

UTAH MEDICAL EDUCATION COUNCIL

Meeting Minutes

October 7, 2015

Held 12:00 p.m. UMEC offices

Council Members Present:

Wayne Samuelson (Chairman)
Mark Hiatt
Sue Wilkey (by phone)
Doug Smith

Council Members Excused:

John Berneike
Mary Williams
Larry Reimer
Gar Elison

Other Individuals Present:

Staff Present:

Ric Campbell	Jenna Christensen
Julie Olson	Clark Ruttinger
Jaron Halford	Andrew Salt

Motions:

- The May 28, 2015 meeting minutes were approved unanimously.

Handouts:

- Agenda for 10-7-2015 Meeting
- Minutes of the 5-28-15 Meeting
- PA Workforce Report
- Demand for Nurses in Utah – The Survey of Utah’s Nurse Employers
- Nursing Education in Utah: A Summary of Utah’s Nurse Training Program Capacity

1. Call to order and approval of 5-28-15 minutes – Wayne

The 5-28-15 minutes were approved unanimously.

2. Physician Assistant Report - Jenna

Jenna reviewed the findings and recommendations from the recent Physician Assistant Report. (A copy of her presentation is available upon request). The draft report had previously been emailed to Council members. The discrepancy in Hispanic representation in the PA workforce was noted. The following policy recommendations were made:

- Promote a more diverse workforce.** Only 7.8% of the PA population in Utah identified as a racial or ethnic minority, compared to 21.8% of the general Utah population. The PA profession lags far behind the comparable APRN profession in Utah, which had 16% of its workforce identify as a racial or ethnic minority in 2013.
- Continue to strengthen the rural workforce.** While the percentage of PAs choosing to work in rural settings has decreased slightly, the number in the rural workforce has gone up. However, the ratio of 30 rural PAs per 100,000 is still lower than urban populations at 34 PAs per 100,000.
- Enhance data collection** through demand surveys, incorporating the survey into the licensing process, develop and maintain a database of Utah residents who move out of state to attend a PA program, and monitor the retention rate of RMUPAP graduates.
- Revise Utah’s Physician Assistant Practice Act.** While Utah’s PA scope of practice laws are more flexible than many other states, improvements can be made by allowing practice sites to

determine supervision ratios. Currently, practices can apply for a supervision ratio larger than 4 FTEs per 1 physician with extenuating circumstances.

Dr. Samuelson suggested that organizations need to do some strategic planning in order to recruit and direct minority populations into higher level medical professions.

3. **Nursing Demand Report – Jaron**

Jaron presented on his findings and recommendations on the Demand for Nurses in Utah – The Survey of Utah’s Nurse Employers. This report is a new way at looking at what the needs are in the nursing workforce.

- UMEC sought to understand the current “active capacity” (i.e. how many nursing FTEs are being employed to treat Utahns) as well as the “total available capacity” (i.e. is there room for growth – vacancies or new positions).
- Only about 20 states are collecting some form of demand data.
- Utah’s respondent list and survey is very robust compared to demand data that other states are collecting.

Findings:

- Report helps us to understand the “**make-up**” of facilities (i.e. which nursing types are utilized in which settings, and what type of work is used – full-time or part-time).
- Report helps to understand the “**turn-over**” rate of each nursing profession within each facility type. This helps us to gauge the “**workforce churn**” across the nursing professions and within each nursing profession.
- Report can be aligned with the **educational and supply stream** of nurses in the state to make sure that specific nurse types are sufficiently trained for the facility types that they will likely be working in.
- This report requires surveying organizations that hire healthcare professionals outside of the nursing profession. There is potential to capitalize on organizational connections to complete other workforce surveys.
- EX: Physician demand surveys sent out every three years

Dr. Samuelson commented on how important it is to get out in front - using this innovative approach. We can eliminate the noise from other surveys that cloud the issue by identifying information the really matters, and then use it correctly.

4. **Nursing Education Report – Clark**

Clark presented on his Nursing Education in Utah: A Summary of Utah’s Nurse Training Program Capacity. (The presentation is available on request). The report (previously emailed) addresses two Institute of Medicine goals: (1) 80% of all RNs in the country being prepared with a bachelor’s degree by the year 2020, and (2) Double the number of nurses with a doctorate by 2020.

The Utah Medical Education Council is now Utah’s Nursing Workforce Information Center. As such, they were able to get data from 17 of the 20 RN Education Programs from the state.

Dr. Samuelson commented on the nursing faculty at the U that teach and participate in no clinical setting and faculty that only participate in a clinical setting and do not teach. This situation seems to add to the problem of replacing teaching faculty when they retire. Salaries for faculty are also lower than that of a practicing nurse.

Future Survey Recommendations - ask about:

Challenges to Expansion

Classroom Space/Facilities

Clinical Placement Sites

Break down faculty questions by program type.

Break down more questions by gender.

Revise questions about budgets.

Importance of full participation to make comparisons over time.

Final discussion of nursing reports:

Dr. Smith commented that the demand study will need to account for the demand for nurses serving in non-clinical positions. Clark said that a different survey could be targeted to individuals in that situation, who are working in “other” settings, rather than to employers. Dr. Samuelson also mentioned the need to look at whether a nursing MBA training track should be created. A careful look at the information of these surveys can give direction on how to be prepared in the future with the appropriate of clinical and non-clinical nurses in the state.