



**PROGRAM ADVISORY COMMITTEE
MEETING RECORD**

Advisory Committee Name		Nursing Associate Degree			
Date	10/18/07	Time Convened	8:15 am	Time Terminated	10:05 am
Location	Kenosha Room A107		Recorder	Susan Pascucci	
Advisors Present (include only dean and curriculum chair)		Susan Adams(United Hospital System); Carolyn Balcom (Society Assets); Barbara Beardsley (Ridgewood Care Center); Terri Buckett(WFHL-All Saints Health Care); Bernie Flores (Lakeshore Manor); Kathy Garoutee (United Hospital System); Dale Nees (WFHL All Saints Health Care); Marie Maguire (WI Veterans Home-Union Grove); Kathe Russ (Dean); Colleen Sandt (Grande Prairie Health/Rehab Center); Diane Skewes (Chairperson)			
Advisors Absent		Terri Burke (Aurora Health Care); Melanie Chars; (Lakeview Speciality Hospital & Rehab); Maren Diamon (Lakeview Specialty Hospital); Richard Lenz (Counselor); Mary Ouimet (WFHL All Saints Health Care); Sally Schmidt (Counselor); Gemma Wells (United Hospital)			
Guests (including all GTC staff except dean and curriculum chair)		Patricia Barnes (Instructor); Doris Groom (Instructor); Susan Pascucci (Secretary)			

NOTE: New advisors must be given a membership form to be completed and returned to the dean for signature.

Please record advisors' comments, questions, and suggestions as completely as possible.

Topics	Information/discussion with advisors	Advisors' recommendations/ Items for college follow-up
1. Call to Order and Roll Call/Introductions 2. Approval of Minutes	1. Meeting was called to order by B. Flores at 8:15 am Introductions followed. 2. Minutes were approved by C. Sandt and seconded by D. Nees after noting changes. M. Maguire: Should be VA <u>Nursing Home</u> , not Hospital. D. Nee: Page 2 Remove first line (<u>Standard workforce people are talking about the construction.</u>) Delete <u>also</u> from second line and replace the word <u>another</u> with <u>construction</u> . B. Flores: Page 2 Change line to read <u>Students who don't pass Pharmacology</u> . P. Barnes: Page 5 Remove line <u>The students need to be in the healthcare environment to help them immerse in the healthcare culture and not doing other type of jobs for more money.</u> P. Barnes: Page 6 Change line to <u>The employer may ask the student about their predictor test scores in the hiring process.</u>	



**PROGRAM ADVISORY COMMITTEE
MEETING RECORD**

Topics	Information/discussion with advisors	Advisors' recommendations/ Items for college follow-up
<p>3. Advisors' Report—topics may include:</p> <ul style="list-style-type: none"> a. Workforce Needs/ Trends b. Technology/ Equipment Trends c. Certification, Licensure, and/or Regulatory Changes d. Overall Industry Outlook/Direction e. Other specific topic assigned by the committee 	<p>M. Maguire: Continuing to hire nurses & CNA's. Will be opening 3rd floor and need more CNA's—will have 40 more beds. Skilled nursing part of campus has available beds of 120, with 80 full with local residents and some are from other part of state. There is a need in SE WI for this site. There is temporary housing for veterans that are homeless will be open soon near clinic. State Department of Veterans Affairs oversees the VA Home. State surveyors did annual survey 3 weeks ago and went well. Demographics are 75 out of 80 residents are male – husband can bring spouse. Veteran & spouse are the first priority. Parents of veteran are also eligible.</p> <p>T. Buckett: In the process of going to on line live for spring semester. Will be providing education for this electronic on line process. Milwaukee has been doing this for sometime. No more folders. Will give students website and it will navigate them through the process. Orientation will be done prior to getting facility. Checklist will be different. Working on bringing in instructors for Electronic health record training. Will need more discussion on how students will have access to this.</p> <p>D. Nees: Echo whole technology need. Students need to be more rounded with move toward electronic health records. Workforce & students need to get savvy. Give them compact information in 5 & 10 minutes and supported in practice environment. Learning online is archival information to access. There are a greater number of devices, wireless & tools CVI (Cardiovascular Institute) uses & have changed rapidly.</p> <p>B. Flores: Prioritization of nurses is important. More learning in online. Go and incorporate their learning plan into their day and not stay over for an extra two hours. With constraints of financial concerns and budgetary requirements they will have to fit it in their timeframes any computer based learning which will be done on work time and fit that piece in their day. There should be teamwork on the floor or unit to structure their time with each other to get their charting or learning plan</p>	



**PROGRAM ADVISORY COMMITTEE
MEETING RECORD**

Topics	Information/discussion with advisors	Advisors' recommendations/ Items for college follow-up
	<p>done on computer.</p> <p>D. Nees: From the industry direction in the acute care world we need more information as to what are the numbers going to look like of people taking the LPN boards. What do they think their role is? Students are taking boards as a marker to see how they are doing and not long term. Students will look to employers to practice as an LPN to get their 1000 hours to stay on track.</p> <p>D. Skewes: The numbers are influx depending on the semester. Students are eligible at the end of their 1st year to take boards and work as an LPN until they finish 4th semester nursing. They want to assume more responsibility. Third semester is most difficult for students because they are looking at simpler concepts rather than complex. They might have varied reasons to take LPN boards. Students who fail twice have an option to take boards and be an LPN. The student needs to work as an LPN for 1000 hours. Some of the students may come back after remediation. Some students are maxed out at that level. This gives them an opportunity to come back and try this course 1 more time.</p> <p>K. Russ: There are continual requests every week to complete paperwork to take LPN boards because they are stepping out, for reinforcement or a back-up plan. Students see the advantage of taking boards after 2nd semester and then moving on from there. Students are making sure they are connecting in the nursing field. This summer 30 students received suspension letters to do remediation before they can come back. Six students were withdrawn from the program and had already failed a course 3 times.</p> <p>B. Flores: Is there a way for us as the employers to survey students going to take boards to see what the reasons are to be an LPN? We want to nurture them through process. It is hard to do that if we don't know the impact of the volume that is to fall to us. Some LPN's make \$20.00 or more.</p> <p>C. Sandt: We at looking at a switchover to try to go 50/50 RN/LPN. There is a \$5.00 an hour difference between RN/LPN.</p> <p>P. Barnes: LPN positions are in long term. Financial incentive is driver</p>	



**PROGRAM ADVISORY COMMITTEE
MEETING RECORD**

Topics	Information/discussion with advisors	Advisors' recommendations/ Items for college follow-up
	<p>for them to be LPN intern/extern.</p> <p>D. Nees: Currently in acute care setting the model isn't built with that in mind.</p> <p>K. Russ: Some schools have a requirement to complete LPN boards before continuing 3rd semester. We have not gone there yet. We have questions with retention, completion of programs and success on boards. We want to tighten things early.</p> <p>K. Russ: Give a perspective on how healthcare industry is looking at what we do & how our students performance is doing.</p> <p>C. Sandt: LPN in acute care was misused & given everything. Hospitals used LPN's as RN's and have gotten a bad rap. There are things/tasks that an LPN can do as long as an RN can assess. Require RN level LPN can do IV's under RN Assessment RN providing that direction in assessment. Every nurse is IV certified. Nursing home has 1 RN every shift and at night 2 RN's plus 1 LPN for 118 beds.</p> <p>C. Balcom: Society Assets home health section is undergoing some changes. Date of transition soon not accepting Medicare. We are working with family care & private pay. More custodial care and less skilled services. Change with home health care. More involved with senior apartments providing personal care & housekeeping. Establishing a nail clinic. We are utilizing RN's & LPN's.</p> <p>S. Adams: In the next couple of months United is implementing auto med system which will have an impact with the instructors. Nurses use an ID & a fingerprint to dispense medications. There will be some training for the instructors at the end of the semester</p> <p>B. Beardsley: We are feeling the LPN crunch, so for budgetary reasons difficult to make the transition to replace positions, so I would be interested in hearing the forecast on that. The college needs to be aware of what goes in the long term care industry as far as the regulatory atmosphere. Facilities that were for year's deficiency free are coming up with severe survey issues. This is a CMS push to see more and stronger enforcement action against nursing homes. It is coming down the pike for hospitals too. People really sick have trouble getting in a facility</p>	



**PROGRAM ADVISORY COMMITTEE
MEETING RECORD**

Topics	Information/discussion with advisors	Advisors' recommendations/ Items for college follow-up
	<p>because the liability is great.</p> <p>B. Flores: Change dynamics in a nursing home going back to sub acute level of care. Use of LPN will change. Reimbursement with staff not highly trained. In the regulatory world they are looking at, was the resident supervised? Nurses on floor immediate critical thinking wrapped around issue. Speaking of new nurses, LPN's are lacking in that area. Think through safety. Regulation cannot teach people in short time.</p> <p>B. Beardsley: Homes that have been deficiency free or very minor issues are now seeing more G-level sites. If you have two G-level sites two years in a row you go into substandard care & you lose your payment. More immediate jeopardy citations. They use to judge on scope & severity & no longer do that. Intakes & Outputs weren't being put in the computer & dehydration is a focus. There is a real punitive atmosphere. Could impact clinical site availability.</p> <p>C. Sandt: Not sure of surveyor's background making violations, they could be social workers. Shortage of nurses has hit the surveyors.</p> <p>D. Groom: There is a level of anxiety with clinical site staff that I thought we should leave because we were adding to their anxiety. My students felt they were doing wrong. Clinical site staff wanted us to stay.</p>	
<p>4. College Report</p> <p style="padding-left: 20px;">a. Follow-up to Past Advice/Items from Previous Meetings</p> <p style="padding-left: 40px;">1. Assessment Technology Institute, LLC materials</p>	<p>D. Skewes: ATI PN Comprehensive Predictor exams are administered at the end of the 1st year of study and RN Comprehensive Predictor exams are given at the end of the 2nd year of study. Timing was changed in the RN exam. Previous exams were given before the completion of CHAI. Currently administering the exam after the course is completed and only to students who passed the course. It is more reflective of the knowledge of students who will be graduating that year. Students who do not demonstrate competency on the ATI exam are encouraged to take review</p>	<p>P. Barnes: Will send reports out by e-mail to advisory committee members for the past 3 semesters of group ATI scores.</p>



**PROGRAM ADVISORY COMMITTEE
MEETING RECORD**

Topics	Information/discussion with advisors	Advisors' recommendations/ Items for college follow-up
<p>2. Update on Electronic Documentation</p>	<p>Data continues to be collected r/t correlation of ATI results and NCLEX results. D. Skewes presented a copy of an actual student report. All identifying data was removed. Discussion of how results may be used occurred. Facility does an excellent job giving students skills learning technical skills & clinical care. Employers of student nurses might request student scores of ATI Exam and tailor work assignments to improve knowledge and critical thinking skills.</p> <p>K. Russ: We are participating in a project around state with 10 other technical colleges. It is a CERNER database from Minnesota academic software actual records of patients taking students studies records. Pristine cases provide students with the opportunity to practice documentation & utilize charge review to learn about medications, lab studies, x-rays, hospitalizations which are created academic records. This is a 3 year project that is only beginning. Instructors working on it training sessions interface with system. Within 3 years time we will be highly using this system. At the beginning stages but we will use this & it will be an integral part of our training.</p> <p>D. Skewes: We are happy to be exposing our students to electronic documentation systems bring students up to level of confidence.</p>	<p>Put on agenda for Spring 2008 Meeting</p>
<p>5. Items for Discussion/ Recommendation</p> <p>a. Functional Abilities/Lifting limitations</p>	<p>D. Skewes: Discussion based on a recent incident involving a student with a back injury and lifting limitations. A functional ability document assists to identify physical and mental attributes that will help a student be successful in the program. It covers gross motor skills, fine motor skills, physical endurance, physical strength, critical thinking and a variety of aspects that are also intellectual in nature. Upon admission, students review the list and acknowledge, by signature, they are aware of limitations and of Special Needs resources for accommodations as</p>	



**PROGRAM ADVISORY COMMITTEE
MEETING RECORD**

Topics	Information/discussion with advisors	Advisors' recommendations/ Items for college follow-up
	<p>needed. In cases where accommodations cannot be made, it is possible that the student may not be able to achieve competency in the course.. Physical strength identifier is a student needs to push & pull 50 pounds. They need to support 50 pounds of weight. Ambulate a client and lift 50 pounds. What would your expectations be regarding students abilities regarding lifting? How to address student?? How would you address no under 20 pound lifting? C. Balcom: In the long term care facilities they do nothing under 20 pounds of lifting. K. Russ: When a student early on has some restrictions we might make some accommodations, but then from semester to semester if that continues we have a student who has not met the objectives and are not adequately prepared because we have been working with their restrictions. Something that should be experience became observation. Did that really meet the competencies?</p> <p>Advisory Committee members provided insights to the problem.</p> <p>B. Flores: Need to ask a question is it temporary or permanent? What stage of clinical are you in that you can look at other options? Would not want student in clinical with a lifting restriction. Are you partnering with another student? So the other student compensates the lack of care that student can provide. If it is a permanent disability the advisory board says that won't work.</p> <p>K. Russ: Do you think the facility would want to know about lift restrictions? What is the benchmark?</p> <p>S. Adams: Yes, if they can't lift, that patient could fall. This is a liability issue and patient safety issue that could compromise or delay care. Must be able to push or pull 50 pounds otherwise restriction. Meet duties of job.</p> <p>B. Flores: Typically 25 pounds and above you should be able to manage.</p> <p>C. Sandt: There is light duty for work related injury only. They can continue their employment to certain extent based on if it is short or long term. We can terminate employment in good standing then they can come back and apply when able to meet job description.</p> <p>D. Skewes: Recommendation: If a student can't push, pull, support or</p>	



**PROGRAM ADVISORY COMMITTEE
MEETING RECORD**

Topics	Information/discussion with advisors	Advisors' recommendations/ Items for college follow-up
<p>b. Health requirements TB skin testing</p>	<p>lift a minimum of 50 pounds prefer to not have in clinical area. If there were an accommodation that could be made like partnering with another student.</p> <p>B. Flores: Each case & each time we would need a long dialogue with the entity that we are working with.</p> <p>K. Russ: Recommendation: The college will share that information with facility and they can make determination whether that student could continue.</p> <p>D. Nees: Need knowledge of what to look at. We have a whole area of health wellness looks at that and make an evaluation. I would not like to give you a specific recommendation right now.</p> <p>D. Skewes: TB Skin Test is required for students to have on an annual basis. We have received information on the QuantiFERON TB Gold Test from the CDC. Do you still require TB skin tests for employees at least once a year? Have you been allowing your employees to utilize this test as opposed to the TB Skin Test?</p> <p>K. Russ: Would you accept the TB Gold Test? It is a blood test. In years to come it may be the gold standard.</p> <p>C. Sandt: What is the cost?</p> <p>M. Maguire: I would check but I would probably accept it. Right now there is an assessment tool that the CDC puts out that you can do for your institution and if you pass it you no longer have to do TB skin tests for members, residents or staff that year.</p> <p>B. Beardsley: We no longer are doing annuals, just a 2 step on admission or hire.</p> <p>B. Flores: We do an annual skin test on staff involved with high risk areas. We still continue to do annuals with our residents.</p> <p>C. Sandt: We are considered low risk but because of amount of</p>	



**PROGRAM ADVISORY COMMITTEE
MEETING RECORD**

Topics	Information/discussion with advisors	Advisors' recommendations/ Items for college follow-up
<p>c. Student suspension/Program removal</p>	<p>discharges & admissions we didn't know what was going on with them, we went back to every February everyone has a TB test.</p> <p>K. Russ: In the future the influenza vaccine will be required or people have a declination for? Hospital regulatory requires employees and not students. Yes, that is coming for students to be required to have a free flu vaccine and encourage them to take.</p> <p>B. Flores: The death rate in long term care from influenza is extremely high statistically. We highly encourage our staff to have a vaccine.</p> <p>K. Russ: We will start encouraging our students to take advantage of getting an influenza vaccination.</p> <p>D. Skewes: D. Skewes reviewed the student suspension/dismissal process for students who fail a nursing course two times. See attached.</p> <p>K. Russ: Student will need a letter on employer letterhead from employee's supervisor to verify hours.</p> <p>B. Flores: Requested clarification of how decision for this process was made.</p> <p>K. Russ: High volume of students who are unable to achieve competency in two attempts has occurred. Students would have no opportunity to modify lifestyle, study, etc. NCLEX results are weak.</p> <p>D. Skewes: Putting up some assessments for students before petitioning for the clinical program which is another ATI test which is the TEAS test. We are in the pilot project. We will counsel students regarding the scores. In a year & half time we will be set up as successful.</p> <p>K. Russ: We are offering some general college courses step before associate degree courses so students are better prepared to read. The Tease test has writing, language, reading, math & science.</p> <p>B. Flores: Undecided as to how I feel about this. If they failed twice, are they the quality of staff that I am looking for? Can they meet the demands of the industry? I don't remember history has shown us that in our past we had these options. We had a harder line back then and we</p>	



**PROGRAM ADVISORY COMMITTEE
MEETING RECORD**

Topics	Information/discussion with advisors	Advisors' recommendations/ Items for college follow-up
<p>d. Learning Environment</p> <p>e. Student Learning Plan</p>	<p>produced some really quality nurses. I don't know if this supports that or doesn't. If I am an employer and I start to change the way I talk to them and I ask to see their ATI's because I want to enhance your education based off of what you did and I see all of this they wouldn't be a strong candidate. This makes me think different.</p> <p>B. Beardsley: I want to thank you for doing this. When I was in school in you failed twice you are out and that was it. Then you went to the other extreme you could take it 62 times and as employers you didn't know that. At least now there are some restraints.</p> <p>---</p> <p>P. Barnes: Discusses Student Learning Report for RN. This is Gateway's system wide plan for every program that measures students' outcomes with criteria that the students are meeting it or not. There are learning outcomes and measures & standards. Most of the learning outcomes are measured by the ATI Exam every year. We met 25% of our criteria and we met two out of eight criteria that we set. In response to the outcomes, the ADN program has provided extra instruction and/or remedial work in math. Tardiness/absence issue was looked at last time. There is a clearly stated absence policy in our ADN Student Handbook and there is a grade reduction for missing a maximum number of clinical absences. Students have a 1% of their grade for every hour they miss. Instructors have done some groundwork with the use of the ATI materials not only for remediation but for additional resources in the classroom. There are practice tests the students can take on-line to do as part of their assignments. We are hoping that gives us a good picture of what we are trying to measure.</p> <p>B. Beardsley: Have you evaluated this exam? Why are numbers so low on this? I hate to see you putting together a curriculum to teach to an exam? Is this exam a good indicator? Why is there a great difference between Burlington & Kenosha?</p> <p>P. Barnes: We are not teaching to the exam. ATI is used frequently and nationally and with documentation of validity and reliability. Our criterion is to be at 50 percentile or above. We compare to programs.</p>	



**PROGRAM ADVISORY COMMITTEE
MEETING RECORD**

Topics	Information/discussion with advisors	Advisors' recommendations/ Items for college follow-up
f. Psychosocial Nursing ATC	<p>D. Skewes: J. Avila unable to share his PN report. Written report submitted. See attachment. The Learning Outcomes, student will pass NCLEX PN exam at or above the national pass rate of 88% The previous two NCLEX quarters indicated an 81% and 86%.</p> <p>We have a Psychosocial Nursing Advanced Technical Certificate. We have not been able to offer this program for a variety of reasons. We are doing a marketing campaign. We need a motion to approve from advisory committee to continue this advanced technical certificate. The first three courses are theory and can be taken online. It is on our website and in our course catalog. The clinical is a preceptorship. We would like a class offered each semester. Jan Krukar is the instructor & has an excellent background in Mental Health.</p> <p>B. Beardsley: Makes a motion to approve. B. Flores: Seconded motion to approve.</p>	
6. Suggestions for Future Agenda Items	E-mail Diane Skewes with future agenda items.	
7. Determine action plan, if needed, for next meeting		
8. Scheduling of Next Meeting	The Spring 2008 meeting was tentatively scheduled for April 17, 2008.	
9. Adjournment	Barbara Beardsley motioned to adjourn, Kathy Gourette seconded. Meeting adjourned at 10:05 am.	