LOUISIANA STATE BOARD OF NURSING 17373 PERKINS ROAD BATON ROUGE, LA 70810

CLINICAL AVAILABILITY AND CAPACITY TASK FORCE MINUTES OF MAY 24, 2017

Presiding: Teresita McNabb, LSBN Board Vice President Participants: Dr. Laura Bonanno, LSBN Board President

Dr. Cynthia Bienemy, Director, Louisiana Center for Nursing Dr. Patricia Dufrene, LSBN Director of Education/Licensure

Christin Accardo, RN Compliance Officer, LSBN Dept. of Education/Licensure Tarneisha Scott, Administrative Assistant to LSBN Director of Education/Licensure

Absent: Dr. Karen Lyon, LSBN Executive Director

Start Time: 9:21 AM End Time: 10:50 AM

Agenda Item	Discussion/Recommendations	Follow-up/Attachments
1. Call to Order	The meeting of the Clinical Availability and Capacity Task Force	
	was called to order by Teresita McNabb, Chairman, on May 24, 2017	
	at the Louisiana State Board of Nursing located at 17373 Perkins	
	Road, Baton Rouge, LA 70810.	
2. Introduction of Taskforce	Task Force members introduced.	
Members		
3. Taskforce Development and	T. McNabb began the discussion by giving a history of the concerns	
Charge	from Louisiana schools of nursing regarding out-of-state schools	
	requesting permission to begin a program in the state of Louisiana.	
	She noted that the concern has centered on the availability of clinical	
	sites and whether the Board is caring for the current programs	
	established within the state.	
	T. McNabb noted that the charge to develop a task force was initiated	
	by the Board when Chamberlain College of Nursing came forth to	

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	begin a program in the greater New Orleans area under the Ochsner	
	Healthcare System, which is a major clinical site for schools of	
	nursing in the state. The concern was whether Ochsner had the	
	capacity to meet the needs of those current Louisiana nursing	
	programs, which noted in their survey forms given by the Chamberlain College of Nursing, that the program could pose a	
	negative impact on their programs.	
	negative impact on their programs.	
	T. McNabb noted that the impact statements make chief nursing	
	administrators of Louisiana-based nursing education programs feel	
	that the Board is not hearing their concern when they have noted that	
	the program could pose a negative impact.	
	Therefore, the charge is to access the clinical sites available and	
	compare it to those colleges and universities that have requested	
	current continuation of their clinical sites as well as those with new	
	programs that are requesting the use of clinical sites.	
	T. McNabb asked all Task Force members to express their	
	understanding of the purpose of the creation of the Task Force.	
	Discussion ensued.	
	P. Dufrene noted that the task force needed to also look at the	
	availability of qualified preceptors.	
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	L. Bonanno added that the taskforce need to review the current model	
	of the impact forms and take into account the impact that proposed	
	new programs have on existing Louisiana programs. What can the	
	Board do with the information when the entering program meets criteria?	
	cinena?	
	P. Dufrene gave a history of the impact form. She noted that the	
	form was created when the Board started to bring a plethora of	
	graduate programs into compliance. New proposed programs are	

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	required to notify current Louisiana programs of their intent to seek approval. The existing Louisiana nursing programs expressed concerns about using their own letterhead to express the impact of new programs. The Louisiana nursing programs requested that the Board produce a "checklist" for those schools of nursing to send for input.	
	C. Bienemy noted that she was not completely clear as to the charge of the task force. Will the Task Force be assessing the issues related to clinical capacity for nursing programs in Louisiana or will we develop a plan to address clinical capacity for pre-RN and APRN programs in Louisiana? However, she suggested that the Task Force may want to assess issues related to clinical capacity in Louisiana, research what other states have done, and develop recommendations to increase clinical capacity, many of which may fall outside the role of the Task Force and will require collaborative efforts between the Deans and Directors of the Schools of Nursing and the Chief Nursing Officers for the various health care facilities (clinical sites). She also suggested reviewing the impact form and looking at the need for preceptors for both pre-RN and APRN students in Louisiana. C. Accardo, a LSBN staff member and adjunct faculty with Our Lady of the Lake College, agreed with input from other task force members and noted that clinical placement was also impacted by the level of progression in clinical courses.	
	More discussion ensued.	
	As a result of the discussion, T. McNabb suggested that the following items be addressed by the Task Force:	
	 Current Clinical Sites Current # of Preceptors Evaluation of the Impact Form If a School meets criteria, what can the Louisiana State Board of 	

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4. Current Education Capacity	Nursing do legally? 5. New Checklist? 6. Flush out issues with clinical sites C. Bienemy provided the following documents to the Task Force	Clinical Placement Capacity
in Louisiana	with discussion:	Report
	 Pipeline for RNs in Louisiana. Document gives a brief overview of nursing education. Pre-RN Licensure Programs in Louisiana 2016 Applicants and Admissions to Pre-RN Licensure Programs in Louisiana (2011-2015) Three Major Reasons Why Qualified Applicants are not Admitted to Pre-RN Licensure Programs in LA Qualified Applicants Admitted to Pre-RN Licensure Programs According to Program Type (2012-2016) Enrollment in Clinical Courses in Pre-RN Licensure Programs in Louisiana Racial Distribution of Students Enrolled in Pre-RN Licensure Programs in Louisiana Gender Distribution of Students Enrolled in Pre-RN Licensure Programs in Louisiana Graduates from Pre-RN Licensure Programs in LA Graduates from Pre-RN Licensure Programs According to Program Type in Louisiana RN to BSN Enrollment and Graduates (LA Programs) Enrollment in APRN Programs in Louisiana According to Role Graduates from APRN Programs in Louisiana According to Role RN Nursing Workforce Reports in Louisiana Nursing Education Capacity in Louisiana – Executive Summary. C. Bienemy noted that there was a significant decrease in the number of preceptors in 2015 as compared to the previous years. The following was an insert giving reasons for this decrease: 	White Paper: The Impact of Limited Clinical Sites on Pre- licensure Nursing Education Programs Pipeline for RNs in Louisiana Pre-RN and APRN Nursing Programs — 2016 Education Capacity Data Executive Summary - LSBN Nurse Education Capacity Report

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	Due to the limited number of clinical preceptors available to students in the fourth level, one of Louisiana's largest AD programs eliminated the clinical practicum course which was centered around one-on-one preceptorship experiences and increased the number of clinical hours in their senior level nursing course which contributed significantly to the 68% decrease in the number of preceptors used by Louisiana's AD programs in 2015-2016 (41 preceptors in 2016; 127 preceptors in 2015 for AD programs).	
	Discussion ensued concerning preceptors.	
	3. Maps of Schools . Map of schools separated into 8 regions in Louisiana.	
5. Current clinical placement	P. Dufrene discussed the disconnect between schools of nursing and	
needs/utilization in Louisiana	clinical agencies regarding the available clinical slots. The open slots	
hospitals	at clinical agencies often did not match the learners need or the	
	current schedule of the program for clinical dates and times required.	LACANE 1 '44 4'
6. Report from LACANE	P. Dufrene presented the following key points from the April 13,	LACANE subcommittee meeting
Subcommittee Meeting with LHA President and CEO, Paul Salles	2017 LACANE meeting regarding the LACANE subcommittee formed with Louisiana Hospital Association's President and CEO,	minutes/agenda
Fresident and CEO, Faul Sanes	Paul Salles, on January 19, 2017:	
	LACANE discussed:	
	1. Common goals between Louisiana nursing programs	
	2. The need for expansion of Louisiana nursing programs	
	3. Current obstacles to expansion	
	The state budget impact	
	Hospital clinical teaching learning space	
	4. Nursing Education: the needs and goals to determine hospital	
	educational capacity (Amount of clinical spots available)	

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	Mr. Salles discussed:	
	 Louisiana hospital needs and goals Post-Graduate retention issues in hospitals 	
7. New program impact/concerns identified	P. Dufrene reiterated the history of the impact form and noted the challenges she faces when presenting a program to the Board which meets all criteria but has negative impact forms from competitive nursing programs already in the state.	
	Discussion ensued.	
8. Identification of additional Taskforce members	Taskforce members agreed to invite LACANE (Dana Clawson, LACANE Chair) and Mr. Salles to next Task Force meeting.	
	Task Force members agreed to have an additional meeting with graduate level stakeholders following the next meeting.	
9. Wrap-Up and Next Steps	T. Scott agreed to upload the following documents to Confluence – Wiki for Task Force members to view:	
	Impact Forms Annual Report Minutes from LACANE New Impact Task Force Report	
	LCN Documents Minutes	
10. Next Meeting	Taskforce agreed to meet late June/early July. P. Dufrene agreed to contact Dr. Clawson and Mr. Salles with their dates	
11. Adjourn	Meeting adjourned at 10:50 am.	

Notes Transcribed by: <u>Tarneisha Scott</u>	Date: May 31, 2017
Approved by:	Date: