

**Capital Area Community Nursing Network (CACNN)**

**January 5, 2018**

**MINUTES**

**Attendees**

Angela Ackley, ERMC

Kris Allen, ERMC

Shari Carson, Metron

Kathy Forrest, MSU, Interim Chairperson

Tiffany Friar, HGBMH

Kathy Hollister, CAHA

Jeanette Klemczak, LCC

Mary Machowicz, ICHD

Connie Smith, Lansing Community College

Regina Traylor, ICHD

Judy Wernert, TCOA

Patty West, MSU

**1. Introductions & Welcome -** Kathy Hollister, Executive Director, CAHA, welcomed everyone; everyone had the opportunity to introduce themselves; Kathy gave a brief overview of CAHA’s mission/value.

**2. Process Overview: Strategic Planning Outcomes -** Kathy Forrest, Interim Chair, CACNN, gave an overview of the facilitated conversations held in the fall of 2017, where CACNN worked to re-vision its purpose and focus going forward. CACNN is striving to have representation from the service side and academia, in a collaborative effort to address nursing issues.

* **Updated Purpose Statement:** *CACNN intentionally addresses nursing practice and community needs in the Capital Area through communication, collaboration and advocacy to build action alliances.*
* **Priority Focus:** *Readiness for Practice* (next 1 to 1.5 years)

**3. Discussion: *Readiness for Practice* efforts endorsed/supported by CACNN –** A robust discussion ensued regarding potential action items that CACNN could explore regarding “Readiness for Practice” with a focus on recruitment/retention and preparation for leadership.

It was determined that we need additional data. Questions on demographics of the current nursing workforce included:

* + Age; gender; ethnicity
  + Setting of practice/employment/role
  + Workforce gaps?
  + Greatest workforce needs

J. Klemczak noted that Michigan is aging faster than other states. The group inquired about CAHA’s Healthcare Workforce Committee (HWC) and whether nursing workforce data could be obtained for CACNN’s use. Jeanette Klemczak, LCC Healthcare Consultant and HWC Co-Chair said that a data packet could be provided.

The pipeline issue of educating nurses quickly enough to meet the workforce need was identified. Both LCC and MSU representatives indicated that there are more nursing applicants than there are seats, due to a lack of clinical opportunities. Specialty areas in particular are difficult to get clinicals. Students are driving as far away as Detroit for their clinicals. Other questions asked were “are there enough of the right jobs for those that are graduating”, and “are there ways to accelerate nurses’ readiness for practice through RN-RN mentoring”? C. Smith noted that the Center of Nursing is developing an “RN to RN Mentoring” program that will be free and available on-line throughout the state with a focus on leadership development. The hope is that healthcare institutions will support it and implement.

Perspectives were given from rural health, long term care, and public health on recruitment/retention and leadership development:

* Rural Health - Bringing students to Eaton Rapid Medical Center (ERMC) has helped with recruitment and is helping to shed a light on rural health. Students are realizing that there is more than acute care. ERMC hires on behavior and teaches to skill, has a focus on community, and provides incentives to the next step. All of this has helped with leadership succession. McLaren has a strong leadership program and has allowed ERMC to send their students.
* Long Term Care (LTC) – All LTC’s have vacancies. Nurses and nurse managers are the number one need, as well as the increased demand for CNA’s. Skilled Nursing Facilities can’t compete salary-wise with the hospitals. LTC turnover is 69%. A suggestion was made to have businesses adopt LTC facilities and residents in order to increase community awareness and benefit residents. Providing more opportunities for nursing students and professionals to explore this setting as an option for employment was also suggested. Leadership training is lacking.
* Public Health – Nursing students aren’t hearing about and lack an understanding of public health. However, once people get into public health, they want to stay. A challenge to the home visiting nursing program is that the salary is not competitive. Turnover is minimal, but nurses are starting to retire. There is a need for leadership training, as succession planning is not being emphasized.
* Tri-County Office on Aging- Capitated rates and health plans taking over care coordination.

Themes that surfaced from the discussion include:

* The need for more data.
* The need for guest lecturers in academia for all available nursing roles (e.g. young working nurses to address young nursing students about roles and employment opportunities).
* Businesses adopting Long Term Care facilities.
* Community is a key to retention.

**4. 2018 CACNN meeting schedule:**

Thursday,March 1, 3:00 to 4:30 pm, **ANA-MI**, 2501 Jolly Road, Suite 110, Okemos, conference room

Thursday, May 3, 3:00 to 4:30 pm, **ANA-MI**, 2501 Jolly Road, Suite 110, Okemos, conference room

Thursday, August 16, 3:00 to 4:30 pm, **ANA-MI**, 2501 Jolly Road, Suite 110, Okemos, conference room

Thursday, October 4, 3:00 to 4:30 pm, **MSUFCU**, 4825 E. Mount Hope Road, EL, community room

Thursday, December 6, 3:00 to 4:30 pm, **MSUFCU**, 4825 E. Mount Hope Road, EL, community room