The Shenandoah University Nursing Faculty Residency Program

A Strategy to Increase Virginia’s Nursing Workforce Pipeline

VHWDA GRANT NEWSLETTER June 2014

Here’s the FINAL news about the VHWDA Grant

National Rural Health

NRHA Annual Conference Call for Presentations - April 14-17, 2015 - Save the date! Philadelphia, PA - The nation’s largest rural health conference, created for all those with an interest in rural health care, including rural health practitioners, hospital administrators, clinic directors and lay health workers, social workers, state and federal health employees, academics, community members, and all others interested in rural health. >> Read More

National Healthcare Quality & Disparities Reports - The 11th annual National Healthcare Quality Report (NHQR) and National Healthcare Disparities Report (NHDR) has been released by the Agency for Healthcare Research and Quality (AHRQ). The reports measure trends in care effectiveness, patient safety, care timeliness, patient centeredness, and care efficiency. Click the following link for access to the full PDF reports. >> Read More

Critical Times for Small and Rural Hospitals - Critical Access Hospitals (CAHs) are protected from many of the issues surrounding the Patient Protection and Affordable Care Act. However, their fates differ depending on many individual circumstances. These include: Geography, services, affiliations, and reimbursement cuts. Many CAHs are threatened by decisions not to expand Medicaid. >> Read More

“You can run, but you can’t hide” - Data regarding the impact of Medicaid

We would like to THANK YOU! for your continual support throughout the planning of our Nursing Faculty Residency Program! Enrollment is now open for this program and we expect full sustainability within Shenandoah University. We are looking forward to working with you during implementation!

Please contact amyers@su.edu with any questions.

here’s a message about our progress

A COMPREHENSIVE REVIEW

The Virginia Health Workforce Development Authority Grant at Shenandoah University was designed to create a Nursing Faculty Residency Program that would increase Virginia’s nursing workforce pipeline. The grant funding to Shenandoah for the development and planning of our program will cease on June 30th 2014 and our goals are complete!
expansion is beginning to surface. Now that we are getting actual data, “politicians can run, but they can’t hide”. The Colorado Hospital Association (CHA) and its Center for Health Information and Data Analytics recently released a report stating significant changes in the states that expanded Medicaid in terms of revenue. There was a 3.5% increase in Medicaid revenue on average, as well as a self-pay patient decrease of 1.6%. Average charity care per hospital also decreased by approximately 33%.

Future Uncertain for VA Rural Health Care Pilot Program - The U.S Department of Veterans Affairs pilot program, offers timely, quality care to rural veterans, and will expire within a few months. The program is called Access Received Closer to Home or ARCH. It is offered in five states and allows veterans to get health care services from community providers if they live at least one hour from a VA health facility. According to the VA secretary “the Veterans Health Administration (VHA) is choosing - at VHA’s own initiative - to end this successful program despite the more than 90 percent satisfaction rate communicated by veterans.”

Extension for Small, Rural Hospitals - the Centers for Medicare & Medicaid issued a notice extending the Medicare low-volume payment adjustment and Medicare-Dependent Hospital program. Hospitals that qualified for an adjustment for discharges within the first half of FY 2014 will continue to receive the adjustment during the second half of FY 2104, without reapplying.

EHR Use Increase at Health Centers - More than nine out of 10 federally qualified health centers reported having electronic health records systems in 2013 compared with 30% in 2009. This increase is thanks to targeted federal funding and incentives, according to a survey by the Commonwealth Fund. 85% reported advanced HIT capabilities in 2013 - meaning they could perform at least 9 out of 13 functions. Use of EHRs by physicians increased from 48% in 2009, to 78% in

Our First Objective: Develop Curriculum

The nursing faculty residency curriculum is finalized, and we have started the admissions process for entry in Fall 2014! The program was designed to increase the supply of nurse educators, therefore assuring an adequate qualified nursing workforce. The first goal was to develop the faculty residency program. The finalized curriculum consists of graduate nursing core courses, Health Systems Management courses, a Health Informatics Certificate, a Nursing Education Certificate, and the “Three Ps” (Advanced Pathophysiology, Advanced Pharmacology, and Advanced Physical Assessment: now required for all advanced practice registered nurse education curricula).

We continue to place emphasis on the Health Informatics Certificate. This certificate allows any baccalaureate prepared health professional (OT, PT, PA, Psych, RN, etc.) to develop the ability to create distance education courses, e-portfolios, geographic information systems (GIS), Electronic Health Records (EHRs), health geared educational gaming programs, etc. Nurses that have a desire to teach, but do not want to leave their clinical careers, can take this 12 credit certificate and then teach one or two distance courses a week. The Health Informatics Certificate will empower health professionals to contribute to the workforce clinically AND academically. Please contact amyers@su.edu if you are interested in enrolling in the Nursing Faculty Residency Program or the Health Informatics Certificate.
Free Live Webinar Exploring Pharmacy Revenue in Rural Hospitals - Thursday, June 26, 2014 2:00-3:00pm EST - TOPIC: Improving revenue streams with current staffing resources for healthcare institutions, including small and rural hospitals. The webinar is a collaboration between ASHP, NRHA, and Health Resources and Services Administration Office of Rural Health Policy (ORHP).

Rural Hospitals are Important Gathering Places - Hospital designs are starting to reflect the maintenance of health and wellness among entire populations, rather than just reacting to illnesses as they come up. Designs are including community gathering space and areas for teams of caregivers to collaborate. This design is reflected in Central Oregon, where St. Charles Prineville (a $30 million hospital) is being built.

Intimate Partner Violence in Rural U.S. Areas - Intimate partner violence is a major healthcare issue, affecting nearly 6% of U.S. women annually. Billions of healthcare dollars are spent trying to address the consequences. Rural survivors face distinct barriers in obtaining help and services in these circumstances. Understanding specific rural implications is essential for rural providers. Routine screening could keep women safer and decrease the chances of serious health issues and costs.

Our Second Objective: Develop Placement Plans

Thank you to the following collaborators!
- University of Virginia School of Nursing
- James Madison University Division of Nursing
- Radford University School of Nursing
- Valley Health Winchester Medical Center
- Our Health Inc.
- GeoHealth Innovations, Inc.
- Shenandoah Valley Workforce Investment Board
- Winchester Frederick County Virginia EDC
- Shenandoah Valley Partnership
- Birth Matters VA

Virginia Rural Health

Budget: No Expansion - Healthcare for Virginians - After a great deal of debate, the General Assembly adopted a budget that does not include any plan to close the health care coverage gap. Additionally, the adoption of an amendment requires a new, specific appropriation to pay for any expansion in the future. The amendment was approved by all 20 Republican Senators. However, the debate on Medicaid is far from over. The Governor
Still has time to review the budget, sign, veto, or amend it. According to VRHA - "our job remains the same - convincing our legislators to close the coverage gap for 400,000 uninsured Virginians. Because of their failure to expand coverage, thousands of our fellow citizens are suffering and some are dying prematurely because they don't have access to the health care they desperately need. Virginia continues to forfeit hundreds of millions of our tax dollars that could help people, support businesses, and bolster Virginia's economy.” >> Read More

**Our Third Objective: Conduct Research**
Our Community Based Participatory Research Interviews have been completed and the Manuscript will be submitted to the VA Engage Journal by June 30th, 2014!

Our topic is “stakeholders’ perceptions” of community-campus partnerships. We are analyzing the effects of collaborative partnerships on the completion of our goals! Thank you to all of our participants! Your feedback has been so beneficial.

**Decline in Doctor Shopping** - According to newly released data from the Department of Health Professions’ (DHP) Prescription Monitoring Program (PMH), “behaviors associated with doctor shopping for the illegitimate use of prescription drugs is on the decline in Virginia.” Data collected show that there is a 73% decline in the number of patients seeking simultaneous care for controlled substances (often associate with pain management).

Our Fourth Objective: To submit a proposal to funding agencies for permanent implementation.
After many attempts at external funding, we now expect full sustainability within Shenandoah University.

**The Bottom Half** - Tennessee and Virginia are in the bottom half of the 50 states in health rankings, according to the 2014 study by the University of Wisconsin Population Health Institute. The study focused on nearly every county in the country and was designed to highlight community successes, identify causes of poor health, engage communities in health improvement, and support policy change. State health commissioners in VA and TN say that we can do better. >> Read More

**International News!**
The White Ribbon Alliance
Delivering JOY - Midwives are the Key to a Future with Health Mothers and Babies - by Her Royal Highness Princess Sarah Zeid of Jordan - “No woman should die during pregnancy or childbirth, especially when the survival and health of mothers and their babies can, in fact, so often be saved.” Princess Sarah Zeid decided to speak out in support of midwives. Click the following link to discover her motivation. >> Read More

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