

Texas Statewide Health Coordinating Council
Texas Center for Nursing Workforce Studies Advisory Committee

Minutes of Meeting Held February 6, 2008
10:00 am – 2:00 pm

Texas Department of State Health Services
Center for Health Statistics
1100 West 49th Street
Austin, Texas 78756
Room M-739

Members Attending

Alexia Green, PhD, RN, FAAN, Co-Chair -----present 10:00 am to 2:00 pm
Patricia L. Starck, DSN, RN, FAAN, Co-Chair ----- present 10:00 am to 2:00 pm
Donna Carlin, MSN, RN ----- present 10:00 am to 2:00 pm
Frances Chatman, LVN -----present 10:00 am to 2:00 pm
Jennifer Cook, PhD, MBA, RN -----present 11:00 am to 2:00 pm
Marla Cottenoir, MSN, RN ----- present 10:00 am to 2:00 pm
Kathryn Griffin MSN, RN, CNAA, BC -----present 10:30 am to 2:00 pm
Robin Hayes, RN -----present 10:00 am to 2:00 pm
Clair Jordan, MSN, RN ----- present 10:00 am to 2:00 pm
Susan McBride, PhD, RN----- teleconferenced from 10:00 am to 10:30 am
Robert McPherson, MA -----present 10:00 am to 2:00 pm
Pearl E. Merritt, Ed.D,MSN, MS, RN-----present 10:00 am to 2:00 pm
Jackolyn Morgan, MSN, RN -----present 10:00 am to 2:00 pm
Carol Reineck, PhD, RN, CCRN, CNAA-BC -----present 10:00 am to 2:00 pm
Elizabeth Sjoberg, JD, RN -----present 10:30 am to 2:00 pm
Lisa Taylor, PhD, RN, ANCC, CNS, ABOHN -----present 10:00 am to 2:00 pm
Kathy Thomas, MN, RN -----present 10:00 am to 2:00 pm

Members Absent

Joyce Batchellor, RN, MSN, CNAA, RWJ Nursing Executive Fellow, Excused
Elizabeth Poster, PhD, RN, FAAN, Excused
Rachel Hammon, BSN, RN

Staff Present

Aileen Kishi, PhD, RN, Program Director, TCNWS
Arlette Ponder, MAHS, Program Specialist, TCNWS
Suzanne Pickens, Program Specialist, TCNWS

Pamela L. Wiebusch, Research & Stats Tech, TCNWS
 Bruce Gunn, PhD, Manager, HPRB
 Brian King, HPRC
 Rosemary Ang, HPRC

Public Present
 Chris Fowler THECB

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<p>1. Welcome and Introductions</p>	<p>Dr. Alexia Green called the meeting to order. She welcomed new committee member, Ms. Frances Chatman, who is representing the LVN Association.</p> <p>All committee members, staff, and public present introduced themselves. Dr. Aileen Kishi made some administrative announcements regarding meeting materials, signing the sign-in sheet, location of restrooms and the cafeteria, and updating the member roster that was passed around.</p>
<p>2. Establish Quorum and Approval of Excused Absences</p>	<p>A motion was made by Dr. Carol Reineck and seconded by Ms. Jackolyn Morgan to approve requests for excused absences from Joyce Batchellor and Elizabeth Poster. The motion carried.</p> <p>Dr. Green also announced that another new committee member, Ms. Jennifer Cook, would be joining the meeting at a later time. Ms. Cook is replacing Poldi Tschirch as representative of Texas Nurses Association. Dr. Green also announced the resignation of a committee member, Ms. Thalia Munoz.</p>
<p>Quorum Attained</p>	<p>A quorum of members was present; hence the committee was able to take actions at this meeting.</p>
<p>3. Review of February 6, 2008 agenda</p>	<p>The agenda was reviewed and no changes were made. The meeting moved forward with the agenda as is.</p>
<p>4. Approval of Minutes for October 17, 2007 Meeting</p>	<p>The minutes from the October 17, 2007 meeting were reviewed. No changes were made.</p> <p>A motion was made by Dr. Pearl Merritt and seconded by Dr. Carol Reineck to adopt the minutes of the October 17, 2007 meeting. The motion carried.</p>

<p>5. Update report from the Health Professions Resources Branch</p>	<p>Dr. Bruce Gunn gave an update on behalf of the Health Professions Resources Branch (HPRB) and current projects the HPRB is working on. He told the committee that they have started trying to get the money that comes from the Board of Nursing.</p> <p>He also talked about Senate Bill 10 – the Health Opportunity Pool (HOP), and the HPRB’s role in it. The HPRB will be looking for a way to get money for it, by helping to define terms such as ‘charity care’ by collecting information through new questions on the database. Dr. Gunn mentioned that it is possible for money to be reallocated from the Tobacco funds.</p> <p>The HPRB has also been collecting data on hospitals in regard to insured and uninsured Emergency Room (ER) visits, and what the significance of that data is.</p> <p>The HPRB is also trying to find out how many hospitals have/use electronic health records (EHR system). 1/3 of the hospitals with an EHR have patient level data.</p> <p>There was discussion among committee members regarding what the data means and how it can be used. Since there is patient level data, a lot of information can be pulled from it. There was discussion regarding diversion of patients in ERs and that hospitals will soon have to submit outpatient data to the Texas Health Care Information Collection (THCIC).</p>
<p>6.Discussion and Approval of the Report on Nursing Workforce in Texas – Demographics and Trends - 2007</p>	<p>Mr. Brian King and Ms. Rosemary Ang presented the Report on Nursing Workforce in Texas – Demographics and Trends – 2007.</p> <p>Mr. King informed the group that this report is an update on the one that was done three years ago.</p> <p>Ms. Ang gave a brief presentation on the report and some of its findings. The report includes RNs with an active license who are employed full-time or part-time as nurses, teachers, or administrators. The workforce supply was measured by calculating ratios obtained by dividing the number of providers in a given nurse profession by the population of area being evaluated, and multiplying that number by 100,000. This results in a ratio of providers per 100,000 population that can be used to compare areas with very different populations.</p> <p>Changes made to the report this year include:</p> <ul style="list-style-type: none"> ▪ Texas maps for each nursing profession section ▪ The border county definition was changed to refer to the area comprising 32 counties within 100 kilometers of the US-Mexico border <p>A question raised by Dr. Pat Starck asked whether it’s known how many nurses are registered in Texas but not working.</p> <p>Mr. King responded that it is not in the report but it may be information that can be obtained from their licensing data.</p> <p>There was a comment about the percentage of nurses that are licensed but not working and how many of them are of retirement age and therefore not considered as a resource for the nursing workforce.</p> <p>Mr. King explained how the master file is set up and that the report only reflects licensed nurses that hold active licenses.</p> <p>Dr. Starck also brought up that many nurses hold multiple licenses or work in more than one state.</p>

	<p>Discussion followed in regard to data on those points being collected, making a move toward knowing where RNs are practicing and how the compact license is changing that dynamic. Committee members also further discussed the issue of nurses keeping their licenses active but not working, and who are the nurses in that pool as well as what factors contribute to the problem.</p> <p>Comments and suggestions to the report from the committee members are as follows:</p> <ul style="list-style-type: none"> ▪ Make the executive summary read more like the previous report’s executive summary; a little more dynamic---many of the sentences/paragraphs begin the same way ▪ Dr. Pat Starck – First page – Consider moving the first paragraph to be the first paragraph of the conclusion ▪ Include data on the number of Hispanic nurses ▪ Page 15 – toward bottom – a direct quote on three factors that contribute to the aging workforce – clarify that the issue with the aging workforce is retiring from the workforce ▪ Find and replace BNE (Board of Nurse Examiners) with BON (Board of Nursing) ▪ Add analysis of licensed RNs who are not working <p>Motion was made by Dr. Pearl Merritt and seconded by Ms. Robin Hayes to accept the report with recommended changes and suggestions. The motion carried.</p>
<p>7. Update from the HPRC</p>	<p>Mr. Brian King gave an update on the Health Professions Resource Center (HPRC). Over the last year, the HPRC has posted some new highlights reports on the website. The newest report is on pediatricians. There are many short reports that zoom in on one profession. The HPRC is also working on a public health survey. Because there seems to be only limited information on public health, the HPRC plans to survey different organizations and different health departments. Collection of detailed information in the survey has been kept to a minimum to increase response rate. The goal is to determine how many health professionals are involved in public health.</p> <p>The HPRC just completed a new trends report that looks at about 17 different professions and demographic and supply trends.</p> <p>Mr. King reports that there is considerable cross over in information on the trends reports.</p> <p>He notes that the HPRC is also working on a physician workforce model that the Governor’s Office has expressed strong interest in. The model was developed by HRSA, but they did provide instructions for use. The HPRC will continue to collect the minimum data set (MDS) on many of the professions for which it collects data.</p>
<p>8. Update report from the Texas Higher Education Coordinating Board</p>	<p>Ms. Chris Fowler gave an update on behalf of the Texas Higher Education Coordinating Board on activities of the academic affairs and research division as it relates to nursing. Staff has recommended to the commissioner the establishment of the agency’s first standing committee on RN education. It’s going to assist the board in four ways:</p> <ul style="list-style-type: none"> ▪ Develop statewide initiatives for meeting goals of state’s higher

education plan in closing the gaps

- Develop strategies for implementing recommendations
- Respond to directives from the legislature primarily SB 138,139
- Recommend future directions for the board and institutions on nursing education in Texas

The advisory committee will comprise representatives from 4 areas:

- 4 representatives from BSN programs
- 4 representatives from ADN programs
- 4 representatives from nursing practice or industry
- 1 representative from the BON

Committee appointments will be for 1-2 year terms for the first group.

The first sheet of the handout outlines basic parameters of the committee's work:

Staff's work aligns with the committee's work, especially in regard to the Closing the Gaps Goals.

The Closing the Gaps goals are broken out into four areas:

- Participation – in the broader scope of higher education, participation is recruiting students to college and to ensure college readiness. In nursing education, the real issue is capacity. If we have a number of people applying to nursing programs but that cannot be admitted, it may be because of faculty issues, clinical sites, or faculty development. The Advisory Committee will consider all of these reasons as it reviews capacity issues.
- Success – In many ways that means graduation and retention and that aligns with nursing education.
- Research – Even in nursing education, people talk about HRSA grants, NIH grants, grants dealing with patient safety or patient issues. The CB will be focusing on NIG grants. The Nursing Innovation Grant (NIG) funds that we have and nursing education grants that we've awarded in the past month.
- Excellence – as it applies to closing the gaps, finding niches at institutions where they excel making them nationally prominent. The THECB wants to do that as well with nursing programs in the state, and grasp what best practices there are primarily in capacity and retention.

The committee's work will align with legislative directives and grant/award activities. The committee will be advising the board on SB138.

The new rules approved by the board in October 2007 are represented on the second sheet of the handout. The initiative is called the Nursing Education Performance Initiative. The board will calculate graduation rates at 150%, which means that graduation rates for two year programs will be calculated for cohorts at 36 months, and graduation rates for one year programs will be calculated for cohorts at 18 months. To be eligible for recognition, a school has to do more than get the 85% graduation rate. A school should have an 85% graduation rate and an 85% NCLEX pass

rate and be able to demonstrate best practices in retaining and graduating students.

Nursing programs that meet the eligibility requirements will be reported to the Texas BON, the Governor, and the Texas legislature each year.

Recognized programs are eligible for funding.

The board will also acknowledge programs that may not have obtained the 85% graduation rate but have at least above 50% graduation rate and an increase of 10% during the given year.

The Committee will also be advising the board on SB 139, which directed the board to develop a model curriculum plan for vocational and professional nursing programs, with a particular emphasis on patient safety. A consultant will be hired to develop the model curriculum plan.

For the professional nursing programs, there will be three phases:

Phase 1) Consultant will develop a curriculum framework to write the legislative report that is due to the legislature in December but will be considered by the board in October.

Phase 2) Consultant will develop smaller details for the curriculum models in consultation with the advisory committee and stakeholders.

This phase will end in December 2008

Phase 3.) Consultant will write a final report and recommendations for the curriculum as well as a preferred method for implementation by March 2009.

Ms. Donna Carlin spoke in regard to the LVN project. The time frame for the LVN project is the same as for the RN project. There are three proposals that are in negotiation with a contract group.

Ms. Chris Fowler announced that the advisory committee is going to meet March 7th. It will be the first meeting with the consultant, and the consultant will meet with the advisory committee 4 times during the course of the consulting contract. The THECB is also considering a general assembly in November where all nursing programs in the state will be invited to discuss the proposed curriculum.

There were 12 NIG awards by the THECB:

- 2 to Health Science Centers
- 5 to universities
- 5 to community colleges
- 10 focus primarily on partnerships with hospitals
- 2 deal exclusively with other nursing programs –
- 6 deal with course and curriculum redesign,
- 2 deal with regionalizing services,
- 4 deal with at risk students,
- 4 deal with retention issues,
- 2 deal with faculty development

Ms. Fowler pointed out that there are more than 12 awards because many of these programs offered a variety of topics for research and evaluation.

Ms. Carlin informed the group that in response to SB 141, the THECB in conjunction with DSHS, is conducting a feasibility study on providing immunizations for free or at discounted prices to economically

	<p>disadvantaged students that are enrolled in health professional degree programs (includes vocational/technical students).</p> <p>There was some discussion regarding graduation rates---whether the 85% graduation rate includes the persistence rate, whether the rates are calculated at 150% from initial time of enrollment and whether NCLEX pass rates are calculated the same way and do they align to a cohort.</p> <p>There was also additional discussion on implementing a standardized curriculum. The process and components look at the ideal curriculum model to improve patient safety issues and to increase capacity.</p> <p>Curriculum and delivery aspects will focus on entry level programs and may expand to CNA students.</p>
<p>9. Discussion and approval of the Licensed Vocational Nurse Fact Sheet</p>	<p>Ms. Arlette Ponder presented the Licensed Vocational Nursing (LVN) Educational Programs Fact Sheet.</p> <p>At the last advisory committee meeting, Ms. Ponder presented the committee with a sheet of bulleted findings from the 2006 Annual Report. At that point it was decided that the TCNWS would create a fact sheet to present some of those findings.</p> <p>Areas presented on the fact sheet include: the geographical location of LVN programs, student information regarding number of qualified applicants, enrollment numbers, graduation numbers, number of additional faculty needed to increase enrollment by 20 percent and student demographics.</p> <p>Ms. Ponder thanked the education subcommittee for their suggestions and feedback regarding the LVN fact sheet.</p> <p>There was discussion among committee members regarding the data on increasing enrollment by 20 percent.</p> <p>Dr. Starck asked how 20 percent was established or whether it's just an arbitrary number and whether there is a need for increase in the number of LVNs.</p> <p>Ms. Ponder clarified that the same question was asked of RN programs. Committee members, Ms. Frances Chatman and Dr. Pearl Merritt, added that there is definitely a great need for LVNs, especially in the area of Long Term Care.</p> <p>There was further discussion among the committee on the number of LVNS, how many are actually still practicing, and in what regions they are located.</p> <p>A motion was made by Ms. Marla Cottenoir and seconded by Ms. Jackolyn Morgan to accept the LVN Educational Programs Fact Sheet as is. The motion carried.</p>
<p>10. Discussion and approval of the Fact Sheet on Nursing Faculty Salaries, 2006</p>	<p>Aileen Kishi presented the fact sheet on Nursing Faculty Salaries, 2006. She explained how salary data was analyzed for comparison. Salaries were calculated into monthly salaries in order to compare salaries to those in the practice setting. A majority of the schools reported 9 month contracts, a few were 10 and only a few were 12 months. The annual salary is based upon a 9 month contract.</p> <p>There was discussion among committee members about how salaries are measured for comparison. Dr. Kishi explained that annual median salaries were used because that's the way they are reported in national studies, however, most faculty work 9 month contracts compared to 12 month contracts for those in the practice setting. Comparing salaries on a</p>

	<p>monthly basis still shows that faculty salaries are lower than salaries in the practice setting.</p> <p>There was also discussion among committee members regarding data on budgeted vacant faculty positions and what impact that data is making. There was consensus that it would be more compelling to translate the number of budgeted vacant positions into how many additional students could be educated if those positions were filled rather than leaving it as how many faculty positions are unfilled. It was noted by Dr. Starck that reporting the number of budgeted vacant positions might be misleading since many schools don't have vacant positions but still need more faculty.</p> <p>Mr. Bob McPherson suggested it would be insightful to see where the vacant faculty positions were by type of institution and by position type in order to focus on where the salary is too.</p> <p>Dr. Kishi informed the group that a Texas Nurses Association (TNA) subcommittee is working on creating educational materials that include some of this information in a useful and reader friendly format that can be used by deans and directors to share with their university and college administration.</p> <p>Since the fact sheet was an excerpt from the 2006 Nursing Education Report, which the advisory committee had already approved, the Faculty Salary fact sheet did not require any additional action.</p>
<p>11. Progress report on the Long Term Care Nurse Staffing Survey (LTCNSS)</p>	<p>Dr. Pearl Merritt commended the work and dedication of the Long Term Care Task Force and Ms. Suzanne Pickens.</p> <p>Ms. Pickens gave an update on the Long Term Care Nurse Staffing Survey. She went through the project timeline and upcoming tasks. The beta test phase is in progress. 13 facilities agreed to do the beta test, which went live on January 24th and extended through February 1st. They are in the process of getting feedback from facilities in order to tweak the survey tool and cover letter. The LTC task force will meet again on February 27th regarding the beta test and how to incorporate the feedback into the survey.</p> <p>On February 25th, they may send out an advanced email to as many facilities as they have email addresses to make sure they are valid email addresses and to stress that the survey is approaching.</p> <p>On March 10th, they intend to mail out the paper survey, which will include a cover letter, a printed version of the survey, and a return addressed envelope.</p> <p>Though they prefer Long Term Care facilities complete the survey online, they do not think that will be possible in every case, and that is why they will be sending out the paper copy with a return addressed envelope.</p> <p>The survey will go live online the same day that the surveys are mailed out.</p> <p>The survey deadline is March 28th. Factored into the timeline is a 2 week extension, so there will be a provision for two extra weeks.</p> <p>As soon as the survey goes live, a follow up process will be implemented including phone calls and emails to LTC facilities.</p> <p>From March to May, survey data will be entered, verified and analyzed. The LTC task force has been especially creative in promoting the survey. Announcements have been made about the survey in different ways</p>

	<p>including, articles and ads in largely circulated publications, such as Texas Nurse’s Voice, the Board of Nursing online newsletter, and the Texas Healthcare Association Newsletter.</p> <p>A LTC webpage on the TCNWS website has also been created and is in the process of being constructed.</p> <p>Ms. Elizabeth Sjoberg offered to add the LTC information in the weekly email that goes out to their members.</p> <p>Dr. Starck asked how many items are in the survey.</p> <p>Ms. Pickens informed her that there are 56 items in the survey and it has taken people anywhere from 12 to 64 minutes to fill it out.</p> <p>Dr. Starck also asked if they had any idea what kind of response rate they were going to get.</p> <p>They do not really have an idea of what the response rate is going to be, but that is why they are trying to market it well.</p>
<p>12. Progress report on the Hospital Nurse Staffing Survey (HNSS)</p>	<p>Ms. Arlette Ponder gave an update on the Hospital Nurse Staffing Survey (HNSS).</p> <p>Ms. Ponder informed the committee that the survey tool has been Beta tested by 8 out of the 14 invited participants. The survey itself will go to 576 hospitals.</p> <p>By February 6th, half of the conference calls with beta participants had been completed and the feedback was positive, with the exception of the survey not having a “back” feature. Otherwise, beta-testers had positive views of the new HNSS tool.</p> <p>For the beta test, staff members sent advance instructions, a PDF of the online survey, and a copy of the operational definitions, along with a link to the survey website.</p> <p>Changes that were to be made to the survey tool up to that point included splitting Mandatory/Voluntary Overtime into two separate variables and provide clear instructions that if survey takers want a copy of the survey for their records to print the survey page by page as they progress through it.</p> <p>Ms. Ponder informed the committee of how the survey process is going to work: survey materials which include a cover letter with the survey link, advanced instructions, a PDF of the survey, and a copy of the operational definitions will be mailed to the CNO/DON of all 576 hospitals during the week of February 11, with the hope that the CNO/DON will receive the materials by February 22nd. The survey will go live on February 25 and hospitals will have until March 17th to complete the survey online.</p> <p>Dr. Merritt asked how many items the survey has.</p> <p>Ms. Ponder informed the group that the survey has approximately 100 items.</p> <p>Ms. Ponder also addressed other issues that came up among the Hospital Subcommittee during its last teleconference in January. Beta-testers had no problem with the way Mild, Moderate, and Severe were defined for their corresponding question.</p> <p>There was some discussion among committee members regarding identifying CNOs /DONs by name. It is difficult to attain that information, and it is difficult to keep it current due to high-turnover of CNOs.</p> <p>Dr. Reineck suggested contacting Mr. David Marshall of the American</p>

	<p>Organization of Nurse Executives (AONE), to see if he would help spread the word about the HNSS to CNOs and DONs.</p> <p>Mr. McPherson asked whether TCNWS was still doing the Expansion of Beds Survey, and was informed that the Expansion of Beds survey was removed from the Annual Hospital Survey and included in the Hospital Nurse Staffing Survey.</p>
<p>13. Progress Report on the RN and VN Nursing Educational Program Information Survey (NEPIS) and Compliance Audit for Nursing Educational Programs (CANEP) with the BON</p>	<p>Suzanne Pickens gave an update on the RN and VN Nursing Educational Program Information Survey (NEPIS) and the Compliance Audit for Nursing Educational Programs (CANEP). Ms. Pickens explained that the RN and VN Annual report was separated into two different reports: the data portion, which is the RN and VN NEPIS and the audit portion, which is the RN and VN CANEP. The RN NEPIS has proceeded through the beta testing and the online survey, with all 86 professional nursing programs submitting the survey by December 5. The RN NEPIS is currently in the verification phase. The report is intended to be presented for action at the May Advisory Committee meeting.</p> <p>The VN NEPIS went live on January 14th. As of February 5th, 6 programs still had not submitted their survey. Due to consolidation of programs, it was still not determined exactly how many surveys were to be expected. Data verification and analysis will begin in late February.</p> <p>Ms. Donna Carlin asked whether the timeline of the NEPIS is reflective of how things will be done next year.</p> <p>Ms. Pickens replied that hopefully next year the NEPIS will go out early since the process will be more streamlined and most of the ground-work will have already been done.</p> <p>There was discussion, initiated by Mr. Bob McPherson, among committee members regarding the availability of a preliminary report before the May committee meeting.</p> <p>Interest in a preliminary report is based on the fact that hearings will be taking place and the most current data could have a big impact.</p> <p>Due to the verification process, staff members and Committee member, Kathy Thomas, representing the Board of Nursing, do not think any data will be available prior to the May meeting.</p> <p>Mr. McPherson clarified that the data he is most interested in having is enrollment, graduation, and admission data.</p> <p>Ms. Clair Jordan concurred that having that data will be important.</p> <p>Dr. Green inquired into how soon the data could be made available.</p> <p>Dr. Kishi said that it may be possible to verify that data first so that it can be made available to the interested parties before the May advisory committee meeting.</p> <p>Dr. Starck concluded that everyone would like to see the data as soon as it's available, and that it would be good to share it with the committee via email.</p> <p>Ms. Pickens moved on to an update on the CANEP. She explained that it's an audit of all RN and VN educational programs in Texas. She gave a timeline of the process and announced that that RN database will be sent</p>

	to the BON in March and the VN in April. In the future, it is possible that the CANEP may be done every two years
14. Announcements	<ul style="list-style-type: none"> ○ Jackolyn Morgan has changed her title and position. As of January 1, Ms. Morgan is Chair of Health Sciences at Cisco Junior College. ○ Certificates of Appreciation from the Statewide Health Coordinating Council were presented to Robin Hayes and Kathy Thomas. Other recipients were not present. ○ Dr Kishi announced that abstracts for the Taking the Long View Conference, which will be held in Denver, Colorado, June 2008, are due February 15. She encouraged everyone to fill out the abstract form, follow the instructions and guidelines, and address all the objectives. ○ Dr. Starck announced that Connie Turney of the Statewide Health Coordinating Council is retiring and moving to Colorado to work on special projects at the Colorado Health Institute.
15. Future Meeting Dates for TCNWS Advisory Committee	<ul style="list-style-type: none"> ○ May 7, 2008 ○ July 16, 2008 ○ September 17, 2008
16. Agenda Items	<p>Agenda items for May 7th:</p> <ul style="list-style-type: none"> ○ Update on the Hospital Nurse Staffing and Expansion of Beds Surveys ○ Update on the Long Term Care Nurse Staffing Survey ○ Update on NEPIS and CANEP ○ Other reports from the usual entities <p>Dr. Green mentioned preparing releases about the nursing shortage in time for Nurse's Week in May, and the impact the group could have with the data if it's distributed to the media and legislators.</p> <p>Dr. Reineck suggested that the bulleted data from the brochure could be used.</p>
17. Public Comment	No public comment.
18. Adjourn	A motion was made by Dr. Pearl Merritt and seconded by Ms. Jackolyn Morgan to adjourn the meeting at 1:55 PM. The motion carried.