

Appendix A

**NURSING
INNOVATION PROJECT
WHITE PAPERS**



2005–2010

TEXAS STATE HEALTH PLAN

Statewide Health Workforce Symposium

Short and Long-Term Solutions to the Critical Nursing Shortage

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***Program Title:* ACCELERATED ASSOCIATE DEGREE NURSING PROGRAM**

Summary: The accelerated ADN program option is the result of a partnership between Austin Community College, St David's Healthcare Partnership, and two local Workforce Development Boards. The goals of the accelerated ADN program model are to:

- reduce the amount of time required to complete the nursing portion of the nursing program
- target displaced workers for rapid career redesign
- provide web-based course delivery for maximum flexibility
- provide financial support to qualified applicants from funds available through financial aid, HCA Cares®, and the Texas Workforce Commission
- provide online academic support services comparable to those available onsite to enhance participant success

The accelerated program will be offered in four consecutive 15-week trimesters rather than four non-consecutive 16-week semesters. The trimesters will be separated by breaks of two weeks each, thus permitting the qualified applicant to complete the nursing program in 16 consecutive months rather than 21-24 nonconsecutive months typically required in a traditionally scheduled program.

The accelerated ADN program model will use web-based, online course delivery for theory courses, which have been traditionally taught in the onsite classroom setting. Lab learning experiences will be taught onsite at the college's nursing skills lab and clinical learning experiences will be taught at local clinical agencies that are affiliated with the nursing program.

Intensive screening processes will assure that participants receive all financial support available to them. A nursing faculty tutor will be available to assist participants online or onsite.

How will your model improve outcomes without increasing health care costs?

The accelerated ADN program model produces graduate nurses in a shorter period of time, which directly benefits health care institutions by decreasing costs associated with agency or traveling nurse staffers. Health care institutions may choose to invest these cost savings in the nursing education program to help support implementation of the accelerated model.

The asynchronous online mode of course delivery decreases barriers for many students, such as, distance, childcare, and work schedules. Web-based delivery also allows for more creative scheduling for clinical experiences with the hospital partners.

What process is in place to collect and analyze process and outcome measures?

Accrediting agencies require every ADN program to develop and implement a program evaluation plan that carefully examines every aspect of the nursing program – administration, curriculum, faculty, students, and resources. This plan of evaluation is sufficient to collect and analyze process and outcome measures related to the accelerated ADN program model. In addition, the partners are tracking various aspects of the project pertinent to the services offered by the agency represented.

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How can technology be used to enhance the solution?

Technology is essential to the success of the accelerated ADN program model. Online course delivery adds an element of flexibility to the program that is rarely available in typical onsite course delivery.

What legislative/regulatory/reimbursement issues will need to be addressed to implement your proposed model?

None

What changes in the education process will be required?

- **Administrative processes:** The greatest obstacle to innovation in higher education is the bureaucratic approval process. If community colleges are going to be truly responsive to the needs of the health care community that they serve, the approval process for pilot projects must be streamlined. In addition, project planning and implementation must occur within the nursing program with support and assistance from college resources. Colleges with centralized organizational decision-making structures may be unsuccessful in implementing this model.
- **Support services:** The registration process may be affected by non-traditional course periods. Students enrolled in non-traditional schedules may need additional assistance accessing support services.
- **Program costs:** The length of nursing faculty contracts (usually 9 – 10 ½ months) must be extended unless adjunct faculty will be used to cover the 12-month schedule. The costs associated with faculty coverage must be considered when implementing the accelerated ADN program model.

How will your model increase diversity in the workplace and improve the delivery of culturally sensitive care?

The accelerated ADN program model will contribute to diversity in the workplace to the degree that the program graduates are culturally diverse. The ethnicity of the 44 fall 2003 graduates included: 61% White, 23% Hispanic, 4.5% Black, 4.5% Asian, and 7% other. Every ADN program includes content on providing culturally sensitive care within the nursing curriculum. Two ADN faculty members are developing a cultural competence module that will be completed by each student enrolled in the ADN Program.

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Short and Long-Term Solutions to the Critical Nursing Shortage

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***Program Title:* NURSING ACADEMY: RECRUITING THE BEST AND THE BRIGHTEST**

Summary: The Nursing Academy is a collaborative effort in the greater Austin Community to recruit the “best and brightest” junior high and high school students into healthcare. The Health Industry Steering Committee (HISC) is a community partnership of industry, education and community workforce development to increase the supply of healthcare workers. Members of the HISC want to promote nursing as a desirable health care profession. With hospitals responding to the nursing shortage by creating more flexible and nurse friendly environments, including increasing salaries, there is every reason to pursue this eager and impressionable group of students.

The Nursing Academy targets middle school and high school students as well as high school counselors. The goals of the Nursing academy are:

- Expose students and counselors to the breadth of opportunities in nursing.
- Explain the academic preparation of pre-requisites and nursing course work.
- Educate and prepare counselors to interest and advise students in nursing careers.

The Nursing Academy is offered three times a year for counselors, high school students and 7th/8th grade students. Participating members of the HISC (St. David’s Healthcare Partnership, Seton, Heart Hospital of Austin, Central Texas Medical Center, University of Texas and Austin Community College) rotate the location of the academies. Each Nursing Academy is a one-day event. The morning covers the challenges and need for nurses, and the afternoon involves exposure to diverse nursing opportunities.

- Critical thinking in nursing practice
- Who makes a good nurse?

What is the good news for our high school students?

- It’s all so confusing: LVN vs. RN vs. BSN vs. Advanced Practice!
 - * Degrees which take three years or less to achieve
 - * Degrees which take 4 years or more to achieve
- Great News: Tons of employment opportunities in Central Texas
- Show Me the Money: Financial aid
- Meet ACC and UT Nursing Students: Life as a Nursing Student
- Where do nurses work in the hospital?
- Follow “a patient” as they are admitted to the hospital (via the respective departments), and learn/address skills that are critical to nursing.

How will your model improve outcomes without increasing health care costs?

The goal of the Academies is to encourage young people to pursue a nursing career thus increasing the pipeline to the profession. The Nursing Academy taps into already existing programs such as the health science technology programs at Central Texas high schools.

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What process is in place to collect and analyze process and outcome measures?

Pre and post assessment tools have been developed and completed by Academy attendees along with program evaluations that have been summarized and incorporated into future planning. Longitudinal studies are in place to determine if the Academies are increasing the pipeline to nursing. The HISC will meet semi-annually to review the program and make recommendations.

How can technology be used to enhance the solution?

Technology in healthcare is growing at a rapid rate. Academy participants are exposed to this technology, computer charting, monitoring devices and various skills instruction at the nursing schools.

What legislative/regulatory/reimbursement issues will need to be addressed to implement your proposed model?

There is a need for more money for nursing school tuition in the form of scholarships and tuition forgiveness programs. In addition, money needs to be continued to high schools for funding their Health Science Technology programs.

What changes in the education process will be required?

The Nursing Academy creates awareness of possibilities for early acceptance into nursing school, as well as streamline the prerequisites needed for acceptance into nursing school. The profession of nursing is approached as a "top" career choice for men as well as women; it is thought of as desirable as any other health care profession.

Many factors discourage young people from pursuing careers in math and science. Research shows that the middle school years are critical - Many students lose their interest and self confidence in math and science during that time."

How will your model increase diversity in the workplace and improve the delivery of culturally sensitive care?

Health science technology students, middle school students and high school counselors are recruited throughout Central Texas to attend; the Nursing Academy allows a variety of young people to be exposed to nursing.

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Short and Long-Term Solutions to the Critical Nursing Shortage

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***Title:* NORTH TEXAS NURSING PROJECT**

Summary: The North Texas Nursing Project is a multi-pronged approach for addressing the high vacancy rate for nurses in our hospitals (16% in critical care), a shortage of nursing faculty, the rapid addition of beds in North Texas, and the inability of nursing schools to meet the demand for nurses. This project is a result of a new and unique partnership involving over 35 hospitals and 13 nursing schools called the Nursing Workforce Collaborative. The following five workgroups meet regularly to address the specified issues:

1. Capacity- Increasing the capacity of area nursing schools,
2. Retention - Keeping the nursing students in school through graduation,
3. Transition - Preparing the nurse graduates to be "hospital ready" and transition to the acute care setting,
4. Destination of Choice - Making North Texas a preferred area for nursing and nursing faculty,
5. Distance Learning- Exploring online alternatives in nursing education.

The goals of the Collaborative are to:

- Increase the number of nursing student admissions by 800 over two years.
- Decrease the attrition rate of nursing students by 10%.
- Prepare 40 foreign-trained professional nurses to take the NCLEX.
- Attract nurses and nursing faculty to North Texas to practice and teach.
- Implement a pilot program for at least 10 North Texas students in an online RN program.

To help us achieve these goals, the North Texas Nursing Project includes these initiatives, many which are already underway:

1. Loaned Faculty Program: This initiative involves hospitals lending qualified employees to nursing schools to serve as faculty.
2. An online common hospital orientation for nursing students, freeing valuable teaching time for nursing faculty.
3. A centralized scholarship database for nursing students.
4. Implement proven retention programs for at-risk nursing students.
5. NCLEX review courses for 40 foreign-trained nurses. Thirty-eight nurses have completed the course and 6 have passed the NCLEX thus far.
6. Develop a website that will be a "one-stop place" for practical and current information on nursing in North Texas.
7. Continue the development of a partnership with an online RN program and put at least 10 students through the program.

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How will your model improve outcomes without increasing health care costs?

This model will not increase health care costs because it provides for the sharing of resources among schools and hospitals. We plan to create standardized orientations, rotations, and internships which will create efficiencies and improve overall results. All innovations are focused on maintaining the high-level of quality within our nursing schools while significantly increasing the output.

What process is in place to collect and analyze process and outcome measures?

The Data Initiative is a component of the Dallas-Fort Worth Hospital Council that supports 65 hospitals with comparative reporting of data on over 70 measures of patient safety and quality. Therefore, the measures are in place to analyze the North Texas Nursing Project outcomes as they relate to patient safety. There are significant challenges to doing this with current regulatory TDH & JCAHO standards. However, the Data Initiative drives a proactive workgroup to address linking staffing to patient safety and outcomes and is attempting to find solutions to creating meaningful linkages.

How can technology be used to enhance the solution?

This project will utilize technology by the following:

- online hospital orientation for nursing students
- online partnership with nursing schools and hospital systems
- online demand survey for determining vacancy rates
- nursing student email mentoring retention program
- online community via a Listserv to support students and mentors
- Data Warehouse with online interactive webportal for patient safety indicators

What legislative/regulatory/reimbursement issues will need to be addressed to implement your proposed model?

Statewide budget cuts have adversely affected nursing schools. Requirements for nurse educators may need to be re-examined. Standardized methods for linking shortages to patient care are yet to be developed.

What changes in the education process will be required?

Innovations in the education process, cooperation among hospitals and nursing schools, and collaboration between all partners must occur. Our model seeks to address all of the above.

How will your model increase diversity in the workplace and improve the delivery of culturally sensitive care?

The North Texas Nursing Project will increase diversity with the Foreign nursing initiative that adds bilingual nurses to the workforce.

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Short and Long-Term Solutions to the Critical Nursing Shortage

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Department of Labor's Office of Apprenticeship, Training and Employer Services

Program Title: Using Apprenticeship to Build and Fill Career Paths in Health Career

Summary:

Healthcare Crises

For the past two years, the U.S. Department of Labor's Office of Apprenticeship Training, Employer and Labor Services (ATELS) has focused on the healthcare industry as a direct result of the chronic workforce shortage in the health care field, particularly in nursing. A crisis of this magnitude calls for a multitude of new ways to address these issues. Many health care leaders, together with the public workforce and educational leaders are grappling with the problem and experimenting with new ideas. The traditional mindset of rigid rules needs to be replaced with a fresh vision and a willingness to be flexible enough to consider the "what ifs". It is incumbent for the nation's welfare that the healthcare system creates partnerships with government and education in ways that are both innovative and accessible to resolve these problems.

Challenges

Changing paradigms is never an easy prospect. We have faced, and continue to face, many challenges within various arenas, such as:

- Acceptance of apprenticeship within healthcare
- Identification of educational partners willing to modify their programs to meet apprenticeship parameters and articulate with national on-line course providers
- Barriers posed by individual state regulation of certification and training
- Need to train and orient public workforce system personnel about healthcare jobs and skill needs to better assure a pipeline of screened and appropriate candidates

Registered Apprenticeship Training Model

The registered apprenticeship model is not a panacea, rather it is one additional approach to help address the shortage facing our nation. It is incumbent upon all of us to not only address the short-term issues, but look at the long range features of building a system which provides reciprocity given the mobility of the populace. With the growing expansion of distance learning opportunities and other web-based training, the flexibility of the apprenticeship program will provide some assistance with the capacity issue. We need to be able to expand our classrooms in a virtual manner to better ensure the widest possible connection to all nursing students. This is particularly true for rural communities.

A Nursing Career Path Model

One example of how the U.S. Department of Labor is addressing the nursing shortage is through a demonstration project with a unique, holistic approach. The Council for Adult and Experiential Learning (CAEL) was awarded a grant to work with health care providers, educational institutions and the public workforce system in five sites across the nation to create a career lattice using the apprenticeship training model and distance learning for Certified Nursing Assistant (CNA), Licensed Vocational Nurse (LVN) and Registered Nurses.

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Under this model, a local partnership is formed consisting of the three entities to leverage all their resources to resolve the shortage. The program:

- links recruitment for new hires to the workforce system;
- leverages available (or creating new) student support services (WIBs, One Stops) to meet the full range of adult learning challenges for incumbent adult healthcare workers at each stage of the model;
- builds additional collaborative partnerships between healthcare and higher education;
- encourages application of best practices in workforce development throughout the healthcare industry utilizing the Registered Apprenticeship Training Model;
- promotes careers in nursing and healthcare, particularly among demographic groups traditionally underrepresented within the industry.
-

A White Paper:

Introduction:

For the past two years, the U.S. Department of Labor's Office of Apprenticeship Training, Employer and Labor Services (ATELS) has focused on the healthcare industry as a direct result of the chronic workforce shortage in the health care field, particularly in nursing. Nationally, the health care industry is expected to account for one out of every six new jobs created by 2012, adding 3.5 million additional workers (Source: U.S. Bureau of Labor Statistics). During that same time period, 15 of the 30 fastest growing occupations are concentrated in health services. These positions include personal and home care aides (48 percent growth), medical assistants (59 percent growth), physician assistants (49 percent growth), and medical records and health information technicians (47 percent growth) (U.S. Bureau of Labor Statistics).

These numbers are exacerbated by the aging baby boomers who have already begun to retire and are placing a greater demand on the health care system than any previous generation. Some issues that have come to the forefront as a result of this crisis:

- Growth of healthcare professionals and the aging population are diametrically opposed; hence, there is a much greater need for more healthcare professionals than ever before.
- Traditional training methodologies cannot keep up with the needed capacity to maintain status quo.
- Training, recruitment and retention of health professionals, especially in rural settings, are growing problems.
- Many educational facilities are currently at capacity and do not have the faculty and/or space to take additional students.
- A need for greater reciprocity and portability of credentials is critical to the future health and economic well-being of our nation.

A crisis of this magnitude calls for a multitude of new ways to address these issues. Many health care leaders, together with the public workforce and educational leaders are grappling with the problem and experimenting with new ideas. The traditional mindset of rigid rules needs to be replaced with a fresh vision and a willingness to be flexible enough to consider the "what ifs". It is critical for the nation's welfare that the healthcare system creates partnerships with government and education in ways that are both innovative and accessible to resolve these problems.

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Why Apprenticeship Training

The Registered Apprenticeship model has existed for a long time, traditionally associated with the construction industry. Many tend to dismiss it as an irrelevant and outdated methodology for training purposes. But the basic components of the model are suitable to many occupations in healthcare. As a matter of fact, many occupations currently use the apprenticeship model for training without calling it that. The apprenticeship model helps participants attain high performance through a cohesive process which links formal education in the form of a degree or certification with a standardized process of delivering and measuring hands-on/on-the-job learning (OJL). For decades, registered apprenticeship programs have been successful using the two-pronged method of combining on-the-job learning with classroom theory supported by a strong mentoring component. The apprentice goes through a structured program established by the employer that includes incremental wage increases until he or she completes the course of training.

To address recruitment and retention issues, employers need to minimize the risk of hiring new employees through an antiquated system of assessment. That is, the traditional reliance of reviewing resumes and conducting interviews continues to be a hit-or-miss approach with varying degrees of success. The value of the apprenticeship model is the flexibility that the employer has in establishing the standards of proficiency required of their professionals. The apprentice or intern learns the job under the supervision of a mentor and attends formal classroom training throughout the tenure of the program. This serves the employer in that the pay is commensurate with the level of skill and ensures that the specific skills needed are covered in the program. One of the most attractive features of the model is that it is an “earn while you learn” model. This allows an individual the opportunity to begin receiving a paycheck on his/her first day as an apprentice. With a chronic worker shortage in many fields, many more recruits will be available knowing they can start earning a living. This can be very appealing to displaced workers or others who may want an opportunity to move into a new field of interest.

While the Registered Apprenticeship model can be helpful in most settings, it is particularly useful in rural settings because it resolves many of the problems that rural areas face. Adequate staffing can be problematic for any organization, but in rural areas it can be daunting given the competition with other businesses for a small or diminished pool of workers. With registered apprenticeship, rural citizens don’t need to leave their communities to go away to school to learn skills. They can take their courses through distance or on-line learning provided by many community colleges. The ability to earn while they learn allows rural apprentices to begin working at the local health care facility without having to leave the community. This model also eliminates the need to recruit individuals through training or monetary enticements which are both costly and can be ineffective in the long run.

ATELS has been actively pursuing and successfully developing such innovative approaches to workforce development in conjunction with other high level professions, such as the Information Technology Industry. According to the Chief Learning Officer (CLO) Executive Briefings found at <http://www.clomedia.com/common/newscenter/newsdisplay.cfm?id=2577>, NITAS (National IT Apprenticeship System), a new joint effort between CompTIA (the IT industry association) and the U.S. Department of Labor, is an excellent example of government and industry coming together to develop an innovative approach to help the U.S. become more globally competitive by providing better training and assessment tools. According to the January 29, 2004, CLO article,

“The NITAS program strengthens connections between workforce investment and educational systems in the United States, said Neill Hopkins, vice president of workforce development and training for CompTIA, and an editorial board member for Chief Learning Officer magazine. Research conducted by the Department of Labor and by CompTIA indicates that on-the-job training is much more

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effective when combined with classroom instruction than when either is delivered on its own, he said. The combination of structured on-the-job training delivered under the guidance of an experienced worker, and complementary related classroom instruction, ensures a worker's employability and competency."

Challenges

Changing paradigms is never an easy prospect. USDOL/ATELS staff across the country have been working to establish a grass-roots connection to the health care community. The registered apprenticeship model is not a panacea, rather it is one additional approach to help address the shortage facing the nation. It is incumbent upon all of us to not only address the short-term issues, but look at the long range features of building a system which provides reciprocity given the mobility of the populace. With the expansion of distance learning opportunities and other web-based training, the flexibility of the apprenticeship program will provide some assistance with the capacity issue. We need to be able to expand our classrooms in a virtual manner to better ensure the widest possible connection to all nursing students. This is particularly true for rural communities.

The following are some issues that have surfaced as the USDOL's Apprenticeship Office and workforce system address the shortages in healthcare—

- Acceptance of apprenticeship within healthcare;
- Identification of educational partners willing to modify their programs to meet apprenticeship parameters and articulate with national on-line course providers;
- Barriers posed by individual state regulation of certification and training; and
- Need to train and orient public workforce system personnel about healthcare jobs and skill required to better assure a pipeline of screened and appropriate candidates.

Development of a new registered apprenticeship model within the healthcare industry requires the participation of numerous systems operating both at state and national levels. Medical associations, certifying bodies, state licensing groups, the U.S. Department of Labor's apprenticeship office are all partners in this endeavor and must be involved in program design to make a successful effort. ATELS staff have been working to better link the workforce development system to the healthcare arena through discussions on the advantages of the apprenticeship model as a long-term solution to recruitment and retention as opposed to the more traditional short-term job placement. By working with the state or local workforce system, ATELS can help providers recruit nontraditional pool of workers such as dislocated workers—those who have lost their job through downsizing. The apprenticeship model is particularly attractive to this group because it allows them an opportunity to retrain in a new occupation while continuing to earn a living. There are not many individuals who have the luxury or means to completely place their lives on hold to go back to college full-time.

A Nursing Career Path Model

One example of how the U.S. Department of Labor is addressing the nursing shortage is through a demonstration project with a unique, holistic approach. The Council for Adult and Experiential Learning (CAEL) was awarded a grant to work with health care providers, educational institutions and the public workforce system in five sites across the nation to create a career lattice using the apprenticeship training model and distance learning for Certified Nursing Assistant (CNA), Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN) and Registered Nurses.

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Under this model, a local partnership is formed consisting of the three entities to leverage all their resources to resolve the shortage. The program:

- links recruitment for new hires to the workforce system;
 - leverages available (or creates new) student support services (WIBs, One Stops) to meet the full range of adult learning challenges for incumbent adult healthcare workers at each stage of the model;
 - builds additional collaborative partnerships between healthcare and higher education;
 - encourages application of best practices in workforce development throughout the healthcare industry utilizing the Registered Apprenticeship Training Model; and
 - promotes careers in nursing and healthcare, particularly among demographic groups traditionally underrepresented within the industry.
- Sites include:
- Harris County Hospital District: Three trauma centers; 13 clinics;
 - Evangelical Good Samaritan Society: a national, nonprofit long term care provider. They are piloting the program in South Dakota, North Dakota, Iowa, Minnesota, and Nebraska;
 - Chicago: A consortium of hospitals and long-term care providers;
 - Seattle: A consortium of hospitals and long-term care providers;
 - Maryland: A consortium of hospitals and long-term care providers.

The project is building a career “lattice” rather than “ladder” where employees can enter or exit at any level. The career path does not have to be linear. Apprentices may enter as newly hired nursing assistants or they could be current employees who work in housekeeping or the food service who want to move over to the clinical side. They can start as a nursing assistant and remain in that capacity acquiring some of the CNA specializations that are being developed under the project—including geriatrics, restorative care, pediatrics, cardiology, orthopedics and out patient care—or choose to advance to LPN/LVN, RN and beyond. They may even decide to take a different career path after completing the nursing assistant program, such as, radiology technician, dental assistant or another field, if they have the basic skills.

The model intends to address the shortage of qualified workers at the entry levels of the nursing profession. Without the development of a clear and logical career lattice system that links CNA and LPN/LVN apprenticeships in conjunction with other training methodologies, the chances of successfully addressing the nursing shortage are severely limited. Many healthcare facilities look at this model as a way to backfill RN positions and build a steady pool of employees who can advance to an RN or higher, or remain at the CNA or LVN level.

Two of the five selected CAEL sites have designed innovative apprenticeship models for CNA. One model developed with the Good Samaritan Society (GSS), a national, nonprofit long-term care provider, focuses on the CNA for long-term care facilities in South Dakota. The other model is a more traditional approach for the CNA in a hospital and/or clinic setting with the Harris County Hospital District, in Houston, Texas.

The Good Samaritan Society

One third of all employees at the Good Samaritan Society are CNAs, or roughly 8,000 staff. The Society has more than 250 nursing homes, assisted living facilities and other long-term care operations in 26 states, predominantly in rural communities where recruiting and retaining trained, quality employees is difficult. They are experiencing a nursing shortage and high turnover rates in many of their facilities. To address the staffing shortages for RNs, GSS partnered with the University of South Dakota to provide nursing curriculum via distance learning. Students are able to take their classes at the facilities where they work. They call their program “Growing Your Own” to promote the idea of career advancement from LPN to RN. The apprenticeship model fit well into this program by

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addressing the high turnover rates of CNAs and offering upward mobility towards LPN and RN. The Society is creating a new pool of employees to retain in the CNA level as well as build a pipeline to the more advanced LPN and RN positions. Another interest in the apprenticeship model is how it addresses each of the Society's hallmark values grounded in their religious beliefs. By improving the training of their staff, the quality of care to the residents is vastly improved, which, in turn, provides stability to the local community. With the training provided via distance learning, the local community benefits by keeping their citizens there, working and learning. Many pieces fit into a vision that GSS had already created for its workforce.

The Good Samaritan CNA Apprenticeship Model

The Good Samaritan Society and the USDOL developed a 4-tiered certification process for the CNA to better qualify staff to meet the needs of long-term care patients. Apprentices will receive a wage increase upon completion of each certificate. Some sites were concerned about licensing issues. An apprenticeship program is within the regulations of the Centers for Medicare and Medicaid Services, HHS, 42 CFR Chapter IV (10-1-02 Edition): Section 483.75 A (e)(2), which states that an individual can work as a nurse aid at a facility for up to four months before taking the qualification exam for a certified nursing assistant.

Level 1, Certificate of CNA Training

Trains and takes the state exam; 175 hours of both didactic and clinical training which can be applied towards next level.

Level 2, Advanced Certificate

1000 hours of on-the-job learning and a competency-based evaluation (can apply towards next level). After completing this level (roughly six months,) individual will have the core competency need to perform all CNA duties at a high level of performance.

Level 3, Certificate of Apprenticeship Completion

A CAN with a Level 2 certificate will be able to pursue a specialization that requires roughly 1,000 hours each. GSS developed specializations in Dementia, Geriatrics, and Restorative Care. The program includes on-the job learning and competency-based evaluation. (Acute care facilities at some of the other CAEL sites are developing specializations in Pediatrics, Cardiology, Out Patient Care, and Orthopedics.)

Level 4, Mentor, Optional Certificate

After completing the first three levels, a CNA can study for a Mentor certificate that is about 600 hours. This course qualifies a CNA to mentor Certified Nursing Assistants 1 and 2.

The first cohort of trainees begin March 2, 2004. Some 40 advanced CNAs will take the Mentor training. After completion of mentor training, the first group of CNAs will begin in April 2004, with the newly trained CNA mentors.

GSS hopes to reap several benefits from this creative career path which focuses on an investment in their workforce. They expect to instill the continuous learning process and possibilities of career advancement for their staff which should result in higher quality service to patients. They also hope to replicate the model throughout the GSS network with the ability to develop and retain new staff and link to other USDOL opportunities.

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Harris County Hospital District

The Harris County Hospital District (HCHD) is a pioneer in providing integrated health care to the community. HCHD is the fourth largest metropolitan public healthcare system in the U.S. It comprises three hospitals – Ben Taub General Hospital, Lyndon B. Johnson General Hospital and Quentin Mease Community Hospital; 11 neighborhood health centers; a dental center; an HIV/AIDS facility; four school-based clinics; 13 satellite homeless shelter clinics; and five mobile health units. The system started as a teaching hospital for Baylor University and now encompasses the University of Texas Health Science Center in Houston. HCHD provides access to cost-effective, quality health care delivered in a compassionate manner to all residents of Harris County, regardless of their ability to pay. The challenge for HCHD is training its incumbent workforce and recruiting qualified nursing staff to a large public system. Many nurses prefer to work for private healthcare systems instead of a county or public healthcare provider.

The HCHD CNA Apprenticeship Model

The program is a competency-based registered apprenticeship program designed to draw enrollees from HCHD's healthcare facilities as well as new employees. HCHD is working with the local workforce investment board, the Greater Houston Area Health Education Center (AHEC), as well as two primary educational entities: Houston Community College System Southeast and San Jacinto College North.

The apprenticeship model for the CNA Apprenticeship fit well into the new job description hierarchy that was developed by HCHD in 2003. HCHD had inserted a tier within the CNA job description titled, "Patient Care Technicians, I, II and III." The apprenticeship model provided incumbent workers with a pathway for advancement on the nursing career lattice that blended with HCHD's desire to motivate employees to move up the nursing ranks.

Initial Training

144 hours of training including didactic and clinical training. Training is enhanced by emphasis on interpersonal skills, stress management, accountability and organizational skills. Obtains state certification.

Patient Care Tech I

Trains with basic nursing skills and takes the state exam. Training includes 98 hours of didactic and 48 clinical hours. Uses current college curriculum in basic nursing skills (CNA) with added enhancements such as communication and interpersonal skills and on-the-job training for a three-month probationary period. This can be applied to the next level.

Patient Care Tech II

Trains for one of the specializations combining didactic and clinical hours as specified in the college curriculum.

- Phlebotomy: 80 hours classroom; 120 hours of clinical;
- EKG: 64 hours of classroom; 112 clinical;
- Sterilization procedures: still under development with employer and college.

Patient Care Tech III

Trains for all three specializations and continues to build on-the-job training to complete a full apprenticeship program. Receives a certificate of apprenticeship upon completion of the program.

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Mentor/Preceptor

Still under development.

The initial cohort of participants is recruited from the HCHD community health centers. At the end of February 2004, there were more than 60 potential students from within HCHD who had expressed interest in the CNA apprenticeship training. Some would like to advance up the rungs of the lattice. In addition to training incumbent employees, HCHD has an on-going need to recruit and train new employees as CNAs, LVNs and RNs. This opens a unique opportunity to partner with the Worksource Centers, the Texas public workforce system. For all potential participants, the CNA apprenticeship program opens an opportunity to them for education and skill development that will strengthen their commitment and loyalty to HCHD.

In the short-term, HCHD is using the flexibility of the apprenticeship model to design a program to fit the needs of both the community and the health system's diverse sites. The hospital district wants to expand training opportunities for its staff without the need to recruit from outside the community, as well as link to educational opportunities through better use of technology. The long term strategy is to create new pools of employees from the Texas workforce system rather than hiring away trained professionals from other healthcare providers; expand the CNA career lattice to increase the supply of LVNs and RNs; and raise the bar on the quality of patient care, as well as providing the satisfaction and pride of serving in an honorable career.

Conclusions

The project is still at the early stages of development, so there are no conclusions to report at this date. Resource sharing is imperative to our success in serving as many communities as possible. The flexibility of the registered apprenticeship model can serve the healthcare profession, as well as other highly skilled occupations. Using this model in conjunction with other programs can help enhance and/or extend limited resources to higher levels of success. Recognizing the shift in the workforce and building a model to capture the underemployed will create a new pool of potential healthcare professionals who have already proven their ability to be trained and work at a high level occupation.

The USDOL's Office of Apprenticeship will track all the individuals who go through the program to see if the model is successful at addressing several workforce issues—

- Reduction in costs of recruitment and retention;
- Improvement in the quality of the workforce trained through the apprenticeship model;
- Diversification of the healthcare workforce;
- Success with the tiered model for Certified Nursing Assistant;
- Success with the career lattice approach;
- Success in bringing together the workforce system, education and health care providers to resolve the workforce shortage; and
- Success in creating a model that can be replicated in other communities throughout the country.

Appendix A

NURSING CAREER LATTICE PROGRAM: Good Samaritan Society/CAEL/DOL

PROGRAM OBJECTIVES AND OUTCOME MEASUREMENTS

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Program Goals:

To address healthcare worker shortage by implementing apprenticeship programs that will:

1. Improve the image of CNA positions, particularly in the nursing home industry.
2. Develop enhanced performance standards to improve the quality and consistency of care provided.
3. Improve nursing recruitment strategy by providing growth opportunities and specialty options.
4. Develop career lattice that offers options for career development and staff recognition that will improve retention of nursing assistants and therefore decrease the costs associated with turnover.
5. Increase customer satisfaction (employees and residents/families).

Program objectives:

1. Develop apprenticeship model that provides support to new nursing assistants, enhances skills, and provides additional competence based training
2. Utilize the apprenticeship model for currently certified nursing assistants to gain an advanced credential as CNA I. These individuals could then select specialty areas of interest to further develop skills with an option to pursue career paths for nurse licensure. Mentors would continue to provide direction, support, and evaluate competence.
3. Develop distance learning option for mentor training in conjunction with DOL registered apprenticeship program.
4. Develop mentor support network and system for best practice sharing.
5. Develop standardized, competency-based training for each specialty credential as an option for centers in which to enroll individuals. Some courses may be delivered through the GSS distance learning network, others through self-study, and others may be provided locally following standardized lesson plans. The mentors, during on the job apprenticeship, will verify clinical competencies. Duration of apprenticeship will be 1000 hours with eight hours per month of coursework for six months.
6. Establish a GSS CAEL site Advisory Committee that will be involved in strategic planning and outreach for the program.
7. Develop links with nursing programs at pilot sites and pursue credits for skills/courses that could apply for those pursuing higher education (Growing Our Own initiative, etc.).
8. Implement program in pilot regions across GSS, track enrollment and program status.
9. Utilize the apprenticeship model as a marketing strategy: i.e., “we provide training and support to our nursing staff that is a recognized competency-based model that ensures quality, consistent care to our residents – this program provides credentials to staff through the department of Labor”.

Potential Outcome measurements:

- Retention rates for CNAs
- Occupancy rates
- QI's/QM's (Quality Indicators/Quality Measures) of involved facility
- Customer satisfaction surveys (staff/residents)

Appendix B

NURSING CAREER LATTICE PROGRAM: HCHD/CAEL/DOL Program Objectives and Outcome Measurements

Program Goals:

To address the healthcare worker shortage by implementing Apprenticeship programs that will:

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1. Provide formal training to experienced Patient Care Technicians in the community health centers.
2. Provide CNAs in the hospital setting and at the community health centers with the opportunity to grow as CNAs with specializations to assist in advancing in their job responsibilities and wages.
3. Open career lattice pathways offering options for development and recognition, so as to improve retention of nursing staff.
4. Increase customer satisfaction for employees, clients, and families.

Program Objectives:

1. Develop a CNA Apprenticeship model that provides support to incumbent and new nursing assistants, enhances skills, and provides additional competence based training.
2. Utilize the apprenticeship model for currently certified nursing assistants to gain an advanced credential as CNA I, II, or III (Patient Care Technician I, II, or III). These individuals could then select specializations required to move up the lattice (I, II, III) to further develop skills with an option to pursue career paths for nurse licensure.
3. Develop a mentor/preceptor support network and system for best practice sharing, as well as provide direction, support, and evaluate competence.
4. Develop standardized competency based training for each specialty credential as an enrollment option for centers, with courses delivered through the colleges' specialization (e.g., Phlebotomy, EKG) or provided by HCHD following standardized lesson plans. The mentors/preceptors during on-the-job apprenticeship will verify clinical competencies. Duration of Apprenticeship is 2000 hours, with 144 hours of initial basic nursing assistant training from the community colleges.
5. Establish a HCHD/CAEL site Advisory Committee that will be involved in strategic planning and outreach for the program and in establishing an apprenticeship committee.
6. Develop links with other nursing programs in the Houston Metropolitan area and pursue credits for skills/courses that could apply for those seeking higher education.
7. Implement program in pilot region across Houston and Harris County areas, track enrollment and program status.
8. Utilize the Apprenticeship model as a marketing strategy for establishing partnerships with other healthcare systems, stating, for example, "We provide training and support to our nursing staff in a recognized competency-based model that ensures quality, consistent care to our residents and provides credentials to staff through the U.S. Department of Labor."

•Potential Outcome measurements

- Improve retention rates for CNAs
- Create opportunities for CNAs to move up the career lattice
- Collect and evaluate customer satisfaction surveys (staff/residents)

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Short and Long-Term Solutions to the Critical Nursing Shortage

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***Program Title:* INNOVATION FOR HEALTHCARE WORKFORCE ENHANCEMENT**

Summary: Much has been written relative to the current and pending shortage of skilled healthcare personnel. Like their counterparts in other regions of Texas and the nation, many San Antonio healthcare facilities are experiencing workforce shortages among the nursing and allied health professions.

Over the past year or two, colleges and other educational institutions, workforce, human service and economic development agencies, and employer groups in San Antonio have realized that a regional healthcare workforce partnership has great potential for solving the skilled personnel shortage in the healthcare industry. This paper describes recent efforts by these groups to work in collaboration to support individual advancement and meet employer education and training needs in the healthcare industry.

Four goals are described relative to “short and long-term solutions to the critical nursing shortage.” Methodist Healthcare System and University Health System describe specific and positive outcomes experienced by their hospitals as a result of this collaborative effort.

- Build the Employment Pipeline. Create external partnerships with local Schools of Nursing to increase enrollments and graduates.
- Enhance nursing school curriculums.
- Support employees in their pursuit of the initial RN or advanced RN degrees.
- International Recruitment.

The initial partnership began to expand rapidly in the spring of 2003. To date, funding was secured from healthcare systems, federal and state agencies, and private foundation sources. The partnership grew rapidly to include more education and healthcare institutions and allied health programs. Instructional delivery methods are discussed.

It is anticipated that this partnership will continue to grow at a rapid pace. Thus, a “lessons learned” thus far and a vision for the future are discussed.

The paper concludes that partnerships of colleges and other educational institutions, workforce, human service and economic development agencies, and employer groups working together are worth pursuing. There is tremendous synergy when institutions work together to support individual career advancement and meet employer education and training needs.

How will your model improve outcomes without increasing health care costs?

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This partnership of colleges and other educational institutions, workforce, human service and economic development agencies, and healthcare employer groups in San Antonio have combined resources to leverage external funds for nursing education students.

What process is in place to collect and analyze process and outcome measures?

Accountability is driven by our funding sources: individual healthcare facilities, state and federal agencies, and private foundations.

How can technology be used to enhance the solution?

The partnership utilizes existing Internet courses developed as part of college healthcare instructional programs for customized multi-skill training. Still, need exists to develop additional on-line courses in basic nursing and allied health curriculum where appropriate. For example, great potential exists to offer on-line training of JCAHO and OSHA safety requirements for all health care personnel.

The partnership recognizes the advantages of “blended” instruction that includes traditional, on-line, and teleconference technologies. This approach will better serve rural hospitals, and will also be beneficial to urban area hospitals to enable additional staff training on the hospitals’ campuses.

St. Philip's College utilizes both Laerdahl and METI patient simulators through the Nursing Education Department's Frank Bryant Patient Simulation center. St. Philip's encourages the use of this center by its partner colleges and healthcare facilities.

What legislative/regulatory/reimbursement issues will need to be addressed to implement your proposed model?

Colleges are hampered from expanding their allied health and nursing programs because the State's share of the cost of instruction has been gradually reduced each year for many years.

Accrediting groups and state regulatory agencies need to work with colleges to design career pathways programs designed for adults who work and support families.

What changes in the education process will be required?

Blended instruction that includes traditional, on-line, and teleconference technologies, and ESL instruction must be supported.

How will your model increase diversity in the workplace and improve the delivery of culturally sensitive care?

A culturally diverse workplace will greatly enhance culturally sensitive care. The partnership strives to advance employees from the lower tiers of the health careers pathway beyond a "working wage" to the high-skill/high-wage professional ranks.

The following quote from a Methodist Healthcare System scholarship program recipient sums-up our workforce development approach. “I still have not gotten over the excitement of having been selected for the nursing scholarship. I started as a nurse’s aide in 1996. Then I obtained my LVN license in 1997. Now as a registered nurse, I’m better able to help my patients. This is a dream come true.” Claudia, RN.

All four of the colleges of the Alamo Community College District are classed Hispanic Serving Institutions by the U.S.DOE. U.S.DOE classifies St. Philip's as both Hispanic Serving and Historically Black. St. Philip's is the only two-year college in the U.S. to qualify for both classification.

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Short and Long-Term Solutions to the Critical Nursing Shortage

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Title: A MODEL OF COOPERATION: ADVANCING NURSES IN EAST TEXAS (ANET)

Summary: The current national and Texas attrition rate for nursing programs are 40% and 30% respectively. (TNA Fact Sheet 2001, Deans & Directors' Meeting). According to Christine Tanner (2002); the nursing education system, as currently designed, is near capacity for number of students. Consequently Tanner (2002) states that new partnerships among educational institutions for sharing laboratory and faculty resources must be developed to deal with the nursing shortage and to address retention issues. Since enrollment is at its maximum, programs to improve retention at the three schools must be developed in order to increase the number of graduates to meet the demand in East Texas. ANET, an innovative and cooperative project will develop a partnership between Angelina College (AC), Panola College (PC), Stephen F. Austin State University (SFASU) and the Piney Woods Area Health Education Center (AHEC) to develop a retention program (Advancing Nurses in East Texas, A-NET) which will impact up to 180 "at risk students."

At risk students will be identified at each partner school using established criteria. Many studies identify two critical times when students are at most risk of failing or becoming discouraged and dropping out. Those critical times are first semester and the semester including medical-surgical nursing. Students will participate in a series of activities and courses to increase their chance of successful completion of the nursing program. At risk student will participate in on-line pharmacology and health assessment courses with appropriate clinical experiences to lighten the first semester load and provide an appropriate knowledge base. Students with failing or near failing scores will repeat medical-surgical nursing in a cooperative summer class, allowing them to continue nursing school and remain in their cohort group without a lengthy delay.

Factors to be studied include demographic, academic and environmental variables predictive of attrition in ADN and BSN programs; and variables that discriminate between successful and non successful ADN and BSN students in the A-NET retention program.

It is expected that a significant number of students will be retained, increasing the effectiveness of the nursing programs and increasing the qualified employee pool for east Texas.

How will your model improve outcomes without increasing health care costs?

Sharing faculty, facilities and equipment among the three institutions reduces educational costs.

What process is in place to collect and analyze process and outcome measures?

Extensive data will be gathered and analyzed. Data includes student surveys and the SPA, NET and HESI tests. Data will be gathered for each school and compared to each other as a group with the goal of identifying the factors that make students successful in nursing programs.

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How can technology be used to enhance the solution?

At risk students will enroll in web-based courses to lessen the first semester load and allow students to work at their own pace, increasing the chance for mastery.

What legislative/regulatory/reimbursement issues will need to be addressed to implement your proposed model?

A working partnership between the four partners was established well before submitting any proposals. The only concerns, involving reimbursement to faculty, at each school have been solved through the respective business offices.

What changes in the education process will be required?

A strong partnership is the basis for cooperation. Each school is deeply concerned with retention. Jointly, the schools can offer options and programs to students that may not be possible individually. Faculty will share in course development and instruction for all students. Furthermore, in the current economic environment, it is wise to share resources.

How will your model increase diversity in the workplace and improve the delivery of culturally sensitive care?

The profiles of BSN students at SFA differ from the profiles of ADN students at Angelina College and Panola College. A shared didactic experience provides the opportunity for increasing all students' awareness of cultural and economic differences.

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Short and Long-Term Solutions to the Critical Nursing Shortage

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Title: A RECRUITMENT PROJECT TO ANNUALLY ADMIT 200 NEW ETHNICALLY DIVERSE NURSING STUDENTS

Summary: Our goal has been accomplished to develop an applicant pool that both reflects the ethnic diversity of our city of Arlington (population in excess of 320,000) and is sufficiently robust to permit admission of 100 freshmen students each fall and spring semester.

Our second objective was to increase knowledge about and interest in nursing among students, ages 13-17, while they are in the process of exploring career options. Four handouts were designed specifically to appeal and inform students ages 13-17. We attended 13 junior high and senior high career day events at schools where student populations were in excess of 500 and always ethnically diverse. In addition to career day events, we applied for and received membership to the Texas Association of Collegiate Registrars and Admissions Officers (TACRAO), the professional educational organization that establishes dates and times of College Day/Night events. During the grant period the University of Texas at Arlington, School of Nursing attended 34 College Day/Night events throughout the Dallas-Fort Worth Metroplex. During College Day/Night events more than 1550 high school students came to the School of Nursing exhibits to inquire about a career in professional nursing.

Our second objective was to establish communication and provide easy access about nursing education to adults within the community and school personnel who assist students with career decisions. We mailed freshmen information packets to 252 high school counselors and health science technology instructors along with an open invitation to contact us to provide speakers or schedule group tours of the School of Nursing facilities. We continue to receive requests for additional packets and have conducted 33 group tours at the UTASON with a total of 402 students in attendance.

Through the process of providing age appropriate information, personal contact, and increased visibility we have seen a substantial increase in not only freshmen applicants but increased interest in all levels of our nursing program. We have demonstrated that interaction with students early during their career decision-making process, combined with access to reliable, entry level information, is essential to young students making informed career choices.

How will your model improve outcomes without increasing health care costs?

Recruitment strategies to enhance ethnic diversity can be incorporated into the current recruitment plans of Schools of Nursing. The following free materials are available to other Schools as an outcome of this project:

- PowerPoint Presentation Educational Options to Become A Nurse
- Frequently Asked Questions and Answer Web page
- Information Brochure for Junior/Senior High School Students “Thinking about Nursing?”
- Freshmen Nursing Majors Elective Class Flyer
- Nursing Quiz

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- Three Nursing courses available to all university students
- Los Suenos Realizan -Videotape to recruit Hispanic students(produced by DrWendy Barr and funded by a THECB grant)
-

What process is in place to collect and analyze process and outcome measures?

Each School of Nursing has a program evaluation process related to Accreditation Standards. The outcomes of the recruitment strategies can be evaluated as a part of this current and on-going process.

How can technology be used to enhance the solution?

The use of computers, videotapes and email can all be used as apart of the communications with potential nursing students and the middle and high school personnel that are the recruitment sites. The Recruitment videotape is available free of charge to individuals and groups.

What legislative/regulatory/reimbursement issues will need to be addressed to implement your proposed model?

The recruitment model does not need additional funds unless the Schools of Nursing do not have adequate personnel to leave their programs and spend time in recruitment activities not only during the day but also on evenings and weekends.

What changes in the education process will be required?

Equally important to the need for enhanced recruitment is the assurance that the qualified students who are recruited have access to entry into a Nursing Program. This means funding for new faculty salaries at sufficient levels to be competitive with other states and additional resources within the school if the numbers of new students are large enough to require additional learning resources and retention services.

How will your model increase diversity in the workplace and improve the delivery of culturally sensitive care?

Disparities in health care are at least partly attributable to the cultural "mismatch" between the professionals who provide care and patients they serve. Have a nursing workforce that reflects the cultural background of the patients who are being served is an important goal in Texas. We must especially increase the numbers of African American and Hispanic students who will be future nurses.

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Short and Long-Term Solutions to the Critical Nursing Shortage

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***Title:* RETAINING THE MATURE REGISTERED NURSE IN THE WORKFORCE ON THE TEXAS/MEXICO BORDER**

Summary: In the years ahead, by 2020, the nation faces a shortage of nearly 800,000 registered nurses (Buerhaus, 2003). Today, Texas alone has a shortage of 26,000 nurses. Greatly due to nursing faculty shortages, the supply of new nurse graduates is not keeping pace with large numbers of RN retirements. Migration of RNs out of the border area compounds the problem. From 1996-2001, 258 more RNs migrated out of than came into the border counties. One viable solution to the escalating and critical nursing shortage in Texas is to establish programs to enhance the likelihood that Registered Nurses over age 56 will choose to remain in the nursing workforce instead of retire or migrate. More than 68% of RNs in the U.S. are over age 40 (DHHS, 2000). The average age of intended retirement among this age group or RNs in Texas is 60.8 years. This fact offers Texas a unique opportunity to be among the first states in the nation to boldly affirm this senior group of experienced RNs with distinct work environment improvements that will delay, prevent, or reverse retirement and migration decisions.

The 2002 Texas Registered Nurse (RN) Career Fulfillment Survey (CFS) was administered by the Regional Center for Health Workforce Studies (RCHWS) at the Center for Health Economics and Policy (CHEP), University of Texas Health Science Center at San Antonio. Findings from the CFS revealed that across Texas, 61.8% of RN's age 56 and above are primary wage earners, and 77.6% are employed full-time. On the Texas/Mexico border, even greater percentages of RNs are primary wage earners and working full-time than in non-border regions. This age group indicates intentions regarding future work hours that are of concern. There exists a strong economic need to work among this age group. Economic compensation, however, is not the only driver behind labor force participation decisions, especially for the nurses nearing retirement. Equally important is the nature of the RN's work environment in terms of its physical, mental, and other support for more senior professional nurses.

Strategies that may prevent, delay, or reverse retirement or migration decisions among the RNs age 55 and above include (1) providing greater support for the demands of nursing work, (2) offering health benefits that fully cover chronic health conditions, and (3) funding refresher training for those who have retired to return to the workforce.

How will your model improve outcomes without increasing health care costs?

Implementing strategies to retain the mature nurses in the workforce will actually decrease health care costs. The cost of losing and then replacing one registered nurse is equal to the annual salary of that nurse, or an average of \$45,000. Retaining the registered nurse will prevent this outlay of unnecessary expenditure.

In a review of outcomes of Medicare patients, Aiken (2002) found that every patient added to a medical-surgical nurse's workload after four patients increased the mortality rate by 7%. Retaining the

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nursing workforce will improve the probability that the nurses will have a safe number of patients for whom to care. This will improve outcomes for both nurses and patients.

What process is in place to collect and analyze process and outcome measures?

The biennial Texas RN Career Fulfillment Survey will be administered in 2004 and in even years. The survey contains specific items that will measure the degree to which nurses over age 56 (and in all age groups) are intending to stay in their position, have coverage for chronic health conditions, and find that employers are making changes to support the physical and mental demands involved in nursing work. The Regional Center for Health Workforce Studies at the Center for Health Economics and Policy conducts its own statistical analysis and reporting of this data with the partial support of limited resources made available by HRSA.

How can technology be used to enhance the solution?

Technology plays a pivotal role in supporting the mature, experienced registered nurse with the physical and mental demands of work. One example is the computerized patient record which can prevent medical errors if physician order entry programs are in place. The computer CRTs (screens) themselves often have very small font size, however, which often makes them difficult to read and work with. Providing terminals in the patient's room can greatly reduce the number of steps required to document the patient's clinical condition. This also increases the amount of time the nurse can spend in the patient's room, which is generally a satisfier, in that nurses want to spend more time with patients and less at the central desk. Patient lifts and more spacious rooms will assist and support all nurses with the increasingly obese patient population, laden with increasing numbers and types of equipment (e.g. pumps, monitors, walking aids, respiratory and physical therapy equipment) at the bedside.

What legislative/regulatory/reimbursement issues will need to be addressed to implement your proposed model?

The proposed model to support the mature nurse to delay, prevent, or reverse retirement or migration will not require significant financial measures as much as legislative mandates relating to human resources management at the hospital or health care agency level.

What changes in the education process will be required?

Refresher courses to bring back nurses from retirement should be offered on a regular basis, funded by other than the individual nurse. Registered Nurses highly value and need continuing education, which has unfortunately been cut or reduced in many facilities.

How will your model increase diversity in the workplace and improve the delivery of culturally sensitive care?

Mature registered nurses have generally experienced a wide variety of patient care and life experience situations which may prepare them to be role models, teachers, and mentors for culturally sensitive care. Retaining the experienced and senior Registered Nurse in the border health care workforce must be a priority as the Legislature attends to this vulnerable population of citizens.

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Short and Long-Term Solutions to the Critical Nursing Shortage

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***Title:* NURSING SHORTAGE: AGGRESSIVE APPROACH TO AN OLD PROBLEM**

Summary: Nursing shortage has gone from acute to a chronic problem; this can be attributed to several factors. Low public image, poor faculty salaries, and especially, very low presence of minority faculty and students in nursing schools are top on the list. Solution to this disturbing picture calls for a different approach to an old problem. Increasing diversity in our nursing schools, both at the student and Faculty levels will be key to future solutions. Numerous studies have shown that nurses are not necessarily motivated by money, but by knowing that they are respected, valued and appreciated as important members of the healthcare team. Many nurses have left the profession for other less stressful jobs, more prestige, better hours and opportunities for growth. Past efforts to attract nurses have however, focused on offering nurses more money or recruiting from other countries! Time is ripe for a complementary home-grown approach.

Short term strategies: a.) Better pay and incentives for Nursing professors and standard growth ladder for clinical nurses, rather than reactive bonuses b.) Strengthen the undergraduate curriculum by including core business courses to enhance the administrative and financial management skills of nursing graduates. c.) Enlarge class sizes d.) Mount an aggressive public campaign to bolster nursing image and highlight the critical role they play in healthcare. e.) Provide financial incentives to minority students and to institutions committed to minority advancement.

Long Term: a) Good faith effort by nursing schools to increase minority student enrollment, and attract qualified minority faculty. b) Approving and opening more nursing schools c.) Ongoing data gathering, and analysis of the composition of nursing schools enrollees and graduates. d.) Investing in minority faculty to pursue terminal degrees in Nursing and related disciplines. e.) Developing dual-focused "bridge" programs that will enhance the awareness of high school students and kindle their interest in nursing as a career; identify a nurse role model to mentor such students. e.) Forge partnership with school systems and Funding Agencies focused on nursing education and other healthcare disciplines.

These approaches will not only help to combat nursing shortage, but will have a collateral benefit of generating a new crop of nurses who are skilled in providing culturally sensitive and competent care in our ever growing multiracial and multicultural society.

How will your model improve outcomes without increasing health care costs?

Higher pay for faculty will decrease turnover, attract more qualified people into teaching, and ensure quality of nursing education. Creating a career ladder will offer opportunities for growth for clinical nurses. Increasing opportunities for minorities will ensure a more representative workforce. While these may appear costly initially, they will ensure a more diverse and stable workforce. Associated cost may actually be much cheaper than the current cost of recruitment from other countries, overtime costs and Agency related staffing.

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What process is in place to collect and analyze process and outcome measures?

I do not know what process is in existence at this time, but a survey can be conducted to find out what is available and what needs to be developed. Future actions in this direction can be staged through existing nursing schools and the Board of Nursing.

How can technology be used to enhance the solution?

I am not sure that technology will have much role in solving this unique problem. Nursing education needs hands on exposure. While computer assisted education have been known to be valuable at an advanced level, it is important that nursing education at the grassroots level be less dependent on computer assisted learning. Students still need practical experiences.

What legislative/regulatory/reimbursement issues will need to be addressed to implement your proposed model?

There needs to be Legislation that will allow more nursing schools to be opened, enhance nursing image, and mandate increase in enrollment of more minorities in nursing schools and presence of more minority Faculty in schools.

What changes in the education process will be required?

To my knowledge, none will be required in relation to this proposal.

How will your model increase diversity in the workplace and improve the delivery of culturally sensitive care?

Creating opportunities for more minority students, and investing in minority faculty will certainly enhance delivery of culturally sensitive and competent care. Health disparities have been shown to exist in all aspects of healthcare; including minorities in education, decision-making and equipping them to participate in care, will go a long way toward solving the health disparity problems that have received national attention in recent years.

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Short and Long-Term Solutions to the Critical Nursing Shortage

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Title “JUNTOS PODEMOS” (TOGETHER WE CAN)

Summary: “Juntos Podemos” was created to help minority students be successful in their nursing educational program. “Juntos Podemos” is a mentoring program twice funded by the Texas Higher Education Coordinating Board and presently on second year of a three-funded project from Health Resources and Services Administration. This project is seen as a continuum of caring and called a Protégé-to-Mentor Program. Initially this program was started by 1st semester students being protégés and 2nd semester students being mentors. The concept was that these protégés would be so enthused about being involved in “Juntos Podemos” that when they became 2nd semester students they would continue in a dual role, protégé/mentor, thus a cycle of mentors would be developed. Now in its 4th year of existence, “Juntos Podemos” has grown from 20 to 115 participants. As mentors, participants serve as tutor, counselor, and resource person to their protégé. As protégés, they receive support and learn from their mentors to promote the essentials for success in completing their academic program. “Juntos Podemos” focuses on enhancing self-esteem and confidence, increasing personal satisfaction, leadership and critical thinking skills. Mentors must be passing academically, be multicultural aware, and have a willingness to continue personal and professional growth. Two priorities were identified for this project. First, a Leadership Council, comprised of leaders of agencies whose mission is to serve educationally and/or economically disadvantaged youths, was created with the concept of “community empowerment”, a process involving citizens to improve community health. The Leadership Council actively participates in “Juntos Podemos” and both focus on the Healthy People 2010 goal “to eliminate health disparities among different segments of the population” by increasing the diversity of baccalaureate nurses. The second priority was to include the family in “Juntos Podemos” activities by having education/information sessions with them, family orientation programs, and family dinners. The Leadership Council, “Juntos Podemos”, and Hispanic Faculty Association collaborated to conduct seminar series with families and school counselors addressing issues such as growing health disparities among Hispanics, shortage of Hispanic health professionals, high attrition rate of Hispanic health career students, and lack of tenured faculty in institutions of higher learning.

How will your model improve outcomes without increasing health care costs?

“Juntos Podemos” ultimately will help decrease health care costs by diversifying the nursing workforce. Healthy People 2010 cites two broad goals for the American people: 1) help individuals of all ages increase life expectancy and improve their quality of life; and 2) eliminate health disparities among different segments of the population. “Juntos Podemos” can address both of these national priorities by ensuring the academic success and increasing the retention rate of minority nursing students thus increasing the diversity of nurses who complete baccalaureate education and are prepared to work in rural and/or medically underserved areas and health profession shortage areas. This project also meets one of the goals of the Texas State Health Plan 1999-2004 which is to reduce disparity in health status among all population groups and enhance their access to quality health care by developing a diverse and culturally competent workforce.

Statewide Health Workforce Symposium

Short and Long-Term Solutions to the Critical Nursing Shortage

What process is in place to collect and analyze process and outcome measures?

“Juntos Podemos” programmatic aspects are evaluated for consonance between planned goals and actual outcomes, inclusive of student satisfaction (as indicated on formative evaluation tools and by willingness to continue post-graduation as mentors), family satisfaction, student success in the program as measured by GPA, progression, and retention rates, and the conduct of individual exit interviews with students lost to attrition and graduating seniors. Recruitment outcomes are evaluated by counting numbers of agency and individual contacts, and by calculating the ratio of potential and actual applicants. Each community-based agency and hospital contact serves as the level of evaluation for satisfaction with students. The number of graduates that are employed in medically underserved areas and health profession shortage areas are also evaluated. Project success is also measured by looking at the number of protégés and mentors who are academically successful; number of previous protégés who become mentors; number of participants who attend required meetings and who attend community-based activities.

How can technology be used to enhance the solution?

To increase the success and retention of minority students, “Juntos Podemos” faculty developed an innovative enrichment program which was also funded. This project is developing and providing supplemental web-based activities inclusive of interactive videos to increase self-confidence, self-esteem, self-efficacy, and critical thinking skills. Customized software that is culturally sensitive continues to be developed. Web-enhanced and interactive video tutorials related to critical thinking, study skills, conflict resolution, time management, and test-taking strategies are being developed and made available on CD-ROMs. The interactive videos, which will be web-based, will present case studies and scenarios with a critical thinking quiz for each one. A chat room will be in place for mentors, protégés, and faculty to engage in conversations. This will provide a forum for peer interaction and shared support. One way of measuring the success of this program will be using the Holistic Critical Thinking Scoring Rubric as a pre-/post-assessment tool to determine if students attained/increased critical thinking skills. Further measurements will be the number of protégés and mentors who utilize computer, CD-ROMs, and internet and the number of protégés and mentors who are academically successful.

What legislative/regulatory/reimbursement issues will need to be addressed to implement your proposed model?

The only reimbursement issue that needs to be addressed with “Juntos Podemos” is that many of the activities for this project are around meal times and/or providing snacks. It would benefit programs such as “Juntos Podemos” to change regulations regarding reimbursement for food since presently neither Federal nor State monies allow this. Also, it would help if the legislators would provide money to higher institutions that have this type of program, in particular if the institution is helping meet needs of disadvantaged students.

What changes in the education process will be required?

Educational institutions need to recognize that tradition learning environments do not work for most non-traditional students. More money needs to be allocated to specific retention programs for higher education. Faculty that are involved in retention programs/projects need to have less teaching responsibilities than those faculty who are not involved in such projects. Administrators need to recognize the importance of retention programs if disadvantaged and/or non-traditional students are to be academically successful.

Statewide Health Workforce Symposium

Short and Long-Term Solutions to the Critical Nursing Shortage

How will your model increase diversity in the workplace and improve the delivery of culturally sensitive care?

“Juntos Podemos” increases the number of baccalaureate prepared minority nurses who will practice in medically underserved areas and health profession shortage areas of Texas. This project diversifies undergraduate enrollment and retains culturally diverse nursing students who are from educationally and/or economically disadvantaged backgrounds through pre-entry (recruitment), retention, and work placement or employment programs. This project has prepared more culturally competent nurses by developing and implementing a course titled “Cultural Aspects of Nursing” which is theoretically and clinically based. This course is in its second year. Furthermore, one of the main focuses of “Juntos Podemos” is to address cultural competence in the nursing curriculum and to assist in the recruitment and retention of both minority students and faculty. Since the inception of “Juntos Podemos”, the retention rate of minority students has increased thus there is a more diversified student graduating who will ultimately become a registered nurse.

