DNP focus doesn't not prepare researchers and scholars. DNP is more about practice, but we need PhD nurses as well. We aren't helping students. Nurses aren't able to move forward the science of nursing. DNP students are looking to be nurse practitioners.</p> <p>Why do university faculty is declining? Antwinett speculated that with COVID, and student enrollment affected the numbers. Jamie noted salaries have been stagnant at best over the last five years. There has been some retirement that have been higher salaries. Noted the CTC faculty are unionized, and University faculty are not. Discussion on salaries. Angelina noted there is more information in the demand data reported later today.</p> <p>Vacancies Rate noted higher than the national average. We are double the national average. The pandemic will exacerbate the problem. In Yakima SEIU is negotiating at \$5 per hour increase.</p> <p>Discussion: What stands out for you in the report? Any contradictions from existing knowledge? Lots of great data and a great baseline. Congratulations to Angelina, great job! Biggest takeaway, it would be one thing if no one was applying into nursing school, but we have the pool of applicants. We need to increase the pipeline, especially for BIPOC students. How do we get students through nursing programs? Noted acceleration programs. Noted shortage due to pandemic and those that will be retiring. How can we be an incubator and think tank for creating ideas to add in significant ways to add nurses? Antwinett noted the diversity in the report. CTC submit that information and it is hard to get the data and she knows a lot of work goes into getting that data. Her faculty is not diverse, she was asked by her administration to create a plan to increase diversity</p>	<p>data on PhD/DNP Programs.</p> <p>Congratulations to Angelina on the great work!</p>
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	<p>of the faculty. Kudos and respect for all the work on this report. Steven noted the difficulty in getting this information, he noted it is always asked in a different way. Noted the challenges when you have more than one program. Angelina noted the information, data entry errors, lots of missing data and gaps, but was a challenge. We took out the data entry errors, but it gives us a baseline.</p> <p>Next Steps Potential Future Studies – The plan is to share this report publicly by mid-April. Noted thoughts on impact of COVID during the nursing program. And we would want the future studies to line up with our strategic plan. This information is from NCQAC, and it is compliant based. How do we partner with NCQAC to have consistency of the data? What can WCN provide and what can NCQAC do? Steven noted he does three surveys like this every year and originally, he just guessed at first before he found how to get the data from his school. Program Managers usually do this kind of work and Bellevue College didn't have one yet.</p> <p>For years in bedside nursing in hospital, the nurses complain about the charting processes. One of the federal groups is moving to simplify paperwork/charting/forms. We should make a recommendation to these various groups requiring data, it's not like faculty have all this extra time. Talk with Sue Hassmiller, have her speak to the board. She could be a resource for strategy to streamline these reports. Diane is glad to reach out to her about this idea. There should be a crosswalk between the surveys and throw out the duplication - NLN, CCNE and NCQAC reports. Steven noted even a small change requires reports to two different groups.</p>	<p>Talk with Sue Hassmiller about having her speak to the board. She could be a resource for strategy to streamline the data reports. Diane is glad to reach out to her about this idea.</p>
<p>NCQAC Touch Base</p>	<p>Paula began with the current legislative session and the budget for NCQAC. They presented two decision packages, nurse licensing and long-term care, both are in all three budgets and waiting for signature. Budget proviso addresses the need for enough staff to turn license renewal within seven days, looking for full time appropriation. Last week at NCQAC had a 9-day turnaround and before that a 10-day turnaround. NCQAC is looking to include more staff as it grows. Long term care apprenticeship program is getting launched. The Workforce Board is working on a program from Massachusetts to recruit and retain nurses. The Governor's office has preceptor grants to be funded through state fund dollars and has gone through. The next step is how to get money directly to the preceptors directly and explored the Premera grant.</p>	

The CNA training program has begun with one program with one east side and one west side hospitals. They are working with those hospitals to put the program in place with general funds. Two people as contractors to get in place.

NCQAC is currently conducting workshops on fee increase. Their revenue is currently higher than we expected, March 11<sup>th</sup> will look at fee increases, lower than originally projected.

Faculty loan repayment didn't get funding in all budgets. Looking to have the definition of nursing faculty to include administration as well. Lots of dollars in simulation this year, need more prepared faculty, looking to find a way to include the faculty besides equipment.

Four seats open at the end of June on the Nursing Commission. Please let Paula know if you have anyone you think would be a good candidate. LPN role needed. Dawn Morell is finishing first term and she can re-apply. Tiffany Randich is finishing her first term. Helen Myrick is seeking reappointment as well. They need a public member as well. Candidates can't have a financial interest in health care organization. Submit application by March 31<sup>st</sup>. More vetting will be part of the process.

What are you referring to for CNA? NA in rural hospitals to become a certified nursing assistant. We want to be supporting their progression and make room in the RN pool, increase the interest. We will need more slots for these staff to be able to move forward into RN/BSN. SEIU has funded cohorts through training schools for SEIU members.

Discussion about surveys programs have to fill out. Possible crosswalk with the surveys to cut the time for administrators. NCSBN and NCQAC have combined and that helps a bit. Noted that sometimes a new question is added and adds to the length of some of these surveys. NCQAC has asked for a data analyst. So, who is going to take that on? Where do those conversations go? What do we need to do to make it actionable? Sofia noted the HELMS workgroup and the different players at the table as an example and the different requirements needed by the players. What do you really need, what do you really want to know? A combination of experts.

Any other questions? Appreciate Paula for joining the meeting.

Break	Break at 11:35 am. Return at 11:50 am.	
Preliminary Review of the WCN Nursing Demand Data Report	<p>Patricia introduced herself and noted she is director of the North Dakota Office of Nursing and the National Forum. We are doing three reports with several levels of stakeholder review before publication. Get Introduction. Lots of gaps in the demand data, two primary sources used. 8 provider types. This report features demand and employment data from two primary sources. This report was designed to pull together available nursing workforce demand data to determine 1) what information is already available 2) identify gaps for future demand research at the Washington Center for Nursing. This report has been informed by a survey of nursing workforce stakeholders in the Spring of 2021.</p> <p>The first is the Washington Economic Security Department that is paired with national data information from the United States Bureau of Labor Statistics. This data includes wage trends, employment projections, job openings and where available job postings. More information about this data source including limitations is available in the appendix of this report.</p> <p>The second data source is Washington's Health Workforce Sentinel Network. This is an initiative of Washington's Health Workforce Council conducted collaboratively by Washington's Workforce Board and the University of Washington Center for Health Workforce Studies.</p> <p>This report is organized into eight sections by provider type:</p> <ul style="list-style-type: none"> <li>• Home Health and Personal Care Aides</li> <li>• Nursing Assistants</li> <li>• Licensed Practical Nurses</li> <li>• Registered Nurses</li> <li>• Nurse Practitioner</li> <li>• Nurse Anesthetist</li> <li>• Nurse Midwife</li> <li>• Nurse Faculty</li> </ul> <p>Patricia noted the LPN data is from two years of job posting data. Can we tell nurses leaving practice? It was not in this data. Burnout wasn't in the supply data, but it shows in the numbers, and we might see some trends there. Also noted the LPNs that have</p>	

	<p>moved onto an RN/BSN. Registered Nurses data noted the long vacancies. Is there a definition of long vacancy, no. Smaller hospitals only reported at 50%. Nurse Practitioners just started to increase above the national average. Isn't Lewiston/Clarkson in Idaho? It was from state data identified as a region. Nurse Anesthetists are not noted in the Sentinel Network Data. Nursing faculty is not broken out by CTC vs University in the data. This is all nursing faculty, no distinction. We can compare nursing faculty against other faculty in the school.</p> <p>Stakeholder feedback is what we asked for, what we have and what we might want to ask for in the future. No diversity in this data. Patricia spoke to attempting this in North Dakota and employers didn't like answering these questions. They didn't want to talk about it. She walked the group through the differences.</p> <p>Feedback? The notation may be Lewis and Clark County instead of Lewiston and Clarkston in viewing the map. Patricia will look it up. What should nurse workforce data can be collected in demand information. National Forum has a minimum data set recommended. She walked the group through the recommendations. Very hard and expensive to collect. About 13 states are collecting this data on a consistent basis. Matthew asked how about different faculty and how they are funded? Higher tuition fees, higher costs. How are they getting funding for the program? English and sciences are basics that feed all programs. Patricia noted some of these programs aren't at all schools and that can change the numbers of salaries. Can there be grants or donors? Usually, it goes to support students and equipment. Lobbying, there was success for CTC programs. There have been attempts to do the same for universities, but there was not traction this session. Does the wage scale breakout full time vs part time? No. The education report does break out nine months vs twelve months. Washington doesn't break out the chair. ADN has books for salaries. How would we use this information? Policy recommendations for Loan Repayment? Anything policy wise. Patricia has had North Dakota people ask about what are the correct salaries for a job opening.</p> <p>Angelina noted all members have the links to the reports and the survey monkey links to provide feedback. We will be working on how to post this, a dashboard a facts sheet, ways to use the information. ADN students, Lascelle noted students he knows that get a job with a hospital that students have to sign a contract to get their RN to BSN license within two years. Antwinett and Steven spoke to pathways at their schools for RN to BSN. Diane noted that is subject for bargaining at hospitals that are unionized. During</p>	<p>Patricia will look up the Lewiston/Clarkston notation to verify.</p>
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	<p>the pandemic, this clause wasn't being enforced. SEIU helps at their hospitals with a training funds. Several different plans from three to five years. They should contact the union at that hospital.</p> <p>Patricia spoke about federal funding for workforce centers across the states. They are trying to find a Republican co-lead to introduce the bill. Washington would be able to apply for a grant through HRSA and there are no matching funds but are asking for \$400,000 per year for each center and \$300,000 for the National Forum. There are currently 39 centers in the National Forum. The ask is for funding for 50 states. You'd have to apply for these funds, and it is project based. Would it be competitive bidding? Probably would be. Yes, other groups would be competitive. Discussion.</p>	
<p>Executive Director Update</p>	<p>Sofia reported that Niki Pavlicek is no longer our contract manager at DOH and Shannon Walker is her temporary replacement as our contract manager. We need to make a few changes to our statement of work, and we have reached out to the new person about changes.</p> <p>Sofia showed a revised version of our new strategic plan. She walked the group through the document, our Vision, our Obstacles, and our Strategic Directions. Does this resonate with everyone? Please send Sofia comments. This document shows where we are currently. Una had us map out our ideas where we are and walked the group through the document. Diane gave some feedback. Should WCN engage with nurse retention or staffing. Is there a document out of the retreat? Sofia to share the document with Diane from Stephanie Ostrowski about job burnout and retention. Diane noted a faculty member from Columbia University working on the issue. HILT had a burnout presentation that was outstanding. It was suggested we see the wording from that document before we send it out to make sure it is within our workplan and vision. Brenda has a link to the flyer of the first HILT presentation. Please share with the group.</p> <p>Assistance to the Critical Gaps Workgroups – We have been working with them on a goal for diversity as part of their workplans. NCQAC has been engaged in this work and is looking at the barriers. She noted some pushback from some groups on wanting for focus on their individual workgroups. Easy summaries would be great.</p>	<p>Send the link for the HILT Presentation to the WCN Board Members.</p>
<p>Board Member Check-In</p>	<p>Diane noted the nomination of the first female African American nominee to the Supreme Court today.</p>	

Meeting Evaluation	Antwinett spoke about the challenges on the Bellevue Campus for this month.	
Next Meeting	Adjourn 1:33 pm. The next WCN Board of Directors Meeting is the Annual Retreat on June 17, 2022, from 8:30 am to 4:30 pm. Location TBD.	

Submitted by: Frank Kohel

Approved: