

Appendix D

**2007-2008**  
**TEXAS STATE HEALTH PLAN**  
**UPDATE**

Statewide Health Coordinating Council  
Response to Public Comment





**I. ARTHUR NELSON JR., R.PH., PH.D., DEAN, TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER SCHOOL OF PHARMACY**

Comments:

The Statewide Health Coordinating Council (SHCC) should consider other roles pharmacists might fulfill, including prescribing medication and ordering laboratory tests. Pharmacists are the only Texas health professionals with more members than the national average; this group could have a big role with chronic diseases to help in shortage areas.

Did the SHCC consider the impact of Texas having the largest percentage of its population without health insurance? This would seem to be an important variable in explaining and influencing the number of jobs, and thus the number of providers staying in Texas. I believe we may have a greater percentage of medical graduates going into specialty practice that would impact the primary care numbers. Is there any existing analysis of this potential? We have such large health systems with multi-specialty residencies, more than in many states.

**SHCC Response: No action required. Current document supports comment.**

**II. ELIZABETH SJOBERG, RN, J.D., ASSOCIATE GENERAL COUNSEL, TEXAS HOSPITAL ASSOCIATION (THA)**

Comments:

THA is pleased with the overall tenor of the plan, and the current data will be invaluable to policymakers, as well as stakeholders. However, in discussions related to the nursing shortage, there are two negative, unsubstantiated statements presented as fact that demean hospitals and their leaders.

- “Low job satisfaction and poor working conditions resulting in high workforce attrition rates;” and

**SHCC Response: Statement was revised as recommended.**

- “High levels of job dissatisfaction related to scheduling, unrealistic workloads, long work hours, and hospital administrators’ lack of responsiveness to nurses’ concerns have resulted in high turnover and early retirement among RNs.”

**SHCC Response: Section was deleted.**

If these statements are included, they should be properly cited.

More importantly, the report fails to recognize the significant role hospitals are playing in trying to reduce the nursing shortage. Hospitals across the state provide scholarship funds, stipends and flexible work schedules for nursing students. And, through THA, hospitals have been effective advocates for more state funding for nursing education for the past three legislative sessions. References to these activities could be included in Chapter 1, page 8 of the draft Update. Focusing solely on negative comments about the workplace portrays an incomplete, misleading impression of hospitals and their interest in and efforts to resolve the nursing shortage. THA requests clarification of these unsubstantiated statements and correction of the misleading portrayal of hospitals in the public release of SHCC's 2007-2008 Texas State Health Plan Update.

**SHCC Response: A paragraph in support of Texas hospitals' positive role was added to the section. THA comments will also be forwarded to the Texas Health Care Policy Council and the Texas Health Workforce Planning Partnership for consideration.**

**III. JAMESWILLMANN, J.D., GENERAL COUNSEL AND DIRECTOR GOVERNMENTAL AFFAIRS, TEXAS NURSES ASSOCIATION (TNA)**

Comments:

General Comment: TNA supports the general focus of the Draft Update and believes SHCC's approach of identifying the most critical health workforce issues that remain unresolved is most appropriate.

TNA also believes that use of state and national provider-to-population ratios is an effective way to portray Texas's workforce needs. As the draft report indicates, while not showing a shortage per se, the ratios are perhaps the best indicators of the adequacy (or inadequacy) of the Texas health care workforce.

**SHCC Response: No action required. Current document supports comment.**

Minorities in Health Care Workforce: TNA agrees that minorities are under-represented and that Texas must address this problem if it is to have an adequate health care workforce. However, from a policy-making perspective, TNA believes one has to look not only at total percentages of licensees,

but also percentages in the education pipeline and recent graduates. Otherwise, progress being made may not be evidenced. This is particularly true for professions that have very large numbers like nursing. In 2003, TNA helped work for passage of legislation that would permit the Texas Higher Education Coordinating Board (THECB) to consider ethnicity in making tuition grants.

**SHCC Response: No action required in current document. Consideration will be given to changing the protocol in future surveys and studies.**

TNA's 2004 Redesign of Nursing Practice and Education: The paragraph on page 17 of the Introduction relating to the two TNA initiatives on redesign of nursing practice and education is probably out of date since the TNA task forces involved have completed their work.

**SHCC Response: Section was revised as recommended.**

On pages 14-15 of Chapter 1, the Draft Update actually reports on some of the recommendations of the TNA Nursing Education Redesign Task Force. TNA recommends either deleting the paragraph on page 17 of the Introduction or revising it to reflect that the TNA task forces have completed their work and made recommendations.

**SHCC Response: Statement in Introduction was revised. No additional revisions necessary.**

Violence in the Workplace: On pages 18-19 of Chapter 1, the Draft Update address development of polices for prevention of workplace violence. Section 241.029, Health & Safety Code, requires that hospitals have polices relating to workplace violence and safety in the work environment for nurses. DSHS is in process of revising its hospital licensing rules and TNA understands that it is being proposed that the rules explicitly require that hospitals develop, implement and enforce such policies. TNA also understands that the rules will also require hospitals to develop, implement and enforce the safe patient handling polices required by Section 256.002, Health & Safety Code. SHCC may want to refer what DSHS is doing in this area.

**SHCC Response: A paragraph was added to summarize the action being taken within the Department of State Health Services to revise the hospital licensing rules.**

TNA Nurse-Friendly™ Designation Program: On page 20, Chapter 1, the Draft Update refers to the TNA Nurse-Friendly™ designation program for hospitals. The term “Nurse-Friendly” is an official certification mark of TNA and must be used only with the hyphen, i.e., “Nurse-Friendly.”

**SHCC Response: Section was revised as recommended.**

Non-Punitive Environment for Reporting of Errors: On page 17, Chapter 1, of the Draft Report, there is a discussion of creating a non-punitive work environment that will better encourage the reporting of errors. TNA believes that creation of a regulatory environment that focuses more on identifying and correcting system errors rather than on identifying and blaming individual nurses is likely to create a safer health care system for patients. TNA currently has a task force looking at what changes might be made to the regulatory environment for nurses that would create an regulatory environment perceived as less punitive, less focused on individual blame and more focused on identification of system errors. TNA would be glad to share the work of that task force with SHCC.

**SHCC Response: No changes were made. The current document supports this comment and the SHCC looks forward to receiving the TNA task force’s findings and recommendations relating to this issue.**

THECB Formula Funding Recommendations for 2008-09 Biennium: In its April, 2006 report, FORMULA FUNDING RECOMMENDATIONS FOR THE 2008-09 BIENNIUM, the Texas Higher Education Coordinating Board made a number of recommendations for funding of nursing education, including continued funding of the Nursing Shortage Reduction Program and increasing graduate nursing weight. Of particular interest is a recommendation for establishing a 10% bonus in formula funding for certain “critical fields” including nursing (and allied health). This concept of special formula for “critical fields” is a concept that TNA believes SHCC should consider supporting – not only for community colleges but expanding it to include general academics and, if appropriate, health-related institutions.

**SHCC Response: No changes required to the current document. TNA comments will also be forwarded to the Texas Health Care Policy Council and the Texas Health Workforce Planning Partnership for consideration.**