

**Rural Health: Finding Creative Solutions Together**  
**Monday June 29 – Wednesday, July 1, 2015**  
**The Brown Palace, Denver, Colorado**  
**Meeting Summary**

The Academic Progression in Nursing (APIN) National Program Office, in collaboration with the Center to Champion Nursing in America (CCNA) convened a meeting of thought leaders to address challenges in rural health identified through the work of the Robert Wood Johnson Foundation (RWJF) and their respective programs. Three member teams from twenty-two states, along with APIN and CCNA staff, and content experts were invited to attend. In all there were approximately ninety attendees (see attendance list). Heather Andersen, EdD, MN, RN, an independent consultant, facilitated the meeting and Maureen Sroczynski, DNP, RN, nurse consultant for CCNA, synthesized the outcomes from the small group discussions.

**Primary Goal for this Meeting:**

This invitational technical assistance meeting was designed to help Action Coalitions working on academic progression to accelerate their progress in rural areas of their state by deepening their understanding of the challenges in rural health and providing opportunities to develop creative solutions.

By the end of this meeting participants:

- were exposed to content experts who provided exemplars and possible solutions to common workforce issues facing rural health care systems and providers;
- identified action steps through a strategic planning process to accelerate progress on rural health leadership and education issues;
- identified academic progression as a viable strategy in addressing rural health care issues;
- received technical assistance to move selected projects into state-wide initiatives;
- left inspired with a sense of decreased isolation as viable solutions are identified.

The work of the meeting was divided into three thought areas: leadership, practice and education, with each session beginning with exemplars from the states highlighting programs that have worked to address the specific thought area from a rural area in their state. These exemplars provided the basis to begin the small group discussions.

The meeting began with dinner and speakers on Monday, June 29<sup>th</sup> at 5 p.m. and concluded at 8:30 p.m.

Attendees received a travel drive with all the PowerPoint presentations and resource information on them. Updated PowerPoint presentations will be sent electronically with the meeting summary to participants.

## Session #1

### **The Nursing Workforce: Navigating through Transformative Health System Change**

Katie Gaul, MA & Erica Richman, PhD, MSW – Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill (See slides)

This presentation highlighted data from North Carolina that the presenters stated closely mimicked national data related to the characteristics of nurses with ADNs who return to school for their baccalaureate degree. They referred to these nurses as mobility nurses. Some key points from their presentation that may help lead discussion in the states and help debunk some myths about nurses with BSN or higher degrees leaving rural areas are noted below.

After seeking additional education, mobility nurses behave:

- More like BSN+ nurses in terms of specialty and setting
  - Less likely to practice in home care, hospice, long-term care and geriatrics
- More like ADN nurses in terms of geographic dispersion. Compared to BSN entry nurses:
  - Twice as likely to practice in rural
  - Three times more likely to practice in economically disadvantaged counties
- Like neither group in terms of job title
  - Less likely to be in staff/general duty positions

Implications for education:

- Need more rotations outside of hospital—in home health, long-term care, hospice, public health and other community-based settings
- Continue to diffuse BSN+ education out to ADNs in rural and underserved areas
- There are over 8,000 ADNs practicing in rural counties who have not pursued additional education in nursing
- Need to think about new roles for nurses – primary/preventative care, care coordination, care navigator,

How do we redesign education structures to support these roles?

- Need to redesign education system so nurses can flexibly gain new skills and competencies
- Retrain and upgrade skills of the 2.9 million nurses already in the system – *they are the ones who will transform care*
- Training must be convenient – timing, location, and financial incentives must be taken into consideration
- Need to prepare faculty to teach new roles and functions
- Clinical rotations need to include “purposeful exposure” to high-performing teams and ambulatory settings

## **Session #2:**

### **Value: A Nursing Outcome**

Sharon Pappas, PhD, RN, NEA-BC, FAAN CNO, Porter Adventist Hospital CNE, Centura Health AONE Board, Region 8 (See attached slides)

This presentation focused not on the nurses' contribution to the cost of care, but rather on nurses' value as a confluence of quality, service, and cost. Dr. Pappas gave several examples of the impact of nurses' education on patient outcomes and how the value of nursing intervention to prevent adverse outcomes can contribute to the financial well-being of an institution. She gave examples of using an institution's cost-accounting system to help tell the story of the value of quality nursing care to the bottom line of an institution.

Direct Cost of a CLABSI:

- From cost accounting system: Determine charge code for Central Line catheter CLABSI
- Isolate those with infection and those without: Calculate cost per case for each group
- Calculate Difference in Direct Cost i.e. CLABSI 4 times more costly non-CLABSI case
- Determine Cost Avoidance (money saved)

These exemplars can be used in individual institutions to make the "business case" for increasing baccalaureate prepared nurses in the workplace.

## **Tuesday, June 30, 2015, 8:00 a.m. – 4:00 p.m.**

The group was welcomed back by Sue Hassmiller, PhD, RN, FAAN, Senior Advisor for Nursing, RWJF; Director, Campaign for Action and Pam Thompson, MS, RN, FAAN, National Program Director, APIN; Chief Executive Officer, American Organization of Nurse Executives; Senior Vice President for Nursing, American Hospital Association. In addition to welcoming remarks, they shared some reflections on what was presented the previous evening.

## **Session #3:**

### **Keynote - Rural Health – Celebrating Our History While Navigating Our Future**

Alan Morgan, CEO, National Rural Health Association was invited to give the keynote address, unfortunately, he was unable to attend. Brock Slabach, MPH, FACHE, Senior Vice President, National Rural Health Association was able to join us for the keynote address. (See slides)

Mr. Slabach gave a history of rural health in America and highlighted some of the unprecedented challenges currently being faced. For example, "Rural Americans are *older, poorer and sicker* than their urban counterparts... Rural areas have higher rates of poverty, chronic disease, and uninsured and underinsured, and millions of rural Americans have limited access to a primary care provider." (HHS, 2011). Disparities are compounded if you are a senior or minority in rural America. Mr. Slabach also focused on the delivery of value in rural healthcare settings, noting that rural hospitals match urban hospitals on performance, but do so at a lower price. He shared the realities of the current rural healthcare market, pending changes in reimbursement for healthcare institutions as well as physicians and other practitioners, the growth projections in

chronic disease, and the needed focus on population health. Rural health can provide a model for how collaboration between providers and the community can address health. Larger hospitals are looking to do this as a new strategy, rural hospitals have been doing it for years. He concluded his remarks by noting that rural health can lead healthcare transformation in America and nurses can lead in the following areas:

- Patient/Person Centered Health Homes
- Care Management Programs:
  - High Risk Populations
  - Chronic Disease Management
  - Care Transitions/Post-acute Care
  - Episodes of Care
- Health Information Technology
  - EHR
  - Clinical Informatics
  - Claims Analytics/Predictive Modeling/Big Data
- Care Management
- Patient Engagement/Satisfaction
- Leadership/Cultural Transformation

Tina Gerardi, MS, RN, CAE, deputy director, APIN National Program Office, shared how the next day and a half would be structured. Each state is requested to take the learnings from the sessions, discuss how the information and exemplars presented may be relevant to the issue they would like to address back in the rural communities in their state, and develop an action plan over the course of the time together. The ultimate goal is to leave with a strategic action plan to address at least one rural issue in their state and go home and implement it.

#### **Session # 4: How is Diversity Linked to What We Do?**

Piri Ackerman-Barger, PhD, RN, TCN-A – Assistant Director of Clinical Education, UC Davis, Betty Irene Moore School of Nursing (See attached slides)

Dr. Ackerman-Barger presented on diversity, equity and inclusion. She emphasized the benefits of diversity:

- Educational Benefits – A more robust learning environment
- Relationship Benefits – Patient preference
- Social Justice and Inclusion – Professional Accountability
- Workforce Diversity Benefits – Cultural competent providers; service commitment to underserved communities; research, policy and resource allocation that reflects needs of the communities.

### **Session # 5: Workforce Issues: Finding new solutions for rural communities**

- MA Exemplar – Tina Gerardi told the story of the on-campus RN-to-BSN and DNP programs at Berkshire Medical Center in western Massachusetts and the positive effect increased nursing education levels have had on patient outcomes at the facility. The programs were implemented with the full support of the CEO and Board.
- CO Exemplar – Karen Zink told her story of achieving direct reimbursement for NP services and how important this is to her ability to provide services in rural Colorado.
- MT Exemplar – Nadine Elmore, CEO Dahl Memorial Hospital in Ekalaka, with a population of 355, was featured in a video highlighting her support for increased education for all her staff.

### **Session # 6: Leadership: Finding new solutions for rural communities**

- WY Exemplar – Charlotte Mather – shared how a community college and university partnership will provide more baccalaureate prepared nurses for Sheridan, Wyoming’s critical access hospital, and how the facility has implemented a residency program to prepare nurses to meet the community’s specific rural needs.
- HI Exemplar – Judy Kodama shared her journey of transitioning to leadership in a rural facility and working to change its culture to embrace academic progression, including introducing new education requirements for management and other staff.
- WA Exemplar - Carol Valazquez shared how she used leadership skills obtained in a larger metropolitan area hospital to increase the education level of nurses in her smaller rural hospital. She was able to realize a change from 9% of her nursing staff with a BSN to 36% in a very short time using incentives, tuition support, academic partnerships and preferential hiring.

### **Session #7: Education: Finding new solutions for rural communities**

- Introduction – Paula Milone-Nuzzo in her role as Dean of Penn State School of Nursing spoke about the work her system did to align a seamless progression curriculum across the many and often rural campuses in their system.
- WY Exemplar – Mary Berman spoke about WY statewide curriculum which is bringing the opportunity to pursue a BSN to community colleges in frontier regions of the state.
- NM Exemplar – Joseph Heidrick spoke to his small community of Silver City’s journey to implement the statewide NMNEC curriculum, and his collaboration with clinical partners as key to making this a success.
- CO Exemplar – Susan Moyer spoke about a common orientation being offered to new deans and directors in CO to ensure that the education reforms being pursued by the AC would not lose steam or direction, particularly in often isolated rural areas.

Cathy Rick, retired chief nurse of the Veteran's Administration, shared that the recently released book, Realizing the Future of Nursing – VA Nurses Tell Their Stories, also provided exemplars of successful strategies for implementation of the IOM recommendations.

### **Creatively living with the unique challenges of enacting change in rural communities:**

#### **Keeping your team together**

Heather Andersen led the group in a facilitated exercise on how to support leaders in small communities as they do this important work. The group identified opportunities and challenges with working in rural health settings by a small cadre of local change agents. They then identified strategies to address the challenges. Here is a summary of their thinking.

#### **Opportunities/Advantages**

- Key players
- Strong relationships
- Less bureaucracy
- Hospitals are community hubs in rural areas
- Resilience
- Self-reliance
- Willingness to step up
- Incentive to collaborate
- Greater accountability

#### **Challenges**

- Entrenched thinking
- Community lacks understanding of complexities of health care
- Sacred cows
- Human and financial resources
- Competing priorities
- Generational complacency
- Personality differences
- Lack of preventative ideas in practice and communities
- “Granny taught me.....so that’s the way we do things”
- Generational entrenchment

#### **Strategies to Address Challenges**

- Invite new people to the table in a purposeful and mindful way.
- Mentor new leaders; work with them on external exposure. Teach them to cite evidence and research.

- Address burnout by increasing partnerships and sharing successes. Develop purpose-driven mentorships. Teach people to keep an eye on the global picture and not to get mired in the details.
- Change sacred cows into hamburgers.
- Use the workforce data to change people's thinking. Must reach new audiences with the data.
- Examine seminal events that impact thinking. What are the powerful experiences that influence people?
- Create new simulations that support the development of new roles in practice, include "soft" skills in this.
- Collect and communicate persuasive data.
- Pull them along – lead; Don't push and tell
- Get into the shoes of the intransigents.
- Identify what's attractive to those who do not support transformation. Use their data when possible.
- Make it a real personal passion.
- Make it a relationship building process.
- Prioritize the priorities. Analogous to the Public Health Nurse Intervention Wheel. Apply this principle to all layers. Adapt it.

The group then adjourned for the day with the opportunity to continue dialogue over dinner on their own.

### **Wednesday, July 1, 7:30 a.m. – 12:15 p.m.**

After breakfast, the morning was spent on the states working in teams to finalize their individual strategic action plans to address the issue they identified prior to coming to the meeting.

Each state shared what issue they were going home to address. Common themes in State strategies included:

- Scalability
  - Use the Four A's to develop a rural approach to academic progression
    - Authenticity- focus on rural health content
    - Accessibility-online programing with employer support
    - Achievability- provision of student support
    - Affordability- provide scholarship support
  - Focus on student success
  - Outreach to funders network
  - Align Schools of Nursing across state
    - Consider PA state model
    - Development of rural oriented curriculum

- Engagement of employers
  - Collaboration, Communication and Outreach to rural employers
  - Demonstrate the value of the BSN to quality of care
  - Incentives for nurses to continue education
  - Share Montana video and Pappas presentation with CEOs and CNOs
- Development of Toolkits
  - For “ Going Back to School 101” for rural ADNs
  - Value of BSN in rural health
- Sharing Best Practices
  - Standardized curriculum ( New Mexico)
  - Rural oriented curriculum
  - Replicate models like Wyoming, New Mexico
  - Nurse Residency Programs
  - Change image of nursing as a profession versus an occupation
  - Use of virtual networks
  - Diversity strategies

### **Where Do We Go From Here?**

Attendees identified the following areas for further exploration and messaging specific to rural health:

- Connecting the dots from education, leadership and workforce by closing the education gaps through mentoring, value messaging, and tool kits to support replication of success;
- The power of partnerships, particularly academic-practice partnerships;
- Utilizing successful rural health models as exemplars to be replicated to transform healthcare nationally;
- Utilizing the return on investment models shared at the conference to support funding for BSN education in all settings;
- Formalize connections with national rural health organizations to move this agenda forward; and,
- Dissemination strategies about the good work being done.

Attendees reiterated some of the discussion on identified opportunities and advantages to addressing rural challenges, as well as national organizations to consider partnering with to help with this work. Amongst the national organizations cited were Area Health Education Consortia (AHEC), American Health Association, American College of Health Care Administrators, community college educator groups, Centers for Disease Control (CDC) as well as many nursing, long term care and governmental agencies.

The exercise left the group energized and ready to go home and address their issues in a productive and enlightened way.

APIN and CCNA staff will meet with Sue Hassmiller to determine next steps. At a minimum, rural health will be part of the next APIN/Education summit meeting. The meeting concluded at noon with a box lunch.

Respectfully Submitted,  
Tina Gerardi, MS, RN, CAE