



**RURAL HEALTH LEADERS CONFERENCE**

# Building a Strong Future for Nursing in South Dakota – Starting Now

**JULY 12-13, 2022**

# Introduction

South Dakota, as well as the rest of the United States and neighboring countries, are facing a significant nurse shortage. Some projections indicate that by 2025, the United States will be short 450,000 nurses. Other sectors outside health care are also experiencing shortages in skilled employees, which means there is growing competition for the attention of middle and high school students for career consideration.

To address this concern, the South Dakota Association of Healthcare Organization (SDAHO) hosted a Rural Health Leaders conference in Fort Pierre, South Dakota on July 12th and 13th, 2022. In addition to presentations by several speakers, the conference included a World Café the afternoon of the 12th and a modified Open Space the morning of the 13th.

The theme of the World Café was Building a Strong Future for Nursing in South Dakota - Starting Now. Three rounds of table discussion were held. Each round explored a different question and each question built upon the previous ones. Round 1 explored "What can we do now to enhance patient care delivery?". Round 2 explored "What bold steps can we imagine taking to create a strong future for the nursing profession in South Dakota?". And Round 3 asked "What actions can we begin now to bring the ideas alive?".

At the end of each Round the small groups at the tables were asked to identify three key ideas from their conversations they would like to share with the larger group. Each table then reported out to the group one of the three key ideas and then came back together in the larger group to share key insights from their discussions.

Each of the rounds had strong themes show up and several similar themes showed up across all three rounds. Within this document is a summary of the major themes from each of the three conversations and a review of themes that showed up multiple times.

## World Cafe Questions

1. What can we do now to enhance patient care delivery?
2. What bold steps can we imagine taking to create a strong future for the nursing profession in South Dakota?
3. What actions can we begin now to bring the ideas alive?

# Question 1: What can we do now to enhance patient care delivery?

## 1. Patient Centered Approach

- Patient education – focus on prevention & chronic care management
- Public image of nursing during COVID-19
- Hospitality: patient survey at discharge
- Adapt to convenience that patients expect
- Simplify pre-authorization process
- Have a patient centered care approach = experience
- Customer service

## 2. Employee Retention

- Enhance recruitment strategies – mitigate travelers
- Enhance retention strategies = keep staff – provide opportunities for growth – C.N.A training – optimize education at all levels
- Retention of employees
- Culture
- Adequate staffing at all levels to provide safe patient care
- Increase pay to match what the (nurses) are worth

## 3. Types/Models of Care

- Nursing exchange program
- Encourage and support preventative care
- Community health worker/navigator concept
- Patient centered care over all of healthcare – CAH
- Proactive care – collaborative care – integrated care
- Cutting red tape
- Improve efficiency & bottle necks
- Flexible delivery models
- Thinking outside the box: different processes, people, skills, technology – without watering down the profession of nursing
- Be comfortable being uncomfortable

## 4. Nursing Education

- Resources, education & expertise
- Mentorship
- CEUs for RNs – TNCC for ER coverage
- Universal credentialing
- Invest in training & growing your own employees & leverage strategies
- Staff & patient education
- Cross-training current employees
- Provide support for the smaller Tech Schools in the State (training materials/equipment)
- Patient & staff education – more is expected of them

## 5. Scope of Practice/Responsibilities

- Caregivers utilize staff in key positions (scope of practice)
- Scope of practice (LPN vs. RN) test up opportunity based on years of experience
- Evaluate & redistribute RN responsibilities to other qualified medical personnel with proper supervision
- Care delivery model – using all roles to the fullest capacity – RN, LPN, UAP, etc.
- Practicing at top of scope
- Continuity of care – travel nurses

## 6. Well-being & Mental Health

- Identify resources for mental health needs for patients – assess needs
- Retain the experience by promoting benefits & work/life balance
- Re-imagine care to be flexible so we can be flexible with our caregivers – without watering down the profession of nursing
- Promote caregiver well-being
- Taking care of caregivers
- Promote well-being for nursing teams
- Employee well-being – focus on mental health & employee emotional health – recharge room – training/EAP services

## 7. Telemedicine & Technology

- EMR integration statewide
- Use technology to improve care – communication
- Telemedicine – telehealth
- Telemedicine – cost & access

# Themes

## Question 2: What bold steps can we imagine taking to create a strong future for the nursing profession in South Dakota?

### 1. Nursing Education

- Mentorship programs
- Remove barriers to achieving professional degrees – tuition/time
- Scholarships/loan repayment/loan forgiveness/reduced tuition
- Online education
- Standardize nurse education pathways for seamless transitions up and down the nursing ladder
- Succession planning
- Educating on Rural Healthcare more in post-secondary school
- Free healthcare professions education with a commitment to stay in SD, ie loan forgiveness with service
- 100% free tuition
- Require all nursing graduates to work in the state for 3 years
- Reimagine care delivery in conjunction with educational model
- Reduce the cost of education
- Tuition assistance with mentorship

### 2. Early Recruitment Middle & High School Education & Promote Nursing Careers

- High school programs for LPNs – dual credit
- Develop hands on programs for younger students to experience nursing
- Invest in practice readiness at all levels of education
- Middle/high school exposure to SIMs labs within their communities
- Growth paths from high school
- Scholarships
- Market nursing – what it means to serve
- Use social media to promote positivity about nursing (think TikTok influencer)

### 3. Work Life Benefits

- Create work/life balance
- Focus on community & making it a place people want to come & live
- Team nursing (working to top of licensure)
- Culture of nursing
- Elevate the profession of nursing: cut out the drama; leadership experience; workplace culture
- Innovative scheduling for work/life balance
- Workload balance – boundaries – UAP
- New workforce expectations/norms – need to meet & exceed – modality – technology

### 4. Compensation

- Better pay
- RN/LPN wage increases
- Better benefits overall including insurance
- Robust community support – provide access to housing
- Retention bonus pay for nurses to stay in state...maybe a statewide pool of funds to pay large bonuses for 1 and 2 year retention, with a focus on rural

### 5. Networking for Resources and Nursing Staff

- Maintain networking across the miles
- Create a pool of traveling nurses that stay in SD
- RN exchange program – nurses can learn about how other facilities operate to increase efficiencies, learn more skills, etc.
- Better relationship between facilities in the state
- SD media campaign promoting nursing – recruit/retain/value. People are moving to SD but nurses aren't promoting Midwest values
- Reimagine care teams – to compete with travel agencies

### 6. National Action

- National solutions – compact licensure – workforce sharing
- National regulation/standards for travel nursing
- Medicaid expansion in SD

### 7. Miscellaneous

- Nursing home/services consolidation
- Comprehensive strategic plan for the State of SD
- Create opportunities for advancement that allows nurses to stay in their roles (career ladder) or use APPs differently in the organization
- Shouldn't let a good crisis go by
- Stop talking & take action

# Question 3. What actions can we begin now to bring the ideas alive?

## 1. Statewide Task Force/Plan

- Create a primary care task force to address nursing workforce and create a statewide plan
- Statewide task force with a specific charge coming from top levels of state government with state by-in – to address policy, resources, practices & education
- Develop plan: who carries our message? To whom? When? Legislature? DoL? DoE? SDAH0's role?
- Contact local & state officials
- Get behind politicians who have knowledge & supports healthcare
- Better partnership with the state
- SDAH0 convenes stakeholders to create Healthcare Workforce 2030 – 7 year plan
- Establish burning platform. Why do we need to change?

## 2. Resource Efficiencies

- Consolidate resources & smaller facilities to decrease redundancies and utilize resources more effectively
- Utilize resources that already exist
- Statewide collaborative between environments – share knowledge, decrease silos, improve transparency/relationship & understanding
- Maintaining network connections – learn from each other
- Create a SD 'in-state' travel nursing group. A pool that SD facilities can pull from to keep adequate staffing and be able to know these nurses are local.
- Support full scope of practice for all disciplines
- CHW program expansion

## 3. Middle/High School Programs

- Collaborate with high schools
- After school programs – start in middle school to high school – used equipment trailers shared throughout the state – scholarships – mentorships
- Incentives for students/schools to use rural health facilities for clinical sites – these funds can go back into a bonus or student loan payment for preceptors
- Communicate with middle/high schools to get healthcare careers out to students – shadowing/scrubs camp/ride-along
- Allowing more Tech education in high school allowing students to graduate with certifications instead of just dual credits

## 4. Compensation

- Promotions of nursing staff being part of a family
- Promote taking ownership of work environment
- Change environment – flexibility – support
- Flexible scheduling
- Promote nursing culture – promote positive message promote diversity of the nursing profession – you can do many different things in nursing
- Change the culture of nursing – positivity & verbalizing experiences that fill their cup
- Highlight the positives of the nursing profession on media
- Funding into advertisement/recruitment for nursing
- Targeted recruitment from other states (like law enforcement)
- Rural recruitment program. Increase payment for nurses

## 5. Miscellaneous

- Affordable housing for nursing/healthcare staff – rental houses & apartments
- Reimbursement for SD nursing pool with requirements to serve rural locations
- Healthcare marketing state campaign: – social media – state highlights/recreations – education opportunities
- Educate the public on what healthcare deals with – unfunded mandates/regulations – legal issues
- Mitigation of travelers
- Make SD attractive/image
- Funds for scholarships and employee recruitment

# World Cafe Summary

## 1. What can we do now to enhance patient care delivery?

### • Emerging Key Themes

- Focus on a patient centered approach, including patient education, greater convenience for patients, more simplified processes for registration and better post release information gathering.
- Give more attention to employee retention and recruitment, including new and enhanced strategies to keep staff, increase pay, look at the culture of nursing and offer greater opportunities for training and advancement.
- Revisit models of care, including more support for preventative care, greater efficiencies, more pro-active care, looking at more flexible delivery models and as noted above, more patient centered care.
- Nursing education was a concern, especially regarding credentialing, CEUs, cross-training, ongoing training, and expanded sites for nurse education.
- The responsibilities or scope of practice could be reviewed such as possibilities for testing up based on years of experience, expanded use of the range of nursing capacities in facilities or redistribution of RN responsibilities to other qualified medical staff.
- The well-being and mental health of nurses is a great concern and should be addressed including by promoting caregiver well-being, greater flexibility for caregivers, creating opportunities for recharge and investing more resources in addressing the well-being and mental health of nurses.
- Use of technology and telemedicine could be expanded to improve communications and address cost of and access to care.

## 2. What bold steps can we imagine taking to create a strong future for the nursing profession in South Dakota?

### • Emerging Key Themes

- Changes to and support for nursing education, including more scholarships and other forms of tuition and financial support, more mentorship programs, better pathways for movement up and down the nursing ladder, more online education opportunities and reimagining how care delivery and education could interconnect.
- Suggestions for greater involvement with career education opportunities presented in middle and high schools were made by many of the panel presenters as well as during the table conversations, including dual credit programs, hands-on experiences, on-site simulation labs, more targeted marketing, and use of social media to reach students.
- Work/life balance is a concern as also expressed in Round 1 related to nurse well-being, including suggestions for more innovative scheduling, shifts in the current culture of nursing, more team nursing, and more boundaries regarding workload.
- As in Round 1, compensation was identified as a concern here, including better pay, benefits and retention bonuses.
- Several suggestions emerged regarding networking or creating networks of nurses, including establishing a South Dakota based pool of traveling nurses, RN exchange programs, and establishing better relationships among facilities/nurse employers across the state.
- It was suggested that national standards for traveling nurses should be established as well a form of a national licensure compact.

## 3. What actions can we begin now to bring the ideas alive?

### • Emerging Key Themes

- There is strong support for forming a statewide taskforce to develop a plan that will address the state's nursing workforce challenges with this taskforce being initiated and supported by the Governor's office with SDAHO serving a lead or convening role and having it charged with addressing policies, resources, practices, and education regarding the nursing workforce.
- Resources efficiencies are a concern and suggestion to address them now include consolidation of facilities to avoid redundancies, establishing greater statewide collaboration among providers/environments and creating a South Dakota pool of traveling nurses.
- Focus efforts now on establishing middle and high school programs, including scholarship and incentive programs to encourage students to enter nursing careers, support/expand existing student outreach programs and look at what new initiative might establish.
- Concerns regarding nursing culture are strong with several suggestions made to do something now, including highlighting the positive aspects of nursing, building more support for nurses among employers, greater flexibility in scheduling that will make the job more attractive and, importantly, initiative some form of public information program to indicate the positive aspects of a nursing career (this could counter the image of the job as high stress, high burn-out, and at times dangerous).

# Open Space Summary

The Open Space held the morning of the 13th centered on 11 discussion topics listed below. Each topic was assigned a table and an event attendees could go to whichever conversation was of most interest to them. Attendees could also move between conversations if they chose per the Open Space process.

## 1. What can we do to build better partnerships in South Dakota's healthcare system?

- Establish the team who can get it done...representatives from panel who presented yesterday & key healthcare system representatives from state (larger organizations and independent organizations)
- Commit to action and deadlines, goals, outcomes. Do not have meetings in perpetuity
- Implement the viable ideas from these sessions
  - Example: 'nursing clinicals only on Tues & Thurs during the day shift will not give the nursing students the best experience in rural settings...usually it's the evenings & weekends...realize in the academic world, however, there is a set structure'

## 2. What are the next key steps to convene a statewide healthcare system stakeholder gathering?

- Convene stakeholder group to create shared vision & strategic plan to address nursing demands through 2030 to include the following topics: data (consensus of future need), training capacity (how to build – seats and faculty), re-branding of profession / recruitment, pipeline development / partnership (academia & K-12), retention solutions, funding opportunities to support recommendations (state funding, grant funding, other healthcare funding)
- Needs to be statewide focus (Urban and Rural)

## 3. What new incentives can we implement to encourage and support new nursing students?

- "Heal Dakota" compliments "Build Dakota" graduate with \$0 student loan with 3-year commitment (for BSN, LPN and other healthcare careers), how do we ensure that the students that are interested in pursuing a healthcare field have the financial means necessary
- Career Pathways – begin with time commitment to clinical expertise/proficiency (look at what specific clinical skills are needed to build clinical strength), move within field to administrative / director roles, move to educator within the field

## 4. How can existing and emerging technologies advance patient care?

- Provide services across broad geography using telemedicine / health BUT need support staff & resources.
  - Barriers with reimbursement & patient demand/openness
- Use technology in education (simulation) to support clinical experience
  - How to balance the quality of simulation with clinical experience...some states allow 'a lot' of simulation in nursing school and some states do not allow as much...this can affect orientation of the new graduate nurse
- Diversity in maturity & acceptance of technology with clinical caregivers. This can hinder adoption of processes that could allow better utilization of personnel
  - Example: 'If physicians are not willing to do their orders and nurses are having to transcribe verbal orders, this is a problem'
  - Education falls to the local sites, as well as 'culture of adoption'
- Diversity in ways technology is implemented (e.g. EHR's) and the requirements of documentation become extremely onerous
  - Example: 'Many organizations went to emergency documentation during COVID and ours didn't miss anything that was removed'

## 5. What strategies can be implemented to address nurses' well-being and mental health?

- Ask 'why aren't you happy at work?'...need to ask!
- Need a mentor system / peer support, staff need someone they can ask any question, talk to if having a bad day – daily activities
- Creating an environment of inclusion, openness, honesty, and safety to ask questions
- Put in the effort to celebrate nurses/nursing staff even for the little things so they feel appreciated
  - Daisy Award, coffee, etc
- Utilize Employee Assistance Programs more
  - Reminding that it exists
  - Have EAP go to the employee (visit the departments) versus having the employee go to EAP

# Discussion

## Open Space Summary

The Open Space held the morning of the 13th centered on 11 discussion topics listed below. Each topic was assigned a table and an event attendees could go to whichever conversation was of most interest to them. Attendees could also move between conversations if they chose per the Open Space process.

### 5. What strategies can be implemented to address nurses' well-being and mental health?

Continued...

- Supported peer group counseling – facilitator – all staff or for critical incident for certain group
- Listening to employee's survey results and letting them know that you are acting on making it a better place to work
- Training & education to prevent & focus on working in ways or within a framework of positivity & a wellbeing focus
- Prevent burnout, anxiety, notice signs & symptoms and create a culture to reduce the stigma of "it's OK to not be OK" ~ get help early before it turns into a resignation or discipline

### 6. What new or expanded initiatives could be implemented to inform middle and high school students about careers in nursing?

- Review of current initiatives
  - Example: Scrubs camp, Camp med, Build Dakota, Rapid City Area Schools starting health career tracks starting this year
- Creative engagement with school districts – actively engaged as the state can't solve all problems but need the state support
- Interactive activities with students
  - Especially with middle school and younger high schoolers...more than just getting a brochure or a cup off the table'
- Utilizing resources already available
- Marketing package from state to keep consistent message

### 7. What changes in the culture of nursing would aid in recruitment of new or retention of current nurses?

- Opportunity for flexible scheduling and shift variations
  - Adapt to the nurses you have in your area, individualize, and try to make the shifts appealing to nurses with families
- Get back to the fundamentals of nursing...why did you become a nurse? Recent history has shown a decline in the positivity in nursing – 'put your head down and get the work done'
- Mentorship programs, positivity, culture awareness, 'this is why we do what we do...we have good outcomes...'
- Positive rewards, staff recognition
  - 'people are pizza outed'...but maybe morning coffee, or a coffee truck
- Delegation of shared tasks, job sharing, cross training to reduce workload

### 8. What changes or shifts in nursing education can we do to address South Dakota nursing shortage?

- Grow programs – qualified candidates (lower standards?), recruit students, number of faculty, clinical sites
  - Focus on LPN to ADN, LPN to BSN, LPNs working in rural areas
  - How to facilitate students in rural areas doing their clinicals in rural areas
- Rural students – hire a clinical adjunct at the local facility
- How to match schools of nursing with rural hospitals / students – joint instructor shared between schools to supervise clinicals in the rural settings
  - How to 'pool clinical instructor resources' and students too

### 9. What new or expanded models of nursing care could we begin implementing now?

- Focus on scope of practice – RNs do RN work, LPNs do LPN work, etc
  - Team education so everyone knows role expectations (understand different scopes)
- Explore expanding scope of CNA/PCT to safely provide more care
  - Example: 'what would it look like for a PCT (patient care technician) to administer home meds to a stable patient?'
- Re-design care – APPs supporting where the needs are. How can NPs work dually as a RN & NP (if there isn't an open position for a NP)?
- LPN scope – need to expand the scope of practice better
  - clarify from the state...how to use in the acute care setting

## Open Space Summary

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### 10. What new or expanded benefits would encourage nursing retention or recruitment?

- Pay for schooling with completion expectations
  - However, concern about if the student would work as hard if tuition is paid for?
- Incentives / Bonus (many organizations are already doing this)
  - Weekend differential
  - Sign on bonus
  - Retention bonus
  - Differential / pay shifts
  - Shift flexibility
- Housing Assistance / Down payment on home
  - Great for individuals who are wanting to leave the bigger communities/cities and want small town living
  - Contract based
- Shift flexibility

### 11. Nurse Practitioner and training for students

- How do we balance need with desire for positions? We have too many NPs and it's pulling RNs away from where we need them
  - NP students go into fields of interest but then don't get those specific jobs
- What about the use of PAs versus NPs? Which is better? For what reasons?
- Difficulty with orienting, especially for other organizations / states – too many students looking for clinical experiences.
  - We don't really need these students, but want to support them...however, they take up time, resources and locations from in-state students and we are not benefiting



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