



HSCN Advisory Board Subcommittee: Finance and Fees Initiative

Meeting Agenda

Friday, April 9th, 2021

12:00 PM – 1:00 PM HST

Hawai'i State Center for Nursing

Via ZOOM Conference Call

+1 (669) 900-6833 (82858171) Or <https://zoom.us/j/97983482048...> (Nursing!)

Meeting ID: **979 8348 2048**

Purpose:

To provide a forum for subcommittee members to convene and provide expertise and insight to help to inform and guide the HSCN in pursuits to increase revenue through licensure fees and cultivate support and buy-in through outreach efforts as Advisory Board Members.

Objectives:

At the end of the session, the participants will:

1. Receive a recap of the subcommittee initiative priorities and objectives
2. Discuss and improve upon the work plan.
3. Identify next steps and assign work.

Agenda:

12:00-12:05	Welcome & Introductions
12:05-12:10	Approval of March 11 th , 2021 Meeting Minutes
12:10-12:35	Presentation: Continuing Education Joint Advisory Committee (CEJAC) Experiences <ol style="list-style-type: none">a. Experiences and Lessons Learnedb. Discussion
12:35-12:50	Committee Priorities <ol style="list-style-type: none">a. Work Plan and Timeline<ol style="list-style-type: none">a. Activities & Worksb. Work Assignments
12:50-1:00	Next Steps <ol style="list-style-type: none">a. Open Discussion
1:00	Adjourn

Attachments:

Subcommittee Charter
Presentation Slides: Continuing Education Joint Advisory Committee (CEJAC)
Subcommittee Milestones and Work Plan

Remote Access Details:

To attend the meeting by phone or ZOOM web interface

- Join ZOOM Meeting by PC, smart phone or tablet at <https://zoom.us/j/97983482048...>
Meeting ID: 979 8348 2048
Passcode: Nursing!
- Join ZOOM Meeting by phone, call +1 253 215 8782 US (Tacoma) Or +1 346 248 7799 US (Houston) Or +1 669 900 6833 US (San Jose) Or +1 301 715 8592 US (Washington DC) Or +1 312 626 6799 US (Chicago)
Meeting ID: 979 8348 2048
Passcode: 82858171

Invitees:

Subcommittee Members:

Bonnie Castonguay
Rose Hata
Doreen Nakamura
Arthur Sampaga
Anne Scharnhorst

Ho’okele Health Innovations, LLC
The Queen’s Medical Center
UHA Health Insurance
Hilo Medical Center
University of Hawaii Maui College

Other Attendees:

Laura Reichhardt
Carrie Oliveira
Liane Muraoka
Amy Ono
Brienne Atwood

Hawai’i State Center for Nursing
Hawai’i State Center for Nursing
Hawai’i State Center for Nursing
Hawai’i State Center for Nursing
Hawai’i State Center for Nursing

Meeting Schedule:

HSCN Adv. Board: Finance & Fees Subcommittee Meeting
Time: 12:00 PM – 1:00 PM HST

Apr 9, 2021 12:00 PM
May 7, 2021 12:00 PM
Jun 4, 2021 12:00 PM
Jul 2, 2021 12:00 PM
Aug 6, 2021 12:00 PM

Sep 3, 2021 12:00 PM
Oct 1, 2021 12:00 PM
Nov 5, 2021 12:00 PM
Dec 3, 2021 12:00 PM
Jan 7, 2022 12:00 PM

Continuing Education Joint Advisory Committee Overview

For HSCN Advisory Board Finance & Fees Subcommittee

Amy Ono
April 9, 2021



CEJAC Overview

- Originating legislation and purpose
- Composition
- Timeline (2010-2012)



Senate Concurrent Resolution 167 (SCR167)

Tasked HSCN to:

- Evaluate the need for and resources required to establish a continuing education program for nurses;
- Examine the establishment of a continuing education requirement for all nursing license renewals and a Hawai'i nursing continuing education program in terms of feasibility, benefits, costs, obstacles, and a potential timeframe; and
- Establish a joint advisory committee to conduct the study, plan the establishment of a continuing education program for nurses, and report its findings and recommendations to the Legislature.

Target audience is LPNs and RNs. APRNs not included due to established continuing education requirements.



CEJAC Composition

Co-Chairs:
Dean Mary Boland, School of Nursing and Dental Hygiene, University of Hawai'i at Mānoa
Art Gladstone, Healthcare Association of Hawai'i
Glenda Tali, University of Phoenix

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|---|------------------------------------|
| • American Organization of Nurse Executives | • Kaiser Permanente Hawai'i |
| • Department of Commerce and Consumer Affairs | • Kapi'olani Community College |
| • Filipino Nurses Organization | • Kaua'i Community College |
| • Hawai'i Association of Professional Nurses | • Kuakini Health System |
| • Hawai'i Community College | • Maui Community College |
| • Hawai'i Health Systems Corporation | • Philippine Nurses Association |
| • Hawai'i Long Term Care Association | • Hawai'i Board of Nursing |
| • Hawai'i Medical Center | • The Queen's Medical Center |
| • Hawai'i Association of Nurse Anesthetists | • University of Hawai'i at Hilo |
| • Hawai'i Association of Nurse Practitioners | • University of Hawai'i at Mānoa |
| • Hawai'i Nurses Association | • University of Phoenix |
| • Hawai'i Pacific Health | • Wilcox Hospital |
| • Hawai'i Pacific University | • Hawai'i State Center for Nursing |
| • Healthcare Association of Hawai'i | |



Timeline: 2010

- SCR 167 passed.
- First meeting held on September 21, 2010.
- CEJAC conducted research studies and concluded that a recurring problem in continuing education (CE) programs (nationally) is that the focus of CE is often on meeting regulatory requirements rather than identifying personal gaps in knowledge.
- A recurring issue of competence such that the question is efficacy of continuing competency versus continuing education.
- Research showed continuing education alone is not sufficient to ensure competency.



Timeline: 2011

- Mary Ann Alexander, Chief Officer, Nursing Regulation at the National Council of State Boards of Nursing, presented to CEJAC outlining the pros and cons regarding continued competence.
- CEJAC agreed the regulatory effort must focus on “Continuing Nursing Competency” rather than the traditional model of continuing education.
- CEJAC also acknowledged that essential to the CCP is the use of an evaluation tool to assess whether the process is effective in affirming continued competency in nursing practice.
- The Committee focused on models which shift control of learning to the nurse; where the onus of adapting learning and filling any gaps in knowledge is on the individual nurse.



Timeline: 2011 continued

- CEJAC submitted findings and recommendation to the Legislature to develop a Continuing Competency Program (CCP) using the North Carolina Board of Nursing (NCBON) as a best practice for adaptation to Hawai'i.
 - NCBON process included a nurse self-assessment with multiple options for learning as a re-licensure requirement. A CCP would help nurses assess where their gaps in nursing knowledge exist and define the education needed to increase/maintain continued competency.
 - Self-assessment includes dimensions of professional responsibility, knowledge-based practice, legal/ethical practice, and collaborating with others.
 - Nurse then develops a plan for continued learning and selects/implements a learning activity (CE) option.
 - Nurse attests to complying with the program at the time of re-licensure.
 - NCBON conducts random sampling of licensee population for audit.
 - However, NCBON model does not include an evaluation tool. An effective evaluation tool measures the effect that previously selected CE has on the individual nurse's continued competency.



Timeline: 2011 continued

- CEJAC identified barriers to establishing CCP as a re-licensure requirement including but not limited to:
 - Prohibitive cost to do statewide education/communication with stakeholders including approximately 24,000 nurse licensees. One solution would be to use email addresses to reach nurses and other stakeholders.
 - DCCA maintains the nurse licensee email addresses but the Office of the Attorney General informally opined that the DCCA lacked the statutory authority to use the email addresses for a CCP purpose.
 - In most states professional nursing organizations take on the responsibility of shaping and guiding the process for assuring nurse competence. Hawai'i's professional nursing organizations do not conduct peer reviews or act as a central clearinghouse to approve continuing education based on uniform standards.



Timeline: 2011 continued

- Barriers continued
 - Personal liability which nurses fear would be a problem if they formed a central CE committee unless an indemnity clause is adopted into law and disclaimer placed on all approved CE lists.
 - Resources required to ensure a successful phased-in effort of the program.
 - Resources and incentives available to retired nurses to maintain licensure so they can remain competent and continue to be responders during an emergency or disaster.
 - DCCA's inability to oversee the regulatory aspect of the CCP process; citing a lack of resources.
 - HI BON severely challenged to meet any additional regulatory requirement without an increase in human and fiscal resources.
 - HI BON, DCCA is assigned approximately 0.8 FTE. New Hampshire and Hawai'i nurse license fee is similar. Within Hawai'i, licensing boards with similar members and fees receive greater support than nursing.
 - How increased/continued competence of individual nurse will impact employer decision on nurse's pay in relation to performance.
 - Complexity of the health care environment and the vast differences in practice. Differences in practice and areas of expertise make developing a single standardized testing for competence challenging.



Timeline: 2011 continued

- Barriers continued
 - Prohibitive cost of using traditional postal service to do statewide education outreach to stakeholders, including 24,000 nurse licensees when the evaluation tool becomes available.
 - Nurse managers' and employers' fear of impact on facility accreditation if there are negative evaluations of nurse employees' practice.
- By the end of March, CEJAC recommends Hawai'i CCP would include self-assessment, CE, and an evaluation tool. Further, Hawai'i CCP would be divided into two parts:
 - Part 1: Require each licensed nurse to complete a personal, private self-assessment to find gaps in knowledge; to select and complete a learning option to fill those gaps; and comply with these requirements to maintain licensure.
 - Part 2: Require an evaluation of the effectiveness of the process on the nurse's practice and would be implemented once valid tools were available. The NCSBN has convened an effort to develop such a tool.



Timeline: 2011 continued

- In April 2011, CEJAC set out to apprise Hawai'i stakeholders of its progress to date and to garner support for the proposed model. Mass mailing would have been cost prohibitive so CEJAC reached out to smaller groups whenever and wherever opportunities arose (i.e. professional nursing organization membership meetings and meetings held by employers like QMC's Grand Rounds).
- May-October 2011, CEJAC studied feasibility and cost to establish CCP. New Hampshire Board of Nursing (NH BON) is closest to Hawai'i in terms of population and number of licensed nurses.
 - NH BON is staffed with 12 FTEs and supports all aspects of nursing licensing, reporting, monitoring, and compliance.
- November-December 2011, CEJAC reached out to DCCA and key legislators to assist in forming a collaborative relationship with the CEJAC and HSCN.
 - Share expertise and timely analyses of nursing data as well as insights in understanding complex nursing issues, including the national movement towards adoption of CCPs.



Timeline: 2012

- CEJAC findings include:
 - Nationally, continuing education and continuing competency programs fall under the purview of state's board of nursing. Unlike Hawai'i, other state BONs use revenues generated from nursing fees solely to service nurse licensees.
 - DCCA PVL carries out the daily activities which the Hawai'i BON cannot accomplish alone. DCCA PVL plays a pivotal role in the establishment of a nurse continuing competency program in Hawai'i. If the Legislature makes the CCP a requirement, the DCCA PVL would carry out the ministerial duties of the HBON to implement the program.
 - DCCA PVL refused to provide a cost analysis despite citing lack of resources for its inability to address state and national nursing initiatives like the CCP.
 - CEJAC turned to information filed by other BONs.



Timeline: 2012

- CEJAC further found:
 - excluding initial licensing, restoration of licensure and other fees assessed in Hawai`i, 24,000+ nurses generate \$2,105,000 in revenue, biennially. \$70 is assessed from each nurse licensee (approximately \$1,645,000) and goes to the DCCA RICO Complaints Resolution Fund (CRF) and \$20 per nurse licensee (approximately \$460,000) to licensing.
 - Unlike other states which devote 100% of nursing fees to nursing-related costs, only a fraction of Hawai`i nurse licensing, relicensing, license restoration, complaint resolution fund, and other fees are allocated by the DCCA PVL to service nursing.
 - NH BON is staffed with 12 FTEs and supports all aspects of nursing licensing, reporting, monitoring, and compliance. Hawai`i has only 0.8 FTE to service 24,000+ nurse licensees.



Timeline: 2012

- CEJAC further found:
 - Per DCCA PVL, the balance of nursing revenue is applied to support licensure and regulation of other non-nursing related professions. Applying this balance solely to nursing can defray the costs incurred to establish a CCP, allow for the hiring of adequate FTE employees, and absorb the cost for a centralized communication system, on a sustainable basis with no fiscal impact on nurses and employers.
 - Communication remains key to the successful establishment of a CCP in Hawai`i. Communicating solely via postal mail is a major cost barrier which can be alleviated with the cooperation of the DCCA PVL.
 - The lack of a centralized communication system through which all nurses licensed in the state can receive information has created an atmosphere of misinformation on the continuing competency program; barrier-breaking legislation on nursing practice and other regulatory changes; and state/federal initiatives. The lack of current, uniform information practices place consumer safety at risk and practicing nurses/employers in potentially libelous situations.



Timeline: 2012

- CEJAC further found:
 - Establishing and maintaining a CCP in Hawai`i and a centralized communication system would be feasible should the Legislature amend the applicable statutes to authorize the DCCA PVL to reallocate nurse licensee fees to be used solely for nursing-related services. Assessing nurses additional fees is not an option the nursing community is willing to entertain.

Per SCR167, the CEJAC was dissolved within the six months after HSCN submitted the third and final report to the Legislature.



CEJAC's Lessons For Today

- DCCA PVL's ongoing allocation structure for nursing license fees may be a barrier to specifically directing any fee increase revenues to HSCN.
- Engagement of the Legislature is key not only to increase fees but also to enable the establishment of a centralized communication system to communicate with nurses regarding the context and rationale for such increase as well as reduce misinformation. We need to demonstrate our value to nurses and engage with nurses to buy-in; otherwise, testimony in opposition may be overwhelming.
- Department of the Attorney General needs to review and recommend statutory changes needed so a centralized communication system can be established and allow DCCA PVL to share email addresses and allow DCCA PVL/HSCN to use other social media.



Any Questions?

